TORONTO PARAMEDIC SERVICES

Communications Centre

Our Vision

Toronto Paramedic Services strives to meet the changing needs of the community for pre-hospital and out-of-hospital care, and believes that by the timely application of the advances in both the art and science of medicine to the practice of paramedicine, we can decrease suffering, improve the health of the community while saving lives.

Call Receiver Manual

TORONTO PARAMEDIC SERVICES

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Pre-Course Material

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Toronto Paramedic Services

Communications Education and Quality Improvement

MPDS REVIEW REQUIRED

Toronto Paramedic Services utilizes The Medical Priority Dispatch System (MPDS) to dispatch appropriate aid to medical emergencies. As part of pre-course study you will need to review the reference materials below and be prepared to be tested on the material on the first day of class:

1) The National Academy QA v13.1 Guide (as loaned by Toronto Paramedic Services)

2) Emergency Medical Dispatch Course Manual – 24th Edition

   -- The National Academy's EMD Protocol (obtained at MPDS Course)

You will also be tested on; but not limited to, the following:

1) Priority Symptoms
2) Chief Complaint Rules
3) Echo Criteria
4) Heart Attack Symptoms
5) Stroke/TIA Symptoms
6) Case Entry Rules
7) Chief Complaint Names and Numbers

You must complete the Self-Assessment for Chapters 1 and 2 in Emergency Medical Dispatch Course Manual – (24th Edition) - The National Academy's EMD Protocol obtained at MPDS Course.

You must also complete the Self-Assessment for Chapters 1 through 4 from the Universal Course Manual (5th Edition) obtained at MPDS course.

You may also find it helpful to review the scenarios found in the Emergency Medical Dispatch Course Manual – (24th Edition).

PROTOCOL #	*PROTOCOL NAME*
0	*Case Entry Protocol*
1	*Abdominal Pain/Problems*
2	*Allergies (Reactions)/Envenomations (Stings, Bites)*
3	*Animal Bites/Attacks*
4	*Assault/Sexual Assault/Stun Gun*
5	*Back Pain (Non-Traumatic or Non-Recent Trauma)*
6	*Breathing Problems*
7	*Burns (Scalds) / Explosion (Blast)*
8	*Carbon Monoxide / Inhalation / HAZMAT / CBRN*
9	*Cardiac or Respiratory Arrest / Death*
10	*Chest Pain/Chest Discomfort (Non-Traumatic)*
11	*Choking*
12	*Convulsions / Seizures*
13	*Diabetic Problems*
14	*Drowning/Near Drowning/Diving/ Scuba Accident*
15	*Electrocution / Lightning*
16	*Eye Problems / Injuries*
17	*Falls*
18	*Headache*
19	*Heart Problems /A.I.C.D.*
20	*Heat / Cold Exposure*
21	*Hemorrhage / Lacerations*
22	*Inaccessible Incident / Other Entrapments (Non-Traffic)*
23	*Overdose / Poisoning (Ingestion)*
24	*Pregnancy / Childbirth / Miscarriage*
25	*Psychiatric / Abnormal Behaviour / Suicide Attempt*
26	*Sick Person (Specific Diagnosis)*
27	*Stab / Gunshot / Penetrating Trauma*
28	*Stroke (CVA) / Transient Ischemic Attack (TIA)*
29	*Traffic / Transportation Incidents*
30	*Traumatic Injuries (Specific)*
31	*Unconscious / Fainting (Near)*
32	*Unknown Problem (Person Down)*
33	*Transfer / Interfacility / Palliative Care*

PROTOCOL #	*DLS Links*
29	*Accelerator Stuck & Can't Stop Vehicle*
6,10,19	*ASA Aspirin Diagnostic*
18,28	*Stroke Diagnostic*
A	*Airway / Arrest / Choking (Unconscious) – Infant (< 1 yr)*
B	*Airway / Arrest / Choking (Unconscious) – Child (1-7 yr)*
C	*Airway / Arrest / Choking (Unconscious) – Adult (≥ 8yrs)*
D	*Choking (Conscious) – Adult/Child/Infant*
F	*Childbirth – Delivery*
G	*Miscarriage*
K	*Person In Water*
L	*Vehicle In Water*
N	*Airway/Arrest/Choking (Unconscious) – Newborn/Neonate < 30 Days*
P	*Epinephrine (Adrenaline)*
Q	*Narcan/Naloxone Nasal Instructions*
R	*Naloxone Auto-Injector (Evzio) Instructions*
Ya	*Tracheostomy (Stoma)Airway/Arrest/Choking (Unconscious)–Infant (<1 yr)*
Yb	*Tracheostomy (Stoma)Airway/Arrest/Choking (Unconscious)–Child (1-7 yr)*
Yc	*Tracheostomy (Stoma)Airway/Arrest/Choking (Unconscious)–Adult (≥ 8yrs)*
Z	*AED Support*
X	*Case Exit*

CAD Shorthand Comments

The following shorthand comments are normally used by EMDs to enter data into CAD without having to type the entire description. These commands are used for **documenting call details only**. The EMD precedes the shorthand comment with a forward slash ' / ' and the comment will go into CAD when saved (i.e. /C = CALLED)

SHORTHAND COMMENT	DESCRIPTION
C	Called
CBRN	EMS CBRN requested by:
CCC	COMPLEX CARE CASE – PLEASE REVIEW CAUTION NOTES
CCP	***Close contact with a person with flu-like symptoms or a confirmed or probably case of COVID-19***
CCN	No close contact with a person with flu-like symptoms or a confirmed or probably case of COVID19***
CCU	Unknown if patient had close contact with a person with flu-like symptoms or a confirmed or probable case of COVID-19
COV	***Patient is a confirmed or probably case of COVID-19
CD	Crew Delayed due to:
CDO	Call Duty Officer
CDPS	Crew delayed due to personal service, Duty Officer Notified
CDPTOC	Crew delayed due to pulled from PTOC, Duty Officer Notified
CH	Please Call Hosp Coordinator with your Status
CN	Coroner Notified/PC
CNE	Please Call the Northeast Dispatcher
CNW	Please Call the Northwest Dispatcher

COTW	*Crew contacted and now confirmed to be on the way for:
CP	Call Police if Needed
CPR	CPR IN PROGRESS
CPT	Check Patient – 3rd Party concerned
CSE	Please Call the Southeast Dispatcher
CSW	Please call the Southwest Dispatcher
CX	Cancel Request:
D	Diagnosis:
DCT	Distress Centre Counsellor Providing PDIs
DD	Double Dispatched to:
DI	EMD – Delayed in Obtaining Information from Caller
DON	Duty Officer Notified
DT	Delayed in Triage
EA	EMERGENCY ALARM NFI *Police Notified
EMS	NOTIFIED EMS#
ENT	Possible Enteric Outbreak
ERR	Emergency Response Requested by NH
ET	ECHO TIERED – Police and Fire Notified
ETF	EMS ETF Requested by:
ETFN	EMS ETF Not Available
FD	*Fire Dept Notified
GOA	GONE ON ARRIVAL
H	History of:

HN	HOSPITAL NOTIFIED
HR	Hospital Request of:
I	INQUIRED
ID	***Suspected Infectious Disease***
IDU	Suspected Infectious Disease Unknown
L	LANGUAGE BARRIER
LL	Going through Language Services
M	Modat did not register for:
NAR	Naloxone Instructions Given
NCPR	Caller Declined CPR Instructions
NID	***No Suspected Infectious Disease***
NO	No outbreaks or isolation precautions reported
NV	No report of violence or weaponry
OD	ON OFFLOAD DELAY
OOT	Redirected by OOT
PD	*Police Notified
PI	Poss PI NFI * Policed Notified
PR	PT Refused: Signature Obtained
PRQ	*Police Required*
PSA	PSA NOTE:
PSACOTW	*PSA* Crew contacted and now confirmed to be on the way for:
PSAmOFF	*PSA* Mobicad off / AVL issue. Crew advised to reboot.

PSAmON	*PSA* Mobicad on / AVL issue. Crew advised to reboot.
PSAxP	*PSA* Crew did not respond when called on phone. CONFIRM ON THE WAY
PSAxR	*PSA* Crew did not respond when called on radio. CONFIRM ON THE WAY
PSL	PSA Reviewed: Late Response
PSR	PSA Reviewed: Response
PSW	PSA Reviewed: Wheels Rolling
PVT	[Private]:
RD	Receiving Dr
RESP	Possible Respiratory Outbreak
RT	Recent Travel to:
RTDC	Recent Travel to Declared Outbreak Country:
RTH	Referred to Telehealth
RTN	No Recent Travel
RTU	Recent Travel Unknown
S	STR – No E or E
SSA	Started Scene Safety Assessment
SSC	Status & Safety Check
SD	Sending Dr:
SI	SUBSCIBER INFORMATION
SIE	STAGED IN ERROR
ST	STEMI
SUP	*Supervisor Note*

THC	Telehealth Callback
THO	Telehealth Time Expired
THR	Refused Telehealth
THN	Telehealth not appropriate due to:
TP	TRACE PENDING – Radio room currently conducting a trace
UCC	Unable to contact crew by radio and phone, Duty Officer Notified
V	Crew given call verbally – confirmed:

Calming Statements

It is really important to keep 9-1-1 callers as calm as possible, both for their wellbeing and so that the Emergency Medical Dispatcher can get the most accurate information about the emergency. One very effective way of doing this is to use calming statements--and to use them early and often. Keep it with you as a reminder.

- I am going to help you.
- We are going to help you.
- What is your name?
- I want to get an assessment of him so I know what's going on.
- I understand.
- I am with you.
- I know you're scared; I am here.
- I am going to help you.
- We are doing everything we can to help her/him.
- My partner is getting help started.
- I know you are scared; I am going to help you.
- We are going to help you. I have some questions I need to ask so I can know best how to do that.
- I understand this is upsetting and I'm sending you help. I'm gathering this information so that we can help your [friend/mom/daughter/etc.] until the paramedics/police/firefighters gets there.
- Help is already on the way, but I need to get more information so that we can help your mom.
- My colleague is dealing with your request for the ambulance. I just need to ask you a few questions, but we are not delaying the ambulance in any way.
- I'm going to ask you some questions (gather some information) while you wait for the Ambulance.
- My partner is dispatching help to you now. I am going to ask you a few more questions so I can update the paramedics as they drive to you.
- This information helps me send you the right help.
- I'm updating the responders with this information.
- We need to calm down, so we can help your wife.
- The paramedics will take very good care of him/her when they get there.
- I need you to help me so that we can help your [father/brother/etc].
- I can tell you exactly how to help her/him.

- [Caller name], this is very important. Is your friend breathing?
- We're going to do this together.
- I have lots of help on the way. These questions will not slow them down, and it will help them to know what to bring to you.
- I have some instructions that will help her while the ambulance is on the way, but I need to gather some information about the situation.

REASSURE EARLY AND OFTEN!

CAD Prefixes

The Computer Aided Dispatch (CAD) Prefixes are required to retrieve vital information from our CAD system's data base (i.e. **searching for addresses**). Below is a list of prefixes with the expectation that you will study them thoroughly in order to recall each promptly when required.

For example, to find the address for Billy Bishop Airport a call taker will use the CAD Prefix <AP> followed by <space> and <BILL>. The CAD system will then search the database for all Airports containing <BILL> and will provide the address for the premise.

*The attached example of their application is provided as reference for their intended use.

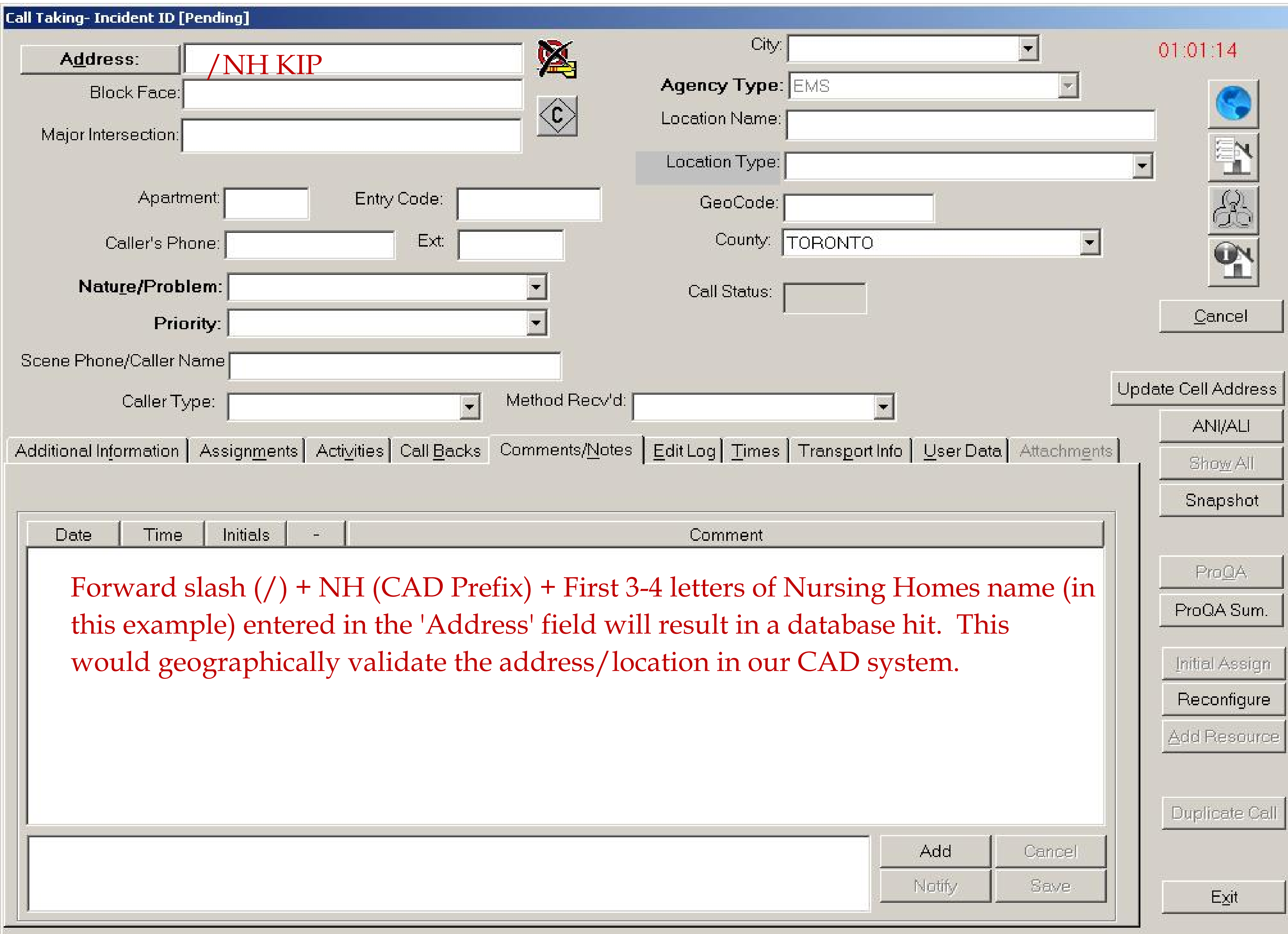
AC	ANIMAL CONTROL
AP	AIRPORT
AR	ARENA/SKATING RINK
CACC	CENTRAL AMBULANCE COMMUNICATION CENTRE
CEM	CEMETARY
CH	CONVALESCENT/CHRONIC CARE HOSPITAL
CNE	CANADIAN NATIONAL EXHIBITION
CRT	COURT
DC	DAYCARE OR CHILD CARE CENTRE
DF	DIESEL FUEL STATION
DS	DONUT/COFFEE SHOP
DT	DETOX CENTRE
EMS	EMS STATION
GC	GOLF COURSE
GO	GO TRANSIT
HO	HOSPITAL
HS	HOSTEL/SHELTER
HL	HOTEL
HY	HIGHWAY
LIB	LIBRARY
MH	MENTAL HEALTH CENTRE
MUN	MUNICIPAL OFFICE

NH	NURSING HOME
NUC	NUCLEAR FACILITY
OFF	OFFICE BUILDING
OH	OUT OF TOWN HOSPITAL
PAD	PUBLIC ACCESS DEFIBRILLATION
PD	POLICE DEPARTMENT
PK	PARK/PLAYGROUND
PLID	PARK LOCATION ID
POI	POINT OF INTEREST
PP	PRIORITY POST
SC	SCHOOL BUILDING
RC	RECREATION CENTRE
RH	RETIREMENT HOME/SENIORS RESIDENCE
RS	RESTAURANT
SH	SHOPPING PLAZA/MALL
SP	SWIMMING POOL
SS	SOCIAL SERVICES
TFS	TORONTO FIRE SERVICE CONTROL CENTRE/HQ
TH	TOWNHOUSE/APARTMENT COMPLEX
TTC	TORONTO TRANSIT COMMISSION
TTC ADMIN	TTC ADMINISTRATION FACILITY
TTC *GAR	TTC MAINTENANCE GARAGE
TTC *LOOP	TTC LOOP
TTC LRT	TTC LIGHT RAPID TRANSIT
TTC SRT	TTC SCARBOROUGH RAPID TRANSIT
TTFD	FIRE DEPARTMENT
TW	TORONTO WORKS SITE
UC	URGENT CARE CENTRE
VIA	VIA RAIL/TRANSIT
XH	MISCELLANEOUS MEDICAL FACILITY

XH SIS	SAFE INJECTION SITE
YC	YACHT CLUBI

PERIPHERAL CAD PREFIXES

OAR	PERIPHERAL ARENA/SKATING RINK
OCEM	PERIPHERAL CEMETARY
OCH	PERIPHERAL CONVALESCENT/CHRONIC HOSPITAL
OFD	PERIPHERAL FIRE HALL
OH	PERIPHERAL HOSPITAL
OHL	PERIPHERAL HOTEL
OMH	PERIPHERAL MENTAL HEALTH CENTRE
ONH	PERIPHERAL NURSING HOME
OPAD	PERIPHERAL PAD SITE
OPD	PERIPHERAL POLICE STATION
OPK	PERIPHERAL PARK/PLAYGROUND
OPOI	PERIPHERAL POINT OF INTEREST
ORC	PERIPHERAL RECREATION/COMMUNITY CENTRE
ORH	PERIPHERAL RETIREMENT HOME
ORS	PERIPHERAL RESTAURANT
OSC	PERIPHERAL SCHOOL/COLLEGE/UNIVERSITY
OSH	PERIPHERAL SHOPPING PLAZA/MALL
OTH	PERIPHERAL TOWNHOUSE/APARTMENT COMPLEX


Call Taking- Incident ID [Pending]
Address:
/NH KIP
Block Face:
Major Intersection:
City:
Agency Type: EMS
Location Name:
Location Type:
01:01:14
Apartment:
Entry Code:
GeoCode:
Caller's Phone:
Ext:
County: TORONTO
Nature/Problem:
Priority:
Call Status:
Cancel
Scene Phone/Caller Name
Caller Type:
Method Recv'd:
Update Cell Address
ANI/ALI
Additional Information
Assignments
Activities
Call Backs
Comments/Notes
Edit Log
Times
Transport Info
User Data
Attachments
Show All
Snapshot
Date
Time
Initials
Comment
Forward slash (/) + NH (CAD Prefix) + First 3-4 letters of Nursing Homes name (in this example) entered in the 'Address' field will result in a database hit. This would geographically validate the address/location in our CAD system.
ProQA
ProQA Sum.
Initial Assign
Reconfigure
Add Resource
Duplicate Call
Add
Cancel
Notify
Save
Exit

Hospital Abbreviations & Locations

Each general hospital is recognized by a unique character abbreviation. It is imperative that you learn these abbreviations and the general location (main intersection) associated with each hospital.

Hospital	**Abbreviation**	**Main Intersection**
Humber River Hospital	HRH	Keele/Wilson
Mackenzie Health (York Central) – Richmond Hill	YOR	Yonge/Major MacKenzie Dr. W.
Markham Stouffville Hospital	MAR	9th Line/Hwy 7
Mount Sinai	MTS	Gerrard/University
North York General	NYG	Leslie/Sheppard
Rouge Valley Health System		
Centenary	SCH	Neilson/Ellesmere
Ajax-Pickering	AJA	Harwood/Bayly
St. Joseph's Health Centre	STJ	Queensway/Roncesvalles
St. Michael's Hospital	STM	Queen/Church
Sunnybrook Health Sciences Centre	SUN	Bayview/Lawrence
The Hospital for Sick Children	HSC	Gerrard/University
The Scarborough Hospital		
General Site	SGH	McCowan/Lawrence
Birchmount Site	SGR	Finch/Birchmount
Toronto East General Hospital (aka Michael Garron Hospital)	TEG	Coxwell/Mortimer

Hospital		**Abbreviation**	**Main Intersection**
Trillium Health Partners			
	Credit Valley	CRE	Erin Mills/Eglinton Av. W.
	Trillium	MIS	Hurontario/Queensway
University Health Network			
	General Site	TGH	Gerrard/University
	Western Site	TWH	Bathurst/Dundas
	Princess Margaret	PMH	Gerrard/University
William Osler Health System			
	Etobicoke General	EGH	Hwy 27/Finch
	Brampton Civic	BRA	Bovaird Dr E/Bramalea Rd.

Northwest (N/W) Quadrant

# on Map	Abbreviation	Hospital	Address	Major Intersection	Geocode
1	EGH	William Osler Health System - Etobicoke	101 Humber College Bv.	Hwy 27/Finch	09259C3
2	HRH	Humber River Hospital – Keele Site	1235 Wilson Av.	Keele/Wilson	09261C2

Northeast (N/E) Quadrant

# on Map	Abbreviation	Hospital	Address	Major Intersection	Geocode
3	NYG	North York General	4001 Leslie St.	Leslie/Sheppard	09463C3
4	SCH	Scarborough Centenary -Rouge Valley Health	2867 Ellesmere Rd.	Neilson/Ellesmere	09465B5
5	SGH	The Scarborough Hospital – General	3050 Lawrence Av. E.	McCowan/Lawrence	09465E1
6	SGR	The Scarborough Hospital – Birchmount *(formerly Scarborough Grace)*	3030 Birchmount Rd.	Finch/Birchmount	09664D2
7	SUN	Sunnybrook Health Sciences Centre	2075 Bayview Av.	Bayview/Lawrence	09263D1

Southwest (S/W) Quadrant

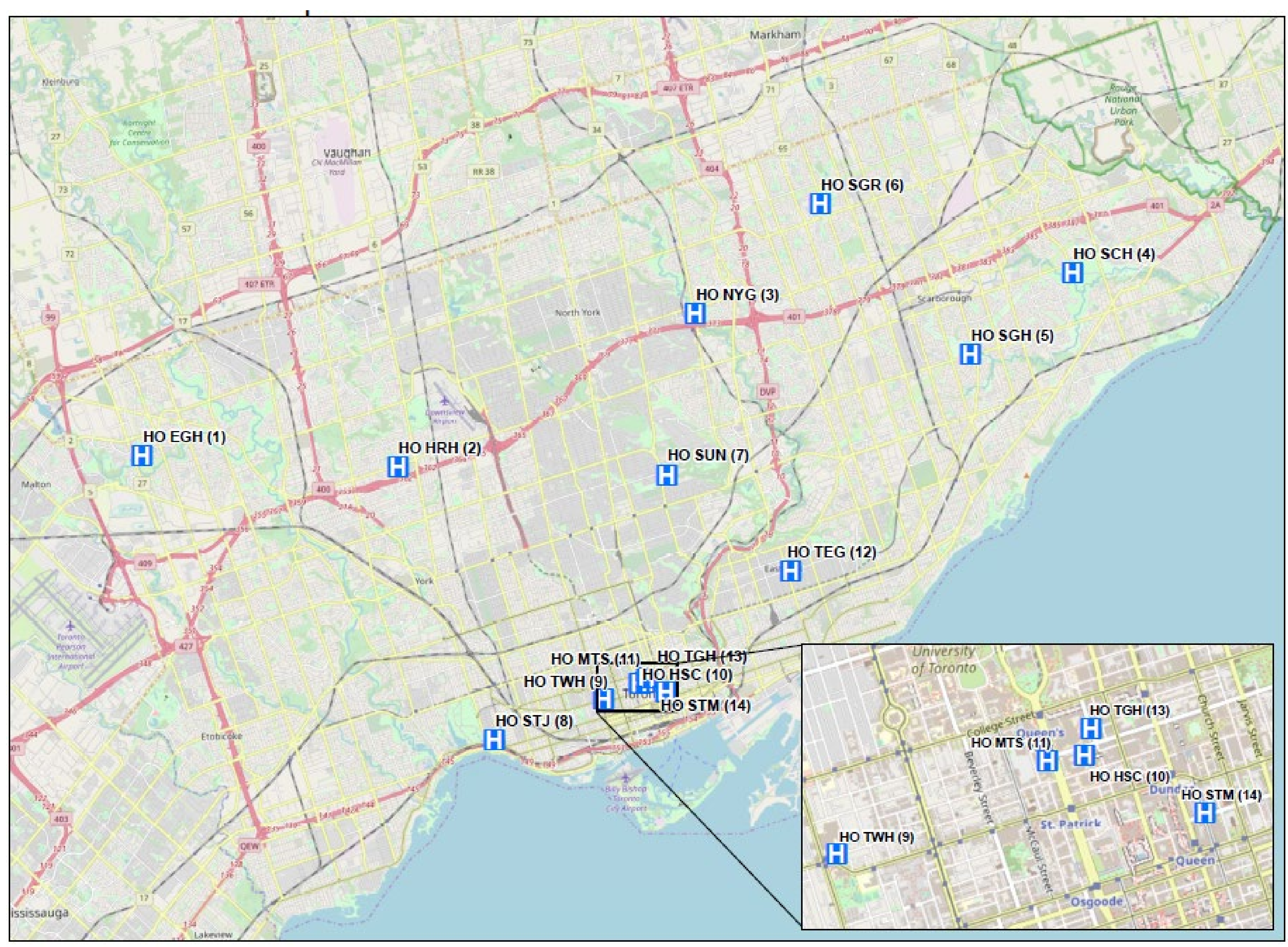
# on Map	Abbreviation	Hospital	Address	Major Intersection	Geocode
8	STJ	St. Joseph's Health Centre	30 The Queensway	Queensway/Roncesvalles	08862C1
9	TWH	University Health Network – Western	399 Bathurst St.	Bathurst/Dundas	08862A4

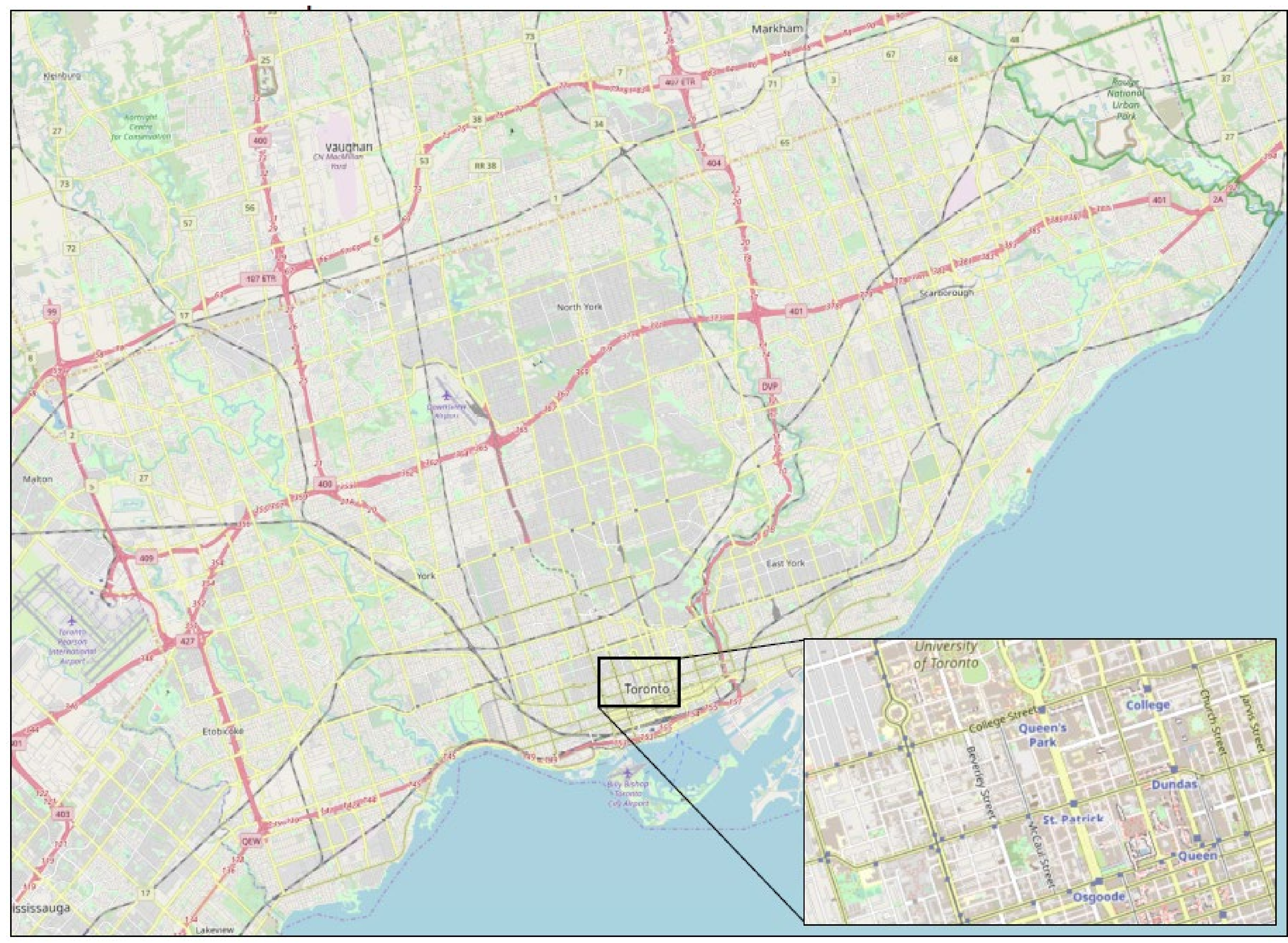
Southeast (S/E) Quadrant					
# on Map	**Abbreviation**	**Hospital**	**Address**	**Major Intersection**	**Geocode**
10	HSC	The Hospital for Sick Children	555 University Av.	Gerrard/University	08862A5
11	MTS	Mt. Sinai Hospital	600 University Av.	Gerrard/University	08862A5
12	TEG	Toronto East General Hospital (Michael Garron Centre)	825 Coxwell Av.	Coxwell/Mortimer	09063B5
13	TGH	University Health Network - General	101 College St.	Gerrard/University	08862A5
14	STM	St. Michael's Hospital	30 Bond St.	Queen/Church	08863A1

OUT of TOWN (OH) Peripheral Hospitals					
# on Map	**Abbreviation**	**Hospital**	**Address**	**Major Intersection**	**Geocode**
n/a	CRE	Trillium Health Partners – Credit Valley	2200 Eglinton Av. W. (Mississauga)	Erin Mills/Eglinton Av. W.	08457B5
n/a	AJA	Rouge Valley Health System – Ajax-Pickering	580 Harwood Av. S.	Harwood/Bayly	09868E5
n/a	MIS	Trillium Health Partners - Trillium	100 Queensway W.	Hurontario/Queensway	08659E5
n/a	MAR	Markham Stouffville Hospital	381 Church St.	9th Line/Hwy 7	10065E2
n/a	YOR	Mackenzie Health (York Central) – Richmond Hill	10 Trench St.	Yonge St./Major MacKenzie Dr. W.	09861B5
n/a	BRA	William Osler Health System – Brampton Civic	2100 Bovaird Dr. E.	Bovaird Dr. E/Bramalea Rd.	09257A2

Urgent Care (UC) Facilities/Alternate Level Care (ALC) Facility/Reactivation Care Centres					
# on Map	**Abbreviation**	**Facility**	**Address**	**Major Intersection**	**Geocode**
A	ALC HRF	Humber River Finch Site	2111 Finch Av W	Jane / Finch	09460E4
B	ALC HRC	Humber River Church Site	200 Church St.	Jane / Lawrence	09261E1
C	UC TRIL	Trillium Health Partners - Queensway	150 Sherway Dr.	West Mall/Evans	08660A2

GEOCODE AND ADDRESSES WILL NOT BE INCLUDED IN TESTING


HO EGH (1)
HO HRH (2)
HO NYG (3)
HO SCH (4)
HO SGH (5)
HO SGR (6)
HO SUN (7)
HO STJ (8)
HO TWH (9)
HO HSC (10)
HO MTS (11)
HO TEG (12)
HO TGH (13)
HO STM (14)
Markham
Vaughan
North York
Scarborough
York
Etobicoke
Malton
Kleinburg
University of Toronto
College Street
Beverley Street
McCaul Street
Church Street
Jarvis Street
St. Patrick
Queen
Osgoode



Markham
Vaughan
North York
Scarborough
York
East York
Toronto
Etobicoke
Malton
Kleinburg
Mississauga
Lakeview
Rouge National Urban Park
University of Toronto
College Street
Queen's Park
College
Church Street
Jarvis Street
Beverley Street
McCaul Street
Dundas
St. Patrick
Queen
Osgoode

Long-Term Care & Nursing Homes

****This section is for reference only. You will not be tested on Nursing Homes****

Northwest - Nursing Homes/Retirement Homes

HOME	ADDRESS	MAJOR INTERSECTION
Advent Valleyview Residence	541 Finch Av. W.	Bathurst St.
Ahavath Achim Retirement Home	33 Wilmington Av.	Dufferin & Sheppard
Apotex Centre, Jewish Home	3560 Bathurst St.	Hwy. 401
Baycrest Centre	3560 Bathurst St.	Hwy. 401
Cedarvale Terrace	429 Walmer Rd.	Spadina & St Clair Av. W.
Central Park Lodge – Queens Drive	265 Queens Dr.	Jane & Lawrence
Chartwell Scarlett Heights R.H.	4005 Eglinton Av. W.	Scarlett Rd.
Downsview LTC	3595 Keele St.	Sheppard Av. W.
Harold and Grace Baker	1 Northwestern Av.	Keele & Ingram
Hawthorne Place	2045 Finch Av. W.	Jane St.
Humber Valley Terrace *(Revera)*	95 Humber College Bv.	Finch & Hwy. 27
Kipling Acres	2233 Kipling Av.	Rexdale Bv.
Meighen Retirement Residence	84 Davisville Av.	Yonge St.
North Park LTC	450 Rustic Rd.	Keele & Hwy. 401
Pine Villa *(Revera)*	1035 Eglinton Av. W.	Allen Rd.
Sidmet Serenity Home	2328 Keele St.	Sheppard Av. W.
Sienna – Cheltenham Care	5935 Bathurst St.	Finch Av. W.
Sienna – Deerwood Creek Care	70 Humberline Dr.	Finch & Hwy. 27
Sienna – Norfinch Care	22 Norfinch Dr.	Hwy. 400 & Finch
Sienna – Weston Terrace Care	2005 Lawrence Av. W.	Weston Rd.
Sisters of the Good Shepherd	25 Good Shepherd Ct.	Dufferin & Lawrence
Springmount Seniors Residence	2 King St. Cr.	Jane & Lawrence
St. Hilda's – Dufferin Tower	2339 Dufferin St.	Eglinton

St. Hilda's – Vaughan Tower	800 Vaughan Rd.	Dufferin & Eglinton
Terrace Gardens *(Revera)*	3705 Bathurst St.	Wilson Av.
Terraces of Baycrest	55 Ameer Av.	Bathurst & Hwy. 401
The Village of Humber Heights LTC	2245 Lawrence Av. W.	Scarlett Rd.
Ukranian Canadian Care Centre	60 Richview Rd.	Scarlett & Eglinton
Villa Columbo	40 & 42 Playfair Av.	Dufferin & Lawrence
Weston Gardens Retirement Residence	303 Queens Dr.	Jane & Lawrence
Westside *(Revera)*	1145 Albion Rd.	Islington Av.

Northeast - Nursing Homes/Retirement Homes

HOME	ADDRESS	MAJOR INTERSECTION
Bendale Acres	2920 Lawrence Av. E.	Brimley Rd.
Bob Rumball Ctr. for the Deaf	2395 Bayview Av.	Lawrence Av. E.
Carefree Lodge	306 Finch Av. E.	Bayview Av.
Chartwell Gibson Long Term Care	1925 Steeles Av. E.	Leslie St.
Chartwell Lansing Retirement Home	10 Senlac Rd.	Sheppard Av. W.
Cummer Lodge North/South	205 Cummer Av.	Bayview Av.
Ehatare Retirement/Nursing Home	40 Old Kingston Rd.	Morningside
Extendicare – Bayview	550 Cummer Av.	Bayview Av.
Extendicare – Guildwood	60 Guildwood Py.	Kingston Rd. & Guildwood
Extendicare – Rouge Valley	551 Conlins Rd.	Morningside & Sheppard
Extendicare – Scarborough	3830 Lawrence Av. E.	Scarborough Golf Club Rd.
Greenview Lodge	880 Lawrence Av. E.	Don Mills Rd.
Hellenic Home – Scarborough	2411 Lawrence Av. E.	Kennedy Rd.
Isabel & Arthur Meighan Manor	155 Millwood Rd.	Mt. Pleasant Rd & Davisville
Kennedy Lodge *(Revera)*	1400 Kennedy Rd.	Ellesmere Rd.

La Salle Manor Retirement Home	61 Fairfax Cr.	Warden & St. Clair
Mon Sheong LTC – Scarborough	2030 McNicoll Av.	Kennedy Rd.
North York Seniors Centre	21 Hendon Av.	Yonge & Finch
North York Seniors Health	2 Buchan Ct.	Leslie & Sheppard
Rayoak Place	1340 York Mills Rd.	Victoria Park Av.
Seven Oaks	9 Neilson Rd.	Ellesmere Rd.
Shepherd Lodge LTC	3760 Sheppard Av. E.	Birchmount Rd.
Shepherd Terrace	3760 Sheppard Av. E.	Birchmount Rd.
Sienna – Altamont Care	92 Island Rd.	Port Union & Hwy. 401
Sienna – Cheltenham Care	5935 Bathurst St.	Drewry Av.
Sienna – Fieldstone Commons Care	1000 Ellesmere Rd.	Midland Av.
Sienna – Fountainview Care	1800 O'Connor Dr.	Victoria Pk. Av.
Sienna – Harmony Hills Care	1800 O'Connor Dr.	Victoria Pk. Av.
Sienna – Rockcliffe Care	3015 Lawrence Av. E.	McCowan Rd.
St. David's Village	1290 Danforth Rd.	Eglinton Av. E.
St. Paul's L'Amoureaux Centre	3333 Finch Av. E.	Warden Av.
St. Peter & Paul Ukrainian Residence	221 Milner Av.	Markham Rd.
Suomi-Koti	795 Eglinton Av. E.	Bayview Av.
Tendercare Nursing Home	1020 McNicoll Av.	Pharmacy Av.
The Sisterhood of St. John the Divine	233 Cummer Av.	Bayview Av.
The Wexford Residence	1860 Lawrence Av. E.	Pharmacy Av.
Thompson House LTC	1 Overland Dr.	Don Mills & Lawrence
Tony Stacey Centre for Veterans	59 Lawson Rd.	Meadowvale & K.R.
Yee Hong Centre – McNicoll	2311 McNicoll Av.	Midland Av.
Yee Hong Centre – Finch	60 Scottfield Dr.	Middlefield & Finch

Southwest - Nursing Homes/Retirement Homes

NAME	ADDRESS	MAJOR INTERSECTION
Bellwoods Centre – Mimico	1 Summerhill Rd.	Royal York & Lake Shore
Bellwoods Park House	300 Shaw St.	College St.
Bill McMurray Residence	180 Sheridan Av.	Dufferin & College
Briar Crest Retirement Home	80 Wychwood Pk.	Bathurst & St. Clair
Carter Manor Senior Residence	103 Tyndall Av.	King & Dufferin
Castleview Wychwood Towers	351 Christie St.	Dupont St.
Centennial Park Place *(Revera)*	25 Centennial Pk. Rd.	Rathburn & Renforth
Chartwell White Eagle LTC	138 Dowling Av.	Jameson Av. & King. St. W.
Christie Gardens	600 Melita Cr.	Christie & Dupont
Copernicus Lodge	66 Roncesvalles Av.	Queen St. W.
Dewson Private Hospital	47 Dewson Av.	College & Dovercourt
Dom Lipa	52 Neilson Dr.	Hwy. 427 & Dundas
Elm Grove Living Centre	35 Elm Grove Av.	King & Dufferin
Extendicare - The McCall Centre	140 Sherway Dr.	West Mall & Evans
Fairview Nursing Home	14 Cross St.	Dufferin & Dundas
Garden Court Nursing Home	1 Sand Beach Bv.	Royal York & Lakeshore
Golden Sunset Residence	197 Royal York Rd.	Lake Shore Blvd. W.
Hellenic Home	33 Winona Drive	Dovercourt & Davenport
High Park Villa	2140 Bloor St. W.	Clendenan Av.
Highbourne Lifecare Centre	420 The East Mall	Burnhamthorpe Rd.
Ivan Franko Homes	767 Royal York Rd.	Bloor St. W.
Kensington Gardens – North	45 Brunswick Av.	Bathurst & College
Kensington Gardens – South	25 Brunswick Av.	Bathurst & College
Labdara Lithuanian	5 Resurrection Rd.	Dundas & Kipling
Lakeshore Lodge	3197 Lakeshore Bv. W.	Kipling Av.
Lakeside Long-Term Care Centre	150 Dunn Av.	King St. W. & Jameson Av.
Maynard Nursing Home	28 Halton Av.	Dundas & Ossington
New Horizons Tower	1140 Bloor St. W.	Dufferin St.

Norwood LTC	122 Tyndall Av.	King & Dufferin
Rose of Sharon Korean LTC	17 Maplewood Av.	Vaughan & St Clair
Spencer House	36 Spencer Av.	Dufferin & King
St. Anne's Tower	661 Dufferin St.	College St.
The O'Neill Centre	33 Christie St.	Bloor St. W.
Vermont Square Long Term Care	914 Bathurst St.	Bloor St. W.
Wawel Villa	1926 Bloor St. W.	Clendennan Av.
Wesburn Manor	400 The West Mall	Burnhamthorpe Rd.

Southeast - Nursing Homes/Retirement Homes

NAME	ADDRESS	MAJOR INTERSECTION
Atrium At Kew Beach Retirement	500 Kingston Rd.	Woodbine Av.
Beach Arms Retirement Residence	505 Kingston Rd.	Woodbine Av.
Belmont House	55 Belmont St.	Yonge & Davenport
Birchcliffe Residence	1673 Kingston Rd.	Birchmount Rd.
Cedarbrook Lodge	520 Markham Rd.	Lawrence Av. E.
Chartwell Guildwood Retirement	65 Livingston Rd.	Kingston Rd. & Guildwood Py.
Chartwell Trilogy Long Term Care	340 McCowan Rd.	Eglinton Av. E.
Cheshire Homes McLeod House	11 Lowther Av.	Avenue Rd. & Bloor
Chester Village	3555 Danforth Av.	Warden Av.
Craiglee Nursing Home	102 Craiglee Av.	Kingston Rd. & Danforth Rd.
Davenhill Senior Living	877 Yonge St.	Davenport Rd.
Extendicare – Guildwood	60 Guildwood Py.	Kingston Rd.
Fudger House	439 Sherbourne St.	Wellesley St. E.
Ina Grafton Gage Home	40 Bell Estate Rd.	Warden & Danforth Rd
Kennedy Residence	300 Sherbourne St.	Gerrard St.
Laughlen Centre	110 Edward St.	Gerrard & University
Leaside Gate	955 Millwood Rd.	Overlea Bv.
Leaside Retirement Living *(Revera)*	10/14 William Morgan Dr.	Don Mills & Overlea
Main Street Terrace *(Revera)*	77 Main St.	Gerrard St.
Mon Sheong LTC - Toronto	36 D'Arcy St.	University & Dundas
Nisbet Lodge	740 Pape Av.	Danforth Av.
Providence Health Centre	3276 St. Clair Av. E.	Warden Av.
Renascent – Punanai Ctr for Men	54 Madison Av.	Spadina & Bloor
Scarborough Retirement Centre	148 Markham Rd.	Eglinton Av. E.
Sienna – Midland Gardens Care	130 Midland Av.	Kingston Rd
Sienna – Midland Gardens Senior Apts.	130 Midland Av.	Kingston Rd.
Sienna – St. George Care	225 St. George St.	Bloor St. E.

St. Clair O'Connor LTC	2703 St. Clair Av. E.	O'Connor Dr.
The Annex *(Revera)*	123 Spadina Rd.	Dupont St.
The Heritage Nursing Home	1195 Queen St. E.	Leslie St.
The Rekai Centre - Sherbourne	345 Sherbourne St.	Gerrard St. E.
The Rekai Centre – Wellesley	160 Wellesley St. E.	Jarvis St. E.
True Davidson Acres	200 Dawes Rd.	Danforth Av.

Convalescent Hospitals

(THESE ADDRESSES WILL NOT BE TESTED;
BUT YOU MUST BE FAMILIAR WITH THEM)

Northwest

NAME	ADDRESS	MAJOR INTERSECTION
Baycrest Centre	3560 Bathurst St.	Hwy. 401
Humber River Church	200 Church	Jane & 400
Humber River Keele	2175 Keele St.	Ingram
North York Branson – Rehab	555 Finch Av. W.	Bathurst St.
St. Bernard's Residence	685 Finch Av. W.	Wilmington Av.
West Park Healthcare Centre	82 Buttonwood Av.	Jane & Weston

Northeast

NAME	ADDRESS	MAJOR INTERSECTION
Holland Bloorview Kids Rehabilitation	150 Kilgour Rd.	Leslie & Sheppard
Odette Cancer Centre Sunnybrook	2075 Bayveiw	Eglinton
Schulick Heart Centre	2075 Bayview	Eglinton
St. John's Rehab	285 Cummer Av.	Bayview Av.
Toronto Rehab – Lyndhurst Centre	520 Sutherland Dr.	Bayview & Eglinton
Toronto Rehab – Rumsey Ctr. *(Cardiac)*	347 Rumsey Rd.	Bayview & Eglinton
Toronto Rehab – Rumsey Ctr. *(Neuro)*	345 Rumsey Rd.	Bayview & Eglinton

Southwest

NAME	ADDRESS	MAJOR INTERSECTION
Courtyard Continuing Care	150 Sherway Dr	Westmall & Queensway
Grace Salvation	47 Austin Tr	Bathurst & Davenport
McCall Centre Chronic Care	140 Sherway Dr	Westmall & Queensway
Runnymede Healthcare Centre	625 Runnymede Rd.	Dundas St. W.
Toronto Grace Health Centre	47 Austin Terrace	Bathurst & Davenport
Toronto Rehab – Bickle Centre	130 Dunn Av.	King & Jameson
Toronto Rehab – Lakeside Centre	150 Dunn Av.	King & Jameson
Trillium West Toronto	140 Sherway	Westmall & Queensway

Southeast

NAME	ADDRESS	MAJOR INTERSECTION
Bridgepoint Active Healthcare	14 St. Matthews Rd.	Broadview & Gerrard
Holland Orthopaedic Centre	43 Wellesley St E	Yonge
Princess Margaret Hospital	610 University Av	Gerrard
Princess Margaret Lodge	545 Jarvis	Gloucester
Providence Healthcare	3276 St. Clair Av. E.	Warden Av.
Toronto Rehab - University Centre	550 University Av.	Elm St.
Woman's College Hospital	76 Grenville St.	College & Bay

Mental Health Facilities

(THESE ADDRESSES WILL NOT BE TESTED; BUT YOU MUST BE FAMILIAR WITH THEM)

Southwest

NAME	ADDRESS	MAJOR INTERSECTION
CAMH	1001 Queen St. W.	Ossington Av.
CAMH	30/40/50/60 White Squire Way	Queen St. W. & Dovercourt
CAMH	33 Russell St.	College/Spadina
CAMH	250 College St.	Spadina Av.
CAMH	100 & 101 Stokes St.	Queen St. W. & Ossington
CAMH	80 Workman Way	Queen St. W. & Ossington

Detox Centres

(THESE ADDRESSES WILL NOT BE TESTED; BUT YOU MUST BE FAMILIAR WITH THEM)

Southwest

NAME	ADDRESS	MAJOR INTERSECTION
UHN Men's Withdrawal Mgmt.	16 Ossington Av.	Queen St. W.
UHN Women's Withdrawal Mgmt.	892 Dundas St. W.	Bathurst St.

Southeast

NAME	ADDRESS	MAJOR INTERSECTION
St. Mikes Detox	135 Sherbourne St.	Queen St. E.
Toronto East General Detox	985 Danforth Av.	Donlands Av.

Points of Interest

(*GEOCODE NOT INCLUDED IN TESTING)

N/W Quadrant

POINT OF INTEREST	MAJOR INTERSECTION	*GEOCODE
Black Creek Pioneer Village	Jane & Steeles	09460C5
Centennial Park	Rathburn & Renforth	08859A5
Downsview Park	Keele & Sheppard	09261A3
Eglinton Flats	Jane & Eglinton	09061C2
Humber College: Main Campus	Humber College & Hwy. 27	09259C3
The Albion Centre	Kipling & Albion	09259B4
Toronto Pearson International Airport	Dixon & Hwy. 409	09059D2
Woodbine Racetrack	Rexdale & Hwy. 27	09259E3
Woodbine Shopping Centre	Rexdale & Hwy. 27	09259D3
York University: Main Campus	Keele & Steeles	09461C1
Yorkdale Shopping Centre	Dufferin & Hwy. 401	09261C5

N/E Quadrant

POINT OF INTEREST	MAJOR INTERSECTION	*GEOCODE
Agincourt Mall	Kennedy & Sheppard	09464A3
Cedarbrae Mall	Markham & Lawrence	09465D3
Colonel Danforth Park	Meadowvale & Lawrence	09466B4
Edwards Gardens	Leslie & Lawrence	09263B3
Fairview Mall	Don Mills & Sheppard	09463B4
Mount Pleasant Cemetery	Mt.Pleasant & St. Clair	09063B1
Scarborough Town Centre	McCowan & Progress	09465B1
Seneca College: Main Campus	Hwy. 404 & Finch	09663E3
Toronto Zoo	Meadowvale & Finch	09666B2
U of T: Scarborough Campus	Military Trail & Ellesmere	09466A2
Wilket Creek Park	Leslie & Eglinton	09263C3

S/W Quadrant

POINT OF INTEREST	MAJOR INTERSECTION	*GEOCODE
Billy Bishop Toronto City Airport	foot of Bathurst	08862D5
Canadian National Exhibition (CNE)	Lakeshore & Strachan	08862C3
Casa Loma	Spadina & Davenport	09062C4
Christie Pits	Christie & Bloor	09062E3
CN Tower	Front & John	08863B1
Fort York *(National Historic Site)*	Bathurst & Fleet	08862C4
Grenadier Pond *(inside High Park)*	Parkside & Lakeshore	08861C4
High Park	Parkside & Bloor	08861B4
Humber College: Lakeshore Campus	Kipling & Lakeshore	08861E3
Marie Curtis Park	Forty Second & Lakeshore	08660D3
Ontario Place	Strachan & Lakeshore	08862D3
Rogers Centre	Front & Spadina	08862B5
Royal Canadian Yacht Club (RCYC)	North Chippewa Island	08863D2
Sherway Gardens	The West Mall & Evans	08660A2
The Air Canada Centre	Bay & Lakeshore	08863B1

S/E Quadrant

POINT OF INTEREST	MAJOR INTERSECTION	*GEOCODE
Allan Gardens Conservatory	Sherbourne & Gerrard	09063E2
Art Gallery of Ontario (AGO)	Dundas & McCaul	08862A5
Centre Island/Centreville	On Toronto Island	08863E1
City Hall	Bay & Queen	08863A1
Governor's Bridge	Governor's Rd	09063B2
Harbourfront	Queens Quay & Spadina	08863C1
Massey Hall	Yonge & Shuter	08863A1

Metro Hall	King & John	08862B5
Metro Toronto Convention Centre	Front & Simcoe	08863B1
Ontario Legislative Buildings	Wellesley & Queens Park	09062E5
Ontario Science Centre	Don Mills & Eglinton	09263D4
Prince Edward Viaduct *(Bloor Viaduct)*	DVP & Bloor	09063D2
Roy Thompson Hall	King & Simcoe	08863B1
Royal Alexandra Theatre	King & Simcoe	08863B1
Royal Ontario Museum (ROM)	Queens Park & Bloor	09062E5
Ryerson University	Bond & Gould	08863A1
Scarborough Bluffs Park	foot of Brimley	09265E3
St. Lawrence Market	Lower Jarvis & Front	08863B3
The Air Canada Centre	Bay & Lakeshore	08863B1
The Beach	from Leslie to Victoria Park – from Kingston Rd. to Boardwalk	09064D3
Toronto Eaton Centre	Yonge & Dundas	08863A1
U of T: St George Campus	Queens Park & Wellesley	09062E5
Union Station	Bay & Front	08863B1

Standard Abbreviations

Documenting essential patient and location information is a critical requirement of an EMD. To ensure this documentation is clear and concise, it is expected that EMD will utilize the following abbreviations whenever possible.

Roadways

Avenue	**AV**	Gardens	**GS**	Promenade	**PM**
Boulevard	**BV**	Gate	**GT**	Ridge	**RI**
Bypass	**BP**	Green	**GR**	Road	**RD**
Circle	**CL**	Grove	**GV**	Row	**RW**
Circuit	**CI**	Heights	**HT**	Sideroad	**SR**
Close	**CS**	Highway	**HWY**	Street	**ST**
Concession	**CON**	Lane	**LN**	Square	**SQ**
Crescent	**CR**	Line	**LI**	Terrace	**TE**
Court	**CT**	Mews	**ME**	Trail	**TL**
Drive	**DR**	Park	**PK**	View	**VW**
Expressway	**XY**	Parkway	**PY**	Walk	**WK**
Garden	**GN**	Place	**PL**	Way	**WY**

Directional

North of	**N/O**	North shoulder	**N/SH**	South of	**S/O**
South shoulder	**S/SH**	Northbound	**N/B**	East shoulder	**E/SH**
Southbound	**S/B**	West shoulder	**W/SH**	East of	**E/O**
Centre Core	**CC**	West of	**W/O**	Collector lanes	**COLL**
Eastbound	**E/B**	In front of	**In F/O**	Westbound	**W/B**
In back of	**In B/O**	North	**N**	South	**S**
East	**E**	**West**	**W**		

Medical

Male	**M**	Emergency Department	**Emerg/ER/ED**
Female	**F**	Admitting Department	**Admit**
History	**HX**	Out Patients Department	**OPD**
Pulse	**P**	Radiotherapy	**RT**
Temperature	**TEMP**	Cat Scan	**CT**
High	**HI**	Low	**LO**
Fracture	**FRAC or #**	Vital Signs Absent	**VSA**
Oxygen	**O2**	Dead on arrival	**DOA**
Intravenous	**IV**	Laceration	**LAC**
Cancer	**CA**	Chest Pain	**CP or CH PAIN**
Difficulty breathing	**DIFF BR**	Blood Pressure	**BP**
Short of breath	**SOB**	Respirations	**R or RESP**
Conscious	**CONS**	Stroke	**CVA**
Unconscious	**UNCONS**	Breathing	**BR**
Treat & Return	**T/R or TRT**	Patient	**PT**
Stretcher	**STR**	No Escort or Equipment	**No E/E**
Overdose	**OD**		

Location

Apartment	**APT**
Basement	**BSMT**
Entry Code	**EC**
Penthouse	**PH**
Suite	**STE**
Townhouse	**TH**

Miscellaneous

Appointment	**APPT**	No Further Information	**NFI**
Cell Phone	**CELL**	Personal Injury	**PI**
Could Not Obtain	**CNO**	Pay Phone	**PAY**
Doctor	**DR**	Phone Extension	**X or EXT**
Emotionally Disturbed Person	**EDP**	Possible	**POSS**
Estimated Time of Arrival	**ETA**	Property Damage	**PD**
Estimated Time of Departure	**ETD**	Police Constable	**PC**
Fire Captain	**CAPT**	Police Sergeant	**PS or SGT**
Gone On Arrival	**GOA**	Relative	**REL**
Has Been Drinking	**HBD**	Registered Nurse	**RN**
Inspector	**INSP**	Right	**R**
Left	**L**	Time Wanted	**TW**
Notified	**NTF**	Time Booked	**TB**

Quadrant Primary & Secondary Streets

N/W QUADRANT

The northwest quadrant runs from Steeles Ave. W. in the north, Yonge St. to the east, Eglinton Ave. W. to the south and Etobicoke Creek to the west.

Primary Streets E/W Orientation

Steeles Av. W.

Finch Av. W.

Sheppard Av. W.

Wilson Av.

Albion Rd.

Dixon Rd.

Lawrence Av. W.

Hwy. 401

Eglinton Av. W.

Primary Streets N/S Orientation

Hwy. 427

Hwy. 27

Martin Grove Rd.

Kipling Av.

Islington Av.

Weston Rd.

Hwy. 400

Black Creek Dr.

Jane St.

Keele St.

Dufferin St.

Allen Rd. (William R. Allen Xy.)

Bathurst St.

Avenue Rd.

Secondary Streets E/W Orientation

Rexdale Bv.

Belfield Rd.

Drewry Av.

The Westway

Trethewey Dr.

Hwy. 409

Secondary Streets N/S Orientation

Carlingview Dr.

Scarlett Rd.

Caledonia Rd.

Wilson Heights Bv.

Old Weston Rd.

N/E QUADRANT

The northeast quadrant runs from Steeles Ave. E. in the north, Yonge St. to the west, Eglinton Ave. E. to the south and Port Union Rd. to the west.

Primary Streets E/W Orientation

- Hwy. 401
- Steeles Av. E.
- Finch Av. E.
- Sheppard Av. E.
- Eglinton Av. E.
- York Mills Rd.
- Ellesmere Rd.
- Lawrence Av. E.
- Kingston Rd./Hwy. 2

Primary Streets N/S Orientation

- Bayview Av.
- Mt Pleasant Rd.
- Leslie St.
- Don Mills Rd.
- Don Valley Py./Hwy. 404
- Victoria Park Av.
- Pharmacy Av.
- Warden Av.
- Birchmount Rd.
- Kennedy Rd.
- Midland Av.
- Brimley Rd.
- McCowan Rd.
- Bellamy Rd.
- Markham Rd.
- Morningside Av.
- Neilson Rd.
- Meadowvale Rd.
- Port Union Rd.

Secondary Streets E/W Orientation

- Cummer Av.
- McNicoll Av.
- Passmore Av.
- Van Horne Av.
- Progress Av.
- Huntingwood Dr.
- Military Tl.
- Bridletowne Cl.
- Sandhurst Cl.

Secondary Streets N/S Orientation

Willowdale Av.

Shaughnessy Bv.

Middlefield Rd.

Scarborough Golf Club Rd.

Senlac Rd.

Orton Park Rd.

Senlac Rd.

Bermondsey Rd.

Tapscott Rd.

S/W QUADRANT

The southwest quadrant runs from Eglinton Ave. W. in the north, Yonge St. to the east, Lake Ontario to the south and Hwy. 427 to the west.

Primary Streets E/W Orientation

- St. Clair Av. W.
- Burnhamthorpe Rd.
- The Queensway
- Bloor St. W.
- Dundas St. W.
- Davenport Rd.
- Dupont St.
- College St.
- Queen St. W.
- King St. W.
- Gardiner Xy.
- Lake Shore Bv. W.
- Evans Av.
- Adelaide St.
- Wellington St.
- Richmond St.

Primary Streets N/S Orientation

- Hwy. 427
- Martin Grove Rd.
- Kipling Av.
- Islington Av.
- Royal York Rd.
- Jane St.
- Keele St.
- Dufferin St.
- Bathurst St.
- Spadina Av./Rd.
- Renforth Rd.
- Roncesvalles Av.
- Ossington Av.
- Dovercourt Rd.

Secondary Streets E/W Orientation

- Rathburn Rd.
- Horner Av.
- Edenbridge Dr.
- North Queen St.
- Rogers Rd.
- Annette St.
- Evans Av.

Secondary Streets N/S Orientation

The Kingsway

South Kingsway

The West Mall

The East Mall

Oakwood Av.

Vaughan Rd.

Sorauren Av.

St. George St.

S/E QUADRANT

The southeast quadrant runs from Eglinton Ave. E. in the north, Port Union Rd. to the east, Lake Ontario to the south and Yonge St. to the west.

Primary Streets E/W Orientation

- St. Clair Av. E.
- O'Connor Dr.
- Danforth Av.
- Danforth Rd.
- Gerrard St. E.
- Wellesley St. E.
- Bloor St. E.
- Carlton St.
- Eglinton Av
- Dundas St. E.
- Queen St. E.
- King St. E.
- Front St. E.
- Gardiner Xy.
- Lake Shore Bv. W.
- Queens Quay E.
- Kingston Rd.

Primary Streets N/S Orientation

- Yonge St.
- Bay St.
- Church St.
- Jarvis St.
- Sherbourne St.
- Mt Pleasant Rd.
- Parliament St.
- Bayview Av.
- Don Valley Py.
- Broadview Av.
- Pape Av.
- Greenwood Av.
- Don Mills Rd.
- Coxwell Av.
- Woodbine Av.
- Main St.
- Victoria Park Av.
- Pharmacy Av.
- Warden Av.
- Birchmount Rd.
- Kennedy Rd.
- Midland Av.
- Brimley Rd.
- McCowan Rd.
- Bellamy Rd.
- Markham Rd.

Secondary Streets E/W Orientation

Moore Av.

Davisville Av.

Overlea Bv.

Cosburn Av.

Mortimer Av.

Sammon Av.

Eastern Av.

Guildwood Py.

Secondary Streets N/S Orientation

Donlands Av.

Logan Av.

Jones Av.

Dawes Rd.

Pottery Rd.

River St.

Bleecker St.

Laird Dr.

Carlaw Av.

TTC Stations

Line 1 Yonge-University-Spadina Line (From North to South)	
Vaughan Metropolitan Centre	
Highway 407	
Pioneer Village	
York University	
Finch West	
Downsview Park	
Sheppard West	
Wilson	Finch
Yorkdale	Sheppard
Lawrence West	York Mills
Glencairn	Eglinton
Eglinton West	Davisville
St. Clair West	St. Calir
Dupont	Summerhill
Spadina	Rosedale
St. George	Yonge
Museum	Wellesley
Queens Park	College
St. Patrick	Dundas
Osgoode	Queen
St. Andrew	King
Union	Union

Line 2 Bloor-Danforth Line (From West to East)
Kipling
Islington
Royal York
Old Mill
Jane
Runnymede
High Park
Keele
Dundas West
Lansdowne
Dufferin
Ossington
Christie
Bathurst
Spadina
St. George
Bay
Yonge
Sherbourne
Castle Frank
Broadview
Chester
Pape
Donlands
Greenwood
Coxwell
Woodbine
Main
Victoria Park
Warden
Kennedy

Line 3 Scarborough RT (SRT) (From West to East)
Kennedy
Lawrence East
Ellesmere
Midland
Scarborough Centre
McCowan

Line 4 Sheppard Line (From West to East)
Sheppard
Bayview
Bessarion
Leslie
Don Mills

Subway Map

1
Vaughan Metropolitan Centre
Highway 407
Pioneer Village
York University
Finch West
Downsview Park
Sheppard West
Wilson
Yorkdale
Lawrence West
Glencairn
Eglinton West
St Clair West
Dupont
Spadina
St George
Museum
Queen's Park
St Patrick
Osgoode
St Andrew
Union
King
Queen
Dundas
College
Wellesley
Bloor-Yonge
Rosedale
Summerhill
St Clair
Davisville
Eglinton
Lawrence
York Mills
Sheppard-Yonge
North York Centre
Finch
4
Bayview
Bessarion
Leslie
Don Mills
2
Kipling
Islington
Royal York
Old Mill
Jane
Runnymede
High Park
Keele
Dundas West
Lansdowne
Dufferin
Ossington
Christie
Bathurst
Bay
Sherbourne
Castle Frank
Broadview
Chester
Pape
Donlands
Greenwood
Coxwell
Woodbine
Main Street
Victoria Park
Warden
Kennedy
3
Lawrence East
Ellesmere
Midland
Scarborough Centre
McCowan
Pearson Airport
900 Airport Express
N
1 Yonge-University Line
2 Bloor-Danforth Line
3 Scarborough Line
4 Sheppard Line
Interchange station
Accessible station
Hours of operation
Weekday and Saturday service approximately 6 a.m. to 1:30 a.m.
Sunday service approximately 8 a.m. to 1:30 a.m.
Holiday start times vary
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Medical Terminology

Abrasion	scraping of the skin
Allergy	where the body is hypersensitive to some foreign substance
Ambulatory	walking or able to walk
Anaphylactic Shock	a sudden, severe allergic reaction characterized by a sharp drop in blood pressure, hives, and breathing difficulties that is caused by exposure to a foreign substance, such as a drug, food or bee venom
Aneurysm	an excessive localized enlargement of an artery caused by a weakening of the artery wall
Angina Pectoris	severe and crushing chest pain due to an inadequate supply of oxygen to the heart muscle
Apnea	temporary cessation of breathing
Arrhythmia	variation from normal, or absence of heart rhythm
Arteriosclerosis	hardening of the walls of the arteries
ASA	acetylsalicylic acid (aspirin) given to patients having chest pain
Asphyxia	decreased oxygen and increased carbon dioxide in the blood and tissues
Aspiration	drawing in of vomit or mucus into the respiratory tract
Asthma	disease marked by periodic spasmodic contractions of the bronchial tubes resulting in difficulty in breathing
Benign	not malignant, has the ability to grow and be harmful but does not spread to adjacent tissue
Blood Pressure	pressure of the blood exerted against the elastic artery walls (systolic/diastolic)
Bloody Show	vaginal discharge (blood) during labour
Bronchitis	inflammation of the bronchial tubes
Carcinoma	a form of cancer
Cardiac	pertains to the heart

Cardiac Arrest	sudden or unexpected stoppage of effective heart action
Catheterization	the placement of a tube into the body, usually for drainage
Cervical	pertaining to the neck
Clammy	cold sweats
Coma	a deep and prolonged unconsciousness from which the patient cannot be roused
Congestive Heart Failure (CHF)	inadequate cardiac output for normal needs
Contusion	injury to tissues without skin breakage i.e. bruise
Convulsions	involuntary contraction of the voluntary muscles
Coronary Artery Disease (CAD)	blood supply to the heart is decreased by either arteriosclerosis or a blood clot in the coronary artery
Crowning	first appearance of the baby's head in the vaginal opening
Cyanosis	blueness of skin due to oxygen deficiency in blood and tissues
D&C	Dilation and Curettage; a medical procedure in which the uterine cervix is dilated and a curette is inserted into the uterus to scrape away the endometrium (as for the diagnosis or treatment of abnormal bleeding or for surgical abortion during the early part of the second trimester of pregnancy)
Dehydration	lack or loss of water in the body and tissues
Delirium	usually temporary mental disturbance noted by delusions, wandering speech and hallucinations
Depression	lowered mental and physical activity
Dermatitis	inflammation of the skin

Diabetes	body does not manufacture enough insulin to regulate blood sugar level
Diaphoresis	profuse sweating (diaphoretic)
Diastole	relaxation phase of heartbeat
Disorientation	mental confusion - loss of recognition of time, place or persons
Dyspnea	difficult or laboured breathing
Ectopic	a pregnancy that is not in the uterus
Edema	abnormal accumulation of fluid in the tissues
Embolus	foreign substance or air bubble in blood vessel, which partially or completely obstructs the blood flow (embolism)
Emesis	an act or instance of vomiting
Emphysema	fluid in the lungs causing loss of elasticity in the tissue makes expiration of air difficult
Epilepsy	chronic disease marked by attacks of convulsions
Epinephrine (Adrenaline)	Medication given to patients having severe shortness of breath or having an allergic reaction. ACPs also use epinephrine for patients who are in cardiac arrest.
Epistaxis	nosebleed
Gastrointestinal	pertaining to the stomach and intestines i.e. GI bleed
Glaucoma	condition of excess pressure of fluid in the eye
Hematemesis	the vomiting of blood
Hematoma	A localized collection of blood in an organ, muscle or tissue due to a break in the wall of a blood vessel
Hematuria	blood in the urine
Hemophilia	hereditary blood disease characterized by prolonged coagulation time
Hemoptysis	coughing up blood from some part of the respiratory tract

Hemorrhage	external or internal escape of blood from a vessel
Hemothorax	collection of blood in the pleural cavity
Hyperglycemia	abnormally high amount of sugar in the blood
Hypertension	chronic elevation in blood pressure i.e. high blood pressure
Hyperventilation	increase in rate or depth (or both) of respiration resulting in more air in lungs than normal
Hypoglycemia	abnormally low amount of sugar in the blood
Hysteria	exaggerated or uncontrollable emotion or excitement
Insulin	hormone (natural or artificial) to control body sugar level
Intubation	insertion of a tube i.e. to open an airway
Isolation	separation of persons having infectious diseases
Labour	process of fetus being expelled from the uterus
Leukemia	excessive number of white blood cells, which are not fully grown and cannot kill bacteria
Malignant	growing worse and resisting treatment, generally life-threatening
Meninges	three membranes covering the brain and spinal cord
Meningitis	inflammation of the meninges
Miscarriage	the expulsion of a fetus from the womb before it is viable
Myocardial Infarction (MI)	damage to the heart muscle resulting from blocked or restricted coronary artery
Myocardium	the heart muscle
Nitroglycerin (Nitro)	Medication given to patients having chest pain
Orthopnea	shortness of breath which occurs when lying flat; the ability to breath only from the upright position
Pallor	absence of skin colour
Paralysis	loss or impairment of the ability to move body parts

Paraplegia	paralysis of the lower body and legs
Phlebitis	inflammation of a vein
Placenta	structure attached to the wall of the uterus that provides oxygen and nourishment to the unborn child, and is expelled shortly after birth
Pneumonia	inflammation of the lung tissue
Pneumothorax	presence of air or gas in the pleural cavity
Prostration	extreme exhaustion
Pulse	the beat of the heart as felt through the walls of the arteries
Quadriplegia	paralysis affecting all four limbs
Rigor Mortis	stiffening of the muscles after death
Sclerosis	hardening of a part
Shock	depression of body functions due to circulation failure
Signs	observed changes in the body
Sodium Bicarbonate	an ACP alkalizing medication given to patients who are hypoxic and prolonged VSA
Spasm	sudden involuntary muscle contraction
Sphygmomanometer	instrument for measuring blood pressure i.e. BP cuff
Stoma	artificial opening between body cavity and body opening
Stroke	loss of brain function(s) due to a disturbance in the blood supply to the brain i.e. apoplexy or CVA
Stupor	a state of reduced responsiveness or partial unconsciousness
Symptoms	complaint or description of something associated to the illness as stated by the patient
Systole	contracting phase of the heartbeat
Thrombus	blood clot which forms in a blood vessel or in the heart cavity (thrombosis)

Transient Ischemic Attack (TIA)	Is a set of symptoms that lasts a short time (short-lived) and occurs because of a temporary lack of blood to part of the brain. Sometimes referred to as 'mini-stroke'
Trauma	wound or injury
Triage	sorting, according to initial examination, of casualties in a disaster situation
Tumour	abnormal growth of cells
Umbilical Cord	attachment between unborn child and placenta
Unconsciousness	lack of environmental awareness – incapability to react to sensory stimuli
Ventolin (Salbutamol)	medication given to patients having shortness of breath

"NORMAL" ADULT VITAL SIGNS

Systolic Blood Pressure	120-139
Diastolic Blood Pressure	80-89
Heart Rate	60-100 beats per minute
Respiratory Rate	Approximately 12-20 breaths per minute
Blood Oxygen Saturation	95%-100%
Glucose (before meal)	4-7 mmol/L
Glucose (after meal)	5-10 mmol/L
Temperature	36.5˚C to 37.5 ˚C

"NORMAL" PEDIATRIC VITAL SIGNS

Age	Heart Rat (beats/min)	Respiratory Rate (resp/min)	Blood Pressure
0-1 month	93-182	26-65	45-80/33-52
1-3 months	120-178	28-55	65-85/35-55
3-6 months	107-197	22-52	70-90/35-65
6-12 months	108-178	22-52	80-100/40-65
1-2 years	90-152	20-50	80-100/40-70
2-3 years	90-152	20-40	80-110/40-80
3-5 years	74-138	20-30	80-115/40-80
5-7 years	65-138	20-26	80-115/40-80
8-10 years	62-130	14-26	85-125/45-85
11-13 years	62-130	14-22	95-135/45-85
14-18 years	62-120	12-22	100-145/50-90

COMMONLY USED ABBREVIATIONS

#9	Collapsible stretcher (without wheels) that is at 35 Stn. and District Hubs
ACP/ALS	Advanced Care Paramedic/Advanced Life Support
ACR	Ambulance Call Report
AED	Automatic External Defibrillation
APGAR Score	Scaling system that evaluates a newborn infant at 1 minute of age by designating a score of 0, 1 or 2 for the following: **A**ppearance, **P**ulse, **G**rimace, **A**ctivity, **R**espiration
ARU	Advanced Response Unit
ASA	ASA (acetylsalicylic acid), given to patients having chest pain
AS5-D Form	Ambulance Services Dispatch Form (paper form)
ATU	Advanced Transport Unit
AVL	Automatic Vehicle Loading
CACC	Central Ambulance Communication Centre
CAD	Computer Aided Dispatch *(*Note : Medical reference to CAD is Coronary Artery Disease)*
CBRNE	Chemical, Biological, Radiological & Nuclear & Explosives
CCAC	Community Care Access Centre
CCTU	Critical Care Transport Unit
CPR	Cardio-Pulmonary Resuscitation
CRT	Call Receiver Training
CTO	Communications Training Officer
DOS	District Operations Superintendent
EMD	Emergency Medical Dispatcher

Epinephrine	Medication given to patients having severe shortness of breath or having an allergic reaction. ACP's also use epinephrine for patients who are in cardiac arrest.
EPCR	Electronic Patient Care Record
ERU	Emergency Response Unit
ESU	Emergency Support Unit
ETA	Estimated Time of Arrival
ETD	Estimated Time of Departure
ETF	Emergency Task Force
FTO	Field Training Officer *(paramedic training officer)*
GCS	**G**lasgow **C**oma **S**cale; the most widely used scoring system for classifying the neurological status of patients with head injuries. The scale rates three categories of patient responses; eye opening, best verbal response, and best motor response. The lowest score is 3 and is indicative of no response, the highest score is 15, indicates the patient is alert and aware of his or her surroundings.
HUSAR	Heavy Urban Search and Rescue
LL	Language Services
MOHLTC	Ministry of Health and Long-Term Care
MPDS	Medical Priority Dispatch System
Narcan	Naloxone is an antidote for heroin and narcotic pain medications including but not limited to, Percocet, Lartab, codeine, etc.
NITRO(Nitroglycerin)	Medication given to patients having chest pain
OASIS	Ontario Ambulance Service Information System
PAD	Public Access Defibrillation
PAIs	Pre-Arrival Instructions
PCO	Police Communications Officer

PCP/BLS	Primary Care Paramedic/Basic Life Support
PDIs	Post-Dispatch Instructions
PIA	Pearson International Airport
Power STR	Ferno Power Flex Stretcher
PRU	Primary Response Unit
PTU	Primary Transport Unit
QDT	Quadrant Dispatch Training
SAP	Soon As Practical
SOB	Shortness of breath
Sodium Bicarbonate	An ACP alkalizing medication given to patients who are hypoxic and prolonged VSA
SCS	System Control Superintendent
TPS	Toronto Police Services
TRT	Treat and Return
TTC	Toronto Transit Commission
UTM	Universal Transverse Mercator (with respect to geocode)
VENTOLIN(Salbutamol)	Medication given to patients having shortness of breath
VSA	Vital signs absent
WHMIS	Workplace Hazardous Material Information System

OTHER COMMONLY USED TERMS

Call Number	A seven digit number given to the ambulance crew each time an ambulance moves.

ALPHA	Term used to define a level of resource response indicated by the MPDS protocol.
BRAVO	Term used to define a level of resource response indicated by the MPDS protocol.
CHARLIE	Term used to define a level of resource response indicated by the MPDS protocol.
Colour Code	Refers to the six groups of staff which may be on or off duty.
Control Centre	Refers to the Communications centre as a whole.
DELTA	Term used to define a level of resource response indicated by the MPDS protocol.
ECHO	Term used to define a level of resource response indicated by the MPDS protocol.
ECHO Tiered	The response of three agencies to an apparent life threatening medical emergency (Police, Fire and Ambulance).
Geocode	Geocode takes an address, matches it to a street and specific segment (often called "block" segment) and then interpolates the position of the address, within the range along the segment.
Incident	Refers to an ambulance request that does or may require the notification of the district superintendent, duty officer and senior staff of Toronto Paramedic Services.
Incubator Deck	A specialized stretcher/incubator combination used to transport babies from one hospital to another. Requires four (4) Toronto Paramedics for a lift. (2) on a Stryker Stretcher.
Interpreter/Language Services	Toronto Paramedic Services has contracted with AT&T Language Line Service to provide interpretation. While primarily used while taking an emergency call, crews may also benefit from these services when at a scene.

One Desk	Refers to the positions in the Communications Centre manned by the Senior EMD and the SCS.
ORNGE	Provide high quality air ambulance service and medical transport to people who are critically ill or injured in Ontario.
Sector (previously called *Quadrant*)	Refers to a geographic area of Toronto. In general terms there are four sector dispatchers, each responsible for a portion of a geographic area of Toronto. These positions are located at the front of the communications centre.

Phonetic Alphabet

LETTER	PHONETIC LETTER
A	Alpha
B	Bravo
C	Charlie
D	Delta
E	Echo
F	Foxtrot
G	Golf
H	Hotel
I	India
J	Juliet
K	Kilo
L	Lima
M	Mike
N	November
O	Oscar
P	Papa
Q	Quebec
R	Romeo
S	Sierra
T	Tango
U	Uniform
V	Victor
W	Whiskey
X	X-ray
Y	Yankee
Z	Zulu

10-Codes

MEMORIZE CODES DENOTED IN RED

10 – 4	MESSAGE RECEIVED AND UNDERSTOOD-ACKNOWLEDGED
10 – 5	RELAY MESSAGE
10 – 6	BUSY, PLEASE STANDBY
10 – 7	OUT OF SERVICE, OFF THE AIR
10 – 8	IN SERVICE, AVAILABLE FOR A CALL
10 – 9	ENROUTE WITH PATIENT/PATIENTS ON BOARD
10 – 12	CAN'T EXPLAIN (i.e. RELATIVES ON BOARD)
10 – 19	RETURN TO BASE
10 – 20	REPORT PRESENT LOCATION
10 – 21	CALL BY LANDLINE (TELEPHONE)
10 – 23	AT OUR STAND BY LOCATION
10 – 26	CANCEL DETAIL
10 – 32	**PARAMEDIC DOWN**
10 – 33	**EMERGENCY MESSAGE**
10 – 90	MEAL BREAK
10 – 200	**POLICE**
10 – 2000	**URGENT POLICE ASSISTANCE REQUIRED BY EMS CREW**

Emergency Call Sequence & Scheduled (Non-Emergency) Call Sequence

Sequence Explanation Sheet

Included are the Call Receiving Sequences along with screenshots of both the Emergency and Scheduled (non-emergency) call receiving computer aided dispatch (CAD) forms. As both of these forms are tools that EMDs use daily, you are required to learn and remember these sequences **verbatim**. The screenshots have been provided to you so you can familiarize yourself of what point in the sequence fits in the appropriate area of each CAD form.

For example:

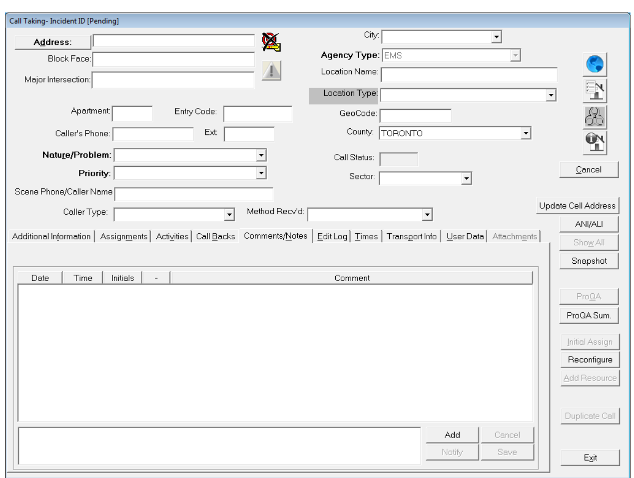
Emergency Call Sequence question:

1. *"Toronto Ambulance, where do you need us?"*

   ….. corresponds with

   Call Taking – Incident ID (Pending) screenshot:

   Address 1. (field)

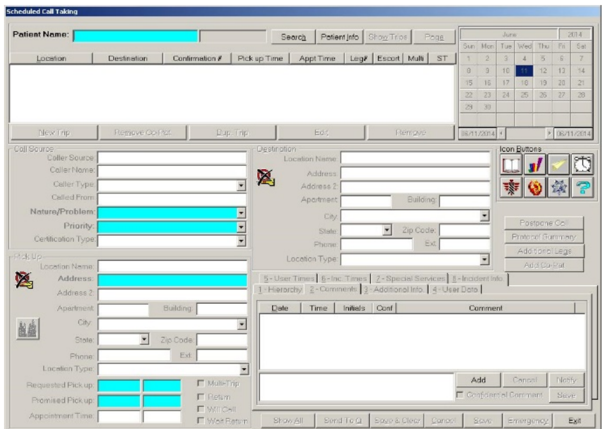


Scheduled (Non-Emergency) Sequence question:

3. *"What is your patient's full name?"*

   ……. corresponds with

   Scheduled Call Taking screenshot:
   Patient Name: 3.(field)



****Although you will not be tested on the sequences on the first day of class, you can expect to be tested on them shortly after**

Emergency Call Receiving Sequence

1. "Toronto Ambulance, where do you need us?"
If ANI/ALI information is not identical the EMD will say:
"Please repeat the address for verification"

2. "What is the closest major intersection?

3. "Is that a house or apartment?"
If the apartment number is less than 3 digits, "What floor is that on?" (Record floor number in Comments/Notes tab);
If other than a house or apartment, continue through the sequence.

3a. If apartment, "What is the entry code?"

4. What is the telephone number you are calling from?"
If ANI information is not identical the EMD will say:
"Please repeat the telephone number for verification."

"Okay, tell me exactly what happened?"

5. If at, or prior to this point the caller identifies the chief complaint as being one of the following…

Chest Pain
Breathing Problems
Auto/Pedestrian-Cyclist-Motorcyclist struck
Long fall
Stab-Gunshot

…go to the Nature/Problem field and select the appropriate protocol. Tab off to send call to queue.

If there is an exceptional delay in identifying a specific Chief Complaint, go to the Nature/Problem field and select "Unknown Problem". Tab off to send the call to queue.

If the call receiver elects to utilize Language Line Services, go to the Nature/Problem field and select "Unknown Problem". Tab off to send the call to queue. Record "/LL" in the 'Comments/Notes' tab.

At any time after the call has been sent to the Waiting "Q" and a crew safety concern is identified, record the concern in Comments/Notes and use the 'Notify' button to ensure that the dispatcher is aware of the situation. Toronto Police and Toronto Fire Services will be notified verbally should this occur

6. {Pro-QA/MPDS Launch} Proceed through ProQA/MPDS, following all procedures and expectations as directed through the EMD certification program.

Respiratory and/or Enteric Illness Questions

If the call originates at a Nursing Home, Convalescent Hospital or Retirement Home:

"Are you aware of an enteric (gastrointestinal) or respiratory outbreak at your facility?"

- If the answer is "Yes", the call receiver will ask, "Where in the facility is the outbreak?"
- In Comments/Notes tab record:
  - /RESP – (Possible Respiratory Outbreak) + Location of outbreak
  - /ENT – (Possible Enteric Outbreak) + Location of outbreak

If the call originates at a Nursing Home, Convalescent Hospital, Retirement Home or other Medical Facility (i.e. Doctor's office or Clinic, etc.)

. "Are there any isolation precautions to be taken with your patient?" (i.e. MRSA, VRE, TB, etc.)

- If the answer is 'yes' record this in Comments/Notes Tab

Emerging Infectious Disease Surveillance Tool (EIDST)

If the call is processed on Protocol 1, 6, 10, 18, 21 (medical hemorrhage) or 26, proceed through the EDIST. If the caller answers, "no" to the travel question, skip the symptoms section and carry on with the emergency sequence.

7. Record patient information in Comments/Notes Tab. (After providing Protocol specific PDIs, clarify and document all relevant patient information for the responders.)

8. If other than a house or apartment,
   What is it? Specify name.
   What entrance should we use?
   Where is the patient located?
   If applicable, direct the caller to send an escort to meet the responders.
   Record responses in Comments/Notes Tab

9. If the caller is not at the same location of the patient:
   "What is the telephone number where the patient is?"
   "Please repeat the telephone number for verification."
   "What is your name?"
   "What is the patient's name?"

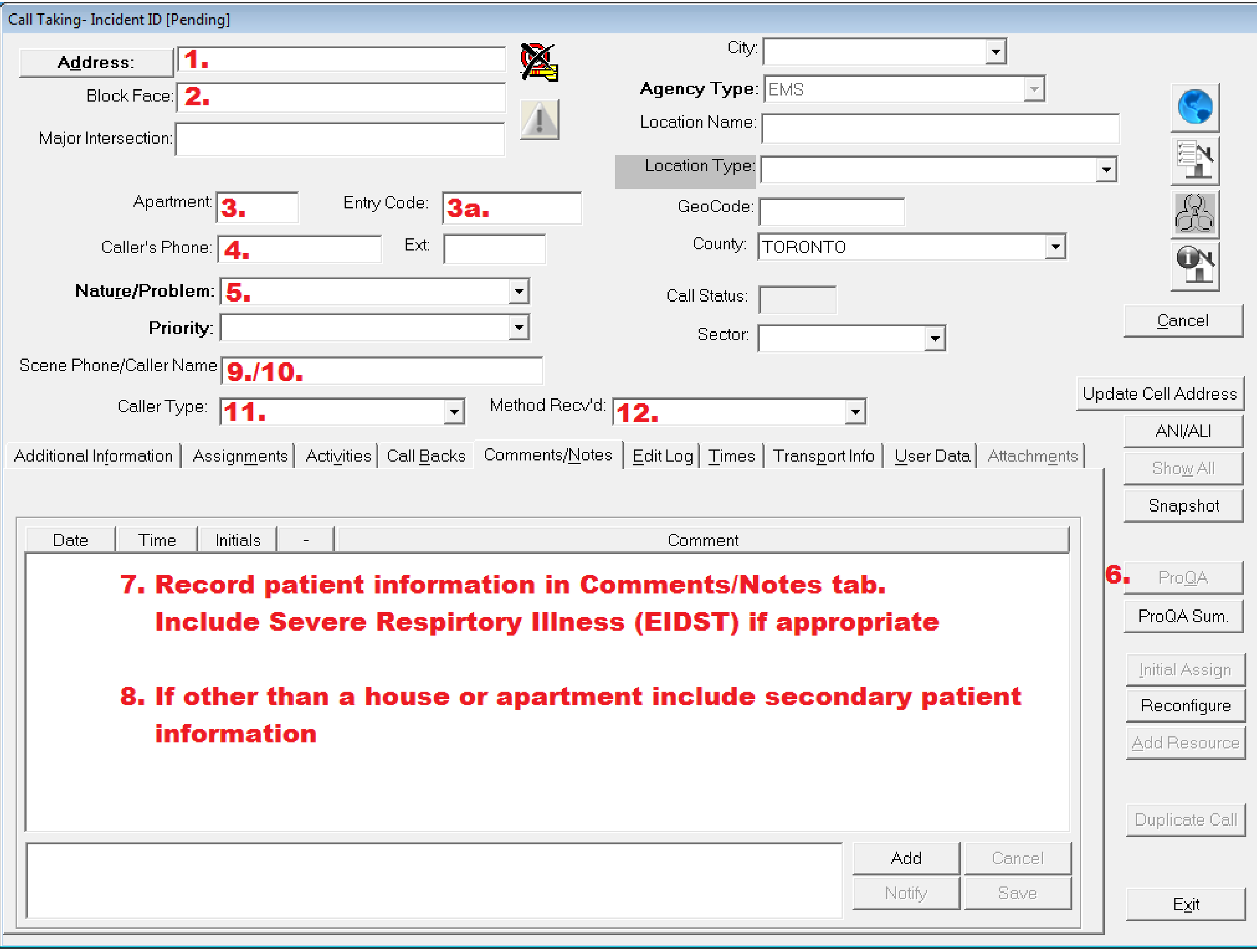
10. Record patient name in Comments/Notes Tab
    "What is your name?"

11. Choose the applicable Caller Type

12. Choose the applicable Method Received.

For calls where there will be more than one responding resource arriving at a scene and an escort to the patient is required, the call receiver will advise the caller to ensure that an adequate number of escorts meet the responding crews at the agreed upon location.

Return to MPDS and continue to provide all applicable Post-Dispatch, Pre-Arrival or Case Exit Instructions. Terminate call when appropriate.


Call Taking- Incident ID [Pending]
Address: 1.
Block Face: 2.
Major Intersection:
City:
Agency Type: EMS
Location Name:
Location Type:
Apartment: 3.
Entry Code: 3a.
GeoCode:
Caller's Phone: 4.
Ext:
County: TORONTO
Nature/Problem: 5.
Call Status:
Priority:
Sector:
Cancel
Scene Phone/Caller Name 9./10.
Caller Type: 11.
Method Recv'd: 12.
Update Cell Address
ANI/ALI
Show All
Snapshot
Additional Information
Assignments
Activities
Call Backs
Comments/Notes
Edit Log
Times
Transport Info
User Data
Attachments
Date
Time
Initials
-
Comment
7. Record patient information in Comments/Notes tab. Include Severe Respirtory Illness (EIDST) if appropriate
8. If other than a house or apartment include secondary patient information
6. ProQA
ProQA Sum.
Initial Assign
Reconfigure
Add Resource
Duplicate Call
Add
Cancel
Notify
Save
Exit

Scheduled (Non-Emergency) Call Receiving Sequence

1. Toronto Paramedic Services how may I help you?

2. What type of transfer is this?
(eg. Life or Limb, Stemi, Stroke, Emerg, Angio/Cath Lab, Dialysis, Repatriation or within the hour)

If **Emergency transfer** the call taker will place themselves on DND and continue to question #3

If not a type of transfer listed above, then ask:

Before I continue, I need to ask you a few questions to determine if we can proceed with the booking:

a) Is the patient in an unstable medical condition as determined by his/her physician?
b) Does the patient require paramedic level monitoring during transport?
c) Does the patient require the use of a stretcher?

If the caller answers NO to ANY of the above questions

Unfortunately, Toronto Paramedic Services will not be able to accommodate your transfer request. If your patient's condition becomes medically unstable and you require paramedic level monitoring during transport, please call us back.

If the caller answers **YES** to the above questions, you may proceed with the booking

3. Have you received your patients MT number?
   *If "yes" continue to question #4
   **If "no" but the request for service is an EMERGENCY TRANSFER/CODE 2 the call taker is to continue inputting the information and send the call to the pending queue. The MT number must be attached prior to transport of the patient. (The facility can call back once they have received the MT# and the information is to be recorded on the scheduled call form.)
   ***If "no" and it is a scheduled transfer only, they MUST call PTAC first in order to obtain the MT number before proceeding with booking the transfer.

4. What is your patient's full name?

5. From what facility are we picking the patient up?

6. What is your name?

7. Obtain caller type

8. Select Nature/Problem

9. In which department is the patient located?

10. What is the telephone number in the patient's area? Is there an extension?

11. Verify date requested.

12. Verify appointment time.
    If not an appointment, "what time will the patient be ready?"

13. Where is the patient going?

14. To which department is the patient going?
    If a residence, what is the apartment number and entry code?

15. Patient information: (to be recorded in Comments/Notes tab) – Omit A/B/D/E for 799 on-scene calls
    a) What is the MT number?
    b) Will the patient require a stretcher? Is there an escort? Is there any special Equipment?
    c) What is the patient's diagnosis?
    d) If the patient is going to be admitted to a general hospital, "what is the name of the receiving physician?"
    e) Is there any special isolation precautions required?

For Aircraft & Psychiatric Transfers, ask for and record required additional information:

Aircraft:

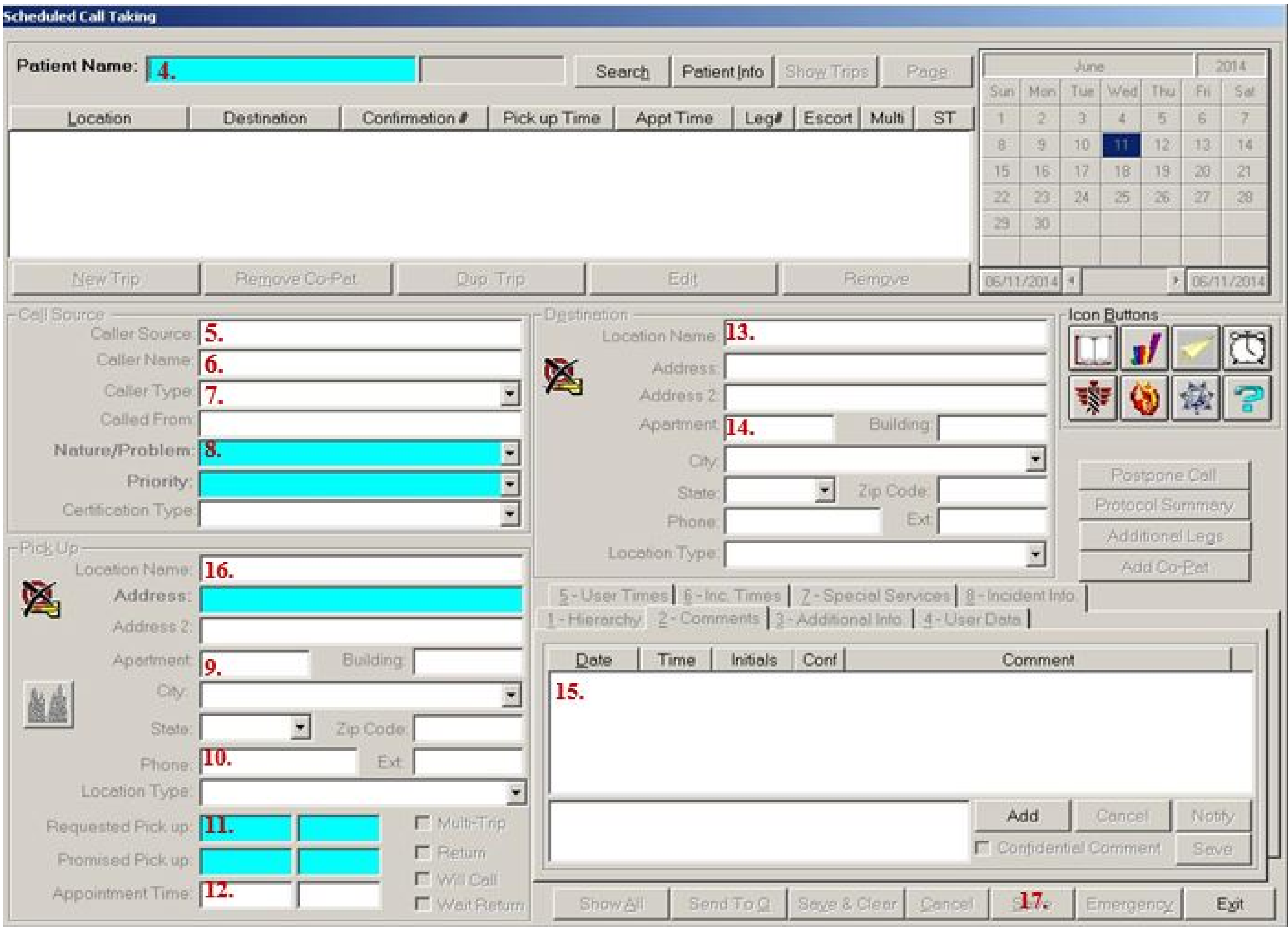
1. Who is the Air Carrier?
2. What is the Aircraft's call sign?
3. What is the flight origin or destination?
4. What is the estimated time of arrival (ETA) or estimated time of departure (ETD)?
5. What is the flight authorization number?

Psychiatric:

1. Is the patient violent?
2. Is the patient voluntary?
3. Is the patient sedated?
4. Is the patient restrained?
5. Is the patient on a form? (note: a form 1 patient MUST have an escort)
6. Confirm receiving facility is expecting the patient. Document "OK'D BY (name of staff at receiving facility)" in the Comments/Notes tab.

16. Change 'Location Name' field to reflect pick up facility, drop off facility, and pick up time
    (i.e. Sched Transfer: TWH - TGH TW 1200 or Sched Appt: NYG – SUN APPT 1200)

17. Your confirmation number is _____. Please refer to this number when making inquiries about your transfer.



Scheduled Call Taking
Patient Name: 4.
Search
Patient Info
Show Trips
Page
Location
Destination
Confirmation #
Pick up Time
Appt Time
Leg#
Escort
Multi
ST
New Trip
Remove Co-Pat
Dup Trip
Edit
Remove
June
2014
Sun Mon Tue Wed Thu Fri Sat
06/11/2014
Call Source
Caller Source: 5.
Caller Name: 6.
Caller Type: 7.
Called From:
Nature/Problem: 8.
Priority:
Certification Type:
Destination
Location Name: 13.
Address:
Address 2:
Apartment: 14.
Building:
City:
State:
Zip Code:
Phone:
Ext:
Location Type:
Icon Buttons
Postpone Call
Protocol Summary
Additional Legs
Add Co-Pat
Pick Up
Location Name: 16.
Address:
Address 2:
Apartment: 9.
Building:
City:
State:
Zip Code:
Phone: 10.
Ext:
Location Type:
Requested Pick up: 11.
Promised Pick up:
Appointment Time: 12.
Multi-Trip
Return
Will Call
Wait Return
5 - User Times
6 - Inc. Times
7 - Special Services
8 - Incident Info
1 - Hierarchy
2 - Comments
3 - Additional Info
4 - User Data
Date
Time
Initials
Conf
Comment
15.
Add
Cancel
Notify
Confidential Comment
Save
Show All
Send To Q
Save & Clear
Cancel
17.
Emergency
Exit

TORONTO PARAMEDIC SERVICES

Communications Centre

Schedule

Our Vision

Toronto Paramedic Services strives to meet the changing needs of the community for pre-hospital and out-of-hospital care, and believes that by the timely application of the advances in both the art and science of medicine to the practice of paramedicine, we can decrease suffering, improve the health of the community while saving lives.

EMS
EMERGENCY
MEDICAL SERVICES
TORONTO

communications

TORONTO PARAMEDIC SERVICES

Communications Centre Program Expecations & Evaluation Guidelines

Our Vision

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Program Expectations and Evaluation Guidelines

WELCOME!

Welcome to the Toronto Paramedic Services Call Taker Training Program. The Education & Quality Improvement (EDQI) team is committed to supporting and guiding you in your efforts to master the challenges ahead. As a new trainee, you will need to invest a significant amount of time and energy throughout the training period in order to be successful. Our goal is to develop you into a competent and compliant Call Taker.

A Call Taker:

A call taker is responsible for answering and processing emergency and non-emergency requests for Toronto Paramedic Services. This role involves adherence to protocol and Standard Operating Procedures (SOPs), customer service, providing life-saving instructions and the ability to adapt to changing circumstances. It is a very challenging and dynamic process.

Your role and performance as a call taker will rest on three pillars:

1. **Safety (Paramedic, Patient, Public)**
2. **Patient Care (Protocol Standards and SOPs)**
3. **Customer Service (Patient/Caller Experience)**

We will discuss each pillar in greater detail throughout the training process. The true importance of each pillar will become clear as you learn more about the work we do and gain perspective listening to and taking live calls in the Toronto Central Ambulance Communication Centre (CACC).

911 System Overview:

The Toronto Police Radio Room is the primary answer point for all 9-1-1 calls in Toronto. (PSAP or Public Safety Answering Point) All requests for ambulance are transferred to the Toronto Ambulance Communication Centre where a call taker answers the phone and processes the call.

Each call is processed by call takers according to the Medical Priority Dispatch System (MPDS) and SOPs. Once processed, the appropriate resources are assigned by a dispatcher. The call taker will collect all relevant information and care for the patient while paramedics are en-route. The Communication Centre will continue to support the patient and paramedics from the original phone call to the transfer of patient care at the hospital.

Essential Skills of a Call Taker

The Call Taker training process involves many new skills and will require extensive study and practice in order to be successful. By the end of the training period you will have developed the following:

- The ability to provide compassionate care and uphold the standards of customer service over the phone to the public and allied agencies.
- Proficient with the use of MPDS protocols and the application of all rules and axioms
- Understand SOPs and their application
- Proficient in the use of Computer Aided Dispatch (CAD) and software functions.
- Knowledge of how software functions, which lead to successful trouble shooting and problem solving.
- Working knowledge of City of Toronto Geography
- The ability to collect and communicate call details to dispatchers, paramedics and allied agencies.
- Attention to detail and active listening.
- The ability to receive and apply feedback.

In Class Training Overview:

Each week of training is a fully packed week. I**t is your responsibility to track your progress and ask for help if required**. There is both in class and on-line learning to complete. You can expect to be tested every week therefore, regular review is required, including review of material you have already been tested on.

By the end of each week you are expected to understand and/or perform the following:

- Week 1
    - Thorough knowledge of the Pre-Course Material. This is essential to your understanding of all other aspects of call taking.
    - InformCAD: Computer Aided Dispatch. Software that facilitates all functions performed in the Communications Centre
    - Emergency Call Sequence: Step by step process for Emergency Calls
- Week 2
    - Emergency Call Screen: Electronic Emergency Call Taking Form (ECT).
    - Map and verify addresses inside and outside Toronto.
    - Process basic emergency calls using InformCAD, the Emergency Call Screen and ProQA all at once.
    - Navigate and operate ProQA: Electronic Version of MPDS.
    - Process basic emergency calls using MPDS and ProQA.

  - AVTEC: Radio/telephone/ Intercom console at every work station.
- Week 3
  - Emergency Call Management: How to manage various types of calls, callers, and special circumstances. Also known as "Torontoisms."
  - Proficient in taking calls from all caller types.
- Week 4
  - Scheduled Call Sequence: Step by step process for Scheduled Calls.
  - Scheduled Call Screen: Electronic Scheduled Call Taking Form.
  - Scheduled Call Management: How to process and manage different types of scheduled calls.
  - Process scheduled calls using InformCAD and the Scheduled Call Screen.
  - Process a variety of call types, including emergency, and non-emergency calls using all tools, protocols and SOPs.
- Week 5
  - In class practical scenarios. Able to process multi-faceted calls with changing circumstances. More developed ability in active listening, use of customer service techniques and reassuring statements.
  - Fluent in the application of all tools, protocols and SOPs.
  - NonCAD Environment (NCE): How to process calls when the computer systems fail.
- Week 6
  - In class practical scenarios. Able to process basic and intricate calls while problem solving/troubleshooting in dynamic circumstances
  - Prepared for the Final Practical testing in Week 7.

Final Practical Testing will take place on Week 7. All practical scenarios must be completed successfully prior to training in the live environment with a Communications Training Officer.

Trainer's Roles and Responsibilities

- Provide a well-organized and comprehensive training program.
- Ensure the learning environment is positive, fair and supportive.
- Deliver clear and consistent instruction with respect to current policies, procedures, technology and equipment required to perform duties as expected.
- Provide frequent, constructive and unbiased performance focused evaluations and supportive feedback during but not limited to weekly one-on-one meetings

Trainee's Roles and Responsibilities

- Consistent and punctual attendance throughout the training period.
- A determined and committed day to day effort including at home study and review.
- A proactive role throughout the program including self-evaluation/critique, critical thinking and questioning.
- Demonstrate (written and practical) consistent understanding of and adherence to all protocols and procedures in both the classroom setting and the live Communications Centre environment.

The Communications Education and Quality Improvement unit is responsible for maintaining detailed documentation regarding your individual development and performance throughout the training program. Your progress is evaluated relative to the established protocols and expectations.

Attitude and Attendance

- Your positive approach, genuine effort, class participation, among other things, are expected behaviors throughout the education process.
- Consistent attendance is mandatory.
- Arrive with enough time to sanitize your work space and be ready to start at 0700.

Dress Code

- Business casual is expected throughout the Call Receiver Training Program as well as any observation or teaching shifts within the Communication Centre until a uniform is provided. Please speak with an EDQI Superintendent if there are any questions regarding appropriate attire.

Training Components

Step 1 – Classroom Call Receiver Training

- Written/practical testing:
  - The in-class tests indicate your level of understanding of the current protocols, procedures and expectations relative to the call receiving position.
  - If you do not attain the minimum requirement of 70% on any test, you will rewrite a test of similar content.
  - If you do not attain the minimum requirement of 80% on any retest, you will be exited from the program.
- Moodle (Online Component):
  - You must complete all components of each weekly module by Sunday at 2200 hours of that week.
  - Upon completion of all weekly assigned work in Moodle, you will be compensated for 2 hours per week of the classroom portion of training provided you have competed all components of that week by Sunday at 2200 hours.
  - You must complete all modules within Moodle prior to the Step 1 Final Exam and Practical in order to be eligible to write the exam and participate in the practical.
- Practical call receiving scenarios:
  - The in-class scenarios indicate your ability to apply and demonstrate the knowledge you have acquired in a practical sense.
  - You will be evaluated during practical scenarios during class time by a Superintendent.
  - If you do not attain the minimum requirement of 70% on a test, you will rewrite a test of similar content.
  - If you do not attain the minimum requirement of 80% on the retest, you will be exited from the program.

Step 2 – Call taking in a live environment with a Communications Training Officer

- Call taking in a live environment:

Progressing from the classroom to the floor environment is a critical step in your development. The floor setting introduces a variety of elements which cannot be simulated in the classroom setting. You will proceed to the floor component only when you have demonstrated the ability to consistently and reliably process calls in the classroom setting. You will be with a CTO for each shift during this stage. The floor environment training involves:

- The practical demonstration and consistent application of the essential responsibilities relevant to the call taking duties in the live environment.
- An evaluation for each request for emergency service and immediate feedback will be provided. Your CTO will complete a Daily Observation Report (DOR) for each call you take while under their instruction. The DORs will be reviewed with you at the end of each shift and you will be required to sign them upon completion of the 1-on-1 review with your CTO. There will be benchmarks that you are expected to reach during your training with your CTO. These will be discussed with you during your training.
- You will be exited from the program if consistent demonstration of compliant floor practical performance is not evident.

Step 3 – Post Sign off Performance

Monitoring of call receiver performance continues after a call receiver is signed off to take calls without the assistance of a CTO. This involves an increased number of call evaluations. An EDQI Superintendent will meet with you to discuss your performance on three occasions post sign off to ensure that performance and knowledge are maintained. You must meet expected standards throughout the evaluation period.

The post-CTO sign-off evaluation is as follows:

- Step I
    - 25 calls over 5 consecutive shifts will be audited, maintaining an overall compliance level of 70% Compliant or higher, with no more than 16% Non-Compliant.
    - The 5 calls from each shift will be reviewed and face to face feedback given by a Superintendent from EDQI
- Step Ia
    - If the compliance levels for Step I are not met, an additional 25 calls over 5 shifts will be evaluated and face to face feedback given by a Superintendent from EDQI.
    - A compliance level of 70% is required in Step Ia.
- Step II
    - Upon successful completion of Step I/Ia, 18 random calls will be selected for evaluation at the completion 700 hours. It is the expectation at this time that the call taker will be in adherence with Individual Performance standards for call taking. Should the call taker not meet compliance thresholds, the call taker will be placed in a Performance Improvement Plan.
- Step III

- Upon successful completion of Step II, random calls will be selected for evaluation at the completion 900 hours. It is the expectation at this time that the call taker will be in adherence with Individual Performance Standards for call taking. Should the call taker not meet compliance thresholds, the call taker will be placed in a Performance Improvement Plan.

The minimum benchmarks/thresholds must be met at all times. If you do not meet the above criteria it may result in your termination.

BY SIGNING I CERTIFY THAT I HAVE READ AND UNDERSTAND THE 'PROGRAM EXPECTATIONS AND EVALUATION GUIDELINES'.

____

STUDENT NAME (PLEASE PRINT)

____

STUDENT SIGNATURE

____

DATE

Notes

TORONTO PARAMEDIC SERVICES

Communications Centre

Our Vision

Toronto Paramedic Services strives to meet the changing needs of the community for pre-hospital and out-of-hospital care, and believes that by the timely application of the advances in both the art and science of medicine to the practice of paramedicine, we can decrease suffering, improve the health of the community while saving lives.

Acts & Chain of Command

Acts and Chain of Command

Ambulance Act

A primary piece of Provincial legislation that authorizes an EMD to direct and manage the movements of paramedics and an ambulance vehicle.

The Ambulance Act also specifies procedures for reporting incidents, maintaining records, periodic testing and overall performance measures for the service.

Qualifications for Emergency Medical Dispatcher

- Must be eighteen years old
- OSSD or equivalent qualifications approved by the director
- Able to read, write and speak English fluently
- Holds a valid First Aid/CPR certificate
- Photo ID (i.e. Driver's License, valid Passport) and provider number
- MPDS Certification (must pass course before commencing CRT)

Ambulance Fees

There is a fee for being transported in an Ambulance. When callers are concerned about the cost assure them they will not have to pay at the time of transport. The actual billing for ambulance service is done by the receiving hospital.

Essential service: The patient required an ambulance for transportation. $200.00 paid by OHIP and $45.00 paid by patient.

Non-essential service: The patient did not require an ambulance for transportation. This determination is made by the physician at the receiving facility. The charge to the client is $245.00

Other Applicable Acts

Human Rights Code

Police Act

Highway Traffic Act

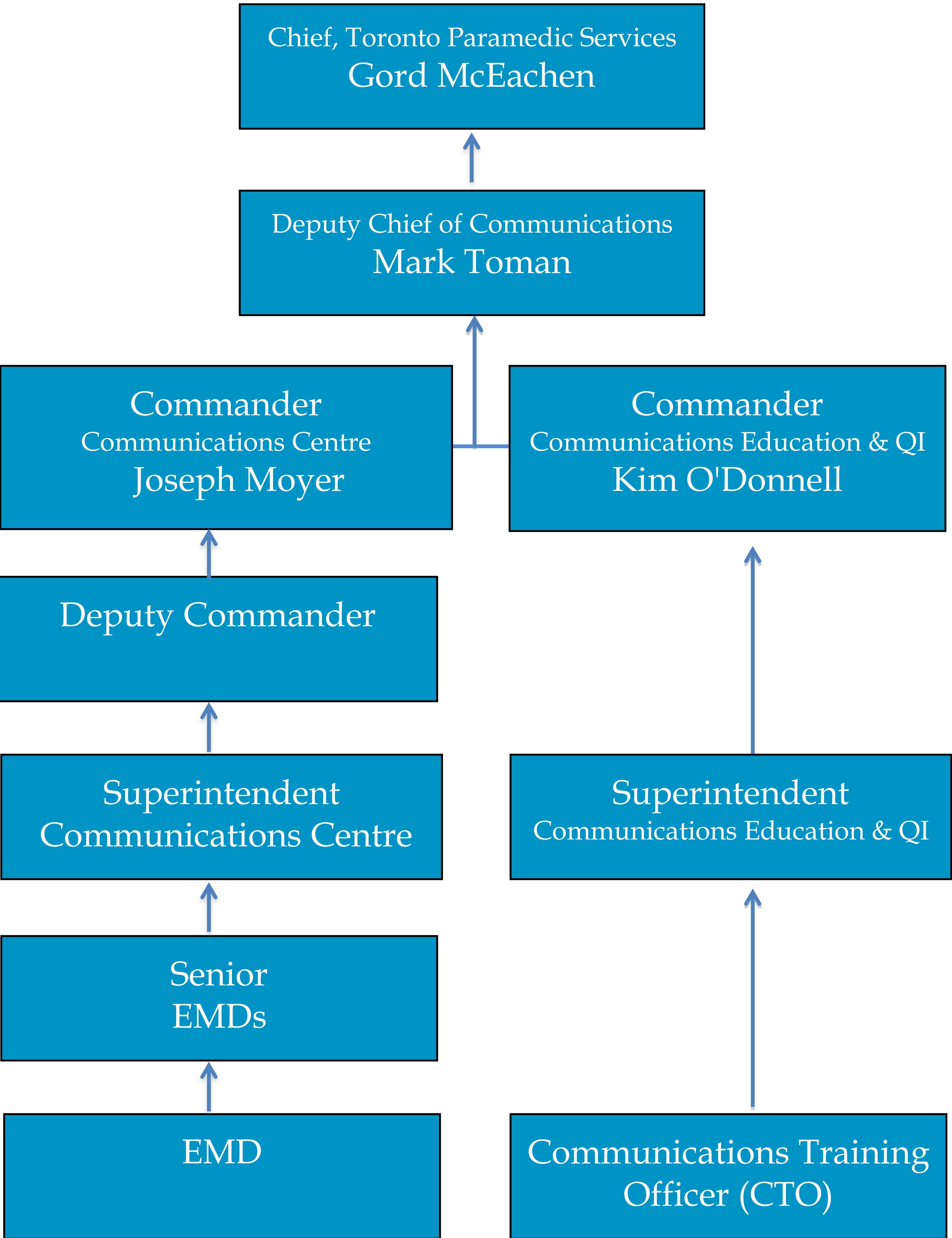
Good Samaritan Act

Mental Health Act

Occupational Health and Safety Act

Coroner's Act

Chain of Command



Notes

TORONTO PARAMEDIC SERVICES

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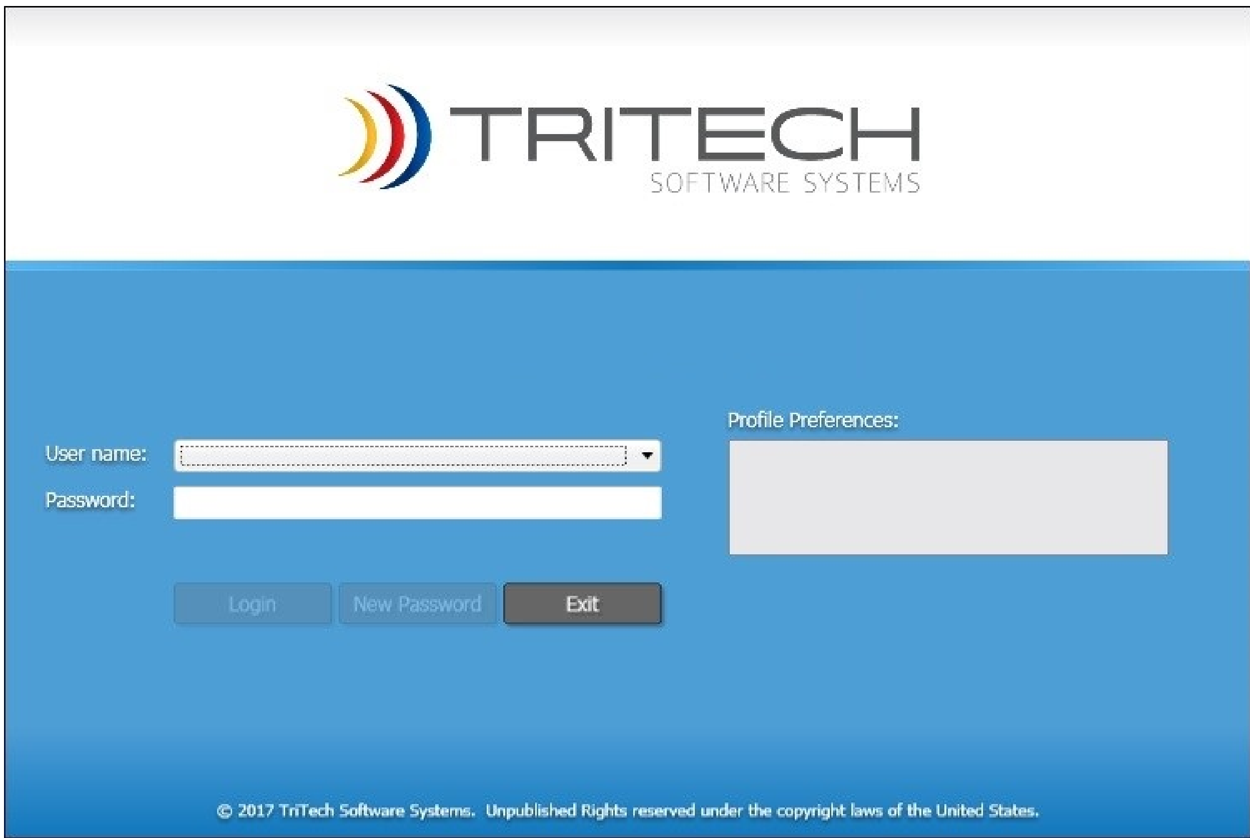
Inform CAD

Inform CAD

The computer aided dispatch application used to process requests for both emergency and non-emergency service. It has many tools and houses a variety of information (i.e. phone numbers, addresses, etc). It can also be used for mapping purposes.



Logging In:

Enter your last name in the User Name field

Enter your password

Press <Enter>

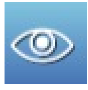
CAD Toolbar:

Each icon can be accessed by a single <L-click> of the mouse and some with Function keys <F1-F12>

Emergency Call Taking - launches the emergency call screen < F8 >

Scheduled Call Taking - launches the scheduled call screen < F9 >

Mail Room – launches Mail Room, the internal messaging system <Shift+12>



View Controller – launches View Controller, which allows EMDs to select the specific geographic areas they can view in Inform CAD <Shift+F9>

Help – launches the Inform Help file <F1>

Toolbar Menus:

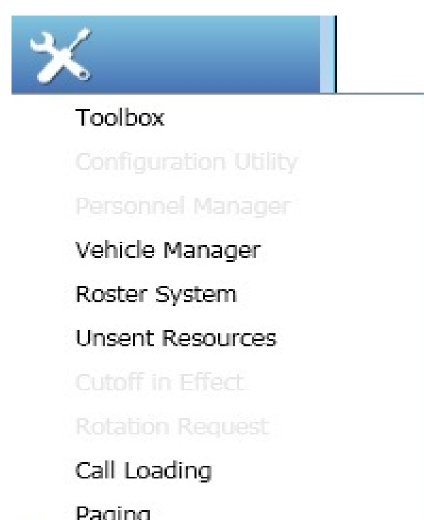
The 'More…' menu contains a list of tools that can be launched by a single <L-click> of the mouse or by assigned function key.

Incident Editor	searches for calls and call information < Shift+F1 >
GEO	launches map < Shift + F5 >
Card File	used for finding phone numbers and addresses (rolodex) <Shift+F7>
Reports	not used by call receivers
Activity Log	not used by call receivers <Shift +F8>
Blackbox Recording	not used by call receivers or dispatchers unless directed by IT
Dispatcher Notes	a place to read/record EMD information such as road closures and missing people reports/descriptions

More...
Incident Editor
Geo
Card File
Reports
Activity Log
Blackbox Recording
Dispatcher Notes
BOLO
Facility Warning Status

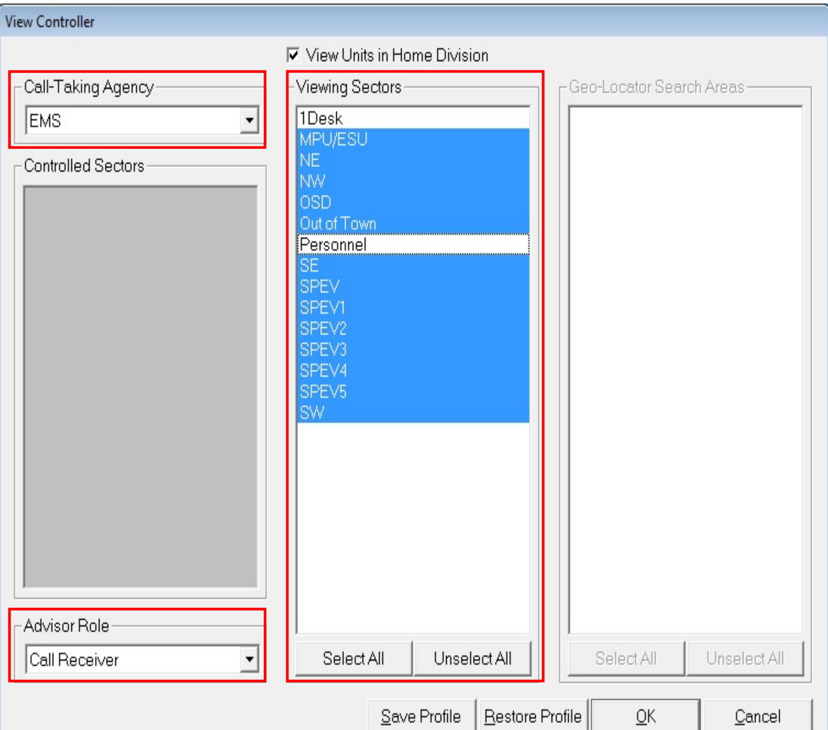
The 'Configuration and Utilities' menu contains a list of applications that can be launched by a single <L-click> of the mouse or by assigned function key.

Toolbox	where many applications are stored such as Advisor History, Visilookup, and PDS <Shift+F11>
Vehicle Manager	not used by call receivers
Roster System	not used by call receivers
Unsent Resources	not used by call receivers or dispatchers
Call Loading	shows availability/capacity of our non-emergency bookings for scheduled calls
Paging	not used by call receivers



View Controller: (Also known as "Poke Yourself in the Eye")

This is the application that allows EMDs to select the specific geographic areas they can view in CAD. This enables the EMD to set filters appropriate for the specific workstation. You must select the following three components:



Call-Taking Agency:

Permanently set as EMS

Viewing Sectors:

Lists the geographical areas the EMD is required to view in the Queues and in the GEO map. Call receivers will select all Sectors except for 1Desk and Personnel.

Advisor Role:

Sets the EMDs current role in order to receive the appropriate Advisor notifications for that specific position. Call receivers will only have the option to select call receiver.

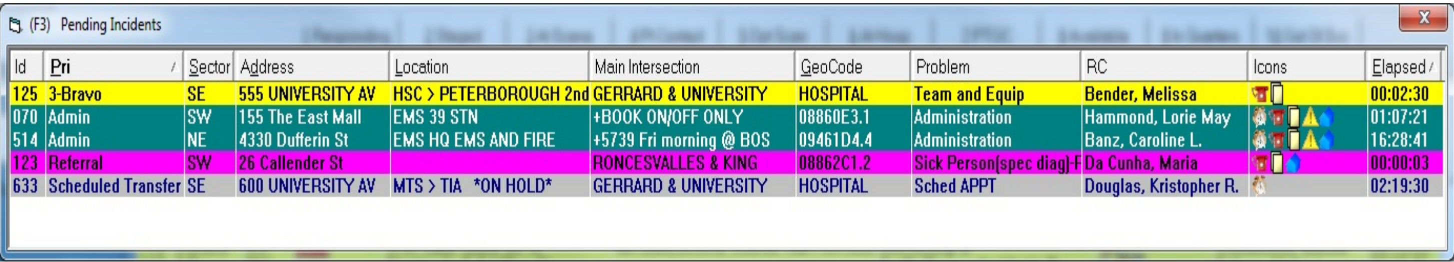
****REMINDERS**:**

- **Call receivers are to unselect '1Desk' and 'Personnel'**
- **Always have 'View Units in Home Division' selected**

THE QUEUES

There are several 'window like' queues that are presented to the user in CAD. Although the queues have similar format displays, information contained in each varies slightly depending on the requirements of the user.

Pending Incidents Queue (F3)

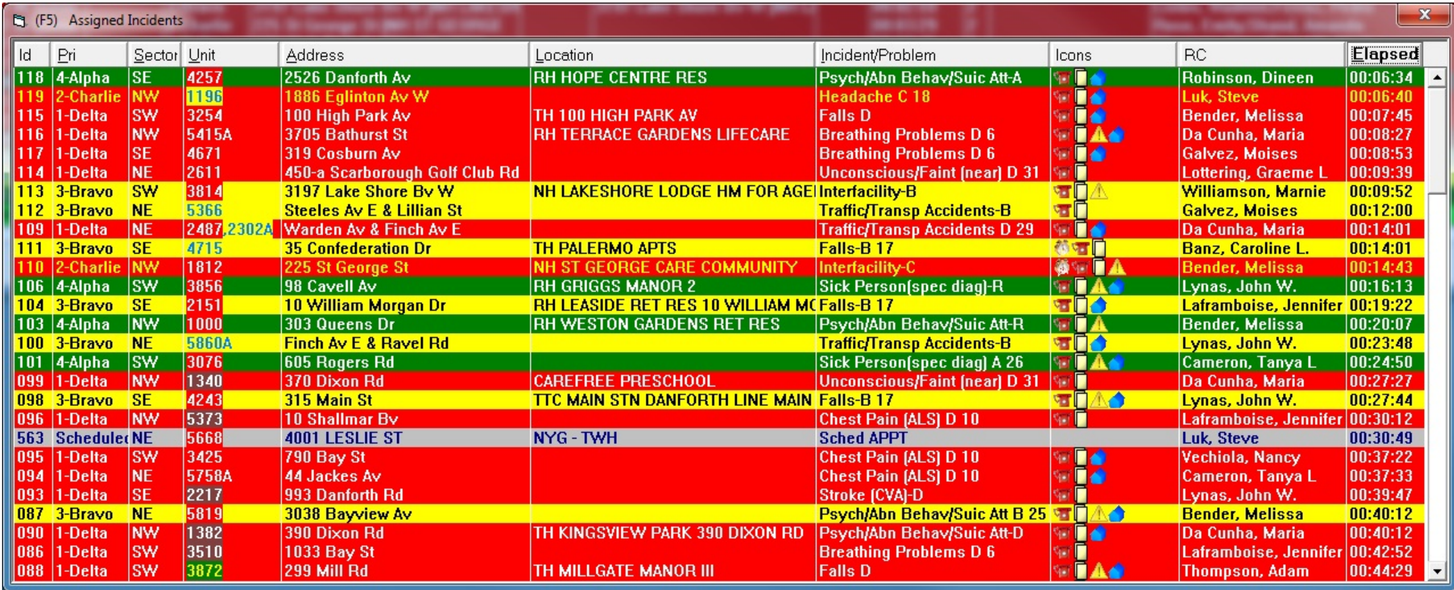


(F3) Pending Incidents

Id	Pri	Sector	Address	Location	Main Intersection	GeoCode	Problem	RC	Icons	Elapsed
125	3-Bravo	SE	555 UNIVERSITY AV	HSC > PETERBOROUGH 2nd	GERRARD & UNIVERSITY	HOSPITAL	Team and Equip	Bender, Melissa		00:02:30
070	Admin	SW	155 The East Mall	EMS 39 STN	+BOOK ON/OFF ONLY	08860E3.1	Administration	Hammond, Lorie May		01:07:21
514	Admin	NE	4330 Dufferin St	EMS HQ EMS AND FIRE	+5739 Fri morning @ BOS	09461D4.4	Administration	Banz, Caroline L.		16:28:41
123	Referral	SW	26 Callender St		RONCESVALLES & KING	08862C1.2	Sick Person(spec diag)-F	Da Cunha, Maria		00:00:03
633	Scheduled Transfer	SE	600 UNIVERSITY AV	MTS > TIA *ON HOLD*	GERRARD & UNIVERSITY	HOSPITAL	Sched APPT	Douglas, Kristopher R.		02:19:30

1. Displays unassigned requests for service.
2. Colour coded based on the priority of the call.
3. Sorted by "PRIORITY".

Assigned Incidents Queue (F5)

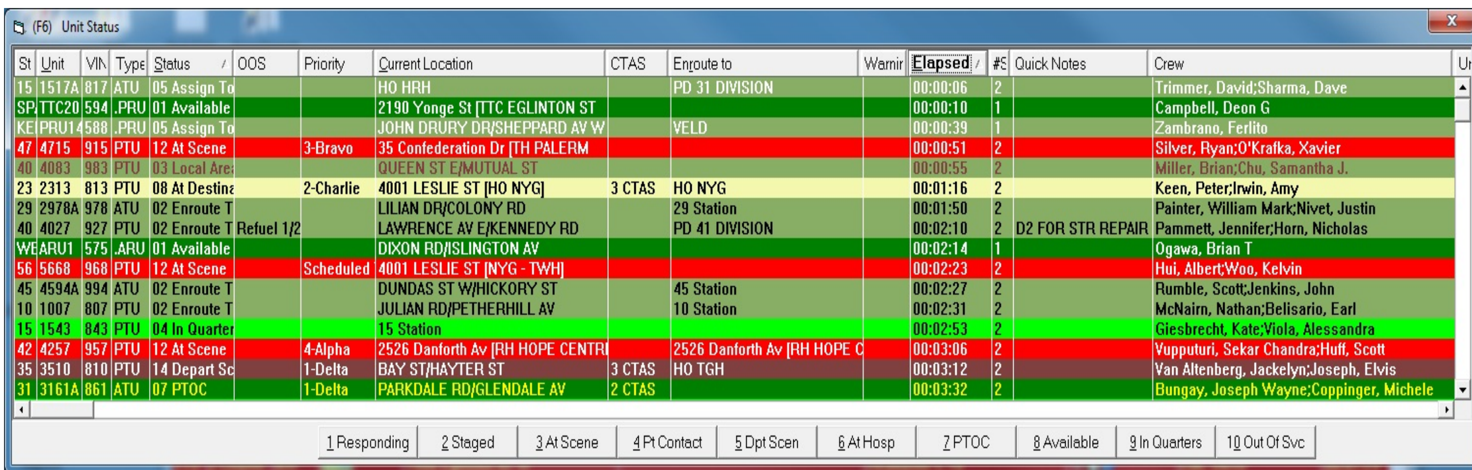


(F5) Assigned Incidents

Id	Pri	Sector	Unit	Address	Location	Incident/Problem	Icons	RC	Elapsed
118	4-Alpha	SE	4257	2526 Danforth Av	RH HOPE CENTRE RES	Psych/Abn Behav/Suic Att-A		Robinson, Dineen	00:06:34
119	2-Charlie	NW	1196	1886 Eglinton Av W		Headache C 18		Luk, Steve	00:06:40
115	1-Delta	SW	3254	100 High Park Av	TH 100 HIGH PARK AV	Falls D		Bender, Melissa	00:07:45
116	1-Delta	NW	5415A	3705 Bathurst St	RH TERRACE GARDENS LIFECARE	Breathing Problems D 6		Da Cunha, Maria	00:08:27
117	1-Delta	SE	4671	319 Cosburn Av		Breathing Problems D 6		Galvez, Moises	00:08:53
114	1-Delta	NE	2611	450-a Scarborough Golf Club Rd		Unconscious/Faint (near) D 31		Lottering, Graeme L	00:09:39
113	3-Bravo	SW	3814	3197 Lake Shore Bv W	NH LAKESHORE LODGE HM FOR AGEI	Interfacility-B		Williamson, Marnie	00:09:52
112	3-Bravo	NE	5366	Steeles Av E & Lillian St		Traffic/Transp Accidents-B		Galvez, Moises	00:12:00
109	1-Delta	NE	2487,2302A	Warden Av & Finch Av E		Traffic/Transp Accidents D 29		Da Cunha, Maria	00:14:01
111	3-Bravo	SE	4715	35 Confederation Dr	TH PALERMO APTS	Falls-B 17		Banz, Caroline L.	00:14:01
110	2-Charlie	NW	1812	225 St George St	NH ST GEORGE CARE COMMUNITY	Interfacility-C		Bender, Melissa	00:14:43
106	4-Alpha	SW	3856	98 Cavell Av	RH GRIGGS MANOR 2	Sick Person(spec diag)-R		Lynas, John W.	00:16:13
104	3-Bravo	SE	2151	10 William Morgan Dr	RH LEASIDE RET RES 10 WILLIAM MC	Falls-B 17		Laframboise, Jennifer	00:19:22
103	4-Alpha	NW	1000	303 Queens Dr	RH WESTON GARDENS RET RES	Psych/Abn Behav/Suic Att-R		Bender, Melissa	00:20:07
100	3-Bravo	NE	5860A	Finch Av E & Ravel Rd		Traffic/Transp Accidents-B		Lynas, John W.	00:23:48
101	4-Alpha	SW	3076	605 Rogers Rd		Sick Person(spec diag) A 26		Cameron, Tanya L	00:24:50
099	1-Delta	NW	1340	370 Dixon Rd	CAREFREE PRESCHOOL	Unconscious/Faint (near) D 31		Da Cunha, Maria	00:27:27
098	3-Bravo	SE	4243	315 Main St	TTC MAIN STN DANFORTH LINE MAIN	Falls-B 17		Lynas, John W.	00:27:44
096	1-Delta	NW	5373	10 Shallmar Bv		Chest Pain (ALS) D 10		Laframboise, Jennifer	00:30:12
563	Schedulec	NE	5668	4001 LESLIE ST	NYG - TWH	Sched APPT		Luk, Steve	00:30:49
095	1-Delta	SW	3425	790 Bay St		Chest Pain (ALS) D 10		Vechiola, Nancy	00:37:22
094	1-Delta	NE	5758A	44 Jackes Av		Chest Pain (ALS) D 10		Cameron, Tanya L	00:37:33
093	1-Delta	SE	2217	993 Danforth Rd		Stroke (CVA)-D		Lynas, John W.	00:39:47
087	3-Bravo	NE	5819	3038 Bayview Av		Psych/Abn Behav/Suic Att B 25		Bender, Melissa	00:40:12
090	1-Delta	NW	1382	390 Dixon Rd	TH KINGSVIEW PARK 390 DIXON RD	Psych/Abn Behav/Suic Att-D		Da Cunha, Maria	00:40:12
086	1-Delta	SW	3510	1033 Bay St		Breathing Problems D 6		Laframboise, Jennifer	00:42:52
088	1-Delta	SW	3872	299 Mill Rd	TH MILLGATE MANOR III	Falls D		Thompson, Adam	00:44:29

4. Displays calls that have been assigned to a vehicle.
5. Colour-coded based on the priority of the call.
6. Sorted by "ELAPSED TIME".

Unit Status Queue (F6)



St	Unit	VIN	Type	Status	OOS	Priority	Current Location	CTAS	Enroute to	Warnir	Elapsed	#S	Quick Notes	Crew	Ur
15	1517A	817	ATU	05 Assign To			HO HRH		PD 31 DIVISION		00:00:06	2		Trimmer, David;Sharma, Dave	
SP	TTC20	594	.PRU	01 Available			2190 Yonge St [TTC EGLINTON ST				00:00:10	1		Campbell, Deon G	
KE	PRU14	588	.PRU	05 Assign To			JOHN DRURY DR/SHEPPARD AV W		VELD		00:00:39	1		Zambrano, Ferlito	
47	4715	915	PTU	12 At Scene		3-Bravo	35 Confederation Dr [TH PALERM				00:00:51	2		Silver, Ryan;O'Krafka, Xavier	
40	4083	983	PTU	03 Local Are			QUEEN ST E/MUTUAL ST				00:00:55	2		Miller, Brian;Chu, Samantha J.	
23	2313	813	PTU	08 At Destina		2-Charlie	4001 LESLIE ST [HO NYG]	3 CTAS	HO NYG		00:01:16	2		Keen, Peter;Irwin, Amy	
29	2978A	978	ATU	02 Enroute T			LILIAN DR/COLONY RD		29 Station		00:01:50	2		Painter, William Mark;Nivet, Justin	
40	4027	927	PTU	02 Enroute T	Refuel 1/2		LAWRENCE AV E/KENNEDY RD		PD 41 DIVISION		00:02:10	2	D2 FOR STR REPAIR	Pammett, Jennifer;Horn, Nicholas	
WE	ARU1	575	.ARU	01 Available			DIXON RD/ISLINGTON AV				00:02:14	1		Ogawa, Brian T	
56	5668	968	PTU	12 At Scene		Scheduled	4001 LESLIE ST [NYG - TWH]				00:02:23	2		Hui, Albert;Woo, Kelvin	
45	4594A	994	ATU	02 Enroute T			DUNDAS ST W/HICKORY ST		45 Station		00:02:27	2		Rumble, Scott;Jenkins, John	
10	1007	807	PTU	02 Enroute T			JULIAN RD/PETHERHILL AV		10 Station		00:02:31	2		McNairn, Nathan;Belisario, Earl	
15	1543	843	PTU	04 In Quarter			15 Station				00:02:53	2		Giesbrecht, Kate;Viola, Alessandra	
42	4257	957	PTU	12 At Scene		4-Alpha	2526 Danforth Av [RH HOPE CENTRI		2526 Danforth Av [RH HOPE C		00:03:06	2		Vupputuri, Sekar Chandra;Huff, Scott	
35	3510	810	PTU	14 Depart Sc		1-Delta	BAY ST/HAYTER ST	3 CTAS	HO TGH		00:03:12	2		Van Altenberg, Jackelyn;Joseph, Elvis	
31	3161A	861	ATU	07 PTOC		1-Delta	PARKDALE RD/GLENDALE AV	2 CTAS			00:03:32	2		Bungay, Joseph Wayne;Coppinger, Michele	

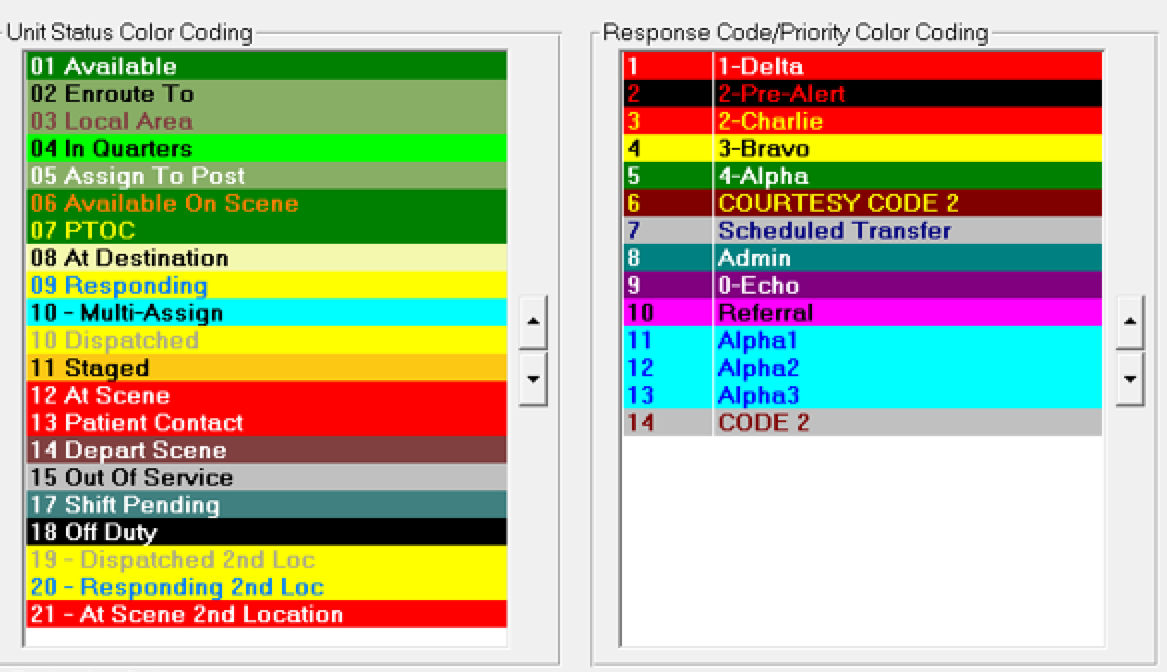
Displays calls that have been assigned to a vehicle.
Colour coded based on the current status of the unit.
Sorted by "STATION".

Sorting Information in the Queues

Each queue has a default sort order. To change the sort order, simply <Left> mouse click on the desired column heading. To return to the default sort order, <Right> click on any column header and select 'Reset Queue'.

NOTE: When any entry in any queue is selected, (highlighted in blue), this entry will always be in the window displayed to the user. Therefore, it is necessary to unselect the item after viewing or updating information in the call. **This is especially important in the Pending Incident Queue.**

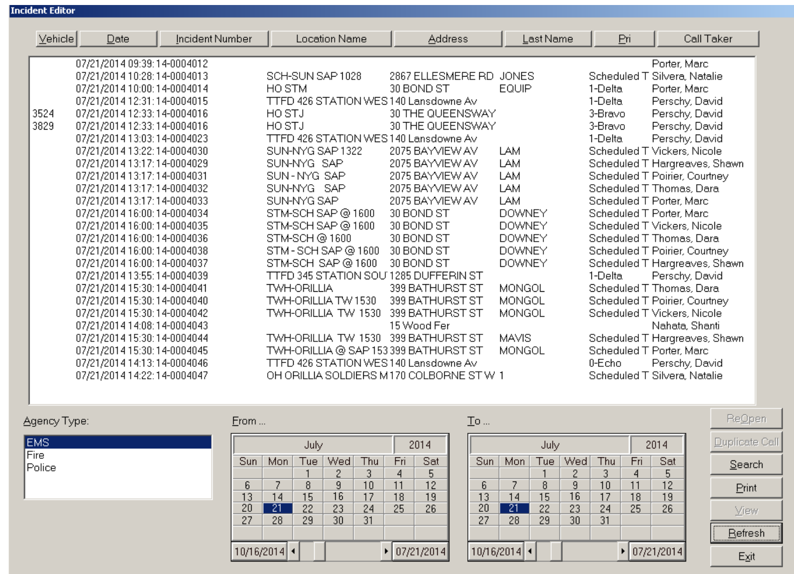
Here are all the possible Unit Statuses and Call Priorities:



Incident Editor (Shift+F1)

The Incident Editor keeps a continuous log of all calls entered into the system. It allows you to view a call and add, delete or edit entries. You can review incident information including all call activity and unit response information from the incident viewer.

You can access this feature by clicking on the Incident Editor icon or using the keyboard command: <Shift + F1>.



When you open Incident Editor the information displayed is for that day. To view the information for that day <L-click> on <Refresh> or press [Enter] since the <Refresh> button will be in focus.

To view information from another date you must set the dates “From” and “To” to define the parameters for the search. After changing the dates, be sure to select <REFRESH> button on right side of screen.

Information can be sorted according to:

- Vehicle
- Date
- Incident Number
- Location Name
- Address
- Last Name (for Scheduled Transfer Calls only)
- Priority (Scheduled Call, Delta, Charlie, etc.)
- Call receiver name

When you click on the heading for that column, information in the column will be re-sorted. The information in the columns is sorted in alphabetic or numeric order. Addresses are sorted in numeric order. Intersections are at the bottom of the list in alphabetic order. Information in the Incident Editor can be viewed for one week time at a time only.

If a call needs to be re-opened the EMD is to DUPLICATE a call instead of clicking "RE-OPEN" in the incident editor.

When you are looking for an address <L–click> on “Address”. The calls will be displayed in the following format:

Examples:

1 Zector St
10 Alligator Ct
211 Bay St
29 Doctor Pl
Bloor & Parliament
Rogers & Old Weston
Sherbourne & Wellesley

To view calls, highlight the call in the list and use the <View> button to display the call or double <L-click> on the call. To view other calls, use the <Exit> button to collapse the display and click on the call in the list to un-highlight it. Highlight another call and use the <View> button.

When a ‘From’ date is chosen for a search on the left-hand calendar, the right-hand calendar automatically adopts that same date as a default. This, of course, can be changed to suit the user, but a large search will slow CAD down, so there is a section in the bottom left hand corner that shows the number of days that a Live system search is limited to. For longer searches there is a dropdown list that will allow the user to search the ‘Data Warehouse’ and leave the Live system unaffected. The Data Warehouse is only a few seconds behind the information in the Live system.

VisiLookup (Control+F12)

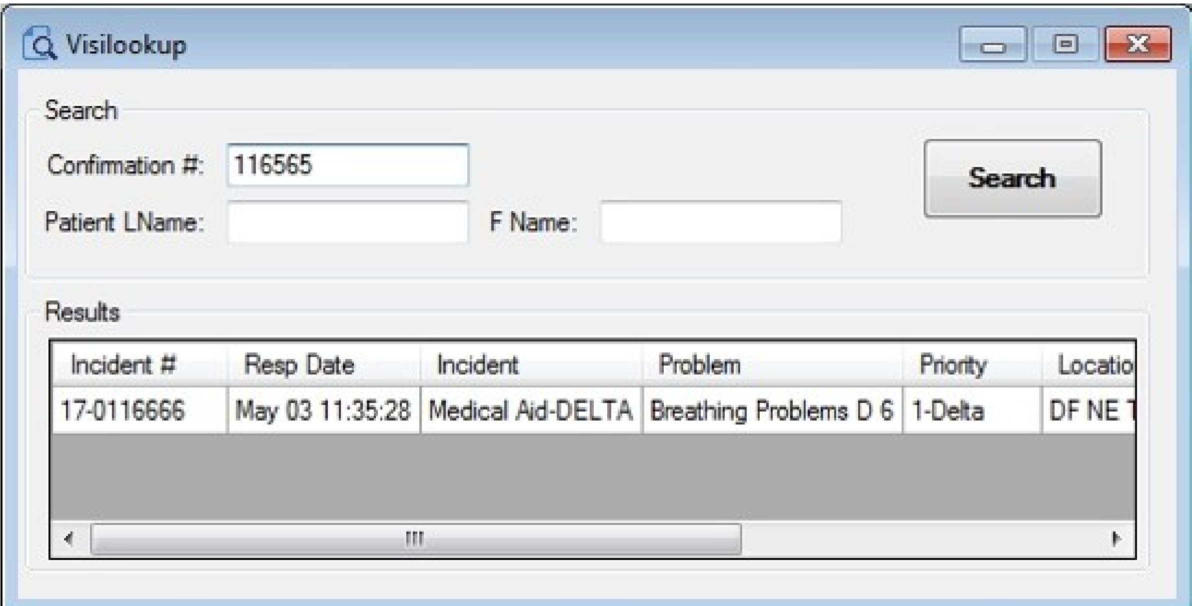
Call receivers are required to launch the VisiLookup tool each time they log in. It is used when searching for confirmation numbers of scheduled transfers, generally for inquiries to the status of their ambulance.

Simply type in the confirmation number provided by the caller and search. If done correctly, the patient name will show up.

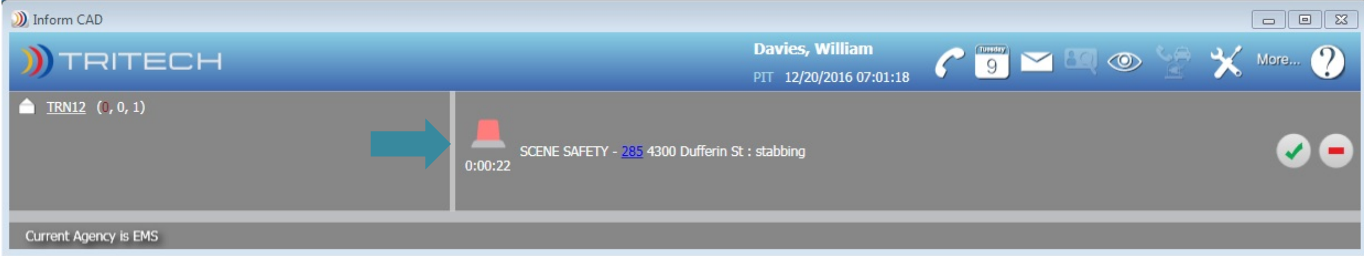
Double click on the patient name to bring up the non-emergency call form and view the booking.

To launch the VisiLookup, go to the CAD toolbar and select the TOOLS icon. Search the User Applications drop down for VisiLookup and double click to open.

VisiLookup doesn't have to be visible on your screen. You can minimize it and press <CTRL+F12> to bring it into focus whenever you require it.



ADVISOR



Advisor runs on all CAD workstations to notify dispatchers immediately of critical changes to active incident information by providing a visible and/or audio alert.

OVERVIEW

Advisor can be found in the central area of the main tool bar and all EMDs are required to have it operational (and visible) at all times. Advisor notifies the dispatcher of important details pertaining to: call events including upgrades/downgrades, call status, crew safety and crew notification of calls and standbys.

Examples:

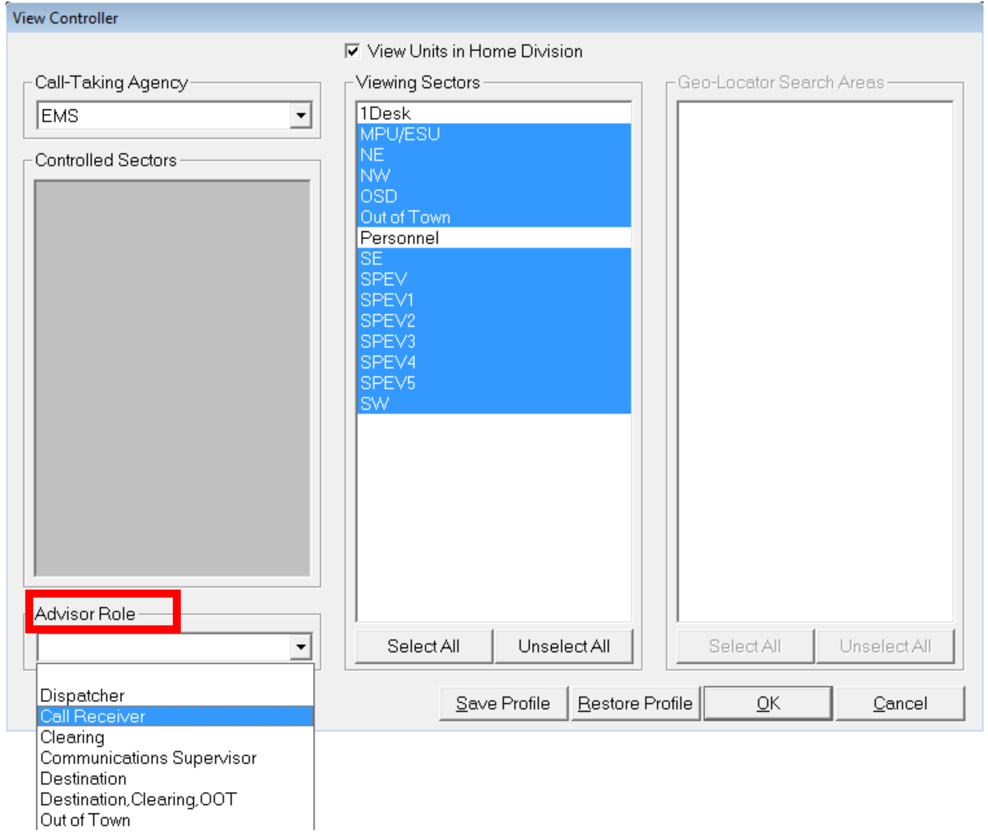
Caution Note	Notifies of Caution Notes on a premise or address
Priority Upgrade	Notifies when the priority of an incident is upgraded
Priority Downgrade	Notifies when the priority of an incident is downgraded
Address Change	Notifies when any address component of an incident changes
Comment Keywords	Notifies when comments contain configurable keywords (Keywords in "" will not generate an Advisor notification)

EMDs will take the appropriate action to address all notifications prior to acknowledging/clearing them and prior to logging off the Advisor program.

Call receivers will only receive notifications for Mail Room and 'Send' Requests

SELECTING ROLES

Ensure that you have selected the corresponding Advisor role from the View Controller window for the position you are working as.



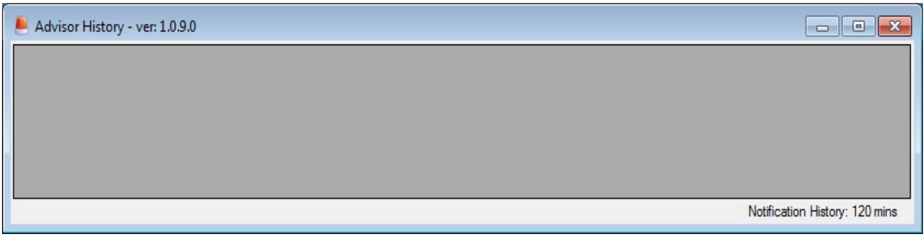
The following describes which role(s) each dispatch position will select:

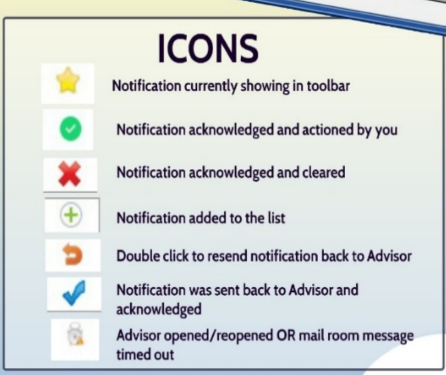
Call Receiver:	"Call Receiver"
Destination Coordinator:	"Destination"
Clearing Coordinator:	"Clearing"
Destination/Clearing/OOT Combo:	"Destination/Clearing/Out of Town"
Out of Town:	"Out of Town"
Sector Dispatcher:	"Dispatcher"
Pit Senior EMD:	"Senior Dispatcher PIT"
Administrative Senior EMD:	"Senior Dispatcher"
Lunch Senior EMD:	"Senior Dispatcher"
PSA Senior:	"Senior Dispatcher PSA"

ADVISOR HISTORY

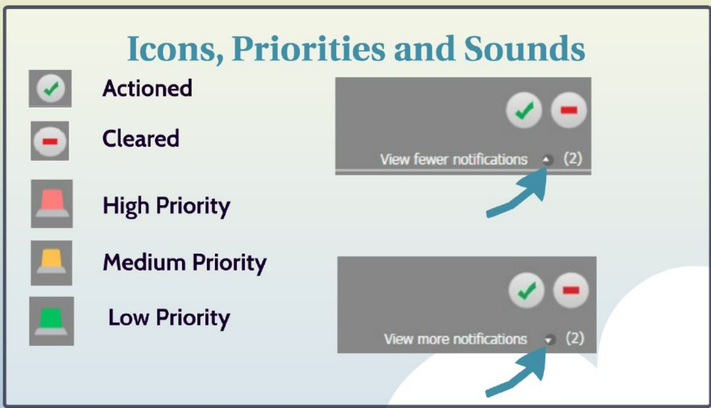
EMDs should ensure that they are launching the Advisor History window from the toolbox as soon as they log in. This activates all sounds associated with their role and allows them to see which notifications have occurred on their desk in the last 2 hours.

EMDs are able to re-send a notification back into the Advisor window, if required. Every single notification is required to be acknowledged in some way. The EMD can either Action the request or Clear the request.

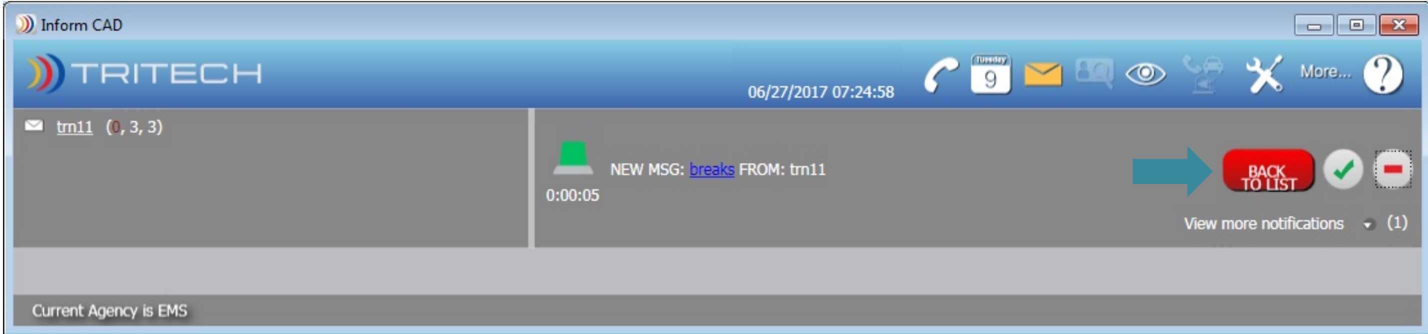




When the EMD has more than one notification in the Advisor window, click on the down arrow beside "view more notifications' to see the other pending items to action.

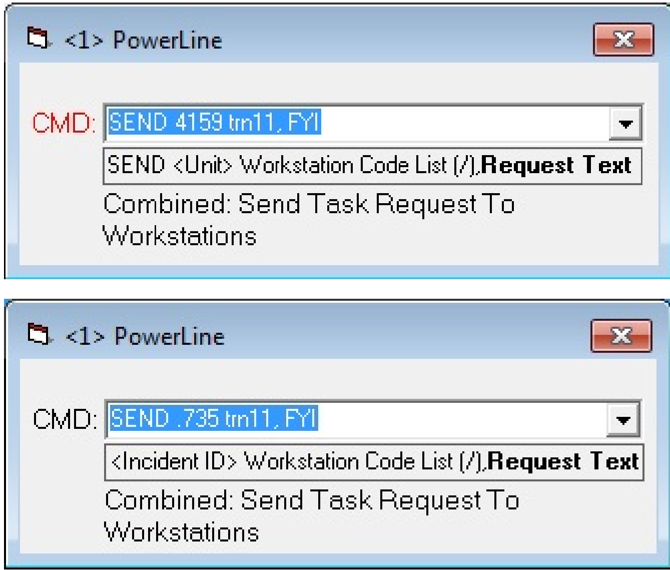


When a higher priority notification is waiting in the Advisor window, the red "BACK TO LIST" icon will appear beside the actioned icon.



'SEND'

The 'Send' powerline command is used to notify dispatchers of important information about a call. Follow the syntax and use either the unit number (ie 4159) or the incident number (ie .735) followed by the request. The send command only works if the unit is on an active call. If the EMD wants to notify the dispatcher about a call with no unit assigned, they will have to send the notification using the incident number. If there is a unit assigned, the EMD may use either the unit number or incident number to send a notification to the dispatcher.

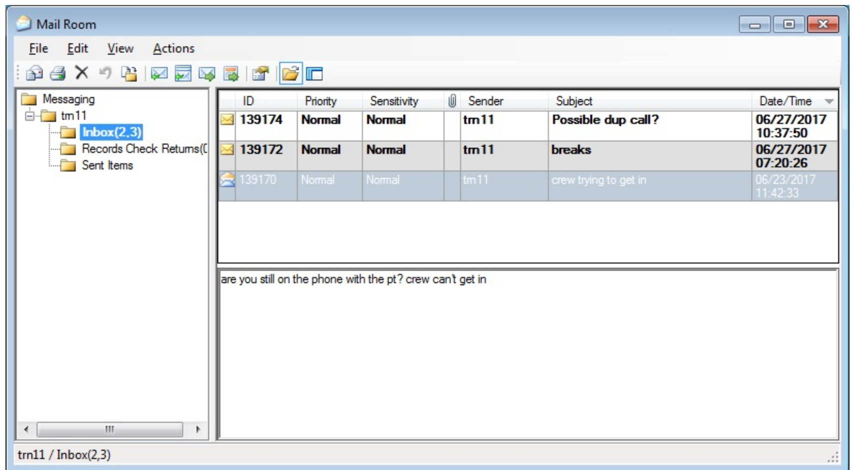


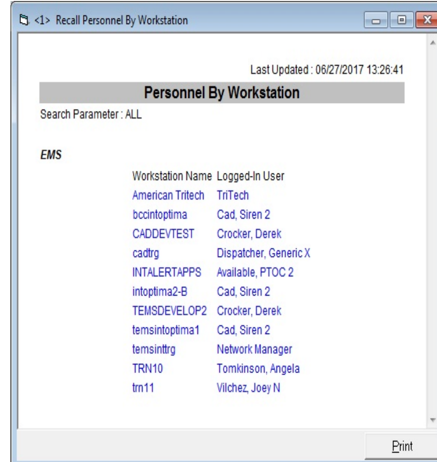
MAIL ROOM

Mail Room is CAD's internal messaging system. It allows dispatchers to communicate quickly and easily throughout the CACC.

When a workstation sends a message to your workstation, an audible alert will be heard through Advisor History, a 'NEW MSG' notification will appear in Advisor, and the Mail Room icon will change colour depending on the priority of the message. There are 4 ways to open a new message in Mail Room, 1) You can click the Mail Room envelope icon, 2) you can click the green acknowledged check mark in Advisor, 3) you can click the workstation Mail count on the far left of the tool bar, or 4) by pressing <shift+F12>

Mail Room functions a lot like email and has a similar interface. Messages are sent from one CAD workstation to one or multiple other CAD workstations. Mail Room only works within CAD and is **workstation based**, not user based. If you want to send someone a message, you will have to know what CAD position they are sitting at. The 'WHO' powerline command was created to aid EMDs in finding who is sitting where.



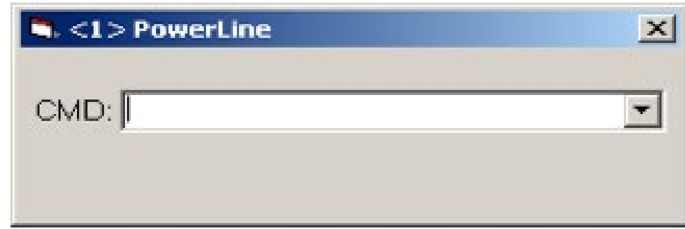


Remember, all conversations in Mail Room are recorded. Conversations should be kept professional at all times.

Messages intended for Quadrant Dispatchers must be sent to that specific Sector's inbox (i.e NW, SW) and <u>NOT</u> their workstation inbox.

PowerLine (F4)

- F4 to launch.
- Alternative method to accomplish tasks within CAD.
- Follow the syntax as presented.
- Commands accessed easily via 'Help' file.
- Close by pressing <ESC> key or click on <X> on the top right hand corner of the PowerLine application.



Exiting CAD (when leaving the workstation)

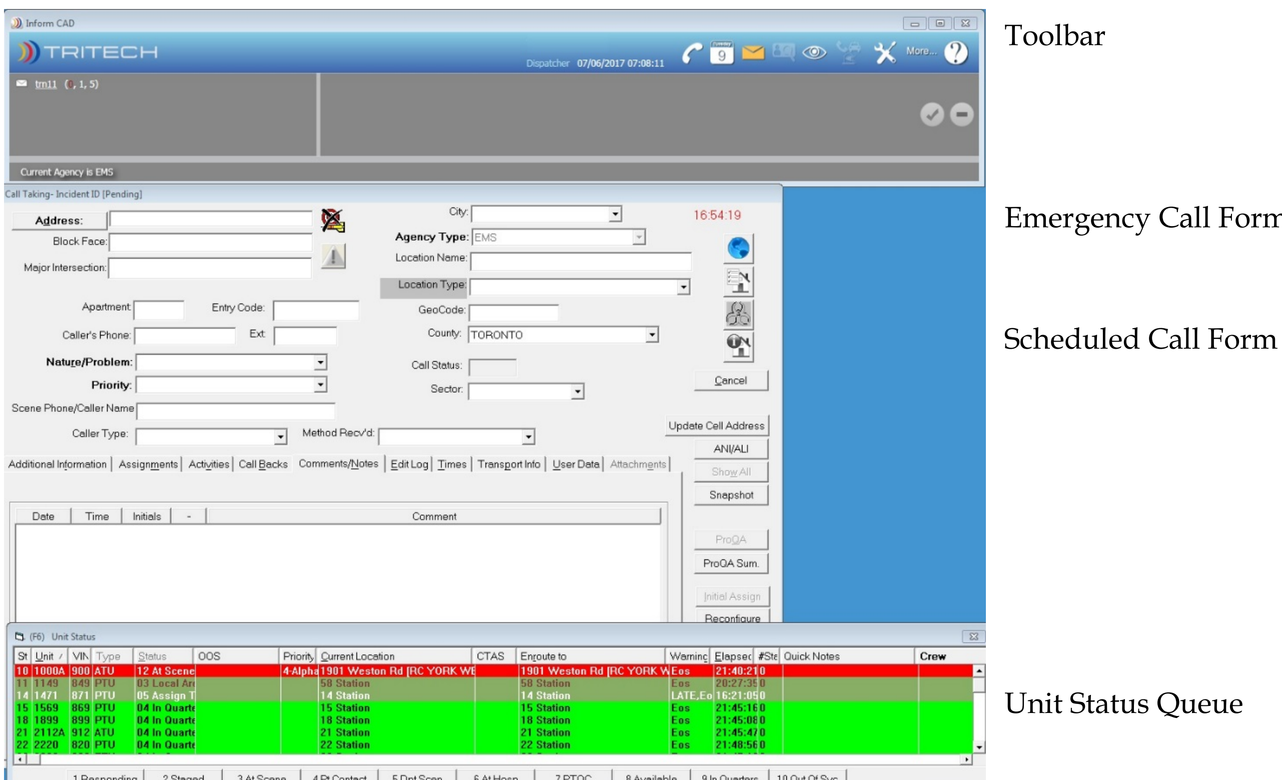
- Close all applications
- Exit CAD (with mouse or PowerLine command – 'LOC' or 'X')

Call Receiving Screen Setup

Left Screen	Middle Screen	Right Screen
Inform CAD Toolbar	Pending Incident Queue	9-1-1 Information ANI/ALI
Emergency Call Form	***Advisor History**	Active Desktop
Scheduled Call Form	VisiLookup *(hidden in background)*	***Advisor History**
Unit Status Queue	GEO	
	Assigned Incidents Queue	

*Advisor History can be on middle or right screen

LEFT SCREEN



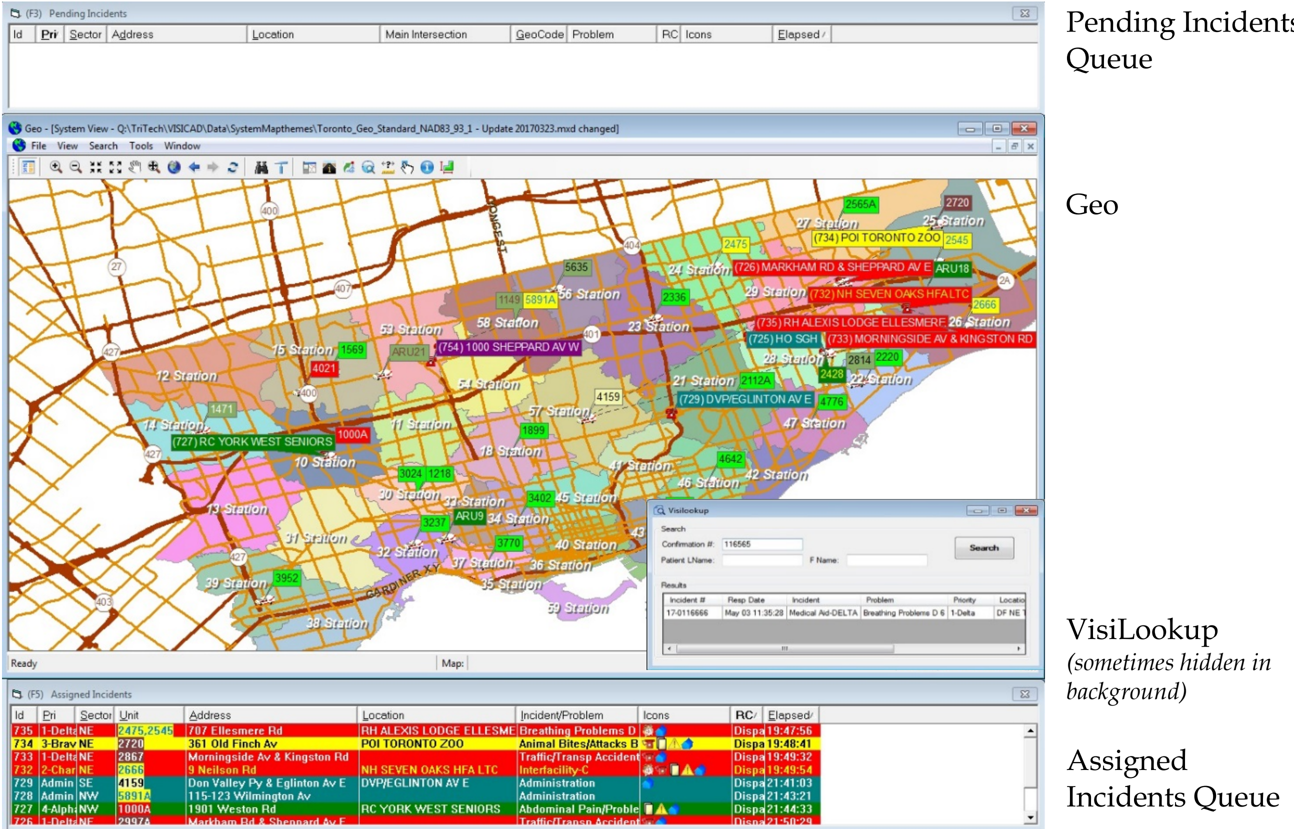
Toolbar

Emergency Call Form

Scheduled Call Form

Unit Status Queue

MIDDLE SCREEN



Pending Incidents Queue

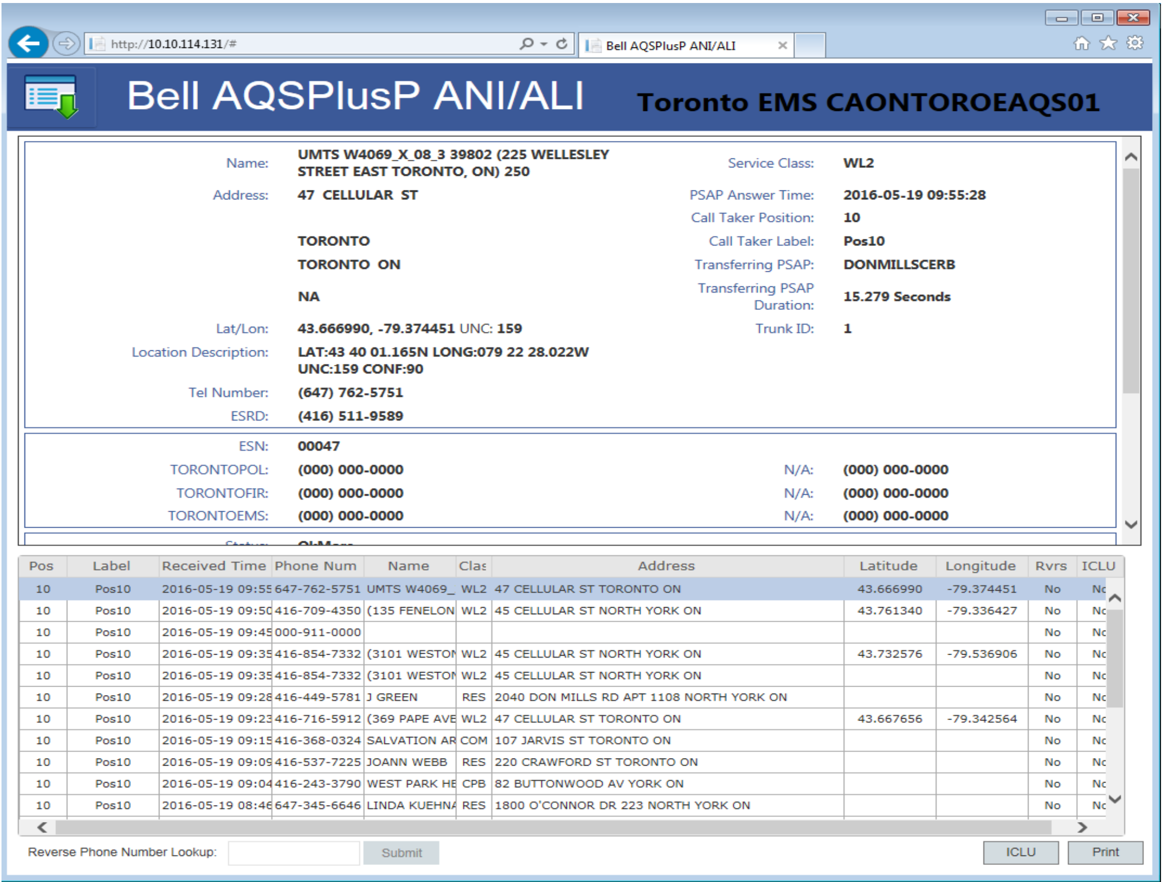
Geo

VisiLookup
(sometimes hidden in background)

Assigned Incidents Queue

RIGHT SCREEN

ANI/ALI:



Advisor History and Active Desktop:

Advisor History

	Time	Message	
	00:02:40	ADDRESS CHANGE 572 : 3-BravoDUFFERIN ST & YORKDALE DUFFERIN S RM	
	00:00:16	SCENE SAFETY - 568 4330 Dufferin St : 5327 caller says pt holding a knife	
	12:07:09	568 Priority Change1-Delta @ 4330 Dufferin St	
	12:09:05	ADDRESS CHANGE 572 : 3-BravoDUFFERIN ST & YORKDALE RD	
	12:06:46	568 Priority Change1-Delta @ 4330 Dufferin St	
	12:07:49	SCENE SAFETY - 572 Dufferin St & Lawrence Av W : f 56 fell inj to knee yelling violent...	
	12:03:59	NEW MSG: Veh change FROM: TRN08	

Toronto EMS Active Desktop

ACTIVE

NEW FIRE SERVICE NOTIFICATION SOP

Bell Trace Options
Dealing with Psych Callers
Education Alerts
Epi-Pen Instructions
French Interpreter Script
Narcan/Naloxone Admin. Instructions
Non-Emerg Sequence
Park Location ID (PLID)
Referral or Not a Referral?
STEMI Procedures
STROKE Procedures
Telehealth Script

Resources
- AQUA Scoring Standards
- Peer Resource Team
- Psychological Health & Wellness Brochure
- Response Time Perf. Plan
- Shorthand Comments
- SOPs

Manuals
- Call Receiving Manual
- Dispatch Manual

Emerging Infectious Disease Survaillence Tool

(EIDST)

Protocol 1	Protocol 6	Protocol 10	Protocol 18	Protocol 21	Protocol 26
Abdominal Pain/Problems	Breathing Problems	Chest Pains	Headache	Hemorrhage/ Laceration	Sick Person
Always Use EIDST	Always Use EIDST	Always use EIDST	Always use EIDST	*ONLY use EIDST if Medical Hemorrhage	Always use EIDST

Symptoms	Travel	Shorthand comment	MobiCAD Displays
YES	YES	/ID /RT + Country name	Suspected Infectious Disease Recent Travel: Yes i.e. Saudi Arabia – Paramedics to confirm the Travel history on scene
YES	NO	/ID /RTN	Suspected Infectious Disease Recent Travel: NO
NO	YES	/NID /RT + Country name	No Suspected Infectious Disease Recent Travel: YES i.e. Saudi Arabia – Paramedics to confirm the Travel history on scene
n/a	NO	/RTN	Recent Travel: NO
UNKNOWN	UNKNOWN	/IDU /RTU	Infectious Disease Unknown Recent Travel Unknown

/RT - Recent Travel: YES – Paramedics confirm travel history on scene:	/IDU - Suspected Infectious Disease Unknown
/RTN - Recent Travel: NO	/RTU -Recent Travel Unknown
/ID - Suspected Infectious Disease	**/NID – Suspected Infectious Disease: No**

Notes

TORONTO
PARAMEDIC
SERVICES
Communications Centre

Our Vision

Toronto Paramedic Services strives to meet the changing needs of the community for pre-hospital and out-of-hospital care, and believes that by the timely application of the advances in both the art and science of medicine to the practice of paramedicine, we can decrease suffering, improve the health of the community while saving lives.

GEO

The mapping system in CAD

Geo is the mapping system in CAD. Some of its functions include geographical targeting of calls and ambulances, plotting addresses, locations and mapping.

To Launch:

1. Click the 'More…' menu and click 'Geo'
2. Hold "SHIFT" and press "F5".
3. Type "MAP" in PowerLine and press "ENTER".

Using the Mouse:

Zoom into a targeted area

To "zoom into" a specific point on the map, draw a box by <L-click> slightly above and to the left or right of the target area and drag the zoomed box diagonally down over the target area to the desired size, or roll the scroll wheel down. Both of these methods will increase the magnification of that area.

Zoom out from a targeted area

To "zoom out of" an area on the map double <R-click>, or roll the scroll wheel up. This will decrease the magnification.

To move the entire map in any direction, hold down the <R-click> while you drag the mouse in the direction that you wish the map to move. Example, if you wish to move the map slightly to the right <R-click> and hold while dragging the cursor to the right, the further you drag the cursor, the further the map will move.

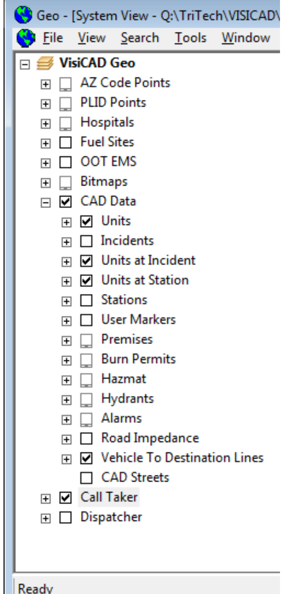


Table of Contents:

The Table of Contents will display when you launch Geo.
If you do not see the Table of contents, simply click on View and select 'Table of Contents' in Geo or press <CTRL+T>.

Filters on Table of Contents:

AZ Code Points – Highway AZ codes

PLID Points – Park Location Identification (i.e High Park, Centennial Park, and Morningside Park, Lower Don Trail Park)

Hospitals – Hospitals (will display with a blue 3 letter CAD premise tag.

Fuel Sites – Fuel Stations (will display with an orange CAD premise tag.

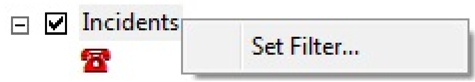
OOT EMS – Peripheral CACCs (will display with violet CAD premise tag. Always visible at any zoom level

Bitmap – Bitmap pictures/layouts of places of interest (right click to open hyper Link. Opens picture in Windows Viewer. Caution: Scrolling through Windows Viewer will open other random Bitmaps.

CAD Data – Folder Containing Units, Incidents, Stations and Premises (CAD Data must be enabled at all times. Within CAD Data; Units at Incident and Units at Station are system map layers that must also be enabled at all times for map stability and functionality.

Within CAD Data: (these are the only filters we will be using)

Units - Unit and unit tag. Will display an ambulance icon on map along with unit status tag. Right-click units in the table of contents to get the focus filter menu. From this menu you can change what unit statuses you see on the map. If you right click the ambulance icon on the map you will see a list of options for that unit.
(Always visible at any zoom level)



Incidents – Incident tags (will display a red telephone on map along with incident number and address incident tag. This filter is **not** automatically enabled as a default setting. When mapping an incident, if this filter is not enabled, the tag will not show and the map will zoom to the incident area. Right-click Incidents in the table of contents to get the focus filter menu. From this menu you can change what incident priorities you see on the map. If a priority filter is not enabled you will not see it on your map, even if you map the call. Because of this you will no longer be able to squeegee incident tags. If you right click the phone icon in the map, you will see a list of options for that incident. (Always visible at any zoom level)

Stations

Stations – Stations and posts. This will display a blue house icon on map along with brackets next to the station or post tag indicating how many vehicles are at that post or station. These stations will only be visible if you are viewing them in view controller. Labels are all or nothing. Due to this fact, and added clutter to the map, we advise you to **not** use this filter. (Always visible at any zoom level)

Premises – Premises (ie. Nursing homes, bus terminals, libraries etc.) Will display a light blue premise tag. Right-click premise in the table of contents to get the focus filter menu. From this menu you can select the premise you would like to see on the map.

Vehicle To Destination Lines

Vehicle to Destination Lines –vehicle destination lines (Always visible at any zoom level)

City Boundaries
City Boundaries
City Labels

City Boundaries – City label and city boarder lines

Display Streets
Interstates and Highways
Highway
Major Road
Major Roads
Highway
Major Road
Street
Streets
Highway
Major Road
Street

Display Streets – small streets, major intersections, and highways. This must always be enabled at all times. (Always visible at any zoom level)

Railroads

Railroads – Railroads

Aerial Photograph
RGB
Red: Band_1
Green: Band_2
Blue: Band_3

Aerial Photograph – An aerial satellite image of the map.**NOTE: This map is currently dated as of 2015. These maps are provided by the City of Toronto and updated yearly or bi-yearly depending when the City is able to update it.

Water
Water Lines
Water Lines
Water Lines

Water – Bodies of water ie. Rivers, lakes.

Parks

Parks – Parks and Parkette

Airport Boundaries

Airport Boundaries – Airports

Regions

Regions – Municipal Region labels ie Peel, Durham, York. (Always visible at any zoom level)

- Response Areas NE
  - 23S
  - 24S
  - 25S
  - 26S
  - 27S
  - 28S
  - 29S
  - 56S
  - 57S
  - 58S
- Response Areas NW
- Response Areas SE
- Response Areas SW
- Response Areas Mississauga
- Response Areas Georgian
- Response Areas Oshawa

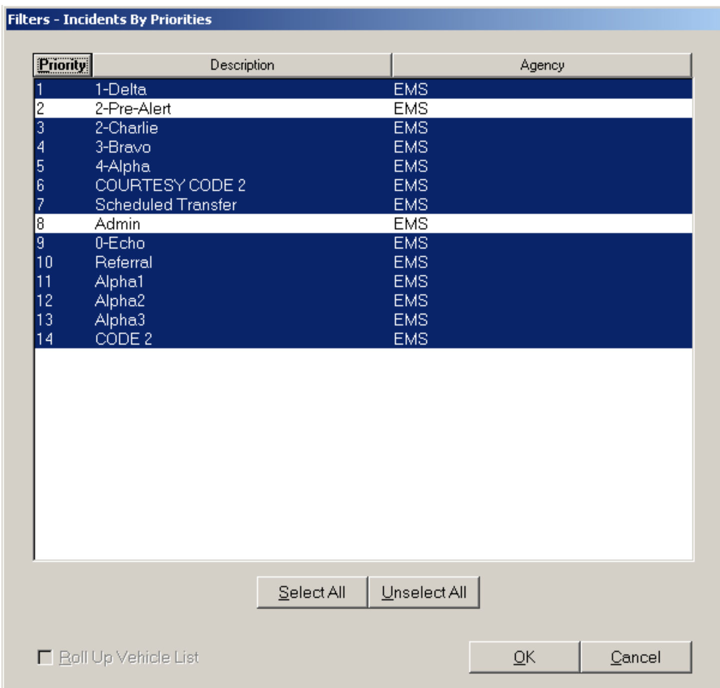
Response Areas – Geographical station areas making up a Sector.

- Geographic Areas

Geographic Areas – Peripheral City's and Toronto's former cities.

Incidents by Priority

Select all priorities except 2 and 8 within the Filters under Map Layer Settings. If the main 'incidents' filter is not enabled, the EMD will not see any incident tags. The 'incidents' filter is disabled by default.



Priority	Description	Agency
1	1-Delta	EMS
2	2-Pre-Alert	EMS
3	2-Charlie	EMS
4	3-Bravo	EMS
5	4-Alpha	EMS
6	COURTESY CODE 2	EMS
7	Scheduled Transfer	EMS
8	Admin	EMS
9	0-Echo	EMS
10	Referral	EMS
11	Alpha1	EMS
12	Alpha2	EMS
13	Alpha3	EMS
14	CODE 2	EMS

Units and Vehicles by Status

Select all except Off Duty, Shift pending, and UNUSED STATUS within the Filter in the Unit Status Queue

Premises

You have the option of selecting locations (i.e. EMS stations, hospitals, etc.) when you (R-click) Premise filters

Preset Zoom

By presetting a zoom level, the user can instantly return to that zoom level after resizing the map.

> Example: The user zooms in to a location in an effort to direct the crew to scene. Afterward, the preset zoom command is used to re-establish the previous map view.

To setup the Preset Zoom

- Size the map to the zoom level required
- In Geo go to the 'View' menu, select "Save Preset Zoom Area" or press <CTRL+H>

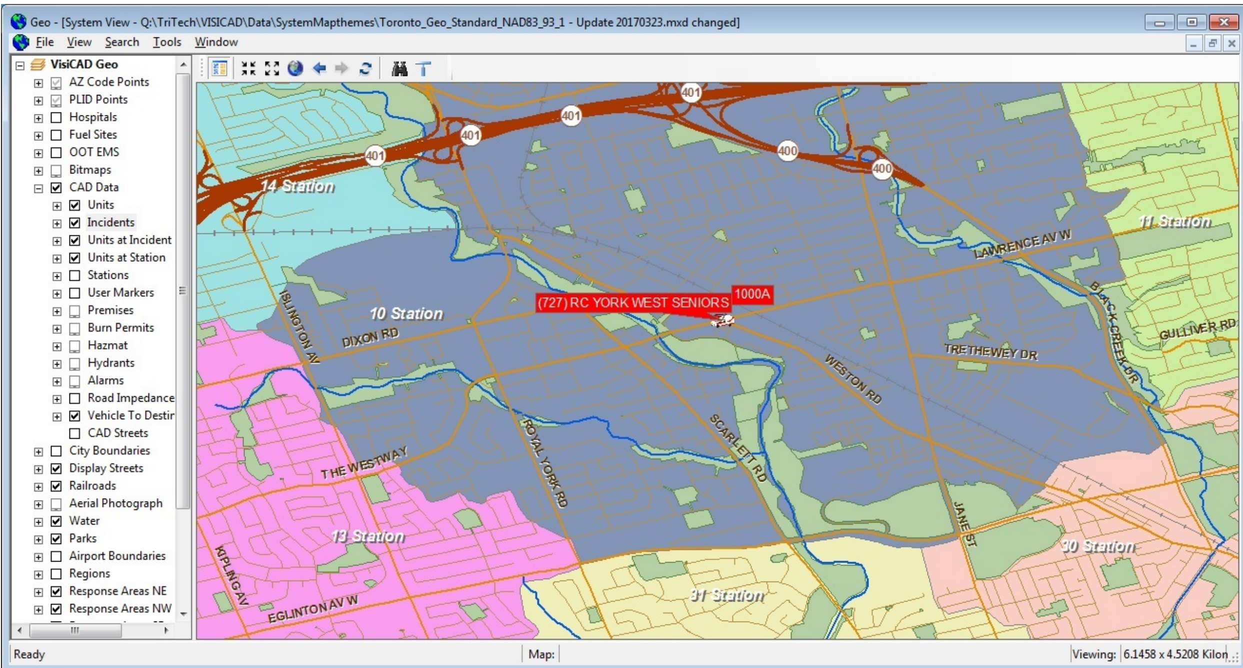
To return to the preset zoom level, the user can use the <CTRL+J> command (when Geo is 'in focus') or select the function from the Geo 'View' menu.

Full Extent

This icon displays the map zoomed out to the entire geographical area in the mapping system.

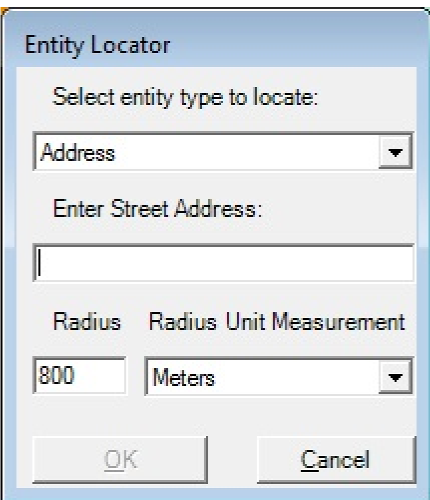
Map Tags

Enabling filters will allow the EMD to view tags that identify an incident address, premise, or unit number. A unit tag will display the unit number, that unit's status, and a small ambulance icon. Right clicking the ambulance icon will bring up dispatcher menus. Unit tags are also only visible when enabled.

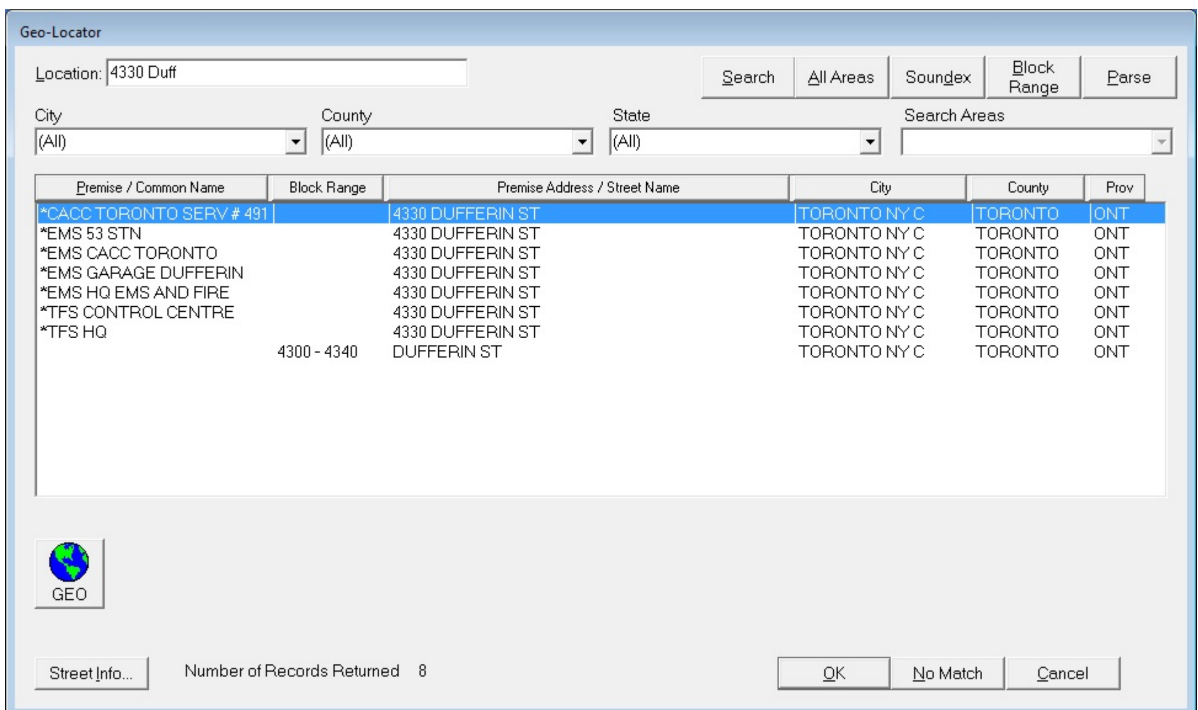


Entity Locator

The Entity Locator allows the EMD to launch the Geo-Locator tool without opening an emergency call form. The EMD may search by incident, station, unit and address.
*Do not search using 'Premise' from the drop down. Instead, search 'Address' to find a premise.



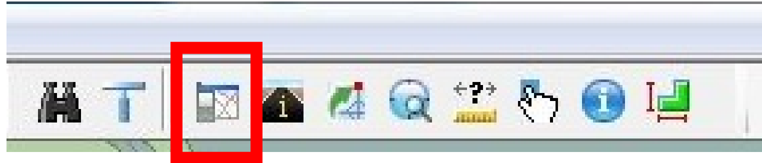
The 'Location' field in Geo-Locator acts the same as the 'Address' field in the Emergency Call screen. If the information in the Location field is entered incorrectly (spelling, extra space, etc.), the entry can be corrected and a new search initiated. Hitting 'GEO' will now map the address.



Reverse Geovalidation Via GEO:

EMDs are also able to use the Reverse Geovalidation tool for entering an incident location when the lat/long is not available.

With the ECT form open, click on the Reverse Geovalidation tool button on the GEO tool bar.



1. You will notice your curser is now a + symbol with a cell phone beside it
2. Move the cursor to the described location of the incident
3. Single left click on the location
4. The address field of the ECT will populate with the closest block range hit of the selected location

TORONTO PARAMEDIC SERVICES

Communications Centre

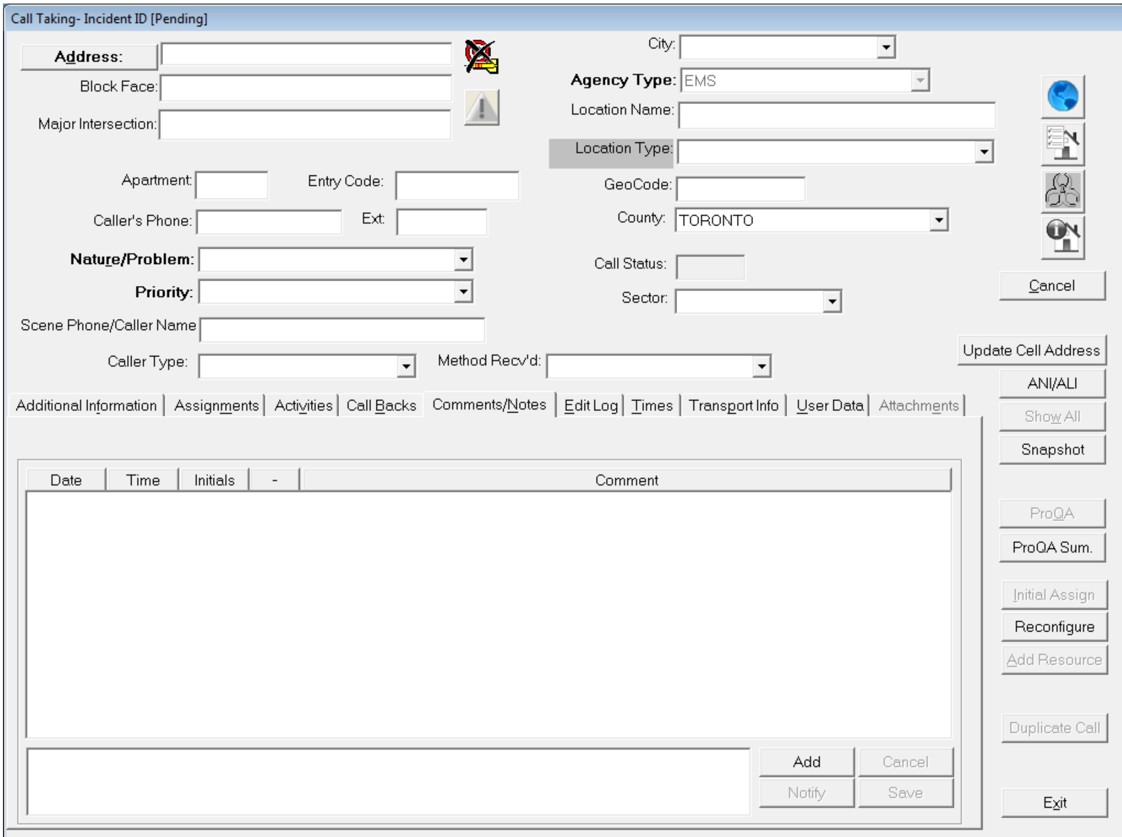
Emergency Call Screen

Our Vision

Toronto Paramedic Services strives to meet the changing needs of the community for pre-hospital and out-of-hospital care, and believes that by the timely application of the advances in both the art and science of medicine to the practice of paramedicine, we can decrease suffering, improve the health of the community while saving lives.

Emergency Call Screen

It is the call receiver's responsibility to ensure that all requests for emergency service are documented thoroughly and compliantly on the emergency call screen. The following section outlines the expectations with respect to field completion and documentation.



Launching a Screen

* <F8>
* <L-click> the **White** phone icon

Components

* Windows
* Tabs
* Fields
* Icons
* Buttons

Mandatory Fields

* Address
* Nature/Problem
* Priority
* Agency Type (always defaults to EMS)
* Jurisdiction (in additional Info. Tab)
* Sector (if this field is left vacant, the call will be sent to all Sectors)

Address Field:

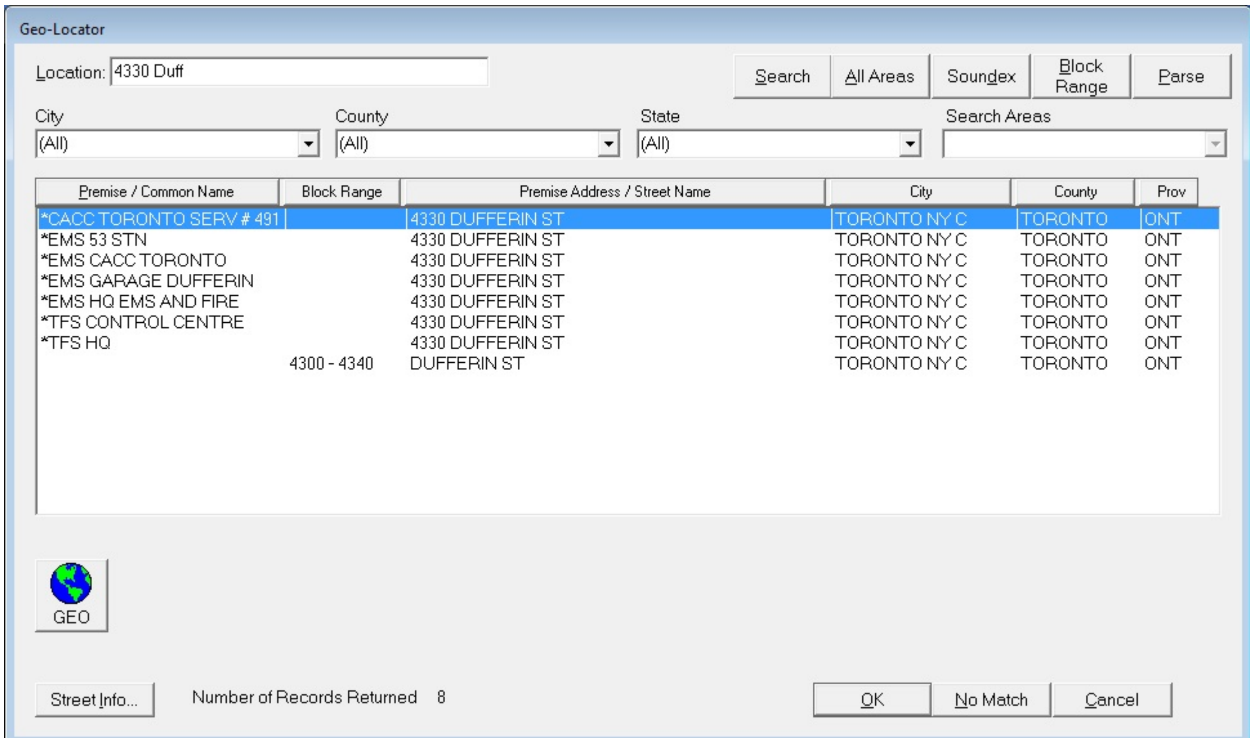
This field contains primary scene location information including municipal street addresses, intersections and controlled access highway locations. The field accepts all CAD prefixes that provide access to the extensive data base of geographic information. It is the call receiver's responsibility to ensure that the information entered into this field is valid, accurate and complete. If the information in the Address field is spelled incorrectly or contains an error, you are able to edit the information in this field without having to start a new form.

For any entry in the address field, if a unique data match is found, the system will geo-validate and immediately map the selection.

When an address is entered into the address field or Geo-Locator, begin with the address number followed by a space, then the first four characters of the street name, followed by <TAB>.

i.e. 4330 Duff > Tab = 4330 Dufferin Street

This will provide a wider range of search options, decreasing the risk of error.



Latitude and Longitude can be used to geo-validate an incident location using the ECT address field as well as GEO.

Via ECT Form:

EMDs are able to enter latitude and longitude into the ECT address field using one of the formats listed below.

Syntax for entering Lat/Long into the ECT address field: < =D(LAT)/D(LONG) >

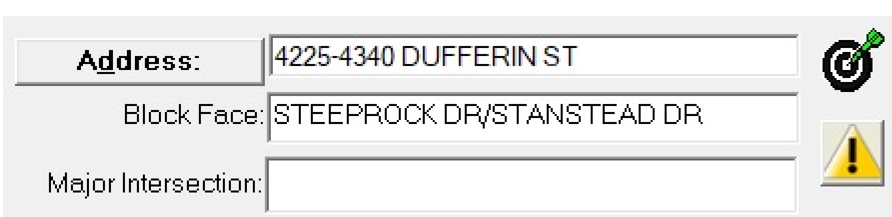
There are four formats for entering the Lat/Long data into the syntax above. We will use the Lat/Long for HQ as the example: 43 45’ 42”N/79 27’57”W

1. =**Lat** (Degrees, Minutes, Seconds)/**Long** (Degrees, Minutes, Seconds)
    a. Ex. =D043m45s42/D079m27s57
2. =**Lat** (Degrees, Decimal Minutes)/**Long** (Degrees, Decimal Minutes)
    a. Ex. =D043m45.70/D079m27.95
3. =**Lat** (Decimal Degrees)/**Long** (Decimal Degrees)
    a. Ex. =D43.761667/D79.465833
4. =**Lat** (Decimal Degrees without the decimal)/**Long** (Decimal Degrees without the decimal)
    a. Ex. =D43761667/D79465833

Address: =D043M45S42/D079M27S57
Block Face:
Major Intersection:

NOTE It is mandatory to use the "=" before the LAT/LONG to ensure the ECT recognizes your entry as a data point.

CAD attempts to reverse geo-locate the lat/long entry into a street address. If the lat/long returns a direct hit, the block range for the street is returned to the address field.



If there is more than one address hit, the geo-locator launches to allow the EMD to select the correct street.

If the lat/long is outside of the mapping area, the ECT will keep the entered lat/long instead of converting it to the address hit.

If the hit is too far from the nearest road segment, you'll be presented with a '0' in the ECT address field but the incident WILL plot and assign a sector, division and battalion. The plotted location will be the "X" on the MobiCAD for the crew.

Geo-Locator:

When an address is entered into the address field, the Geo-Locator tool will launch when there is more than one possible choice for an address, or there is no match found in the CAD system database. (Geo-Locator can also be launched manually by clicking on the 'Entity Locator'(Binoculars) icon in the Geo tool bar.) The default County has been set to initially present only those address choices located within Toronto's boundaries.

The 'Location' field in Geo-Locator acts the same as the 'Address' field in the Emergency Call screen. If the information in the Location field is entered incorrectly (spelling, extra space, etc.), the entry can be corrected and a new search initiated.

***Reminder*:** The Geo-Locator can only be manually launched through the 'Entity Locator' in GEO (Map)

Reminder: <Ctrl> + <L> will open the Entity Locator when focus is on GEO

Geo-Locator Columns:

- All columns in the Geo-Locator can be re-sized for easier viewing and verification.
- They will always revert to their default size when the Geo-Locator is closed

* Wildcard Search Reminder:

- An asterisk (*) after any character string tells CAD to find all streets that match the character string at the beginning of the street (i.e. Mapl* tells CAD to find all streets that start with Mapl – **Mapl**e, **Mapl**ehurst, **Mapl**eview, etc.)
- An asterisk (*) before any character string tells CAD to find all streets that match the character string at the end of the street (i.e. *hurst tells CAD to find all streets that end with hurst – Maple**hurst**, Cedar**hurst**, Sand**hurst**, etc.)
- Asterisks (*) on either side of the character string tell CAD to find all streets that have that character string somewhere within it (i.e. *sona* will result in: **Sona**ta Cr, Par**sona**ge Dr and Li**sona**lly Ct)

<Block Range> Button:

Selecting the <Block Range> button will do *two* things:

1. It will ignore the NUMBER part off of the address (showing all available numbers on that street, AND

2. It will only show the streets matching the name exactly as it has been typed into the address field

In effect, the <Block Range> button looks for **any address** on the **exact street name** that is typed in.

Block Ranges:

- Could be found anywhere that a street has been put into CAD but no addresses have been attached to either side along that particular segment
  (i.e. a park running along both sides of a street)

If a call taker highlights a 0-0 segment in the list and clicks on the Globe icon Geo will map that segment. The call taker should choose the segment that *maps* closest to the geographical description given by the caller (one of the 0-0 choices or one of the numbered ranges, whichever maps closest to the actual location)

Note: Using the <Street Info> button at the bottom of the Geo-Locator window will show the block ranges for that segment as well. If a street has numbers on one side (Left or Right), but 0s on the other it indicates that there are no buildings on the 0 side (it could be a park, a ravine, a boulevard, etc)

<Parse> Button:

- Is not available (greyed out) until the <Search> Button has been selected for information already in the address field
- Allows experimentation with the various parts of the address to aid in Geo-verification
- Should not have to be used on a frequent basis.

Geo (Globe) Icon:

Clicking the Geo Icon will map the selected location.

Reminder: The Geo icon in the Geo-Locator must be used to differentiate between two entries that look identical.

Address Changes:

- CAD can appropriately handle an address change at any time during or after the original call taking when dealt with in the correct manner by the user.
- It is important that the correct address is in the Address field instead of in the Comments/Notes because:
    1. Advisor will alert the Dispatchers to any change of the Address field so that they can respond appropriately.
    2. MobiCAD maps the address that is in the Address field for the crew.

Procedure for once an incorrect address is discovered:

1. **Highlight the entire address field**
2. **Re-type or type over the address using an '*' at the end before tabbing off** (The '*' *forces* the Geo-Locator to open)
3. **In the Geo-Locator** ***take note of any information previously filled in the 'City' field.*** **If it is incorrect: highlight the whole field and delete it using the <Backspace> key.** (If the 'County' field is incorrect it might need to be deleted as well – this should only occur with calls *outside* of Toronto's boundaries)
4. **Hit the <Search> button** – all possible addresses that match the entry into the Address field will be shown.
5. **Continue as usual**

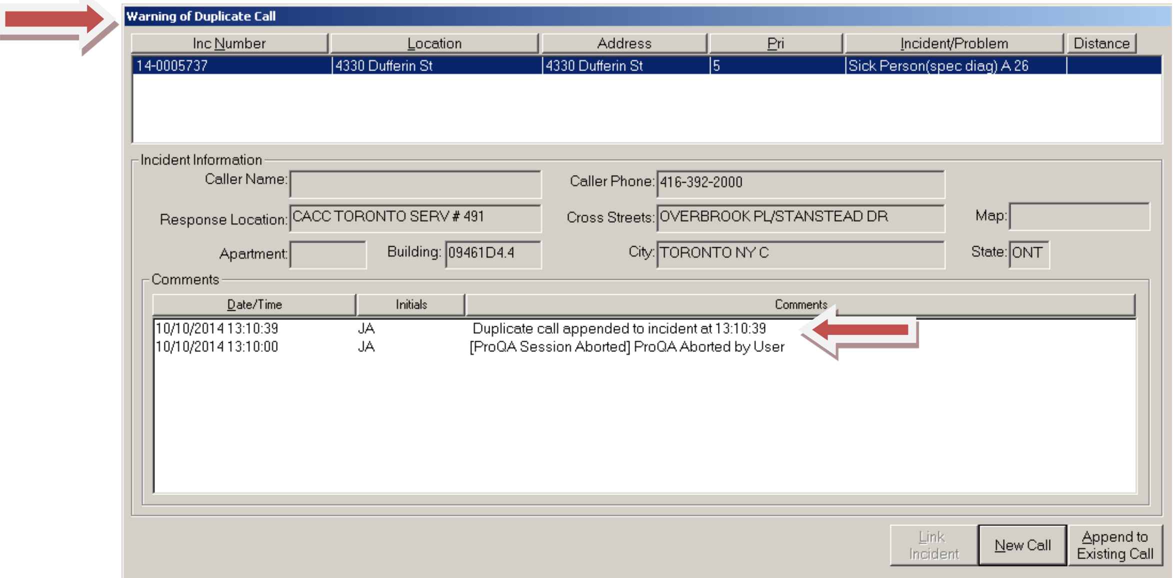
If the new address is in a different quadrant and the 1st dispatcher has already assigned a vehicle they still need to be notified via intercom/Advisor as the call will disappear from their AIQ and move to the new quadrant's AIQ.

Duplicate Call Screen:

This screen appears when a current 'Active' call already exists in CAD, within 0.2 kilometers of the address that is being entered. Its purpose is to inform the call receiver that there is another call in the immediate vicinity which may be a duplicate.

The top section of the Warning of Duplicate Call screen shows the active call or calls that meet the distance criteria described above. Single <L-click> on any of the calls in the top section will populate the rest of the window with the existing information for that call. This information (phone numbers, apt. number, entry code and comments) **must be verified carefully** to the new call information.

If the information is identical, or reasonably so, and the call receiver is 100% sure that the call is identical based on all available information, they may choose the <Append to Existing Call> button to add their information to the existing call. When this occurs, CAD will automatically cancel the new call and put the call receiver into the call they chose from the Duplicate Call Screen.



If the call receiver has **<u>any doubt</u>** that the two calls are not the same they **<u>must choose</u>** the <New Call> button and continue processing the call as if the other is a completely separate event – which, indeed, it may be.

Municipal Addresses:

Type in the address number followed by a space. Type the first four characters of the street up to but not including the street type designator (Rd., Av., Cr., etc.) and then press the TAB key i.e. <4330 Duff > Tab.

Compound Names:

If there is a possibility that the street name is one word or two words (i.e. 12 Brooktree or 12 Brook Tree) ask the caller if that is one word or two. Enter the street number and the first four characters of the street name as given by the caller. If the caller is unsure about the street name, enter the first portion of the compound name, i.e. <12 Broo>Tab. Select the appropriate choice from the list presented in Geo-Locator.

Alphabetic or Fractional Addresses:

The street number and fraction/alpha character must be separated with a hyphen and NO space (i.e. 123-A Bayview Heights Dr. or 123-1/2 Bayview Av).

Street Names Containing an Apostrophe (i.e. O'Connor):

Geo is able to search for street names with or without the apostrophe included. (e.g. 126 O'Connor and 126 OConnor will both geo-validate.) If there is difficulty geo-validating a street name with an apostrophe, try removing it.

"THE" Streets:

There are several streets in the city that have "THE" as part of the address name, i.e. The East Mall, The Queensway.

In order to avoid problems that MIGHT occur in the Geo-Locator, simply type in "THE" and the first letter of the street name, i.e. "The East Mall and The Queensway" type "The E & The Q" and SEARCH.

Direction Designators:

When the letters N, S, E, W are used alone after a <Space>, the system recognizes them as directional indicators. For example, the street GLEN ECHO must be entered as GLEN EC and not GLEN E, as the second entry will only display all street names with the letter string GLEN.

Laneways:

The geographic mapping data includes most laneways found in Toronto. Because they are classed as 'Streets' in Geo, they will display at the same zoom level as the rest of the streets. Call receivers should be aware of this when using Geo to direct crews.

If the scene location is in a laneway, the call receiver will obtain from the caller a street address or major intersection closest to the laneway. Detailed directions to the laneway are to be recorded in 'Comments/Notes'.

No Municipal Address:

If a caller is unable to provide a geo-validated municipal address as a pick up location, the call receiver is to explore the following approaches with the caller:

- Use premise location data base to identify points of interest, parks, arena, shopping malls, etc.
- Use any ANI/ALI info available via E 9-1-1.
- Check with radio room if they have any further information that was not offered to us.
- Determine closest main intersection, landmark, building name, etc. as a starting point.
- Determine if there is someone else who may be able to give better location information, passerby, etc.
- If in a residence, is there any mail, utility bills, magazine subscriptions, etc. with an address.
- 411 system, reverse lookup, etc.

Intersections:

For both major and secondary intersections, enter the first four characters of the first street, followed by '&', and then enter the first four characters of the second street.

i.e. Bayv&Shep (= Bayview Av. & Sheppard Av. East)
i.e. Stee&Lode (= Steeprock Dr & Lodestar Rd.)

Highway Geo-Validation Process: (Policy #09.08.21, Advisory # 2014-03)

Each highway interchange (or intersection with a major road) will have a CAD Premise defined (i.e. 401/Keele). Beneath that "Master Premise" will be a series of sub-premises that define every on-highway road segment (including on-ramps and off-ramps).

The Toronto Paramedic Services-to-Fire Inform CAD Interface (the Fire Interface) will be **activated** for ALL incidents on Limited-Access Highways.

Incidents that are **not processed** through ProQA (i.e. a pre-alert B-32 Unknown Problem, any Fire-Standby, or using the PowerLine <F4> UNK, MVC, E32, E2000, etc.) **will not** be sent through the Fire Interface.

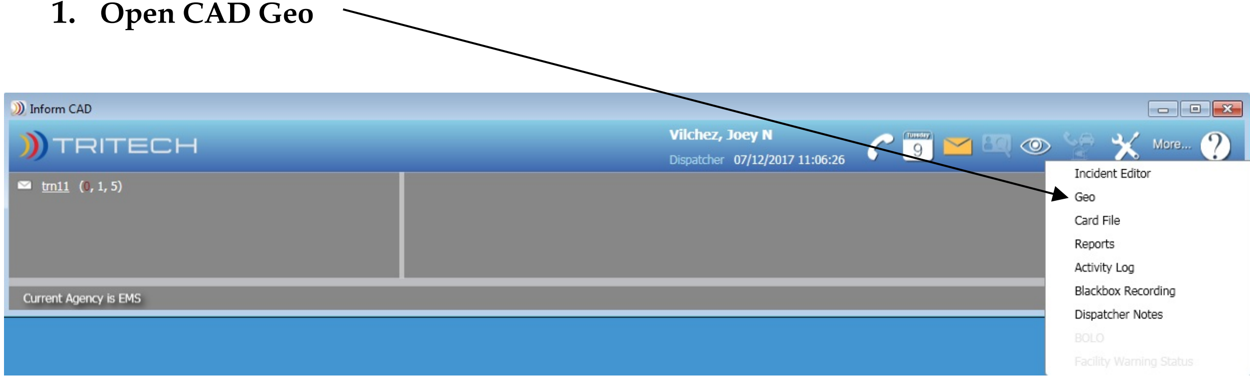
The design of the Inform CAD Interface limits its automatic send function to incidents that have a ProQA Determinant.

Please note that the Inform CAD Interface **will not function** for incidents that are **outside of the City of Toronto**. Verbal notification to the local Fire Service is required for any Highway Call in Peel, York or Durham Regions.

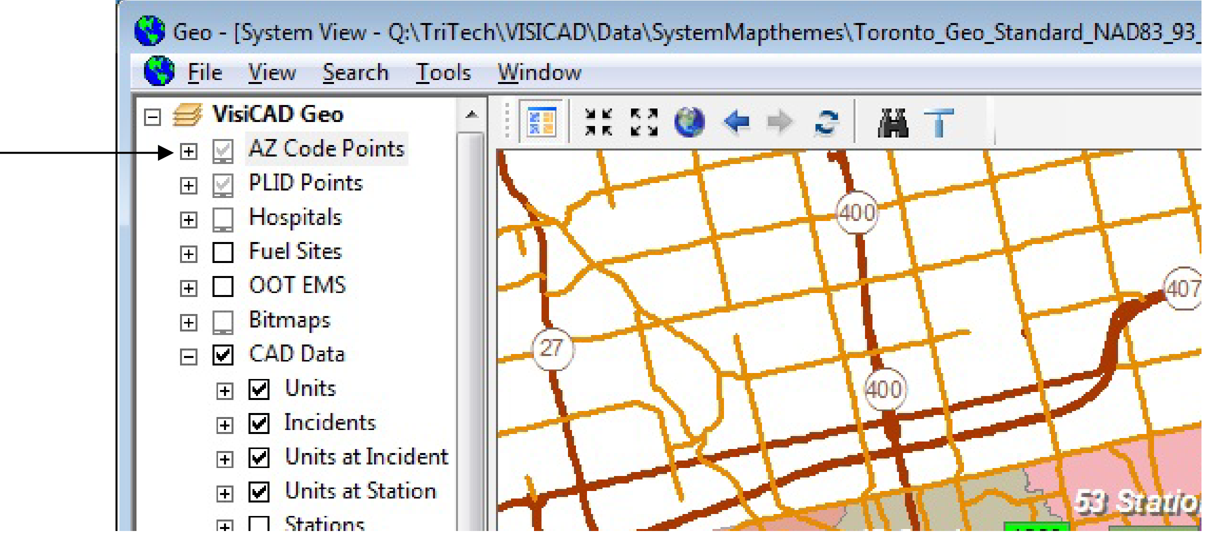
This change will automatically populate the Location Type "Highway".

The following set-up process is to be followed:

1. **Open CAD Geo**

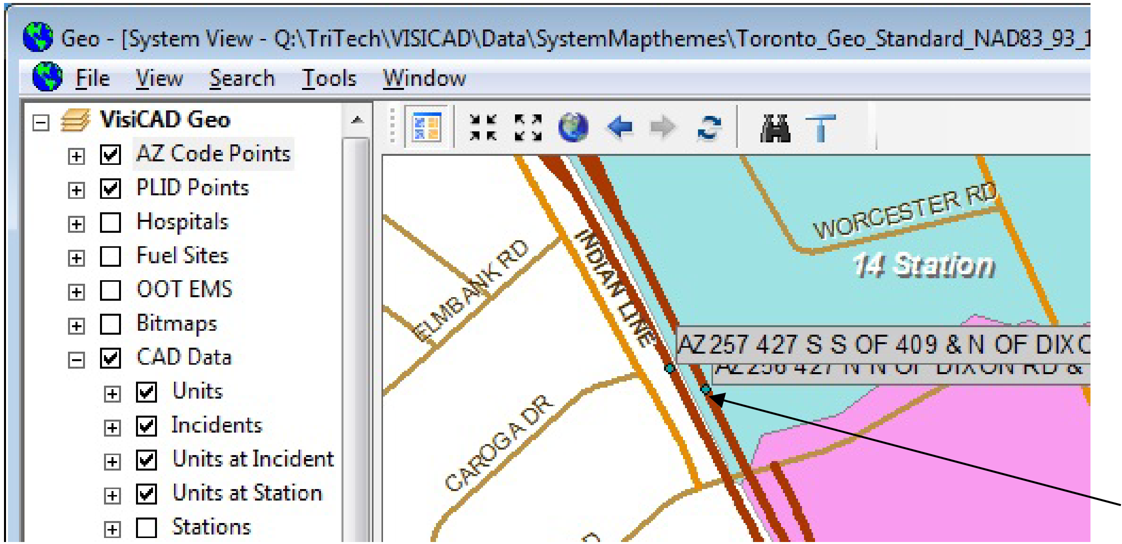


2. **In the 'Table of Contents', click on the box next to 'AZ Code Points' to enable the AZ Codes filter.**

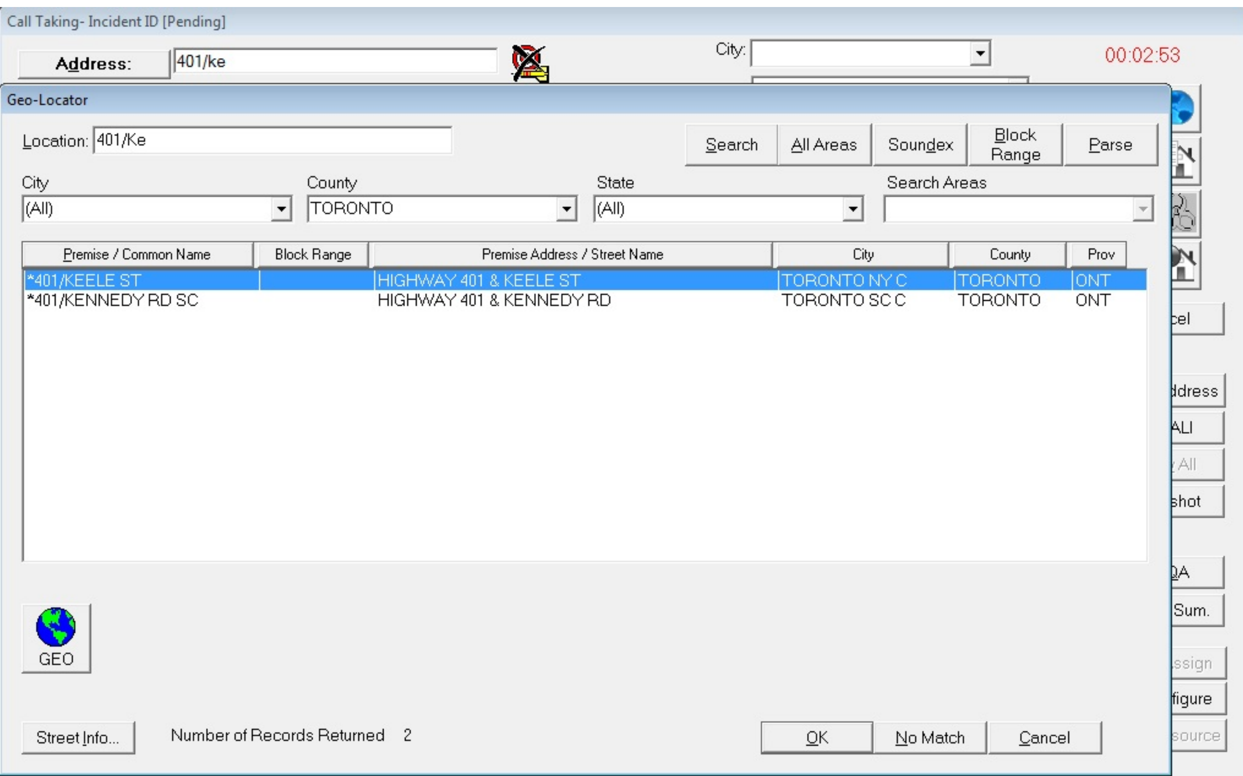


If the box is a grey color, it means the filter is not visible on the map at that zoom level. Zooming in until the box is a black color will display that filter on the Geo map

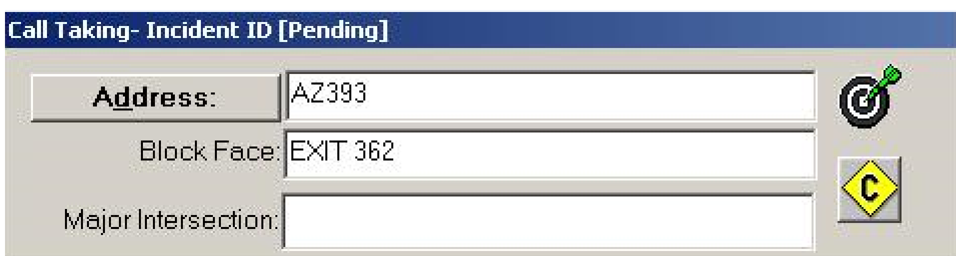
3. **Zoom into the Geo map until it displays the road segment tags.**



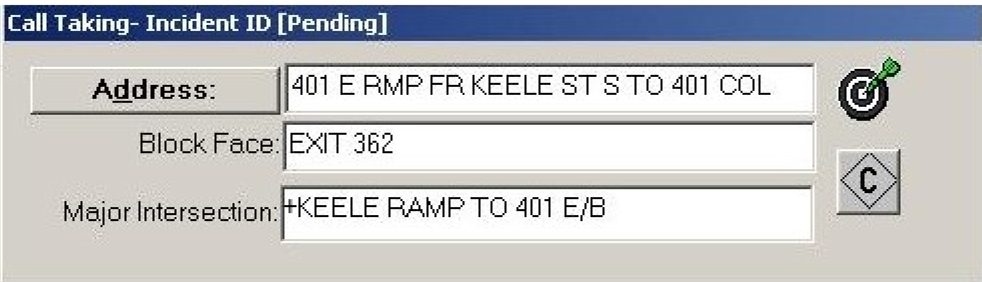
4. **Input the location of the call into an Emergency Call Form in CAD (i.e. 401/Keele)**



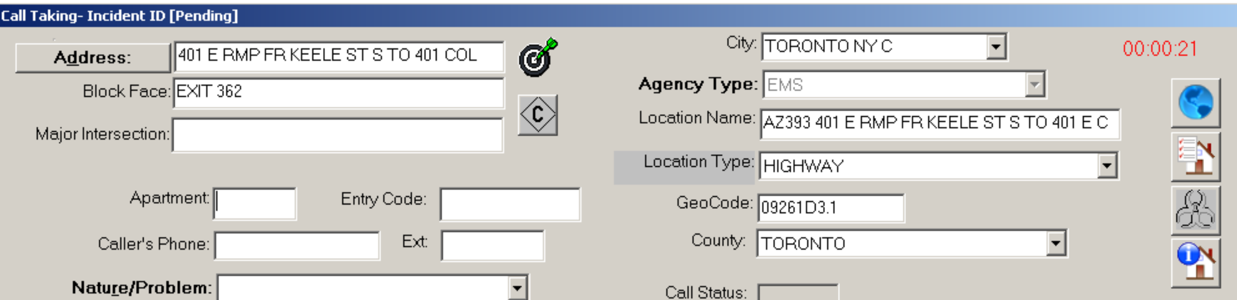
5. **Map the location in CAD Geo and select the location tag that matches the directional information provided by the caller. Highlight and erase the original address inputted (401/Keele) and type the code into the address field on your Emergency Call Form and tab off.**



6. **Type in directional information in the Major Intersection Field preceded by a plus sign '+'. The plus sign allows the dispatcher to see what you typed into the major intersection field (i.e. directional info) without having to open up the incident. If you forget to type in the plus sign, the system will default to the closest major intersection instead of what you typed in.**



7. **Once the information is in the form, it auto populates the Location Type to HIGHWAY, which is the driver for these calls to AUTO-TIER to Toronto Fire.**



The Location Type 'Highway' is critical for Optima Dispatch to correctly select units for highway calls. If 'Highway' is not selected, Optima's routing algorithms consider any two roads that intersect as being connected. Bridges and ramps are not considered as obstacles. This implies that you could turn right from southbound Avenue Road onto the westbound 401 express lanes. This is the most common reason why many Optima highway recommendations have been considered as "wrong" by dispatchers.

The following City standard short forms will be used to define road segments. Call receivers are not expected to memorize this list, but must be able to recognize each descriptor in order to select the correct 'AZ code':

- COL (collector lanes)
- E (eastbound)
- E OF (east of)
- EXP (express lanes)
- GX (Gardiner Expressway, only when listed as a cross street)
- N (northbound)
- N OF (north of)
- RMP (ramp)
- S (southbound)
- S OF (south of)
- W (westbound)
- W OF (west of)

Select the 'AZ code' that corresponds to the caller's stated location of the incident. If you want to see the segment on the map before you commit the segment to the incident, highlight the segment and then press the "Geo" button.

Once the road segment has been selected from the list, process the call as normal. Note that the Location Type "Highway" will be automatically populated.

When speaking with Toronto Police, OPP or Toronto Fire, call receivers are strongly encouraged to use the standard term 'express' when referring to express lanes on any highway.

- ❖ Ontario Provincial Police (OPP) are responsible for the 400 series highways.
- ❖ Toronto Police Services are responsible for the Gardiner, Don Valley Parkway and ramps.

Geo-spatial nomenclature: What is a Road Segment?

A defined, named section of contiguous roadway that is not bisected by a cross street, an alley (laneway), or any other significant geographic feature, often listed with an address range on both sides of the street. Road segments within the City of Toronto may be as short as one (1) metre or as long as three (3) kilometres. Many highway road segments are quite long.

Special Circumstance:

What to do if you can't find the Road Segment you are looking for?

Due to the complexity of several highway interchanges, in some cases not all road segments will come up for the combination entered.

Highway 427 has complex interchanges at several points (i.e. 427/QEW/Gardiner or 427/Eglinton/401). There may be several points where entering the "correct" starting point does not present the options that you are looking for.

In this example, if you cannot find the segment list that the situation requires use **"427"** as the starting point. You will be presented will the first 100 Hwy 427 road segments that match this search. All segments will be ordered as follows:

1. 427 (Highway name)
2. Direction (N or S)
3. COL or EXP or RMP
4. Proximity to intersecting street (i.e. S of, N of, or NEAR)
5. Name of Intersecting street / road / highway

You may refine the search by entering more information:

i.e. Enter **"427 N COL"** to display only "427 northbound collector" segments.

i.e. Enter **"427 S"** to display only "427 southbound" segments.

i.e. Enter **"427 S RMP FR 427 S EXP"** to display only ramps that take traffic from the 427 southbound express lanes. In this case you will only display 2 options:

427 S RMP FR 427 S EXP TO GARDINER E

427 S RMP FR 427 S EXP TO QEW W

You may also use the originating City Street to find an on-ramp:

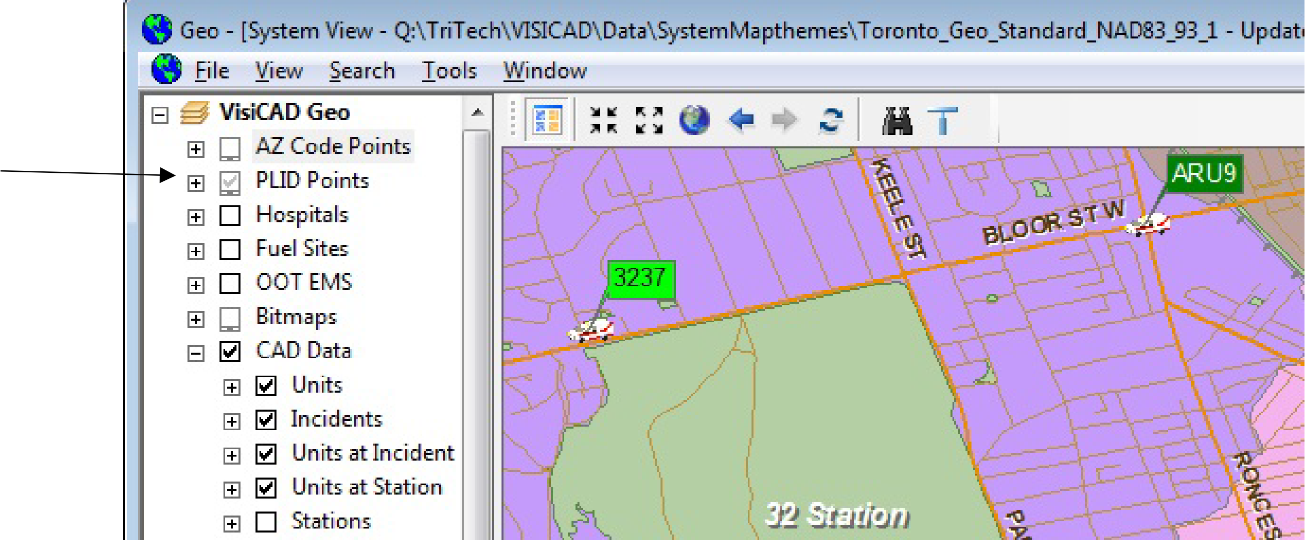
i.e. Enter "TRANSIT" to display the ramp from northbound Transit Rd to southbound Allen Rd:

TRANSIT RD ALLEN S RMP

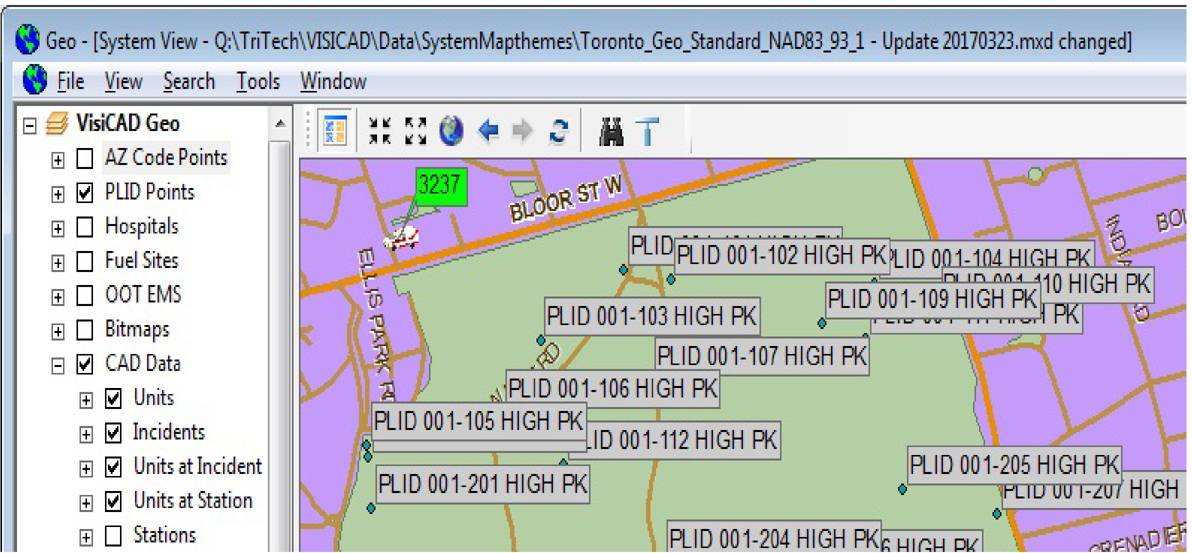
i.e. Enter "WILSON HS" to display all ramps from Wilson Heights Blvd to the Allen Rd.

Call taking process of Park Location ID (PLID) (Advisory #2015-02 (CACC))

1) EMDs can choose to have all PLID locations displayed on their Geo map by enabling the filter box next to 'PL ID Points' located in the 'Table of Contents'



2) Scroll into the Geo map until the grey PLID tags are visible



Immediately after a caller advises the EMD that the emergency call is located at High Park or Centennial Park, the EMD will ask the caller:

"Do you see a bright yellow sign with a location ID number on it around you? It may be on a garbage can post, lifesaving station or light pole."

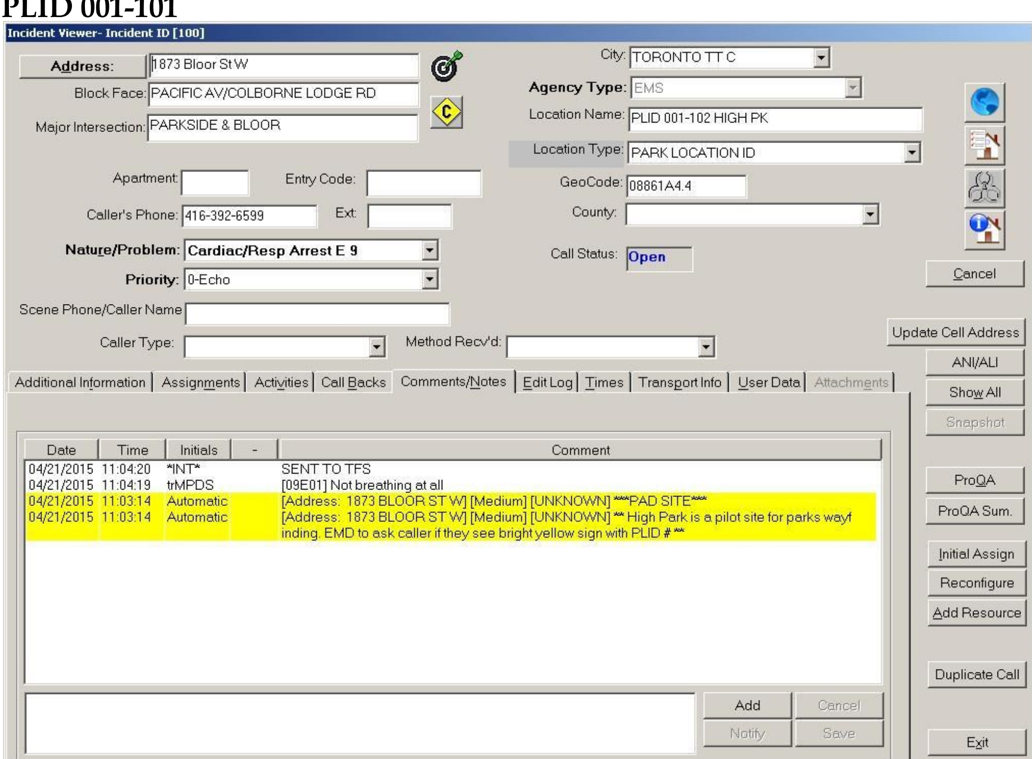
If the response to the question is "**YES**", the EMD will ask the caller,

"What is the six-digit location# on the sign?"

The EMD will then enter the new CAD prefix 'PLID' followed by a space, then the six-digit PLID# into the Address Field of the Emergency Call form. The PLID# will be 3 digits followed by a hyphen and another three digits.

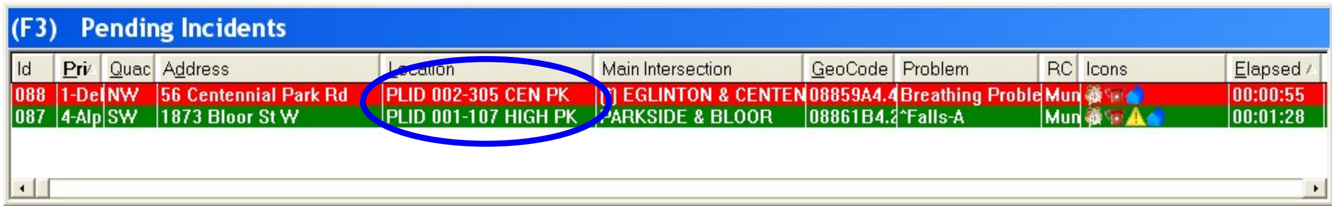
For example,

PLID 001-101



There are seven groupings of PLIDs, each with a unique 3 digit prefix in the 6 digit PLID:

- High Park: PLIDs begin with **001-**
- Centennial Park: PLIDs begin with **002-**
- Morningside Park: PLIDs begin with **003-**
- Riverdale Park W: PLIDs begin with **004-**
- Riverdale Park E: PLIDs begin with **005-**
- Lower Don River Trails: PLIDs begin with **006-**
- Life-Guard Chairs PLIDs from **007 to 018**



The list of PLIDs above is current as of June 2019. As the PLID program expands more parks will enroll and be assigned a unique PLID.

Premises:

Premises are 'built in' locations of our database that can be accessed by using a CAD prefix. Premises may also be presented as a choice in Geo-Locator as a result of entering a municipal address.

To access a Premise by using a CAD prefix, enter the prefix, insert a space, then the first few letters of the Premise name.

i.e. "NH VERM" for Vermont Square Nursing Home.

If a Premise is presented as a choice in Geo-Locator as a result of entering a municipal address, select the premise (as opposed to the address). Doing this will display any notes applicable to that address.

It is the call receiver's responsibility to possess a solid understanding of the CAD prefixes available for use. Consult the CAD prefix handout for the entire list. (Pages 15-17 of the CRT Manual, in the Pre-Course Material).

Target Icon:

The Target Icon indicates whether or not the entry in the Address field has been geo-validated.

= a geo-validated address (a 'hit')

= a non-geo-validated address (no 'hit')

(Geo-Validate --- definition is 'to check the validity of the address')

Caution Notes Icon:

Caution notes are incorporated into the Premise information to advise of unique directions or unusual circumstances specific to the Premise. If a caution note is attached to an address or Premise, the icon background will turn yellow and the details will appear in the Comments/Notes field.

Block Face Field:

Block Face: Identifies the streets on either side of the entered address.

This field is filled in automatically by CAD and will stay blank when the look up is an intersection.

Main Intersection Field:

Major Intersection:

If the scene location is in a main intersection, such as a traffic accident, this field is left blank.
If the scene location is relative to a main intersection, describe using approved abbreviations, i.e. N/O, S/W corner, etc.

Major Cross Street:

If the scene location is on a major street, record the closest major cross street relative to the municipal address.

NOTE: YOU MUST TYPE '+' FIRST BEFORE ANYTHING ELSE IN THE MAJOR INTERSECTION FIELD

Apartment Field:

Apartment:

Record apartment #, room #, suite #, etc. as applicable.
Will accept numeric and/or alphabetic entries.

Entry Code Field:

Entry Code:

Will accept numeric and/or alphabetic entries. (Field is limited to 10 characters).

If entry code is not known, record the name associated with the apartment. If the name is common (Smith) ask for and record the initial as well (L Smith).

If entry code and name are unknown, record 'concierge' or 'security' if their presence is confirmed.

Caller's Phone and Extension Fields:

Caller's Phone: Ext:

Phone entered in one of two formats.

4163970138 (system will insert dashes)
416-397-0138

Nature/Problem Field:

Nature/Problem:

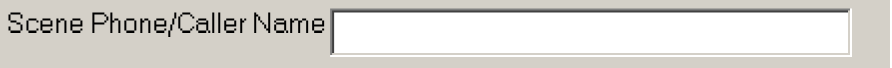
Populated automatically via the ProQA – CAD interface
Populate manually if:

- **Chief Complaint is a Priority Delta (Breathing, Chest Pain, Long Fall, Stab/Gunshot, Pedestrian/Cyclist/Motorcyclist struck)**
- **Unusual delay or language barrier or unknown problem**
- **Fire-Standby, Fire-with-Patients, Fire -Working**
- **Command Post - Police**
- **Command Post-CBRNE**
- **TTC Emergency Alarm**

Priority Field:

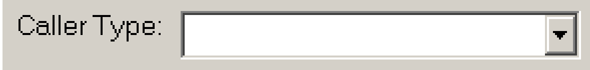
Populated automatically via the ProQA – CAD interface and is dependent on the Protocol used and the determinant code identified.

Scene Phone/Caller Name:



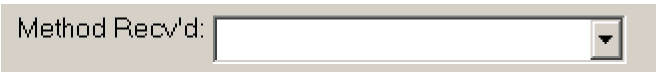
- Phone number of the patient/scene location
- 'cell' or 'pay' where applicable
- Caller name here

Caller Type Field:



Select the most appropriate entry from the drop-down list. If unclear, 'citizen' or 'other' is acceptable.

Method Received Field:



Select the most appropriate entry from the drop-down list.

City Field:

Populated automatically when a geo-validated pick up location is identified.

Agency Type:

Will always default to EMS.

Location Name Field:

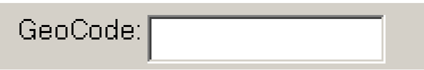
Location Name:

Populated automatically when the pick-up location is a "Premise".

Location Type Field:

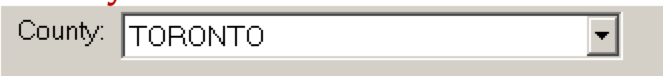
An automated entry that identifies the type of location based on the CAD prefix used.

Geocode Field:



An automated entry that identifies the mapped, geographic reference coordinates of the pick-up location.

County Field:



Automated entry. Defaults to Toronto.

Sector Field:

Automated entry. Changes the Sector the call is currently assigned to. The Controlling dispatchers may manually change this field.

Comments / Notes Tab and Window:

Manual entry information:

- Detailed patient condition information
- Scene/responder safety information
- Allied agency notifications
- Secondary pick up location information

Automated entry information:

- Caution notes
- Unique premise information

- TFS interface activity
- ProQA determinant information

Add Button:

Press the “Add” button to enter information in Comments.

Save Button:

Press the “Save” button to save information in Comments.

Notify Button:

Press the ‘Notify’ button to save information in Comments that identifies crew/scene safety issues only. All active CAD workstations will receive the scene safety information by way of a Comment Notification pop-up window.

Incident Times Tab:

Provides responding vehicle(s) status times.

Transport Info Tab:

Transport Info

Provides transport vehicle destination and CTAS level.

Globe Icon:

Clicking on this icon will centre the address/location of the call on Geo.

ANI/ALI Button:

Provides all ANI/ALI information if call accepted from the ANI/ALI drop.

ProQA Button:

Used to manually launch ProQA. <Alt Q> will also launch ProQA.

Premise History Button:

Provides historical information about calls to that address.

Notes

TORONTO PARAMEDIC SERVICES

Communications Centre

Emergency Call Management

Our Vision

Toronto Paramedic Services strives to meet the changing needs of the community for pre-hospital and out-of-hospital care, and believes that by the timely application of the advances in both the art and science of medicine to the practice of paramedicine, we can decrease suffering, improve the health of the community while saving lives.

Emergency Call Management

9-1-1 System Overview:

When 9-1-1 is dialled in Toronto, the communicators at the Police Radio Room (R/R) first answer the call with "Emergency, do you require Police, Fire, or Ambulance?" If the need for medical assistance is identified, the call is forwarded to Toronto Paramedic Services.

The R/R operator will remain on the line until the call receiver requests police attendance or is advised that police attendance is not required.

Enhanced 9-1-1 (E 9-1-1):

Provides caller phone number, physical location information and control of line until released by a 9-1-1 operator.

ANI/ALI stands for:

Automatic Number Identification
Automatic Location Identification

ANI/ALI: (Advisory # 2015-05 (Cacc))

Displays

- Phone number
- Type of phone (resident, business, cell, etc.)
- Address of physical location of phone
- Apartment / suite number if applicable
- Occasionally shows the floor that the phone is on
- Town or Borough (based on the old metropolitan city)
- Cell phone provider (Rogers, Bell, etc)

Address information presented via ANI/ALI only when a call is routed through the 9-1-1 system.

THE EMD WILL APPLY THE EMERGENCY CALL RECEIVING SEQUENCE AND MAKE THE NECESSARY CHANGES IN THE CAD EMERGENCY CALL SCREEN.

ANI/ALI INFORMATION MUST BE CONFIRMED.

CELL PHONE CALLS AND WL2 LOCATION SERVICES

Emergency Call Form:

The Emergency Call Form includes an Update Cellular Address button on the right side of the screen. This button can be used to insert the approximate location of the wireless caller into the address field in place of an address entered by a call receiver. (Note: This is rarely used – see below).

Wireless Phase 2 (WL2):

Wireless providers use either GPS from the mobile device or triangulation to approximate the location of the wireless caller. This is useful if the caller is on scene with the patient.

Within the ANI/ALI details (press the ANI/ALI button to view) you will see latitude and longitude (lat/long) information, and text in the "ESN Text" box as follows:

D43.613770/D-79.56033
Uncertainty 64 metres

This indicates to the call receiver that the precision of the wireless provider's estimate regarding the location of the wireless device. In rural or open areas with greater distances between wireless towers, the uncertainty can be up to 1,000m.

How the wireless call might present itself

1. Wireless # and WL2 Location information come in together before the call receiver has answered the line.
   - The Address field will show the range of addresses on road segment (4325-4340 Dufferin St.) where the wireless caller is located; if the Address field is blank, the call receiver will enter the address given by the caller.
   - WL2 will appear in the Scene Phone field (along with the wireless phone # being used to make the 9-1-1 call).
   - The location indicated will be visible on the CAD Geo map.
   - The call receiver can change the address if one is provided.

2. If there is any update to location information at any time after the call receiver has answered the line the following events will occur.
   - A comment will be inserted into the Comments/Notes section of the Emergency Call form as follows:

"<!> EMD <!> WL2 Updated: PRESS 'Address:' BUTTON TO RESET"

- When the call receiver sees this message, it indicates that the location on the Geo MAP and in MobiCAD has been changed from the geo-located address to the wireless caller's location. (Note: The address indicated on the Emergency Call form will not change). The call receiver must press the "Address" button located directly above the Address field on the emergency call form. If the form already had an apartment #, entry code, and/or the WL2 wireless number entered, these fields will be erased when the "Address" button is pressed.

- If fields are erased and the caller is no longer on the line, the call receiver may press the "Edit Log" tab to see what had changed (i.e. Apt #313 changed to <blank>).

Incoming Call Location Update

The Incoming Call Location Update (ICLU) is located at the bottom right of the ANI/ALI display.
This feature enables the EMD to update the cell phone caller's most recent position (within 150 metres). This can only be recalculated 35 seconds after the original location appears on the screen.
The EMD will:
1. Identify the caller's cellular ANI/ALI information in the list of calls stored on the desk.
2. Highlight with the cellular caller's information with the cursor. *(The ICLU button will be activated).*
3. Click on the activated ICLU button to recalculate the cell phone caller's location when required.

TEXT TO 9-1-1 SERVICES (Advisory 2014-07 (CACC))

This is a text messaging service designed to provide 9-1-1 access to members of the Deaf, Hard of Hearing and Speech Impaired (DHHSI) Community. Call receivers will receive Text with 9-1-1 (T9-1-1) requests for paramedic services via the Toronto Police Service Communications call taker.

Procedure for EMDs:

1. The Toronto Police Communications call taker will:
   a) Verify the address and phone number with the DHHSI client prior to down streaming the call to Toronto CACC.
   b) Transfer the voice call to Toronto CACC with the ANI/ALI drop (as per current procedure).
   c) Advise the call receiver that the call is a T9-1-1 call.
   d) Provide the call receiver with the verified address and phone number.

2. The call receiver will treat this call in a similar manner to a language line call:
   a) After entering the address and telephone number, the call receiver will **SEND the call to the queue as an Unknown Problem – Bravo** and will add the comment "T911 caller".
   b) The call receiver will then obtain an apartment number and entry code (if applicable).
   c) The call receiver will then proceed with ProQA interrogation, reading the questions one at a time to the TPS Communications call taker. The TPS call taker will read back the answers verbatim once obtained.
   d) Once a determinant is reached, the call receiver will UPDATE the call form (as per current procedure).
   e) The call receiver will provide Post Dispatch Instructions one sentence at a time to the TPS Communications call taker who will, in turn, text them to the DHHSI client.
   f) The caller receiver will provide Case Exit or Pre-Arrival Instructions one sentence at a time to the TPS Communications call taker who will, in turn, text them to the DHHSI client.
   g) The call receiver will tell the TPS Communications call taker when the interrogation is complete.

TTY TO 9-1-1 SERVICES

A TTY (Teletype) is a special device that allows members of the Deaf, Hard of Hearing and Speech Impaired (DHHSI) Community to communicate via telephone by allowing them to type messages similar to text messages. Requests for ambulance may come from Radio Room with a Bell TTY operator already on the line ready to communicate between the caller and TPS.

The call receiver will treat this call in a similar manner to a language line call:

a) After entering the address and telephone number, the call receiver will **SEND the call to the queue as an Unknown Problem – Bravo** and will add the comment "TTY caller". Remember to update the comments once a chief complaint becomes clear.
b) The call receiver will then obtain an apartment number and entry code (if applicable).
c) The call receiver will then proceed with ProQA interrogation, reading the questions one at a time to the TTY operator. The TTY operator will read back the answers verbatim once obtained.
d) Once a determinant is reached, the call receiver will UPDATE the call form (as per current procedure).
e) The call receiver will provide Post Dispatch Instructions, Case Exit and Pre-Arrival Instructions one sentence at a time to the TTY operator who will communicate them to DHHSI client.
f) The call receiver will tell the TTY operator when the interrogation is complete.

In the event that the EMD is required to call the scene for a person requiring the use of Bell TTY, the EMD can find the phone number in the Card File in CAD (1-800-855-0511). EMD: "Hello, this is Toronto Paramedic Services calling, I would like to speak to a hearing impaired client at *give phone number.*" The Bell TTY operator will call the scene for you. The TTY operator will type sentences with 'go ahead' at the end to indicate that it is the patient's turn to type. Remember to speak slowly so that they can type what you are saying and to end your sentence with 'go ahead' to indicate they can relay that message to the caller.

Fire Services Notification (Policy#09.08.21) (Memo 2019-05 TFS Attendance at all MVCs)

It is the responsibility of the call receiver to advise the applicable Fire Service of incidents involving any of the following circumstances (Refer to Policy# 09.08.21)

- **T**iered response
- **E**nvironmental (Fires, HAZMAT, Carbon Monoxide detector alarms, etc.)
- **A**ccess (When an access problem is anticipated or confirmed or trapped patient)
- **M**ain Highways & **ALL** MVCs

Effective December 11, 2019 Toronto Fire Services will be dispatched to **ALL** MVCs.

Use short hand comment '/FD' in Comments/Notes Field to document notification has occurred (if "Sent to TFS" does not appear a manual notification is required).

TFS Automatic Notification Interface:

There is an auto-notification interface for Tiered Response with the Toronto Fire Service (TFS). "Sent to TFS" will appear in the Comments/Notes field. Most ECHO and DELTA requests for service, and all requests processed on Protocol 29, will be sent electronically to the TFS communications Intergraph CAD when the ProQA "Send" button is used to apply the Determinant Code to the CAD dispatch record. For this reason, prompt application of the ProQA software is mandatory.

Although the interface has proven to be stable and reliable, there may be times when the equipment fails.

If the TFS side of the interface fails, a message indicating the failure will be recorded in the Comments/Notes tab "AUTO-TIER/UPDATE FAILED". When this occurs, the call receiver will notify fire service verbally by telephone and record '/FD' in Comments.

If the Toronto Paramedic Services side of the interface fails, there will not be any entries indicating a successful send in the Call Activities log where tiered is expected. All notifications to Toronto Fire Services will be accomplished by phone.

Call Receivers MUST verbally notify Toronto Fire Services of any scene safety issues by telephone when they arise and inform One Desk (See Education Bulletin 2018.01.15)

Police Services Notification (Policy#09.08.20)

The applicable police service is to be notified by the Toronto Paramedic Services call receiver to attend on calls involving any of the following circumstances:

- Echo level responses ('/ET' - Echo Tiered in Comments)
- Reported or suspected violence, combative behaviour or foul play
- Industrial accidents
- Motor vehicle accidents
- Any reported death
- Reports of confirmed or potential disaster situations i.e. gas leaks, fires, explosions, etc.
- Any call where Paramedic safety may be jeopardized (i.e. hazardous materials, drug overdose, domestic disputes, fights, call originator is hesitant or reluctant to furnish specific information pertaining to how an injury occurred, etc.)
- Any call where an access problem is anticipated
- Unknown problem calls (this includes any medical alarm with no voice contact)

Assist PC (Assist Police) (Memorandum May 13 2015)

When Toronto Police Services Police Constables are requesting **URGENT** assistance in the field they will use the phrase "Assist PC" over their radio to their dispatch centre. The Toronto Police Service (TPS) Radio Room Dispatcher will request Paramedic Services to attend.

Nature/Problem: Assist PC (Assist Police)

- This Nature/Problem will not launch ProQA.
- If the TPS Radio Room calls back with Patient Specific information update ProQA to re-prioritize the incident.

Other Circumstances for Police Notification Not Included in the Above Standard Operating Procedure (SOP):

When there is a child at a scene with no adult available it is required to request police to attend. Use short hand comment '/PD' in Comments/Notes Field to document notification has occurred. The radio room operator may need to collect additional information about a call after we have completed our medical interview with the call originator. We would finish all aspects of our process before handing the caller back to the police. We must be aware of these circumstances to ensure the caller is directed back to the radio room before the line is released (Policy 09.08.44). These circumstances would include (but are not limited to):

Assaults

The police may require a description of the suspect, name, what direction they were headed after the incident.

P.I./MVC

The police may require the names of involved parties or a description of the vehicle if it's a fail to remain.

Upgrading / Downgrading Response Priorities:

Response priorities to emergency call requests, where a patient or possible patients are identified, are determined through the answers to the questions presented in ProQA or via the MPDS card sets. Response configurations are expected to be altered (upgraded or downgraded) by the call receiver if the patient's condition changes prior to the on-scene arrival of emergency personnel. Response upgrades/downgrades will be communicated to the appropriate dispatch position via Advisor or Intercom to the dispatcher who is controlling the call.

Altering the initial response priority may be necessary

- During initial interrogation when the patient's condition changes
- As a result of a call back, when a patient's condition changes
- Third/fourth party callers

Procedure Initial Call:

While on the phone with the call originator and a patient's condition has changed, the EMD will:

1. Return to Case Entry and Key Questions in ProQA
2. Change the answers to the questions where appropriate
3. Click on <Reconfigure – Send> button to change the priority, if required
4. Document and save any additional information in CAD Comments field

Procedure Call Back:

When a caller calls back with changed or additional information regarding an active call, the call receiver will:

1. Ensure that this is a call back concerning an existing, active call using the "Warning of Duplicate Call" window and Emergency Call Receiving Sequence.
2. If certain, select "Append to Existing Call" (if not certain, select "New Call" and proceed accordingly)
3. Relaunch ProQA (**Not ProQA Summary**)
4. Return to Case Entry and Key Questions. All Case Entry and Key Questions are required to be asked.
5. Change the answers to the questions where appropriate
6. Click on <Reconfigure> button to change priority, if required
7. Document and save any additional information in CAD Comments field

Procedure Multiple Calls: (Policy#09.08.4)

In situations where multiple calls are received for the same event (traffic accidents are the most common) the call receiver upon answering the line will:

1. If Duplicate Call Screen is presented, select "New Call"
2. Process the call applying all expected protocols and procedures, including ProQA, Post-Dispatch and/or Pre-Arrival Instructions.

Procedure Third / Fourth Party Callers: (Education Bulletin 2018.01.16)

It is expected that a call receiver will, after obtaining as much information as possible from a third or fourth party caller, attempt to contact the incident scene using the scene phone number. If scene contact is made, the call receiver will:

1. Identify self – 'This is Toronto Paramedic Services calling'
2. Verify and/or update pick up location information as received from original caller
3. Re-launch ProQA
4. Return to Case Entry and Key Questions
5. Change/update answers to questions where appropriate
6. Reconfigure response as required
7. Document and save any additional information in CAD Comments field

The EMD is expected to convert a 3rd party caller into a 2nd party caller whenever possible. If this is not possible, the following amended instructions are to be delivered to the caller:

"*I am sending the paramedics to help them now. If you return to the patient or get any more information, please call us back immediately at 911.*"

Pearson International Airport (PIA):

Calls from Pearson International Airport are usually received and serviced by Mississauga CACC. However, Toronto could possibly receive calls by one of three means:

- Airport Operations Centre (AOC)
- Incoming emergency or non-emergency line
- Airport Crash Alarm

Due to the airport's unique geography, thorough secondary pick up location information must be clearly identified. When a call is identified as an ECHO or DELTA level response, the call receiver will inform the AOC of this fact using the terminology "tiered response".

The AOC will be responsible for notifying the appropriate allied agencies. The Toronto Paramedic Services call receiver is not responsible for allied agency notifications to this site (PIA). When an emergency call is originated from 'the field' by a citizen, the call receiver will notify the AOC after the initial interrogation with the caller.

Out of Town (OOT) Emergency Calls:

Taking a Call from Georgian / Mississauga / Oshawa CACC ('Checking for our 'Closest' or 'Call Share')

1. Get the Address, Main Intersection, and Priority of the call, generally referred to as 'Code 3' or 'Code 4'
2. Nature/Problem
   a. 'Query- OoT Code 3' (our Alpha priority)
   b. 'Query Code 4' and "OoT-Code 4' (all Bravo and higher priority)

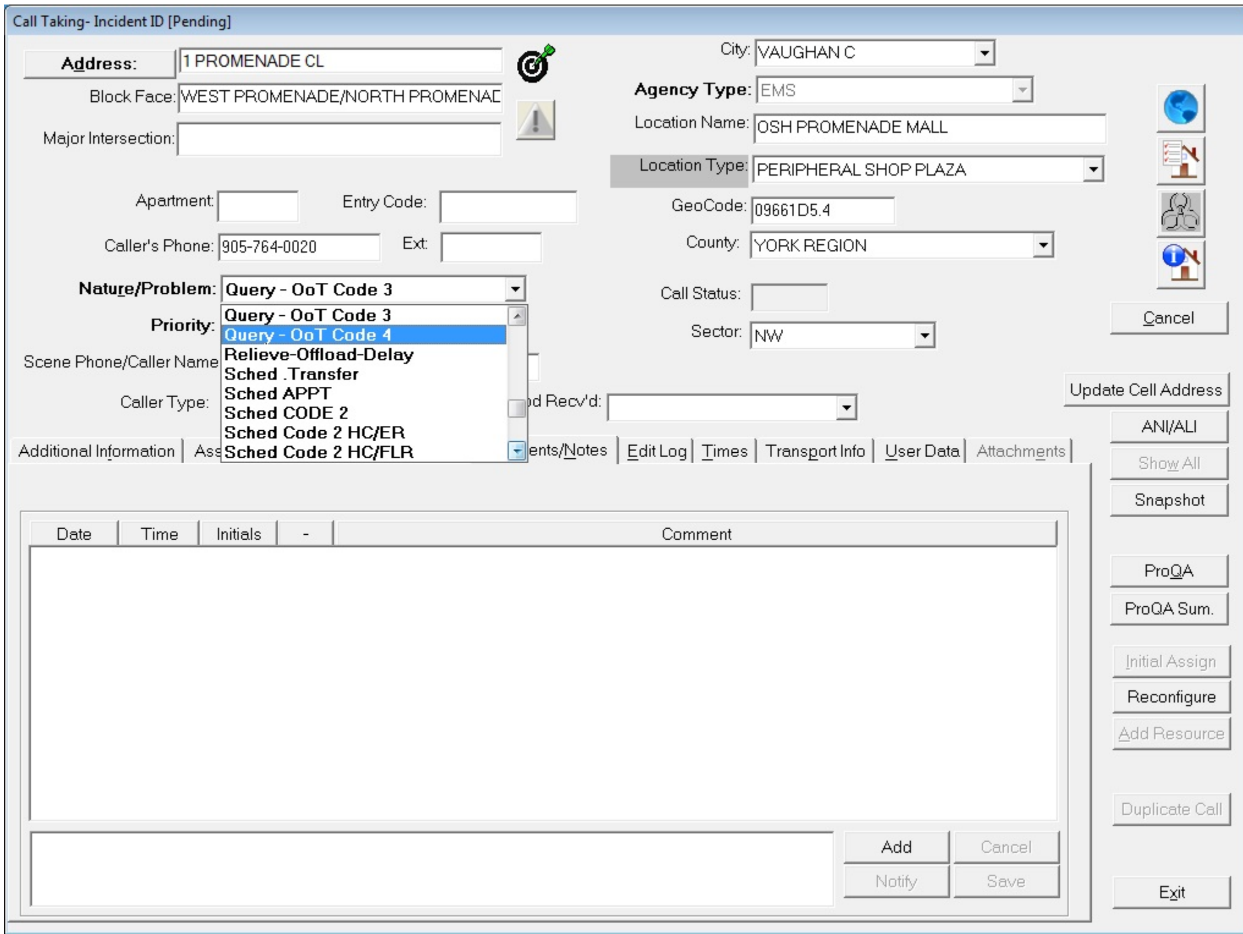
3. Relay unit location information provided by the quadrant EMD, which will be recorded by the quadrant EMD in the Comments/Notes tab, to the Out-of-Town CACC (they will decide who is running the emergency call).

If we are taking the call:

a. 'Query-OoT Code 3' continue to process call using ProQA

b. 'Query-OoT Code 4' upgrade call to 'OoT Code 4', then process using ProQA

In both cases, remember to document Run number and originating CACC in User Data tab.



If we are not running the emergency call, enter the shorthand comment /CX Georgian/Mississauga/Oshawa running, and the dispatcher will cancel the call.

NOTE: For a 'Query-OoT Code 3' from Georgian CACC for a call at ONH LW Vaughan (5400 Steeles Ave. W.) ask Georgian if they have a Woodbridge unit in that station area. If they do, advise them that we will not be taking the call. You do not have to process it.

When the pickup location is not in the database, the call receiver will force the call information into CAD and send the call to the Waiting Incidents Queue to be dispatched. When a call is not in our database and no city gets selected, the call is displayed on every quadrant desk making it very easy for all EMDs to see. The quadrant EMD will ensure that One Desk or the Out of Town dispatcher will handle the call.

The call receiver is never to move an emergency call to the Out of Town or OOT division unless directed to by the Out of Town dispatcher or One Desk

COURTESY CODE 2 / Lift Assist Requests:

These are requests for assistance and do not include the need to be transported to a hospital. These calls are processed via Protocol 17 (Fall) or 26 (Sick Person). They might include someone who has slipped from a chair to the floor and can't get up without

assistance, or a person simply requires assistance to move from a wheelchair to a bed. The Priority will be COURTESY CODE 2 and are sent to the appropriate dispatch position.

Expectations

- A competent person must agree to stay with the patient until the ambulance arrives
- There must be NO Injury and NO wish for transport to an ED (record in Comments)
- The call receiver must instruct the caller to call back immediately on 9-1-1 if any subsequent injury or deterioration occurs prior to the arrival of the ambulance

If the above expectations are not satisfied, the call receiver will manually upgrade the priority to an 'Alpha' level response.

Note: When the chief complaint of a patient is assistance getting from one place to another in their home (i.e. from wheelchair to bed, or toilet to wheelchair) the call receiver should select Protocol 26 (Sick Person) and after ruling out priority symptoms select 'TRANSPORTATION ONLY' to achieve the 'COURTESY CODE 2' priority.

Standby Requests:

There are situations when Toronto Fire or Toronto Police will request Toronto Paramedic Services to attend at an incident where no patient exists but there is potential for patients.

Fire-with Patients / Fire-Working / Fire-Standby

If a patient is identified, the call receiver will:

- Manually enter "Fire-with Patients" in Nature / Problem
- Ask and record the type of structure
- Record the location information as usual
- Record any crew safety information
- Ensure **appropriate** Fire Department is notified if the call was not initiated by fire.

This will result in a **DELTA** priority.

If TTFD advises Toronto Paramedic Services of a **working fire**, the call receiver will follow the same protocol, except the Nature/Problem field will be changed to "Fire-Working" which will result in a **CHARLIE** Priority. TTFD may refer to a working fire as second, third, etc. alarm.

If no patients are identified, the call receiver will then:

- Manually enter “Fire-Standby” in Nature/Problem
- Ask and record the type of structure
- Confirm that there is no report of patients
- Record the location information as usual
- Record any crew safety information
- Ensure appropriate Fire Department is notified if the call was not initiated by fire.

This will result in a **BRAVO** priority.

Police Standbys (Command Post for CBRNE and Emergency Task Force (ETF) Calls): (Memorandum April 11 2016)

Command Post - CBRNE: When a specific request is made for CBRNE i.e. bomb threat

Command Post - ETF: Toronto Police ETF requests ETF paramedics for an active incident i.e. barricaded suspect or a planned activity

Command Post - Police: When a request is made for paramedics to standby, without a defined patient, and no request for a special team

These requests generally go directly to One Desk. However, if a call receiver does receive this request, the call receiver will:

- Confirm that there is no report of patients
- Record the location information as usual
  (It will most likely be a staging area instead of the incident address)
- Manually enter 'Command Post-Police' in Nature/Problem
- (If appropriate) - Ask and record type of structure
- Confirm approach and use of warning systems
- Record any crew safety information
- Notify One Desk (possible safety issues)

Airport Standbys:

Will usually be taken by One Desk via the Crash Alarm or an Administrative Line, but in the rare event that you answer the PIA direct line and they ask for a 'standby', the call receiver will:

- Record the location as AP PIA S (Staging Area Primary)

All of these 'no confirmed patient' Nature/Problems will result in a BRAVO priority.

- Manually enter 'Airport Standby' in Nature/Problem
- Record incident type (1C, 1E, etc.)
- Confirm and record flight number and Carrier
- Confirm and record number of 'souls' on board
- Record a brief description of the problem
- Record any crew safety information
- Notify One Desk (One Desk dispatches the Support Units)

Toronto Transit Commission–TTC Emergency Alarm:

The TTC (TTC Control) report on-board/on-train emergencies when activation of the Emergency Alarm occurs. When processing a call of this type "TTC – Emergency Alarm" is chosen from the Nature/Problem field drop down list. The CAD short hand comment '/EA' (Emergency Alarm – NFI *Police Notified) is to be used when recording call information in the Comments/Notes area. ProQA is not required unless patient details are provided.

Cancellations:

Allied Agencies and "No Patient" Situations

Cancellations received from police and fire departments are to be acted upon only when there is a "no patient" situation as identified in (Policy# 09.08.16). A "no patient" situation is one in which there is either no one physically present at the emergency call's pick up location, or immediate vicinity, or no one was ill or injured at the location to which an Ambulance has been requested to respond. A patient gone on arrival (GOA) is an example of the first condition and a traffic accident that turns out to be property damage (PD) only is an example of the second condition.

Other Circumstances

The Toronto Paramedic Services Dispatcher has the legal authority to cancel an ambulance response. In addition to the Dispatcher, only the originator, the patient, their legal guardian, or an attending physician has the authority to release Toronto Paramedic Services from this obligation by electing to refuse ambulance service. Attending physician means a doctor of medicine licensed to practice in the Province of Ontario who has assumed responsibility for the care and treatment of a patient and is with the patient.

Toronto Paramedic Services call receivers will receive cancellation notifications in a courteous and professional manner. Cancellation information (including the reason) are to be recorded in the Comments Field using the short hand comment '/CX ' (cancelled) and communicated to the appropriate dispatcher without delay via Intercom or Advisor to ensure it has been recorded for liability reasons.

Third Party Callers

Third party callers have knowledge of an emergency but are not physically present with the patient. They could be a relative of a patient or someone passing by on the street. This category of caller may know more than they think they know and may be our only source of information. **They are to be interrogated fully and in accordance with all procedures and expectations relative to the emergency call taking process.**

If a third party caller seems unsure of or hesitant about relaying the information they have, use the following statement:

'I have some standard questions I need to ask. It is okay if you don't know the answers.'

At the end of the interrogation of a third party caller:

- Reassure the caller that an ambulance will be sent.
- If applicable, advise the caller that you will be attempting to contact the scene and that he/she should not call back to the scene for a few minutes.
- Using the scene phone number, attempt to establish contact with the patient's location.
- Record the patients name in comments using the short hand comment '/PVT' (private).
- When contact with scene is made, confirm and/or update all information provided by the initial caller including address information, Case Entry and Key Questions.
- Document any additional pertinent information in Comments.
- Provide Dispatch Life Support (DLS) instructions as required.
- Use short hand comment '/CPT' (check patient – third party concerned).

Cancellations – Call Received from a Third Party Caller (Policy # 09.08.16 & Education Bulletin 2020-08: Alarm Company Cancellation)

- Subsequent to receiving a call from a third party caller, EMDs are to contact the patient's location to obtain additional information specific to the situation. The

purpose of this call back is to acquire more specific patient information, determine scene safety and to provide Post-Dispatch Instructions or Pre-Arrival Instructions as necessary.

- Occasionally during these calls the patient will indicate that they want to cancel the ambulance response. Such cancellations are at high risk as the patient has not yet been seen by paramedics. Furthermore, once a request for ambulance response has been initiated, we have an obligation to ensure that service is provided until the patient refuses service directly, or there is a firm determination that there is no patient.
- Toronto Paramedic Services **will not** accept a request to cancel an ambulance response over the telephone when the request has been initiated by a third party caller.
- When the patient or someone at the scene acting on the patient's behalf indicates that they don't want an ambulance response, they will be informed that paramedics will arrive shortly and will assess the situation in person. Callers who insist that the ambulance is not required may be referred to One Desk for further discussion and assessment.

"Two and a Half" Party Callers

'Defined' as someone who is not physically with the patient but can establish patient contact without a significant delay. How this type of caller is managed is very much dependent on the specific circumstances of the situation. If possible, try to get the caller and the phone to the patient. If this is not possible, manage this caller as a third party and direct the caller to call back with any further information. In these situations group your questions and direct the third party to relay your questions to the on scene personnel.

Fourth Party Callers

Fourth party callers include other public service agencies such as police, airport or other professional communications centres. This category of caller generally relays a report of an emergency and; therefore, is likely to have limited detailed dispatch significant information.

In Toronto, Fourth Party Callers will be restricted to:

- **Toronto Fire Communications**
- **Toronto Police Communications**
- **OPP Communications**
- **TTC Control Centre**
- **GO Control Centre**
- **Union Pearson Express**
- **VIA**
- **Peripheral CACC/EMS/Fire Communication Centres**
- **HATZOLOH**

When dealing with a 4th party caller, the following procedure is to be followed:

1. Ask all Case Entry questions.
2. Ask all Scene Safety Key Questions, where applicable.
3. Ask for scene phone number.
4. Ask the caller if they have anything further to tell us about the patient or scene.
5. Disconnect.
6. Answer Key Questions with either information provided or with “Unknown”.
7. Document patient information in Commentes/Notes.

If a phone number is available for the scene, the expectation is for the Toronto Paramedic Services call receiver to call that number in an attempt to establish contact with the patient’s location.

When contact with scene is made, confirm and/or update all information provided by the initial caller including address information, Case Entry and Key Questions. Document any additional pertinent information in Comments. Provide Dispatch Life Support (DLS) instructions as required.

Third/Fourth Party Callers and Scene Contact

Frequently, ambulance requests are received from third or fourth party callers. Generally these call originators will have limited or incomplete location and/or patient information to report.

In an effort to provide reliable patient information to the responding paramedics and to provide appropriate Post-Dispatch or Pre-Arrival Instructions, it is essential that when there is a telephone number available, the call receiver will attempt to establish contact with the patient’s location. Access to patient, entry code and crew safety might be other reasons to contact the scene for additional information or clarification. When contact with scene is made, confirm and/or update all information provided by the initial caller including address information, Case Entry and Key Questions. Document any additional pertinent information in Comments. Provide Dispatch Life Support (DLS) instructions as required.

Delay Getting Information

If the caller is unable to provide a definitive Chief Complaint, the call receiver will send the call to the queue as an Unknown Problem and document in the Comments tab the reason for delay of patient information, (i.e. contacting scene, poor line connection, noise in the background etc.) and any available call details. If the phone gets disconnected, then the EMD will try to re-establish contact with a caller. If the phone is a landline and is “busy”, the EMD can call a Bell Operator by dialling "0". Once the Bell Operator is on

the line the EMD ask the Bell Operator for a line break through. The Bell Operator may be able to 'break' (emergency interrupt) in and ask the caller to hang up so you can regain contact. Any "trace" type requests should be left to the police to initiate.

Language Services

Whenever a language barrier exists that prevents the caller and call receiver from clearly communicating with each other, it is expected that the call receiver will utilize language services provided by 911-Interpreters via the establishment of a third party patch. (Specific patch procedures will be covered in the AVTEC module.)

The language services operator can be of help in identifying the language. If you are guessing what the language might be, be sure to inform the operator that you are guessing only. If you guess at a language, and guess incorrectly, the Answer Point will connect you with the wrong interpreter.

To reduce dispatching time, the call receiver should manually select "Unknown Problem" in the Nature / Problem field and send the call to the Pending Incident Queue with a notation in the "Comments" field indicating that the call receiver is using language services with the short hand comment '/LL' . The dispatcher will thus be alerted that additional information will be available after the patch to the interpreter service.

When connected to the interpreter, the call receiver will adhere to the call receiving sequence, providing the questions that the interpreter will ask the caller.

When asking your questions through the interpreter you should group questions together instead of asking each individual question and awaiting interpretation and response. Studies done at *Language Line Services* indicate that interpreted calls with questioning done in groups of two questions at a time take longer than when three or four questions are asked at a time. However, when five or more questions are grouped together questioning and feedback will be inaccurate.

Connecting a French Speaking Caller to a French Speaking Interpreter (Advisory 2015-01(CACC))

In accordance with the French Language Services Act (FLS) Toronto Paramedic Services must be able to communicate in French to a French speaking caller that they will be patched through to an interpreter.

The below-noted script has been devised for call receivers to follow:

EMD with some French language skills:
"Ne quittez pas, je vous transfère à une personne qui parle Français."

EMD without French language skills - Phonetic Version:
"Ne kee-tay pah, je voo trans-far a oon pair-son key parle fron-sey."

The English translation of the script is:
"Do not hang up; I am transferring you to a person who speaks French."

MANUAL UPDATES #2021-1

CRT MANUAL: Emergency Call Management

Distress Centre Partnership

As stated in the CRT manual, The Toronto CACC/Distress Centres of Toronto (DCT) Partnership program started in 2005. The goal of this partnership has been to establish a viable procedure that will involve a DCT crisis counselor in the provision of PDIs to the **first party, suicidal caller**.

DCT has been providing 24/7/365 support to individuals in the Greater Toronto Area since 1967. They are Canada's oldest **volunteer** delivered crisis, emotional support and suicide prevention/ intervention/postvention service agency.

https://www.dcogt.com/

When should I refer a caller to a DCT counselor?

- When a 1st party caller is suicidal (thinking about or threatening) but has not acted upon their intentions

When should I not refer a caller to a DCT counselor?

- The call originates from a mental health institution
- There is a need for Language Line
- The caller refuses
- If the responding crew has arrived prior to the opportunity to refer

How to process the referral to DCT:

Similarly to referrals to Telehealth, DCT requires a warm transfer so that the counselor has all the information they need to facilitate the conversation and call back, if required

1. After processing the call and sending the determinant code to the queue, provide the caller with PDI A (I'm sending the paramedics...)
2. Screen the caller using EIDST and provide the MOH PDI
3. Ask the caller if they would like to speak to a counselor at the Distress Centre while they are waiting for the paramedics to arrive
4. If yes, the EMD will start a patch using Avtec and provide the following warm transfer:
   a. *Hi, this is Toronto Paramedic Services*
   b. *I have [caller's name] on the line with us*
   c. Provide the caller's Name, Address/Location, phone number and if paramedics will be sent to the caller (not an ETA) to the DCT counselor
   d. When DCT takes over, the EMD will release from the patch as the DCT counselor has taken control of the call
   e. Enter /DCT into the Comments/Notes
5. If no, the EMD will provide Case Exit instructions and disconnect, as appropriate

MANUAL UPDATES #2021-1

CRT MANUAL: Emergency Call Management

Distress Centre Partnership

Why do we need to tell the counselor if an ambulance will be sent?
This information helps them frame the conversation for the caller. Their training has many pathways, similarly to ours, which helps them set up conversations with callers in an appropriate manner. If the counselor knows that an ambulance is being sent to the caller, that type of conversation has a different tone/context than one where an ambulance isn't being sent.

DO NOT ADVISE THE CALLER/DCT COUNSELOR OF ANY ETAs

What do we do when DCT calls back to advise that the caller hung up or a caller refused?

DCT is going to call back to CACC under certain circumstances so that the EMD may take the appropriate action. These circumstances could be:

- Call drop
- Caller hung up
- Call refused DCT after being transferred by CACC

If they advise that the caller hung up, the EMD will call the scene back and re-evaluate the call through ProQA as with any other callback from a scene. The EMD will provide the caller with all possible and appropriate Case Exit Post-Dispatch Instructions (since they didn't get them from the DCT counselor.)

What do we do when someone calls to speak to DCT and they do not want an ambulance?

- Confirm with the caller that they do not want paramedic assistance.
- Give them the public DCT phone number of 416-408-4357; **do not use the TPS referral phone number**
- The call does not need to be processed through ProQA as there was no request for service

If you have any questions, please speak with the on-duty Superintendent or send an email to emscommedqi@toronto.ca

Suicidal Callers – Distress Centre Partnership

The Toronto CACC/Distress Centres of Toronto (DCT) Partnership program started in 2005. The goal of this partnership has been to establish a viable procedure that will involve a DCT crisis counsellor in the provision of PDIs to the first party, suicidal caller.

This procedure will be applied ONLY with first party callers who, through the MPDS interrogation, indicate they are thinking about or threatening suicide, but have yet to act

This procedure will not be applied to any request for service where the Language Line Service is required

This procedure will not be applied if the call originates from a Mental Health institution or if the responding crew has arrived at the patient prior to the transfer of the caller to the Distress Centre counsellor

Incoming Call Location Update

The Incoming Call Location Update (ICLU) is located at the bottom right of the ANI/ALI display.
This feature enables the EMD to update the cell phone caller's most recent position (within 150 metres). This can only be recalculated 35 seconds after the original location appears on the screen.
The EMD will:
1. Identify the caller's cellular ANI/ALI information in the list of calls stored on the desk.
2. Highlight with the cellular caller's information with the cursor. *(The ICLU button will be activated).*
3. Click on the activated ICLU button to recalculate the cell phone caller's location when required.

Trace Pending Calls

There are two types of Trace Pending calls. One type is a third party caller who has specific patient information but no address or location of the patient in question. Second type is a first or second party caller who ask for ambulance but there is a disconnect before a location is obtained.

If the latter occurs, the Address field may show the range of addresses on road segment (4325-4340 Dufferin St.) where the wireless caller is located. Referred to a block range.

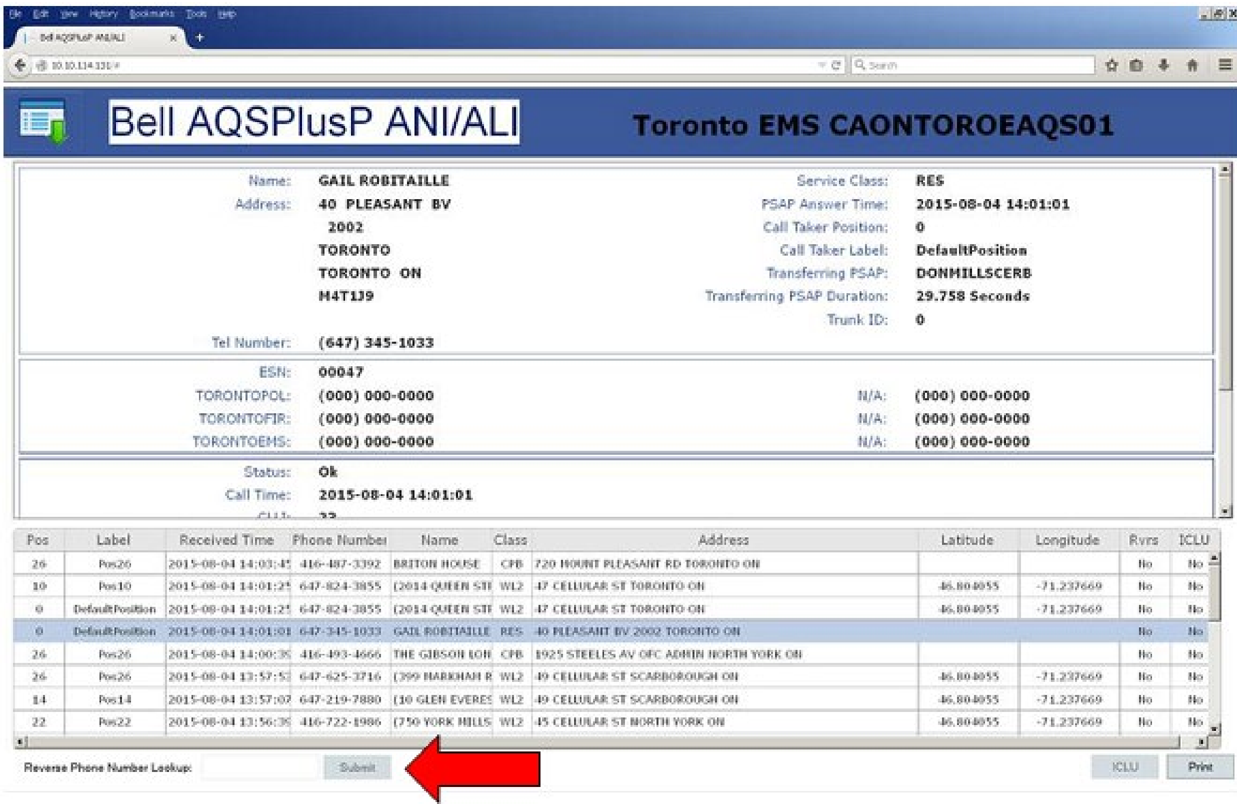
- The call receiver will leave the block range in the 'Address' field.
- Copy the cell phone number into 'Location Name' field.
- Put the call up as an Unknown – Bravo (unless specific patient information was given before disconnect occurred).

- The call receiver will attempt to call back the wireless phone number x 2. If there is no answer on second attempt, the call receiver will leave a message.
- Ask Toronto Police Services Communication's (TPS Communications) call receiver to conduct a trace of the telephone number provided. Notify PIT Senior.
- The call receiver will record any known patient information into the Comments/Notes field.
- Enter /TP for "TRACE PENDING – Radio room currently conducting a trace".
- Notify **One Desk PIT Senior** via intercom or 'SEND' powerline command of call. This will ensure that One Desk is aware of the situation.

ANI/ALI Reverse lookup Procedure: (Advisory # 2015-05 (CACC))

In the case where the caller only has a phone number but no address, the EMD will perform a search as follows.

The call receiver will click on Reverse Lookup and enter the telephone number including area code into the Reverse Lookup box (located at the bottom left corner of the ANI/ALI display) and press submit.



After pressing submit, a green bar will light up and appear in ANI/ALI stating:

"Successfully sent Reverse Lookup to the AQSPlusP"

This will only work for Bell land-lines.

If the search is successful, the address and telephone number will populate in ANI/ALI

The EMD will:

1. Attempt to confirm name and address provided in Reverse Look up with caller.
2. Process all third party information as per current protocol by launching ProQA and asking all Case Entry and Key Questions and providing all appropriate PDIs.
3. EMD will complete documentation in the Comments/Notes Tab including any scene safety issues, notifying allied agencies as required
4. Attempt to contact the scene with the phone number provided

If the search does not produce an address or telephone number

The EMD will:

1. Request the caller to remain on the line.
2. Ask Toronto Police Services Communication's (TPS Communications) call receiver to conduct a trace of the telephone number provided.
3. Erase the address/location information of the third party caller that auto populated in the Emergency Call Form.
4. Launch the Geo-Locator tool.
5. Type "**TRACE PENDING"** in the location field and click on the **"No Match"** (**Alt N**).
6. Change the Sector to "**SPEV4**" on the Emergency Call Taking (ECT) form. *The call will flash at all CAD positions except for the Quadrant Dispatch desks.*
7. Enter the phone number provided in the "Location Name" field.
8. Process all third party information as per current protocol by launching ProQA and asking all Case Entry and Key Questions and providing all appropriate PDIs.
9. Record all patient information in the Comments/Notes field, including any possible scene safety issues.
10. Record the patient's full name if available and record in the Comments/Notes field "/PVT (patient's name)".
11. Enter /TP for "TRACE PENDING – Radio room currently conducting a trace".
12. Request the caller to call back if they have any additional information.
13. If this call is a Fire notification, the EMD will see a failed notification to Fire. The EMD does not need to phone Fire Communications at this point, as they did not receive this notification and there is still no address at this point in the process.
14. Attempt to contact the scene with the phone number provided twice. If unable to connect, then leave a message on second attempt.
15. Notify TPS Communications if contact to the scene is made.
16. Request police to attend if required.
17. Notify **One Desk PIT Senior** via intercom or 'SEND' powerline command of call. This will ensure that One Desk is aware of the situation.

If contact with the scene is made at any point during this process EMDs will:

1. Verify and update address information (*once address is validated, the call will automatically default to the correct Division/Quadrant Dispatch desk).*
2. Follow the current SOP policy on call backs (Policy **#09.08.4)** asking all Case Entry and Key Questions and provide appropriate PDIs/PAIs as required.
3. If this is a fire notification call, the EMD will see in the Comments/Notes field that the notification has failed. The EMD **must** phone Fire Communications to notify them of the call, and record in Comments/Notes field that Fire has been notified by using the shorthand comment "/FD".

If no contact with scene is made EMDs will:

1. Record "no voice contact made at scene" in the Comments/Notes field.

ONE DESK PROCEDURE

One Desk SEMD or Designate will:

1. Acknowledge notification.
2. Attempt to contact the scene with the phone number provided.
3. Use 'PH' in the powerline command to initiate phone history search.
4. If phone number generates a match or more than one match, One Desk or designate will use the most recent address.
5. If the phone history search is for a trace pending call, One Desk will erase "**TRACE PENDING"** in the address field and replace it with the most recent address from the search.
6. If this is a fire notification call, the SEMD will see in the Comments/Notes field that the notification has failed. The SEMD **must** phone Fire Communications to notify them of the call, and record in Comments/Notes field that Fire has been notified by using the shorthand comment "/FD".
7. If the phone history search is for a block range, One Desk or designate will locate the address on the Geo map using the "Entity Locator" (the binoculars) and if the location is within the vicinity of the block range call, the SEMD will erase the block range and replace it with the new location. If the location is not within that vicinity (i.e. block range is in the downtown core but address is in Scarborough), the SEMD will process this as a new call under Protocol 32, answering all Case Entry and Key Questions as "unknowns". This will generate a 32-B-3 and will auto tier to TFS.
8. Type in the Comments/Notes field: /SI via phone history search with phone number (i.e. Subscriber Information VIA PHONE HISTORY SEARCH 416-888-0000).
9. If there is no match from the phone history search and the call has been active for five minutes, One Desk Pit Senior or Designate will initiate a call back to TPS Communications via the Police Sergeant Direct Line, to inquire on the status of the trace.

If TPS Communications has an address, the SEMD or the EMD (who answers the callback from TPS Communications) will:

1. Locate the "Trace Pending" call in the Pending Incident Queue or the block range call that may have already been dispatched on.
2. TPS Communications will provide the subscriber's information.
3. Verify the address and confirm the major intersection with TPS Communications *(Once address is validated, the call will automatically default to the correct Division/Quadrant Dispatch desk.)*
4. If the subscriber information is for a trace pending call, the EMD or One Desk will erase "**TRACE PENDING"** in the address field and replace it with the address provided by TPS Communications.
5. If this is a fire notification call, the EMD will see in the Comments/Notes field that the notification has failed. The EMD **must** phone Fire Communications to notify them of the call, and record in Comments/Notes field that Fire has been notified by using the shorthand comment "/FD".

6. If the trace is for a block range, the EMD or One Desk will locate the address on the Geo map using the "Entity Locator" (the binoculars) and if the location is within the vicinity of the block range call, the EMD or One desk will erase the block range and replace it with the new location. If the location is not within that vicinity (i.e. block range is in the downtown core but address is in Scarborough), the EMD or One Desk will process this as a new call under Protocol 32, answering all Case Entry and Key Questions as "unknowns". This will generate a 32-B-3 and will auto tier to TFS.

7. Insert shorthand comment "/SI" (Subscriber Information) in the Comments/Notes field
(i.e. Subscriber Information FOR TRACE PENDING CALL 416-888-0000).

NOTE: TPS Communications may call back directly to One Desk or to a 9-1-1 line at any point during the above process. TPS Communications will enquire by asking "was someone requesting a trace?"

If TPS Communications does not have an address the EMD will:

1. Record" /NSI" (No Subscriber Information) in the Comments/Notes field.
2. If appropriate, notify **One Desk PIT Senior** via intercom or 'SEND' powerline command of call. This will ensure that One Desk is aware of the situation.

One Desk follow up when Phone History search and trace conducted by TPS Communications are both unsuccessful:

1. Attempt to make a final contact with the scene using the telephone number provided.
2. If there is no answer on call back, record "no voice contact made at scene" in the Comments/Notes field.
3. Insert shorthand comment /NSI (No Subscriber Information) in the Comments/Notes field.
4. When appropriate, One Desk Pit Senior or Designate will call back the call originator and inform them that despite our attempts there was no contact made with patient or scene and ask them to call back 9-1-1 if they get any further information
5. One Desk Pit Senior or Designate will document the cancellation notice with originator in the Comments/Notes field.
6. One Desk Pit Senior or Designate will cancel the call request.

Poisonings and Poison Control (Policy # 09.08.48)

In MPDS on Card #23, "Overdose/Ingestion/Poisoning", there is an 'OMEGA' response, which directs that, a conscious and alert patient is to receive a unique response. The architects of the MPDS Protocols intended that these calls be referred to a regional Poison Control Centre and that no paramedic response be initiated. However, Toronto EMS will initiate a paramedic response and in conjunction with the Poison Control Centre, has implemented a modified version of this procedure for use by Emergency Medical Dispatchers (EMDs).

The following procedure applies:

1. Adhere to call receiving sequence.
2. For the OMEGA (represented as an 'Alpha' response in CAD) and BRAVO level response calls only (those involving conscious and alert patients of any age) that are ACCIDENTAL overdoses, the caller is to be directed to hold while the call receiver 'patches' them to the Poison Control Centre.
3. Introduce the situation to the nurse at Poison Control with the information. Tell the nurse, and remind the caller that an ambulance is en route.
4. Monitor the call. If it is decided by Poison Control and agreed to by the caller that an ambulance is NOT required, the response may be cancelled. In this instance, inform the dispatcher.
5. Record in the Comments/Notes tab that the call was cancelled after the consultation with Poison Control.
6. Should Poison Control say an ambulance is still required, be sure to update the call in Comments/Notes with any useful patient information.

Telehealth Ontario Referrals (MEMO 2020-06-02 Updated Telehealth Referral Script)

The purpose of the Telehealth referral program is to provide an alternative care option to patients whose medical condition may not necessarily require paramedic intervention. At the end of the call receiver's interrogation, if the priority level is "REFERRAL", the call receiver will read the following:

The following script is to be used by EMDs and Call Takers when referring callers:

> *"Thank you for answering my questions.*
>
> ***Our assessment indicates that you do not need to go to hospital by ambulance right now.***
>
> *I am going to connect you with a Registered Nurse at Telehealth Ontario. The nurse can give you medical advice or help with other options. If the nurse determines that you do need an ambulance, they will reconnect you with us to arrange for one. I'm going to connect you now and will not be sending an ambulance."*

Upon warm transfer to Telehealth Ontario, the EMD/call taker is to use the following script:

> *"Hi this is Toronto Paramedic Services.*
> *I have [caller's name] on the line with us.*
> *This is a Telehealth referral for [**Chief Complaint Description**]."*

At this point, if a caller requests an ambulance, they are to be referred to Telehealth Ontario and the EMD/Call Taker is to use the following script:

> *"Due to the pandemic situation, we are working with the health care system to reduce hospital visits wherever possible. Our assessment indicates that you do not need to go to hospital by ambulance right now. I will connect you with a nurse*

at Telehealth Ontario who will review your situation, and advise you of what to do.

If the nurse determines that you do require an ambulance, they will reconnect you with us to arrange for one.

I'm going to connect you now and will not be sending an ambulance."

If the caller AGREES to speak with a nurse at Telehealth

Simply Press the Telehealth Conference button on the AVTEC near the 9-1-1 lines. When you hear the operator, or nurse you will provided a warm transfer before you may release the line (disconnect). Record the short hand comment '/RTH' (Referred to Telehealth).

If caller is adamant that an ambulance be sent and/or they are refusing to speak with Telehealth Ontario, the EMD/Call Taker is to transfer the caller to a Superintendent in the Communications Centre.

If the caller SCS advises Telehealth is not appropriate for this call

Manually make the call an "ALPHA" in CAD emergency call form and enter short hand comment '/THN' <reason for upgrade>.

(THN translates to "Telehealth not appropriate due to: ")

Re: Long Wait Times for Warm Transfer to Telehealth:
When a caller is transferred to Telehealth Ontario, EMDs/Call Takers are expected to remain on the line with the caller until a Health Services Representative answers the line to complete the warm transfer.

Wait times after the initial Telehealth Ontario recording should be short. In rare cases of an extended delay waiting for a Health Services Representative, the EMD/call taker may disconnect the line after providing the following instruction to the caller:

"I am going to disconnect now but if your (her/his) condition worsens while you are waiting for the nurse, hang up and call us back immediately on 9-1-1."

The link to this new script can be easily accessed from the Active Desktop at all workstations.

Emergency Medical Dispatchers and/or Call Takers are expected to remain on the line with the caller until a Health Services Representative answers the line to provide the warm transfer. Testing of the transfer process indicated a very short wait time after the initial Telehealth recording. In rare cases of an extended delay waiting for a Health Services Representative, the EMD/CT may disconnect the line after providing the following instruction to the caller:

If your (her/his) condition worsens while you are waiting for the nurse, hang up and call us back immediately on 9-1-1.

Telehealth Referral Procedure DOES NOT APPLY WHEN...

- The patient is elderly (70 and above) or a child (16 and under), AND who is alone (without another responsible person).
- The environment is not appropriate for waiting (very cold or very hot).
- The waiting location may not be safe.
- Public place (mall, restaurant, etc.).
- Language Services are necessary.
- The caller is a Registered Nurse or Medical Doctor.
- The caller is a third or fourth party caller.
- They have already been referred to Telehealth.

NOTE: Toronto Paramedic Services NEVER denies a request for help. Send up the call WHILE your co-worker contacts the scene to check on the patient.

Calls that COME BACK from Telehealth AFTER we have referred them

If the Telehealth interview determines that an ambulance response is required, the Telehealth nurse will recall Toronto Paramedic Services on 416-489-2111 as soon as possible. Referring to the address of the pick-up location, the nurse will provide any further patient information that may be pertinent when they patch the caller back to Toronto Paramedic Services.

(Warm Transfer from Telehealth)

Hi, this is (Nurse name) from Telehealth, I have (caller's name) on the line and he/she is having (Chief Complaint description).

The call receiver taking the call from Telehealth, will open the call from the Waiting Incidents Queue, verify and update Case Entry and/or Key Questions as required, reconfigure the response if necessary, document any pertinent new information in Comments and provide appropriate Post-Dispatch or Pre-Arrival Instruction. NOTE: If the Telehealth nurse does not refer to an address for pick up, the call receiver will launch an emergency call form, input address; and, if duplicate call screen appears, the call receiver will then verify information, choose 'Append to Existing Call' button and update.

If there is no change in the patient's condition and the caller insists on an ambulance response, the call receiver will manually change the priority to "ALPHA". The call receiver will provide appropriate Post-Dispatch Instruction to the caller, and enter into the Comments/Notes Field using the short hand comment '/THC' (Telehealth Callback).

9-1-1 Calls from Residents in Nursing Homes or from Patients in a Medical Facility

Under normal circumstances, emergency calls from nursing homes and other medical facilities are placed by a staff member of that facility. When a 9-1-1 call is made by a resident in a nursing home or other medical facility, ask another call receiver to contact the facility and have a nurse respond to the location of the patient so the patient can be

assessed. The original call receiver will stay on the phone with the caller while this is done. Only upon verbal confirmation with nursing staff that are actually with the patient can we then cancel a responding ambulance. (The name of the nurse accepting responsibility for the patient will be recorded).

Entry Code / Apartment Access

Some apartment complexes have security/entry code systems which do not allow a resident to be on the phone and 'buzz' people in from the lobby. If the call receiver is required to remain on the phone with a caller and the pickup location is an apartment, the call receiver must determine if the entry code system can be activated while the phone is in use.

If the answer is **yes**, continue with the call, keeping an eye on CAD. If the crew is showing 'On Scene' confirm with the caller that he/she can 'buzz them in' while on the phone.

If the answer is **no**, continue with the call, keeping an eye on CAD. If the crew is showing 'On Scene' confirm with the caller that he/she cannot 'buzz them in' while on the phone. The call receiver is to disconnect after advising the caller that the paramedics have arrived and to call back on 9-1-1 if they are not with the patient in the next few minutes.

Alarm Companies

Calls received for service that are originated by a medical alarm company will be signified by selecting "Alarm Company" from the drop-down menu in the "Caller Type" field.

Information solicited and recorded will include the patient's name, scene telephone number, originator's telephone number and the originator's name or operator number. Patient information will be solicited using MPDS and all appropriate Case Entry and Key Questions asked and exceptions recorded. The call receiver should use /PVT before any private information is entered into the Comments/Notes section of a ticket.

Call receivers will determine whether or not an access problem may exist on these types of calls and facilitate the necessary allied agency notifications, as required. The call receiver will record whether there is key-holder and/or lockbox information available. The call receiver will telephone directly to the scene in an effort to solicit further patient or location information.

Procedure for Fire-Only Response (S.O.P. 09-08-21) (Education Bulletin 06.06.2018)

(cross referenced in ProQA section)

There are two a determinants that receives Toronto Fire Service only response and will automatically send TFS via the CAD Interface:

"32B02 - Unknown Problem Medical Alarm notifications (no patient info)"

- Select 'Medical Alarm (Alert) Notification' in special circumstances to achieve this code.

"32B03 - Unknown Problem, Unknown Status/Other Codes not applicable"

- For situations where these is no patient reported at the time the call was placed (for example, a check address call)

These determinants will result in a REFERRAL priority. Upon receiving a REFERRAL priority the call receiver will advise caller:

> "*The Fire Department is on the way to help with this situation now. If they determine an ambulance is required, they will update us.*"

Remember to also notify Police for any unknown problem, including medical alarms with no voice contact.

Mount Sinai Hospital Satellite Site – Out Patient Obstetrics (Advisory 2011-12 Operations)

Mount Sinai Hospital has a satellite site for out-patient obstetrics clinics (low and high risk patients) on the third floor at 700 University Avenue (Ontario Power Generation Building). A problem may arise with an expectant mother or her baby in which an urgent transfer to the main Mount Sinai site for intervention will occur. This type of call has a Delta priority.

Toronto Birth Centre - Midwife Birthing (Advisory 2014-01)

(cross-referenced in ProQA section)

This Facility provides Midwife assisted deliveries to soon-to-be mothers.

Mid-Wife Requested -- Addition to Protocol 24 (Advisory 2014-05)

(cross-referenced in ProQA section)

Registered Midwives may attend births in the home, at birthing centres or a hospital and are licensed to attend low risk deliveries.

A Midwife (or designate) may activate 9-1-1 to request paramedic attendance. They may require transport to hospital for reasons not captured in Protocol 24. In this case the call receiver will select "Other" from the ProQA HIGH RISK drop down list.

Medical Professional MPDS Case Exit Instruction (Advisory 2014-04)

(cross-referenced in ProQA section)

When a call is initiated by a medical professional calling from his/her workplace and is actively caring for the patient the following instruction will be provided.

All protocol specific PDIs MUST be given prior to the Medical Professionals Case Exit Instruction below:

"*Please make sure the patient is actively cared for until we arrive. If the patient gets worse in any way, call us back immediately.*"

The EMD will use any relevant diagnostic tools (e.g. ASA) when speaking with a medical professional. If the medical professional indicates they do not require the instructions provided by the tool, the EMD may move on without completing the diagnostic. Otherwise, the EMD shall use tools as prescribed by MPDS for all callers.

A medical professional (for these purposes) is deemed to be:

- Doctor/physician (MD)
- Registered Nurse (RN)
- Registered Practical Nurse (RPN)
- Licensed Practical Nurse (LPN)
- Nurse Practitioner (NP)
- Registered Midwife (RM)
- Registered Respiratory Therapist (RRT)
- Dentist (DDS or DMD)
- Paramedic

Alternate Level of Care (Reactivation Care Centre) (Memorandum 2018-12-11)

As of January 2019, there are two Alternate Level of Care (ALC) or Reactivation Care Centres (RCC) in Toronto (see below). Patients at an ALC (or RCC) are considered to be In-Hospital Patients of their affiliated hospitals.

Humber River Finch Site is affiliated with:

- Mackenzie Health
- Southlake Regional Health Centre
- Markham Stouffville
- Humber River Hospital

Humber River Church Site is affiliated with:

- Humber River Hospital
- Sunnybrook Hospital

Calls Originating from ALC HRC and ALC HRF:
InformCAD shows these Reactivation Care Centres as "ALC HRF" and "ALC HRC" (ALC = alternate level of care). Entering these premises in CAD will reference the appropriate street address associated with the specific alternate level of care facility. Calls for medical assistance for ALCs will generally come in via the 911 line. The caller will most likely indicate they are calling from a "Reactivation Care Centre" and might indicate their affiliated hospital.

EMDs are to process these type of calls under Protocol 33 following the same guidelines and procedures as processing a 'Nursing Home' call (refer to MPDS Protocol 33 Rules #1-2).

Complex Care Cases (CCC) (Memo 2018-09-04)

Currently, we have 11 active Complex Care Case patients in the City of Toronto. We anticipate that the total number will grow. When an EMD takes a call from the caregiver or family member of a CCC, they will follow the procedure outlined below:

1. Caller will say the following upon call answer, "This is a Toronto Paramedic Complex Care Case"
2. Use the CCC premise in CAD
    a. Ensure that you only select the CCC premise for identified CCC patients
    b. Once the CCC patient has been identified, enter /CCC into the Comments/Notes of the ECT to generate an Advisor Notification to the controlling dispatcher and the pit senior
    c. **REMINDER**: Do not select the CCC premise if the caller does not identify the emergency as a CCC patient
3. Process Case Entry as per standard practice. The caller will say, "I have an emergency treatment plan and I'm going to do it now; I'm putting the phone down and will keep it on speaker."
    a. At any point after Case Entry, if the caller states the quote listed in #3, the CT may suspend interrogation and provide the CCC PDI
4. Answer KQs as obvious unless the caller is able to give patient information
5. If the call is a lower priority than a Delta, upgrade to the incident to a Delta priority using the ECT
6. PDI/PAIs are not required unless the caller requests assistance
7. Stay on the line until responders arrive using the "unstable" panel director from X1
8. When the caller identifies that the patient is a CCC, the CT will use the CCC PDI, "I am sending the paramedics to help you now. I will stay on the line with you until paramedics (help) arrive(s). I am here to help you with any instructions if you need them."

Calls at Headquarters (4330 Dufferin St) (Education Bulletin 2020-6)

There is a specialty response team for any incident that occurs anywhere at 4330 Dufferin Street known as the Headquarters Emergency Response Team (HQER). This team is staffed by paramedic-qualified staff members that regularly work out of Headquarters.

However, it is important to note that HQER **is not always staffed**, especially during nights, weekends, holidays, and during periods of reduced staffing at headquarters. Therefore, **ALL** emergency requests made for 4330 Dufferin Street MUST have a transport unit assigned. The HQER will be assigned by 1-Desk in addition to the transport unit. **This applies even when the caller specifically requests only for HQER attendance and no transport.**

Call Taker Responsibilities for calls at 4330 Dufferin Street:

- Generate the call using the Emergency Call Taking Form and process the call through ProQA according to SOPs. Note: Do not cancel Toronto Fire on tiered calls.
- Record detailed secondary location information for the responders (i.e. where is the patient located within Headquarters).
- Record the name and call back number for the originator.
- If the caller requests the HQER team only, inform them that an ambulance will be dispatched with HQER. Once HQER has made patient contact and has determined that transport is not required then the ambulance can be cancelled.
- Provide all appropriate Post-Dispatch Instructions and Pre-Arrival Instructions as required.

For additional information on the HQER see Education Bulletin 2020-6

Urgent Disconnect (Education Bulletin 2020-02-10)

During times of high call volume, the SCS may authorize the use of the Urgent Disconnect process to ensure that EMDs are able to handle emergency calls in a timely fashion. When used, the Urgent Disconnect process allows for the call taker to disconnect the current call to take another emergency call. EMDs are able to use this process for both alert and not alert patients.

Urgent Disconnect does NOT apply to situations where Pre-Arrival Instructions are required.

Protocol 32 vs all other calls (Education Bulletin 2020-09 Protocol 32 Unknown Problem)

In most cases at "Tell me exactly what happened?" the caller should be providing enough information to move forward with a protocol selection. If Protocol 32 is the most appropriate just make sure to rule in or out the follow:

"Is the caller able to provide enough information to indicate that there is something potentially wrong with an individual(s) and therefore, may require medical assistance/intervention?"

IF the answer is YES then proceed to appropriate protocol (P1-P31). If the answer is NO then consider Protocol 32 – Unknown Problem. See examples below:

1. "I was driving to work and saw someone laying on the ground in the park. I have no

other information."
2. "I am in my house and I think I heard gun shots."
3. "I heard someone screaming for help!"
4. "Hi, it is radio. We require you for a wellness check at…"
5. "I am at my friend's house and he was supposed to be home but isn't opening the door."

These are ALL situations where a 3rd/4th party caller is unable to provide enough information to identify that there is an actual patient on scene with a chief complaint and the status of consciousness and breathing are both unknown.

Protocol 32 is indicated when:

- There are NO identified patient(s)
- No discernable chief complaint; and
- The status of conscious and breathing are both unknown

This includes "sound of gun shots" type of circumstances, with no identified patient(s) or injuries.

Refer to Education Bulletin 2020-09: Protocol 32 – Unknown Problem 09.21.2020 for further clarification.

A Call Receiver's Comments

It is imperative that the comments you record on the emergency call form are short, precise and accurate. It is an art that takes a bit of practice to master. Here are some tips that should help you to get the best comments each and every time.

See the CAD Notes Template in the back of your manual for guidelines on how notes are to be entered into the ECT.

- Only use short hand comments you've been taught – don't make up your own even if you think they make sense.
- Think twice before using " / " – any letter following a " / " might create a short hand comment.
- Always, ALWAYS read what you type BEFORE pressing save.
- Remember the emergency call form is a LEGAL document. Do not write inappropriate comments.
- Use medical terms but be sure to spell them correctly.
- Be professional.
- More information is always better than not enough.
- Be sure to read any premise information that populates – it could direct you to gather and record information not in your protocols.

Ensure that you are including the information listed below for every ticket you generate:

- Detailed patient condition information; including gender and age
- Scene safety information, if applicable
- Secondary pick-up location information, if applicable
- Allied agency notification, if applicable

If a call has **SCENE SAFETY** issues, your comments should include

- Location of assailants, weapons, environmental concerns, injuries, L.O.C.

If a call is **TRAUMATIC** in nature, your comments should include

- How it happened, injuries sustained, bleeding, L.O.C.

If a call is **MEDICAL** in nature, your comments should include

- Chief Complaint, relevant history, Signs, L.O.C.

Pre-Shift Screening

Toronto Paramedic Services (TPS) is committed to supporting staff health and safety and minimizing the risk of exposure to COVID-19 in the workplace. Therefore, effective immediately, a mandatory self-screening assessment is to be completed at the start of each shift.

NOTE: Any employee who fails the self-screening assessment is to contact the Staff Support Centre (SSC) hotline for instructions: 416-338-2700.

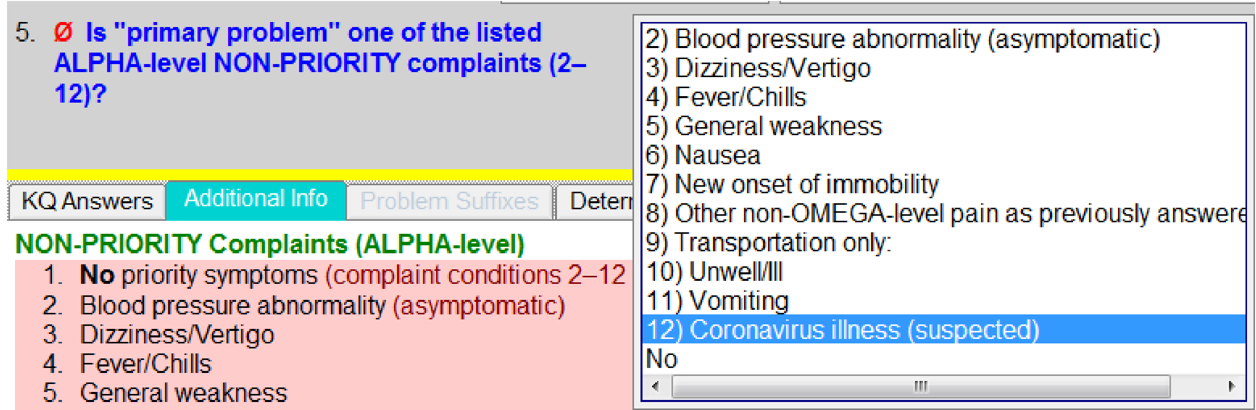
Access to TPS Facilities
In addition, access to all TPS facilities will be restricted to staff requiring access, based on the nature of their roles or work duties.

Access to Headquarters will be limited to three entrances:
1) Main entrance (leading from the driveway east off Lodestar Rd.)
2) Centre building, north entrance (near the Fire Services elevator)
3) North building, central entrance (near the parking deck walkway)

MPDS Determinant Code 26-A-12:

The newest version of ProQA has an additional option on Sick Person Key Question 5 specific to COVID-19 (Coronavirus):

> This selection is only intended to be used on Card 26; when a caller **self-identifies** that the patient may have contracted COVID-19.



If the final determinant code is 26-A-12 (Coronavirus Illness), the caller will be referred to telehealth to be further assessed or provided with additional direction on where to go for testing. **An ambulance will not be sent.**

While using protocol 26, if the patient has abnormal breathing and/or an altered level of consciousness in addition to self-identifying as possibly having coronavirus, **ensure that you still select the correct drop down on Key Question 5 for the Coronavirus illness.** This will not change the determinant code but will allow for background tracking of the possible COVID-19 case.

If the caller does not mention COVID-19, use Card 26 as normal. Choose the ALPHA Level Non-Priority Complaint based on the symptoms described by the caller and do not select the new Coronavirus Illness option.

Updated EIDST

In the newest version of ProQA the EIDST has been updated from the Ebola specific outbreak questions to reflect the current COVID 19 specific outbreak. The EMD will launch the EIDST on **every emergency call** and proceed with the screening questions:

1. **"Has s/he travelled in the last 21 days?".** If the answer is 'yes', the EMD will document /RT (country of travel) and go to the next question. If the answer is 'no', the EMD will document /RTN and then go to the next question. If the answer is 'unknown', the EMD will document /RTU and then go to the next question.

2. **"Has s/he been in close contact with a confirmed or probable case of COVID-19 in the past 21 days?"** If the answer is 'yes', the EMD will document /CCP and then go to the symptom questions. If the answer is 'no', the EMD will continue on to the next question. If close contact is unknown, the EMD will go to the next question.

3. **"Has s/he been in close contact with a person with flu-like symptoms in the past 21 days?"** If the answer is 'yes', the EMD will document /CCP and then go to the symptom questions. If the answer is 'no', the EMD will document /CCN and continue on to the symptom questions. If close contact is unknown, the EMD will document /CCU and then go to the symptom questions.

4. If there is a **positive answer** for a symptom on the EIDST, the EMD will enter in the comments section /ID and document the symptom, then press '**Save**'. The EMD can then close the EIDST. If there are **no positive** answers for symptoms the EMD will document /NID

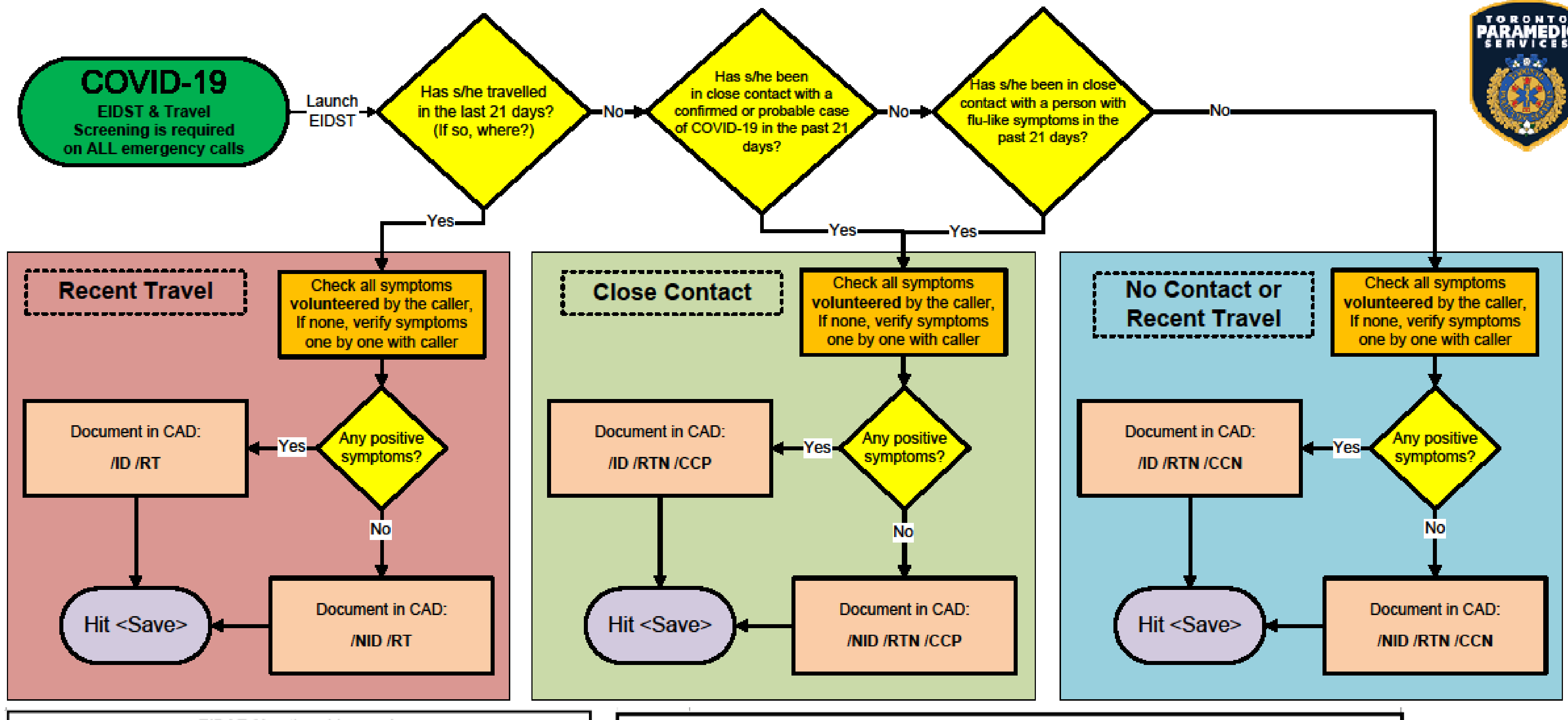
EIDST Shorthand Legend:

/ID	***Symptoms Associated with Infectious Disease***
/NID	NO Symptoms Associated with Infectious Disease
/IDU	Infectious Disease Symptoms Unknown
/RT	***Recent Travel to**:**
/RTN	No Recent Travel
/RTU	Recent Travel Unknown
/COV	***Patient is a confirmed or probable case of COVID-19***
/CCP	***Close contact with a person with flu-like symptoms or a confirmed or probable case of COVID-19***
/CCN	No close contact with a person with flu-like symptoms or a confirmed or probable case of COVID-19
/CCU	Unknown if patient had close contact with a person with flu-like symptoms or a confirmed or probable case of COVID-19

Symptoms Associated with COVID-19

- Measured body temperature ≥ 100.4°F (38.0°C)
- Fever (hot to the touch in room temperature)
- Chills
- Difficulty breathing or shortness of breath
- Persistent cough
- Any other new respiratory problems (e.g. persistent sneezing, wheezing, congestion, etc.)
- Nausea/Vomiting
- Diarrhea

and then press **'Save'.** The EMD can then close the EIDST.



EIDST Shorthand Legend:

/ID	***Symptoms Associated with Infectious Disease***
/NID	NO Symptoms Associated with Infectious Disease
/IDU	Infectious Disease Symptoms Unknown
/RT	***Recent Travel to:
/RTN	No Recent Travel
/RTU	Recent Travel Unknown
/COV	***Patient is a confirmed or probable case of COVID-19***
/CCP	***Close contact with a person with flu-like symptoms or a confirmed or probable case of COVID-19***
/CCN	No close contact with a person with flu-like symptoms or a confirmed or probable case of COVID-19
/CCU	Unknown if patient had close contact with a person with flu-like symptoms or a confirmed or probable case of COVID-19

Symptoms Associated with COVID-19

- Measured body temperature ≥ 100.4°F (38.0°C)
- Fever (hot to the touch in room temperature)
- Chills
- Difficulty breathing or shortness of breath
- Persistent cough
- Any other new respiratory problems (e.g. persistent sneezing, wheezing, congestion, etc.)
- Nausea/Vomiting
- Diarrhea

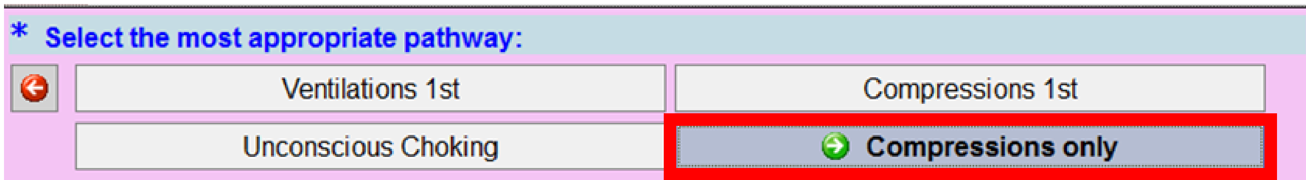
Updated May 12, 2020

CPR Instructions during the COVID-19 Pandemic

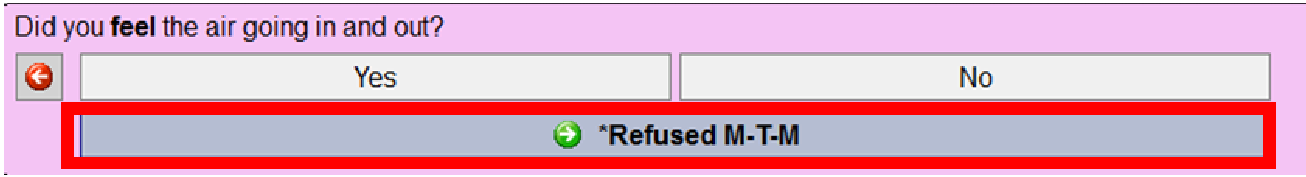
Effective immediately, all CPR instructions are to be provided following the "Compressions only" pathway to help minimize the risk of exposure and spread of COVID-19. EMDs and Call Takers must **no longer provide mouth-to-mouth instructions** to callers, regardless of the suspected cause of the cardiac arrest.

The two places in the pathway where this may occur, and what you should do when presented with them, are as follows:

1) Until further notice, when presented with the *pathway director* panel, **always select the "Compressions only" link**:



2) Until further notice, when mouth-to-mouth instructions are recommended by protocol (for example, when the "Hanging" Fast Track is used), **always select the "*Refused M-T-M" link**. Once this is selected, ProQA will follow the same pathway as "Compressions only":



In addition to compressions-only CPR, callers will be advised to "place a light cloth over the patient's mouth and nose during compressions" for all patients in cardiac arrest. This instruction comes from a new rule that will be incorporated into a future version of Protocol 9:

> *If an airborne-transmitted communicable disease is suspected or confirmed in an adult (≥8) cardiac arrest patient, either through caller information, dispatch screening, or public health authority,* ***advise the caller to place a light cloth or piece of light clothing over the patient's mouth and nose during compressions*** *to decrease the circulation of aerosolized particles.*

As this instruction is not yet included in ProQA, a reminder to provide compressions-only CPR and to place a light cloth over the patient's mouth and nose will be added to the Active Desktop.

TELEHEALTH PREAMBLE

Telehealth PUBLIC Phone# 1-866-797-0000

Prior to referring any call to telehealth, complete EDIST screening and document in the comments of the call.

"Thank you for answering my questions.

Our assessment indicates that you do not need to go to hospital by ambulance right now.

I am going to connect you with a Registered Nurse at Telehealth Ontario. The nurse can give you medical advice or help with other options. If the nurse determines that you do need an ambulance, they will reconnect you with us to arrange for one.

I'm going to connect you now and **will not** be sending an ambulance. "

(Warm Transfer to Telehealth)
"Hi this is Toronto Paramedic Services
I have [caller's name] on the line with us.
This is a Telehealth referral for [**Chief Complaint Description**] "

/THC – Telehealth Callback

/RTH – Referred to Telehealth

/THN – Telehealth Not Appropriate due to:

(Caller requests an ambulance)

"Due to the pandemic situation, we are working with the health care system to reduce hospital visits wherever possible. Our assessment indicates that you do not need to go to hospital by ambulance right now. I will connect you with a nurse at Telehealth Ontario who will review your situation, and advise you of what to do.

If the nurse determines that you do require an ambulance, they will reconnect you with us to arrange for one.

I'm going to connect you now and will not be sending an ambulance."

(Warm Transfer to Telehealth)

"Hi this is Toronto Paramedic Services.
I have [caller's name] on the line with us.
This is a Telehealth referral for [**Chief Complaint Description**] "

Emergency Medical Dispatchers are expected to remain on the line with the caller until a Health Services Representative answers the line to provide the warm transfer.

In cases of an extended delay waiting for a Health Services Representative, the EMD may disconnect the line after providing the following instruction to the caller:

"I am going to disconnect now but if your (her/his) condition worsens while you are waiting for the nurse, hang up and call us back immediately on 9-1-1."

(Caller adamant)

If caller is adamant that an ambulance be sent and/or they are refusing to speak with Telehealth Ontario, the EMD/Call Taker is to transfer the caller to a Superintendent in the Communications Centre.

WHEN IS A REFERRAL NOT A REFERRAL?

1. **The patient is elderly and alone (70 years and up)**
2. **The patient is a child and is alone (16 years and under)**
3. **The environment is not appropriate for waiting (very cold, very hot)**
4. **The waiting location may not be safe**
5. **Patient is waiting in a public place (Mall, restaurant)**
6. **Language Line is necessary**
7. **The caller is a registered nurse or medical doctor**
8. **The call is from a 4th party or 3rd party caller - no scene contact**
9. **The call is outside of Toronto's boundaries**

New Telehealth Process for a 3rd party caller

3rd Party Referral Preamble

Where the initial 3rd party call results in a Referral priority:

"Thank you for answering my questions.

Our assessment indicates that s/he may not need to go to hospital by ambulance.

Please do not call the patient now - I am going to call the patient to gather more information. If after speaking with the patient we determine an ambulance is needed I will send one at that time.

If I am unable to connect with the patient I will get help started, In the meantime, if you receive any additional information, call us back on 911 immediately for further instructions."

(3rd Party Caller requests an ambulance be sent at this point)
"Due to the pandemic situation, we are working with the health care system to reduce hospital visits wherever possible.

First I will call the patient directly and gather more information, if I am unable to get in touch with the patient then help will be started"

If the caller continues to insist on an ambulance, transfer the call to the SCS while you call the scene.

3rd Party originator making inquiries about a call that was referred:

- Inform the caller that the patient was spoken to AND:
  - It was determined that an ambulance was not necessary at this time, OR
  - The patient was referred to Telehealth, AND
  - The caller may follow up with the patient if they choose.

- If the caller has further questions, transfer to an SCS

COVID-19 Precautionary Pandemic Post-Dispatch Instructions

X2 - Routine Disconnect (≈ stable) – 2nd Party

I want you to **watch** them very closely.

If they become **less awake** and **vomit**, quickly turn them on their **side**.

(Appropriate)

Before the responders arrive, please:

- Put **away** any **pets**.
- **Gather** their **medications**.
- **Unlock** the **door**.
- **Turn on** the outside **lights**/vehicle **hazard lights**.

For the safety of paramedics, bystanders and patients, the following additional PDIs are required on all emergency calls with a 1st or 2nd party caller:

"Please do not approach the paramedics; follow their direction, and ensure everyone on scene wears a mask and remains 2 metres (6 ft.) away."

(Disconnect) If they get **worse** in any way (or have **another seizure**), call us back **immediately** for further **instructions**.

(1st Party) **(Disconnect)** If anything **changes**, call us back **immediately** for further **instructions**.

*** Use caution when advising 1st party callers to do anything that would unduly exert themselves if their condition is traumatic, unstable, or worsening.**

X3 - Stay on Line (≈ unstable) – 2nd Party

I'll **stay on the line** with you as **long** as I can.

Watch them very closely and look for any **changes**.

(Conscious) If they become **less awake** or start **getting worse**, tell me **immediately**.

*** (Unconscious) Use the Breathing Verification Diagnostic to ensure effective breathing.**

For the safety of paramedics, bystanders and patients, the following additional PDIs are required on all emergency calls with a 1st or 2nd party caller:

"Please do not approach the paramedics; follow their direction, and ensure everyone on scene wears a mask and remains 2 metres (6 ft.) away."

(Tell me **when** the **paramedics** (EMTs) are right **with** them.)

COVID-19 FREQUENTLY ASKED QUESTIONS (FAQ):

1. Upon receipt of a COVID-19 positive screening notification, what is the EMD required to do?
The EMD is no longer required to relay this information over the air to the crew. The crews are well versed on using proper PPE and are expected to read details on calls when potential COVID symptoms are indicated in the ticket.
*****All other SCENE SAFETY notification procedures remain the same. Verbal confirmation to the crew is required.*****

2. During warm transfer to Telehealth Ontario, what is the process when:
a. You get voicemail?
Advise the caller to leave a message with the required information. Once complete, the EMD can disconnect.

b. When the voicemail inbox at Telehealth Ontario is at capacity and does not allow for messages to be left, what should the EMD do?
*EMD will disconnect from Telehealth **via the new "UNLINK CONF" button** on AVTEC and try patching the caller through again. If a second attempt fails, the EMD will upgrade the call to an ALPHA response and document into the ECT Form the shorthand comment /THN <enter reason> (i.e. Telehealth Not Appropriate due to unable to connect with Telehealth).*

3. Does Toronto Police Services Communications screen for COVID-19?
Yes, they are asking standard screening questions on calls where a personal interaction is required or anticipated. There questions are as follows:
a. Have you or anyone at your location been diagnosed with COVID-19?
b. Are you or anyone at your location experiencing:
   - *Cough (new or worsening)*
   - *Shortness of breath*
   - *Difficulty breathing*
   - *Fever*
   - *Muscle aches*

c. Have you or anyone at your location been in close contact with a person who has been diagnosed with COVID-19?
d. Have you or anyone at your location recently travelled outside of Canada?

4. Is EIDST required with fourth (4th) party callers?
   *As laid out in the CRT Manual, EMDs **are required** to ask fourth (4th) party callers any scene safety questions (where applicable) when processing emergency calls.*
   As COVID-19 is a Health and Safety concern for our first responders, EMDs need to obtain this information. However, it is acceptable to ask, "Has the patient been screened for COVID-19?" and if yes, "What were the results of the screening?" If the answer is no, then the EMD will enter into the ECT form /RTU /IDU.

5. The caller advises they do not want an ambulance but would like to speak to someone about possible COVID-19 symptoms, concerns or testing. What information is to be provided?
   The EMD is to provide them with the following avenues: Telehealth Ontario (public line) – 1-866-797-0000 Public Health – 416-338-7600
   Website for self-assessment tool to determine if medical care is required - https://covid-19.ontario.ca/self-assessment

6. Can the notify window be changed so that it doesn't temporarily freeze your workstation until it is acknowledged?
   *No. The intent of this notification splash screen to all required workstations is to **ensure** that the notification is indeed read and acknowledged before moving on to the next task. It is specifically designed for scene safety concerns. **However, EMDs are no longer required to notify for COVID positive patients.***

7. What are we supposed to do if we ask the COVID questions about symptoms, and the caller (who has previously said they do not have difficulty breathing) responds that they do have difficulty breathing? Do we go back and change the answer to the key question?
   Performance Standards are pretty clear that when the EMD is provided with new and updated information, that they are to go back and update the answers to the questions accordingly. With that being said, they are able to (and should) clarify if they are getting contradicting information. Therefore, yes – if they ask the breathing question in EIDST and is advised there is difficulty breathing, they need to clarify and update if necessary.

8. Are we allowed to skip asking about difficulty breathing in the COVID questions if it has already been asked in the key questions and just use the answer already provided?

Our Performance Standards support the EMD selecting the answer as obvious if the caller has already provided this information. Therefore, they are not required to ask the difficulty breathing or shortness of breath screening question if it has explicitly been given or answered prior to.

9. Are we expected to ask the COVID questions when a person is being referred to telehealth, or do we only need to ask them if the person is transferred back from telehealth and is now needing an ambulance?
   The EIDST is to be asked after Key Questions (or as soon as practical following/during PAIs for more critical calls e.g. choking, vsa etc.). Therefore, as part of the sequence, the COVID questions are to be asked before transfer to Telehealth. This also ensures that if the caller/patient is transferred back to us that we aren't missing the EIDST questions.

Notes

TORONTO PARAMEDIC SERVICES

Communications Centre

Our Vision

Toronto Paramedic Services strives to meet the changing needs of the community for pre-hospital and out-of-hospital care, and believes that by the timely application of the advances in both the art and science of medicine to the practice of paramedicine, we can decrease suffering, improve the health of the community while saving lives.

ProQA

TORONTO PARAMEDIC SERVICES

communications

ProQA

Menu Bar

The menu bar is located below the title bar and contains File, View, Spec Logs, Options, Go to Language, Tabs, Version and About ProQA.

File

Can be opened using the <ALT>+F hot key
To close ProQA, you would access this feature (<ALT>+F and the X [for exit])

View

Hints
Sort Chief Complaints

When a checkmark appears beside the above options, the options will be displayed on the desktop. To place a checkmark or delete a checkmark, click on the highlighted option. It is recommended that all of the options should appear on the desktop.

Spec Logs

Will be covered in the Button Bar module.

Options

Available options used at Toronto CACC will be covered in the Button Bar module.

Tabs

This feature is used for case review and is not relevant to call receiving.

About ProQA

Provides introduction, software information and license number.

Close Case: Once the call receiving process is complete, this button can be used to close ProQA

Log Comments: Not used

Go to Specific PAI: The user can select available PAI when PDI/CEI tab is selected

Reconfigure Response: Enable the user to upgrade or downgrade the response of a selected case as dictated by new patient information

Rule of Nines: Used for calculating the body surface percentage burned, and for response assignment purposes

Sudden Cardiac Arrest: Available when KQ tab selected. Will change Case Entry answers to Conscious and Breathing to No and automatically go to Determinant 9-D-1

Choking : EMD clicks on the choking icon (The sudden arrest icon disappears in the choking protocol and becomes the choking icon. Left of the rule of nines icon)

Hazmat/CBRN: Not used

Emerging Infectious Disease Surveillance Tool (EIDST) (SRI/MERS/EBOLA): Used on certain Protocols

ProQA DIAGNOSTIC TOOLS

- Breathing Detector can be used to determine Agonal Breathing
- Pulse Check used if you are on Protocol 19 or Protocol 24
- Compressions Monitor
- Contractions Timer
- Stroke Diagnostic Tool
- Aspirin Diagnostic Tool (ASA)

Chief Complaint

10: Chest Pain / Chest Discomfort (Non-Traumatic)

- Displays a list of the 33 MPDS protocols for selection

Status Bar

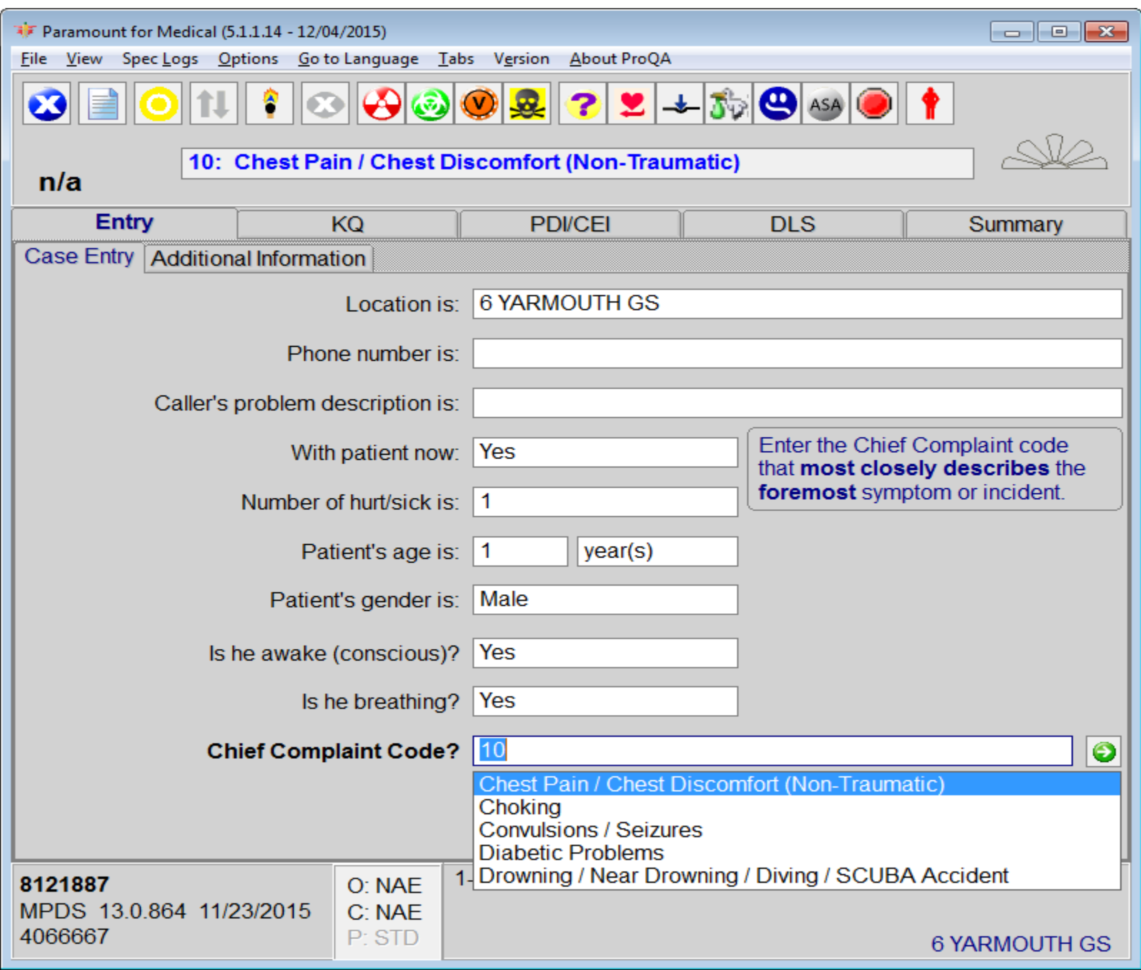
8121887
MPDS 13.0.864 11/23/2015
4066667

O: NAE
C: NAE
P: STD

45-year-old, Male, Conscious, Breathing.

6 YARMOUTH GS, 416-298-8569

Case Entry Window



Address Field

The location is: 18 MILLGATE CR

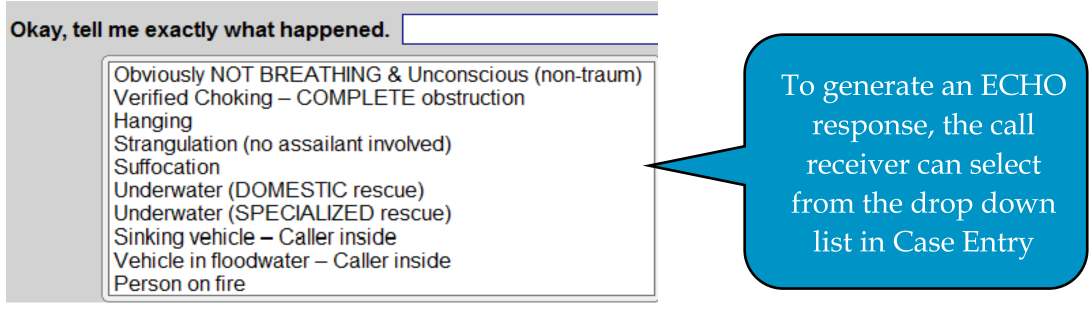
- Automatically populated from CAD

Telephone Number Field

The phone number is: 416-556-8843

- Automatically populated from CAD
- If no telephone number is recorded in CAD, this field will be the first to be answered after ProQA is opened. It is not mandatory information.

Problem Description



Caller Party Field

With the patient now: Yes

- Response to the question: "Are you with the patient now?"
- Identifies Second party caller (Yes), Third party caller, (NO), First (1st) party and Fourth (4th) party caller

Patient Number

How many people are hurt (sick)? 1

- Defaults to 1
- If unknown, enter "U"
- If multiple patients are entered (M), the system automatically defaults the next three fields with "Unknown"

Patient's Age

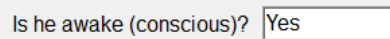
How old is the patient? 56 year(s)

- Important entry as it drives which Key Questions are asked and which DLS link is used
- 1-29 provide option of day(s), month(s), and year(s)

day(s)
month(s)
year(s)

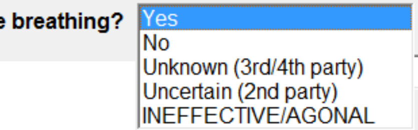
- If unknown, enter "U"
- Entering the patient's year of birth will populate the age after moving to the next field
- The EMD may enter "M" of "F" after the patient's age and it will automatically populate the Patient's Gender field with no need to <TAB> or <ENTER>

Patient's Gender



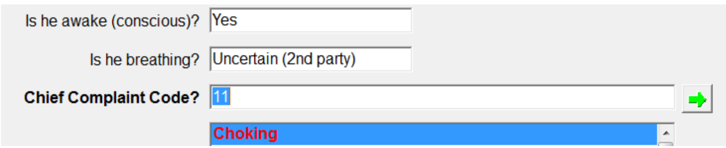
- Important as it drives which Key Questions are asked
- If unknown, type "U"

Awake?

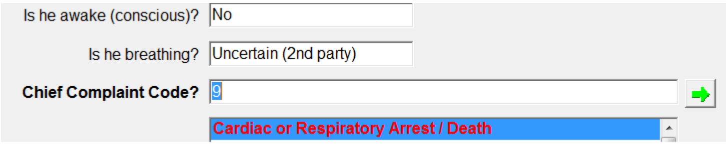


- Yes, No or Unknown

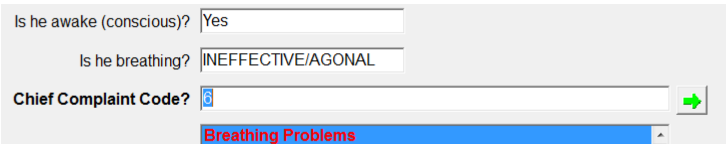
Breathing?



- Yes or No for 2nd party caller
- Will default to Yes for a 1st party caller
- Unknown for 3rd or 4th party caller
- Uncertain for 2nd party caller generates an Echo response
- Ineffective for 1st or 2nd party caller generates an Echo response
- If the patient is conscious and breathing is uncertain, the user is directed to Protocol 11 'Choking' – Delta response, unless breathing is confirmed



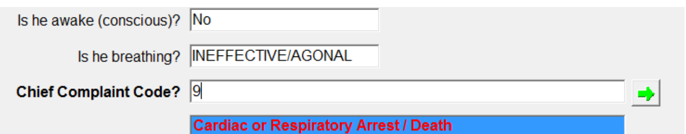
- If the patient is unconscious and breathing is uncertain, the user is directed to Protocol 9 - 'Cardiac Arrest' – Echo response, unless breathing is confirmed

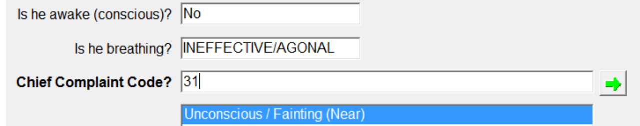


- If the patient is conscious with ineffective breathing, the user is directed to Protocol 6 - 'Breathing Problems' – Echo response

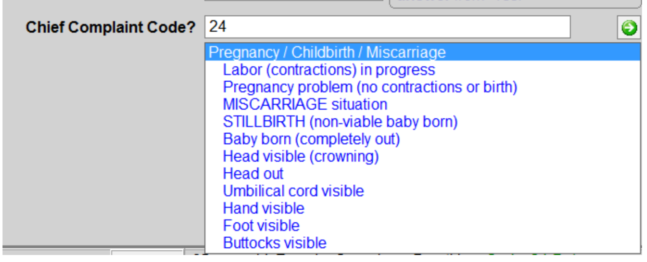
Is he awake (conscious)? Yes
Is he breathing? INEFFECTIVE/AGONAL
Chief Complaint Code? 6
Breathing Problems

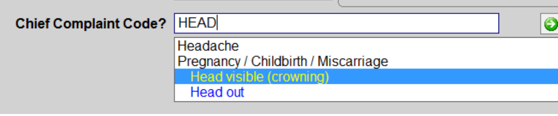
- If the patient is unconscious with ineffective breathing, the user is directed to Protocol 9 - 'Cardiac Arrest' or Protocol 31 - 'Unconscious' - Echo response





Chief Complaint (CC) Code Description

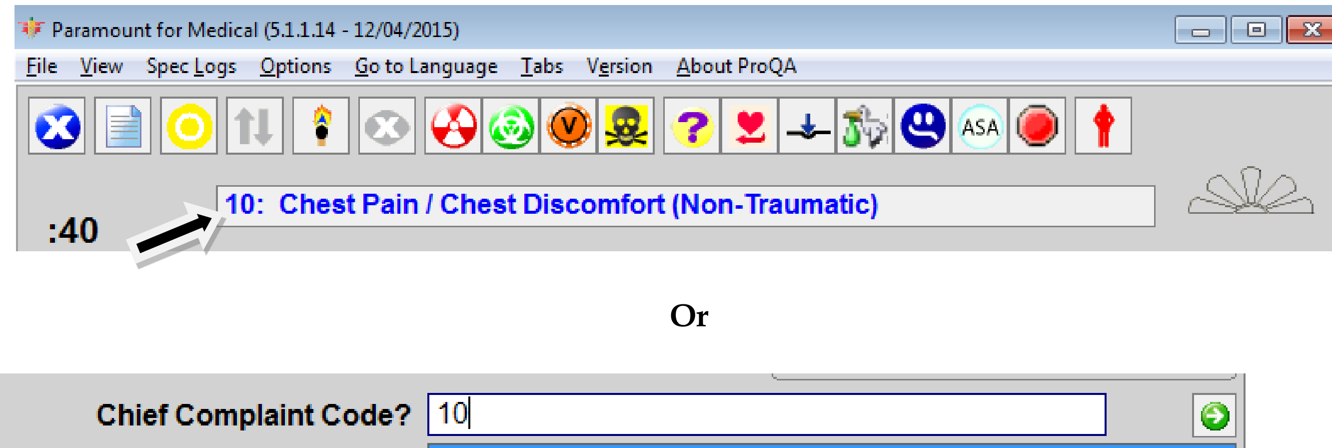




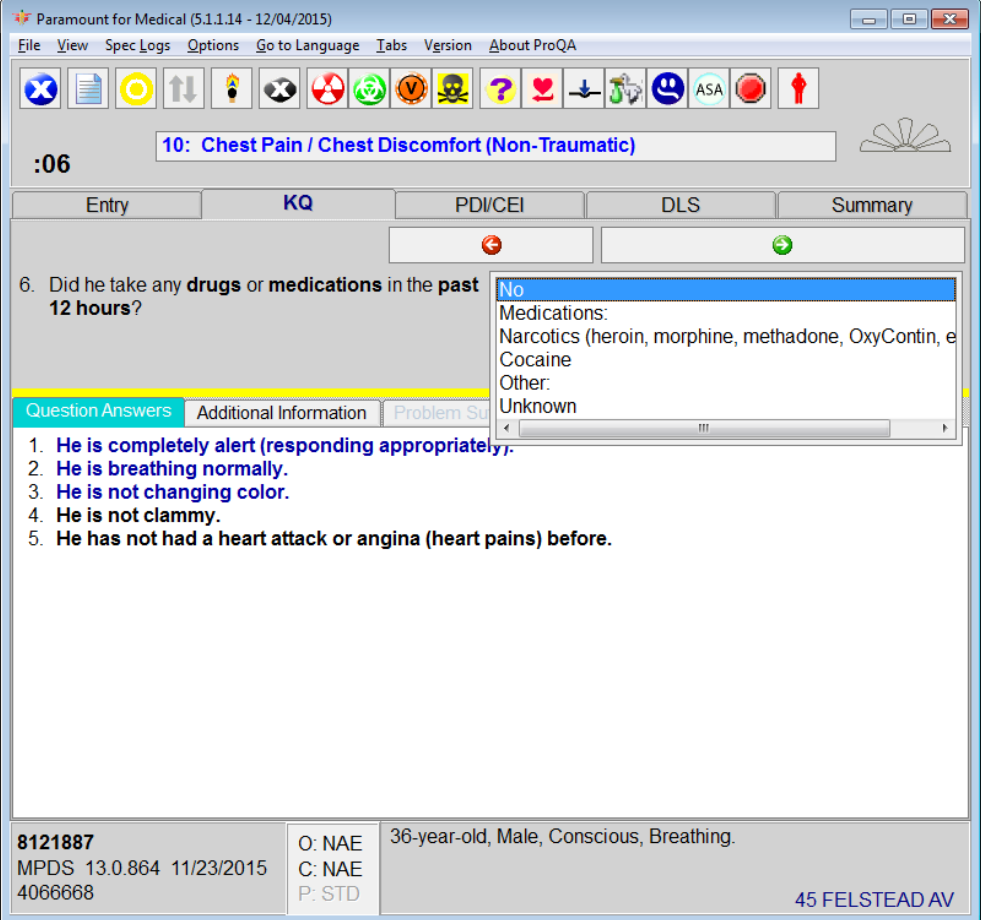
- At times, will suggest a chief complaint
- If the Protocol number is known, it is the most effective way to select the Chief Complaint
- Numerical entry; Will Display the CC with a full list of the Sub Chief Complaints (Sub CC) in that protocol.
- Sub Chief Complaints can be selected directly from Case Entry by either double clicking the selection or typing the name of the Sub CC into the field.
- Alphabetical Entry; will display all CCs and Sub CCs that contain that word or word fragments.
- If the text area is double clicked on, an alphabetic drop down list with a scroll bar will be displayed and a selection can be made.

Selecting from the Options

- Click on the selection with the mouse
- Scroll through lists using the Up or Down arrow keys or scroll wheel
- Use the <ENTER> key when a selection is highlighted
- Type the first letter of a selection
- In some cases, there is more than one selection that begins with the same letter. You must scroll with the arrow keys to choose the one you want



Key Questions Window



- The active Key Question appears in the grey area, at the top, left corner of the tab
- The Key Questions are age and gender specific, unless unknown was recorded in Case Entry
- The answers are in a drop down list on the right
- The Red arrow directs you to the previous Key Question; the Green arrow directs you to the next question
- The default answer is displayed in blue outline
- If the default answer is not correct, you can use the Arrow keys to scroll or first letter of the answer
- The number of Key Questions is dependent on the selected Chief Complaint

Determinant/Suffixes Sub-Tab

Lists the various determinants, responses and suffixes if present.

Determinant Codes

Lists possible determinants for the selected Chief Complaint

Additional Information Tab

The Additional Information Sub-tab displays pertinent information, Rules, Axioms in regards to the Chief Complaint

NON-TRAUMATIC
Not primarily caused by an external physical injury.

NON-RECENT
Six hours or more have passed since the incident or injury occurred (without priority symptoms).

TRAUMA
A **physical injury or wound** caused by an external force through accident or violence.

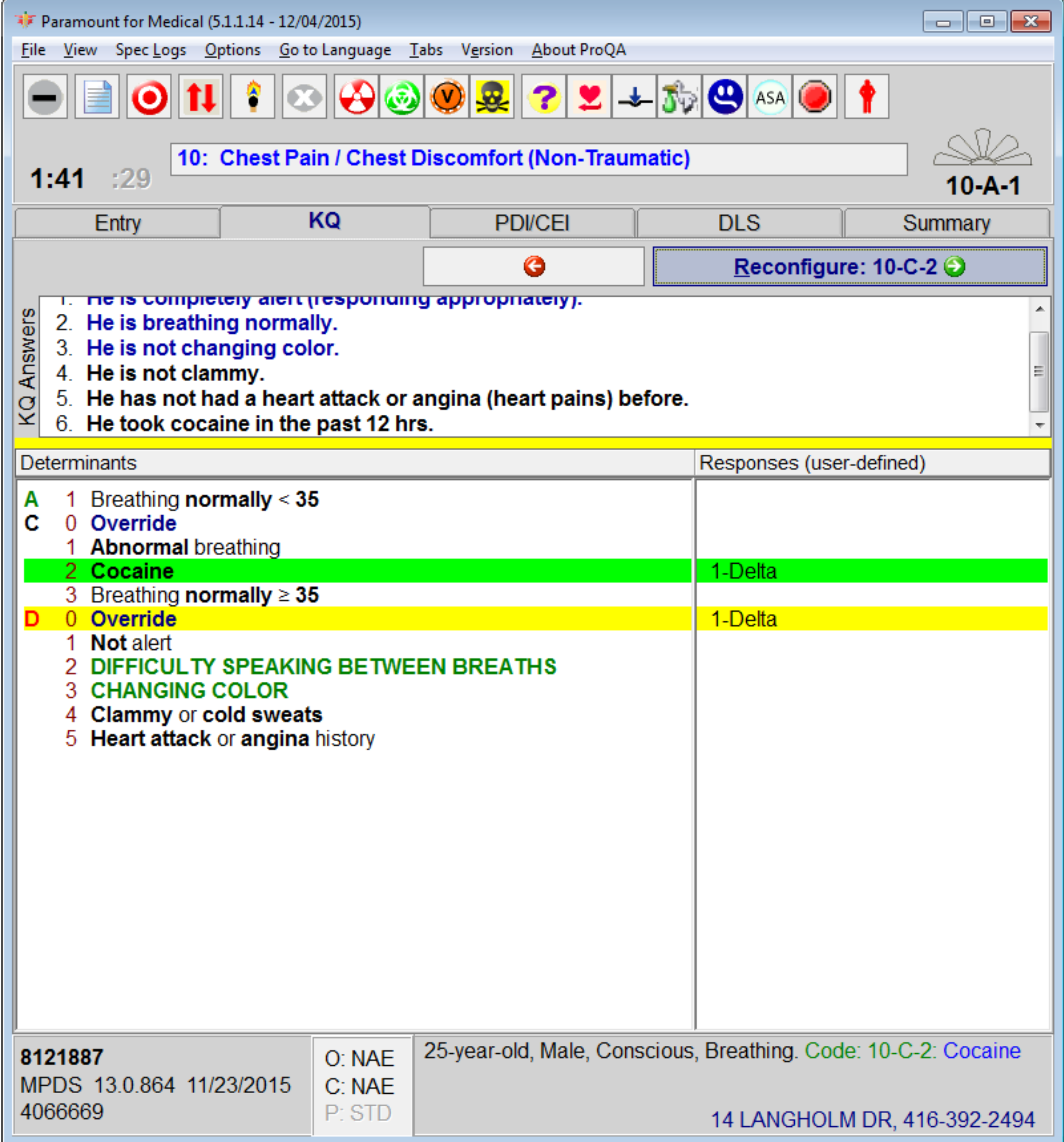
First Law of Chest or Back Pain
"Hurts to breathe" is not considered difficulty or abnormal breathing.

Rules

1. Back Pain should only be selected as the Chief Complaint when it is initially clear on Case Entry that the cause is NON-RECENT **traumatic or** NON-TRAUMATIC **back pain**. If unclear, **select Protocol 30**.

2. NON-TRAUMATIC back pain associated with fainting (or near fainting) in patients ≥ 50 is considered to be a **dissecting aortic aneurysm until proven otherwise**.

Dispatch Window

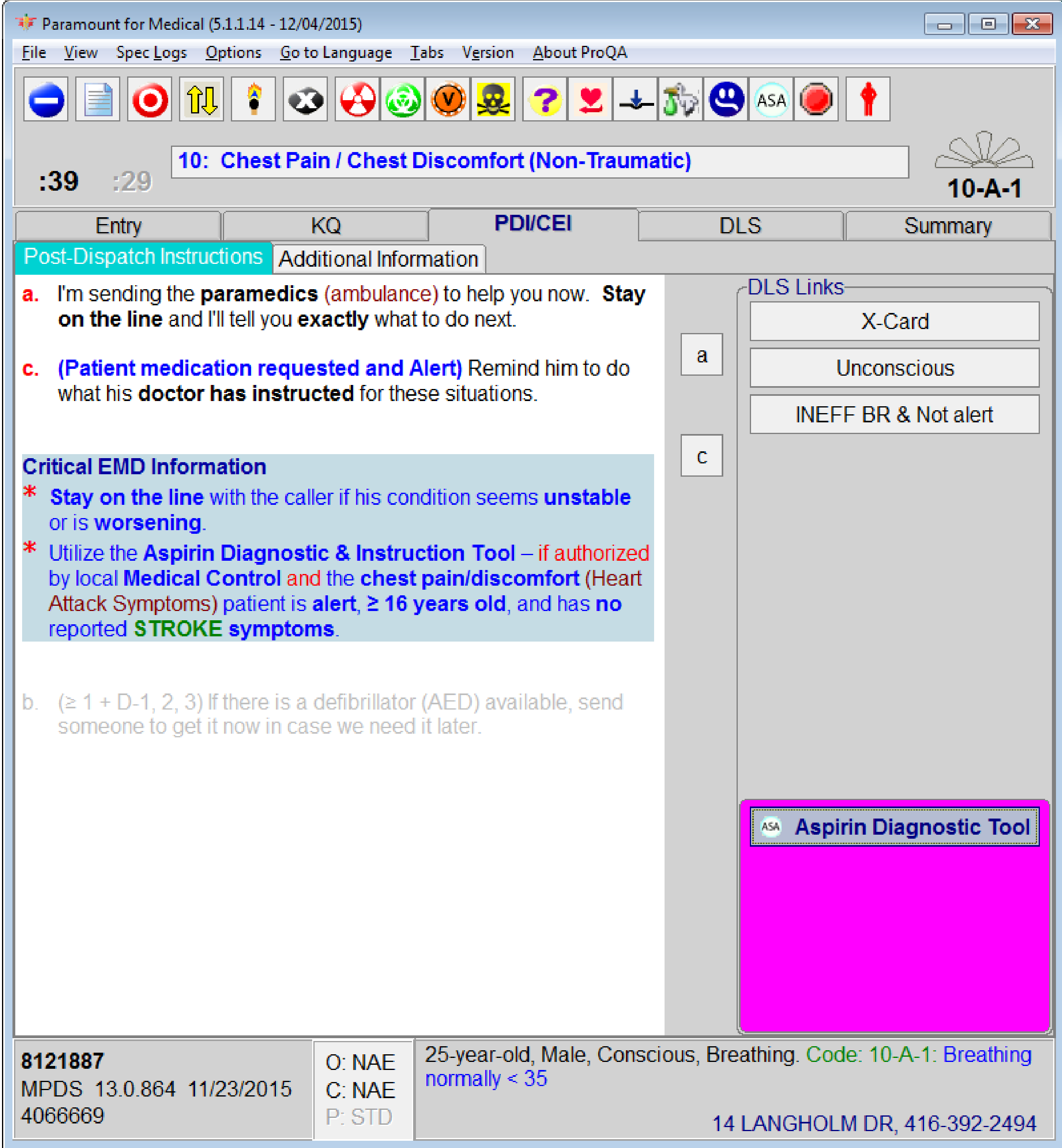


Once a response determinant is obtained, ProQA will display the Dispatch Screen, with the "**Send**" button highlighted and the Determinants sub-tab displayed.
ProQA displays, in a green bar, the determinant as dictated by the answers to the Key Questions and the recommended Responses.

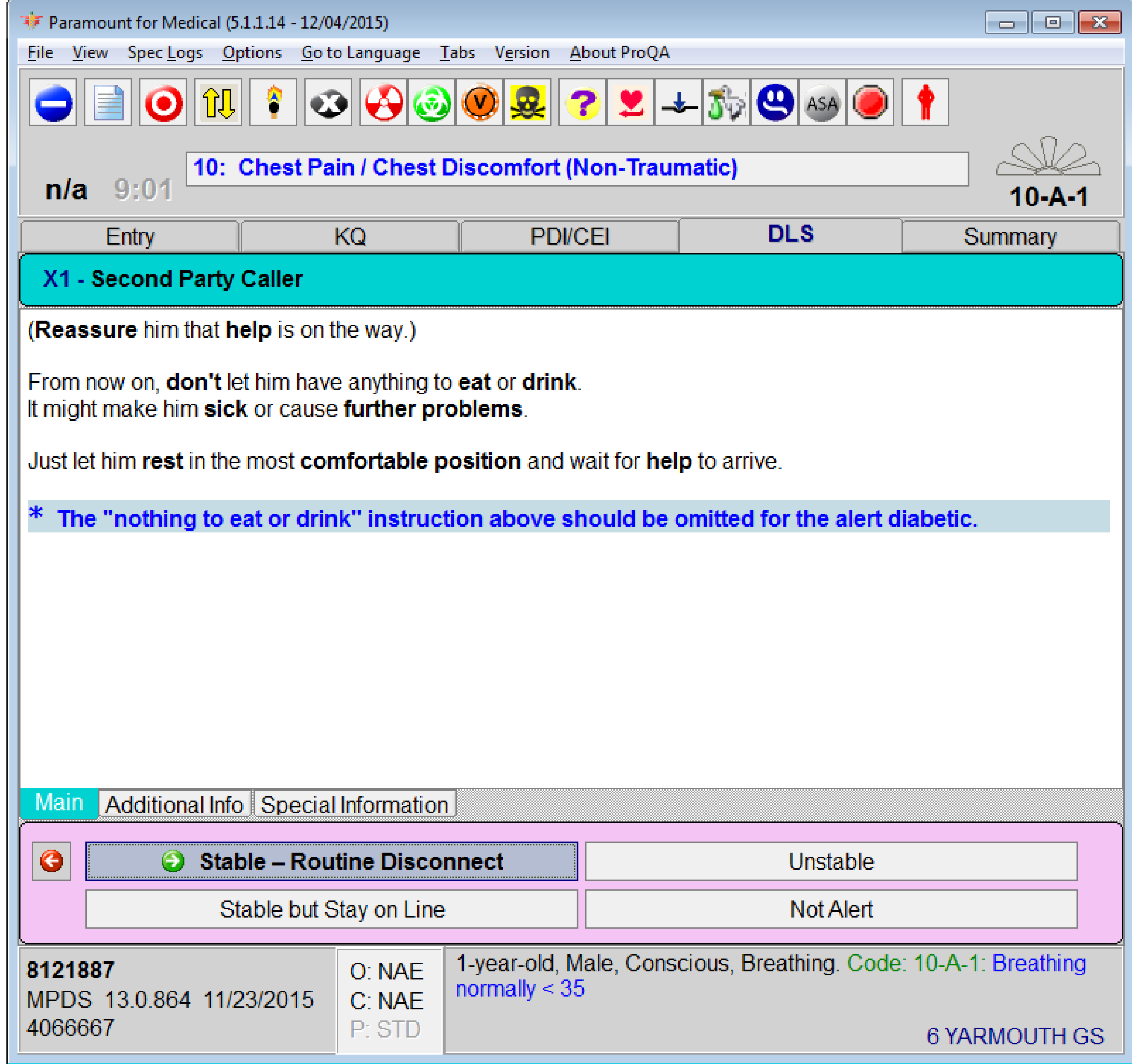
Any recommended response that has been reconfigured for the Toronto Paramedic Services environment will be executed when the "**Send**" button is activated. Highlighted in the yellow bar, is the "Override Response".

PDI/CEI Window

After all Key Questions have been answered ProQA displays the Post-Dispatch Instruction / Case Exit window specific to the chosen Chief Complaint



DLS Window



Displays:

- Additional information pertinent to the Chief Complaint
- Special Information pertinent to the location in the sequence
- Reassurance for the caller (calming techniques)
- Post-Dispatch Instructions

Additional Information - Diagnostic and Instruction Tools

Protocol 28 and Protocol 18- Stroke (CVA) - Stroke Diagnostic Tool

In protocol 28 the Tool will automatically launch after Key Question 3 is asked:

- By answering 3 diagnostic questions this tool classifies the patient into 1 of 4 Stroke categories: Clear Evidence, Strong Evidence, Partial Evidence or No Test Evidence
- Press "Finished" after asking the 3 questions, and remember to scroll down to see test result
- The result will be used to answer Key Question 4

In Protocol 18 the tool will automatically launch:

- If the answer is 'YES' to any KQ's #3, #4, #5 and #6 the Stroke Diagnostic is automatically launched **on KQ #8**

The Stroke Diagnostic Tool will not auto-launch for First or Fourth Party callers. It can be launched at any time from an icon in the tool bar.

For Key Question 4 (Exactly what time did these symptoms start?), the "T" hours time is **4.5 hours**. That is the amount of time that can pass from the start of the patient's symptoms to still qualify in the Code Stroke program.

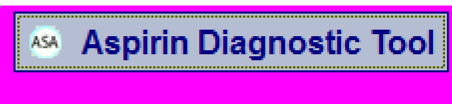
Reminder

Call receiver does not have to ask question 3: "Tell me why you think it's a STROKE", if the answer to the question has already been offered

Protocol 10 - Chest Pain, Protocol 19 - Heart Problems, and Protocol 6 – Breathing Problems - Aspirin Diagnostic Tool

This Tool is to be used on Protocol 10 (Chest Pain), Protocol 19 (Heart Problems with chest pain) and Protocol 6 (Breathing Problems with chest pain) for all patients aged 16 and over. The patient must be completely alert. All Key Questions must be completed and the call sent to queue before using the Aspirin Diagnostic Tool.

To access the Aspirin Diagnostic Tool, click on the **ASA** button in the lower right area of the PDI screen or activate it from the toolbar.



- First Party Callers – should not be told to go searching for ASA as this could make any cardiac problems worse
- Second/Third Party Callers – should only be sent to get ASA if close by as not to leave the patient alone
- Preferably the caller would stay with the patient and another person (if available) should go search for ASA

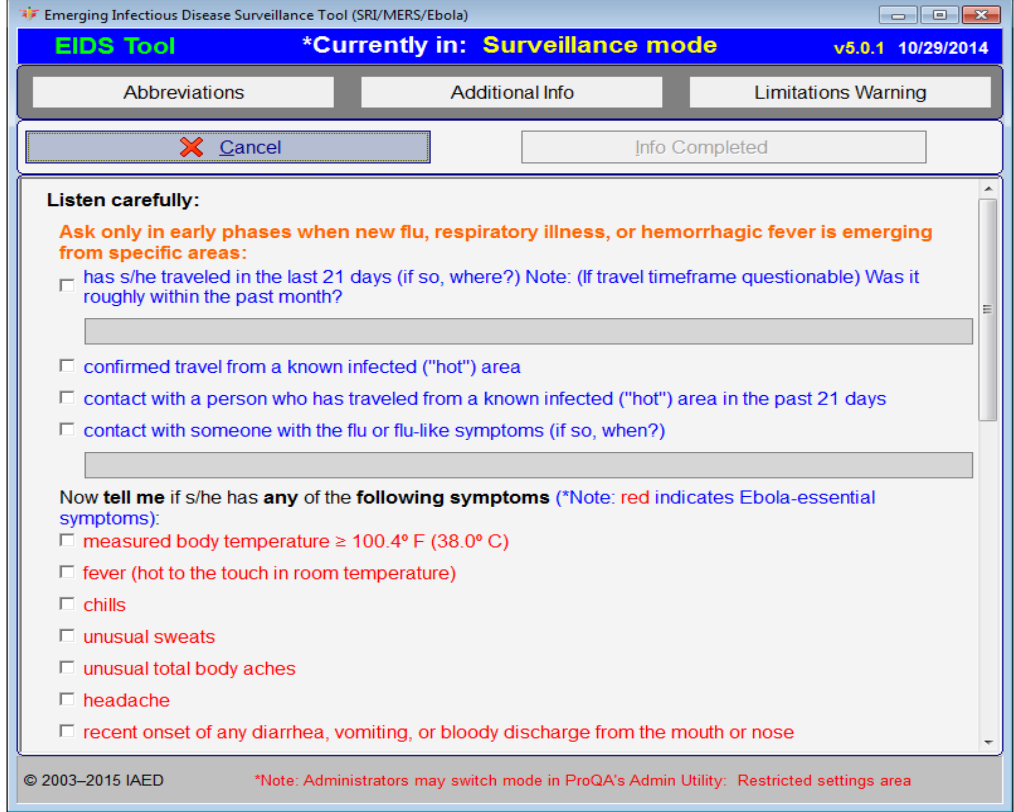
The Additional Information tab located at the top of the Aspirin Diagnostic Tool contains a list of all medications that contain ASA. Also included is a list of medications that should NOT be used. Rules for the Diagnostic tool are listed as well.

Emerging Infectious Disease Surveillance Tool (EIDST) (SRI/MERS/EBOLA)

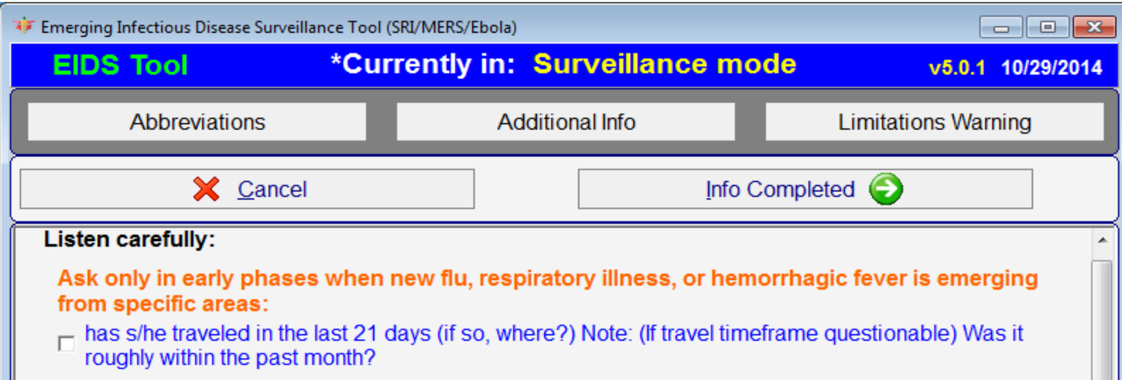
The ProQA Tool is utilized to screen for emerging infectious diseases. The Tool is being used to record and track both primary and secondary symptoms, country of travel and suspected high risk exposure. It is very important to record all pertinent information here.

The Tool is used if the Chief Complaint is one of the following Protocols:

Protocol 1	Abdominal Pains	Always use
Protocol 6	Breathing Problems	Always use
Protocol 10	Chest Pains	Always use
Protocol 18	Headache	Always use
Protocol 21	Hemorrhage/Laceration	**Only* if medical hemorrhage
Protocol 26	Sick Person	Always use



1) Ask the travel question each time you use the tool. If yes, tick the box, record the country and move onto the symptom section. If no, cancel out of the tool and document in the Comments/Notes section of the incident (See point #5).

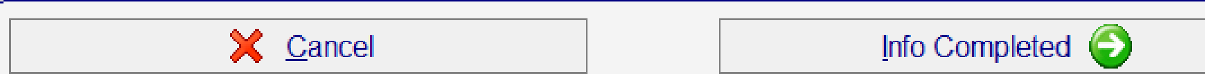


2) Only one symptom is required for a positive screening. No further questions required to be asked (in this section of Tool). If multiple symptoms exist tick where appropriate.

3) When high risk exposure is suspected ask all relevant questions, check appropriate boxes, give infection prevention instructions and check that Instructions have been given. If answers are negative DO NOT give Infection Prevention Instructions.

Infection Prevention Instructions:
(Keep isolated) From now on, **don't allow** anyone to come in **close contact** with her/him.
☑ Infection Prevention Instructions given

4) Once the form is completed, click on the Info Completed tab.



5) Record information in the Comments/Notes tab utilizing CAD short hand comments when appropriate.

Symptoms	Travel	Shorthand Comment	MobiCAD Displays
YES	YES	/ID /RT + Country name	Suspected Infectious Disease Recent Travel: Yes i.e. Saudi Arabia - Paramedics to confirm to travel history on scene
YES	NO	/ID /RTN	Suspected Infectious Disease Recent Travel: NO
NO	YES	/NID /RT + Country name	No Suspected Infectious Disease Recent Travel: YES i.e. Saudi Arabia – Paramedics to confirm travel history on scene
N/A	NO	/RTN	Recent Travel: NO
UNKNOWN	UNKNOWN	/IDU /RTU	Infectious Disease Unknown Recent Travel Unknown

/ID - Suspected Infectious Disease

/NID - No Suspected Infectious Disease

/IDU- Infectious Disease Unknown (this comment will appear when the caller does not know if the patient has any symptoms)

/RT - Recent Travel: YES: Paramedics confirm travel history on scene:

/RTN - Recent Travel: NO

/RTU - Recent Travel Unknown (this comment will appear when the caller does not know if the patient has recently travelled outside of Canada)

6) Provide PDIs and Case Exit to caller.

MPDS Automatic Information Content

An MPDS comment will be automatically entered into the comments of the call whenever the determinant of the call is updated through ProQA. This information may include additional notes that are typed into pop up boxes (drug types). It is intended to aid paramedics in their response.

[23C05] Narcotics (heroin)

[02D02I] Difficulty Speaking Between Breaths, Caller advised to take EpiPen®

Even with this information being auto-populated in the comments section, the call receiver may continue recording notes as normal. This may cause some duplicate notes however this is acceptable to prevent any delays in processing of the call.

Procedure for Fire-Only Response (Policy#09-08-21) (Education Bulletin 06.06.2018)

(cross-referenced in Emergency Call Management section)

There are two a determinants that receives Toronto Fire Service only response and will automatically send TFS via the CAD Interface:

"32B02 - Unknown Problem Medical Alarm notifications (no patient info)"

- Select 'Medical Alarm (Alert) Notification' in special circumstances to achieve this code.

"32B03 - Unknown Problem, Unknown Status/Other Codes not applicable"

- For situations where these is no patient reported at the time the call was placed (for example, a check address call)

These determinants will result in a REFERRAL priority. Upon receiving a REFERRAL priority the call receiver will advise caller:

"The Fire Department is on the way to help with this situation now. If they determine an ambulance is required, they will update us."

Toronto Birth Centre - Midwife Birthing (Advisory 2014-01)

(cross-referenced in Emergency Call Management section)

This Facility provides Midwife assisted deliveries to soon-to-be mothers.

Mid-Wife Requested -- Addition to Protocol 24 (Advisory 2014-05)

(cross-referenced in Emergency Call Management section)

Registered Midwives may attend births in the home, at birthing centres or a hospital and are licensed to attend low risk deliveries.

A Midwife (or designate) may activate 9-1-1 to request paramedic attendance. They may require transport to hospital for reasons not captured in Protocol 24. In this case the call receiver will select "Other" from the ProQA HIGH RISK drop down list.

Medical Professional MPDS Case Exit Instruction (Advisory 2014-04)

(cross-referenced in Emergency Call Management section)

When a call is initiated by a medical professional calling from his/her workplace and is actively caring for the patient the following instruction will be provided.

All protocol specific PDIs MUST be given prior to the Medical Professionals Case Exit Instruction below:

"Please make sure the patient is actively cared for until we arrive. If the patient gets worse in any way, call us back immediately."

The EMD will use any relevant diagnostic tools (e.g. ASA) when speaking with a medical professional. If the medical professional indicates they do not require the instructions provided by the tool, the EMD may move on without completing the diagnostic. Otherwise, the EMD shall use tools as prescribed by MPDS for all callers.

A medical professional (for these purposes) is deemed to be:

- Doctor/physician (MD)
- Registered Nurse (RN)
- Registered Practical Nurse (RPN)
- Licensed Practical Nurse (LPN)
- Nurse Practitioner (NP)
- Registered Midwife (RM)
- Registered Respiratory Therapist (RRT)
- Dentist (DDS or DMD)
- Paramedic

Notes

TORONTO PARAMEDIC SERVICES

Communications Centre

MPDS Toronto Differences

Our Vision

Toronto Paramedic Services strives to meet the changing needs of the community for pre-hospital and out-of-hospital care, and believes that by the timely application of the advances in both the art and science of medicine to the practice of paramedicine, we can decrease suffering, improve the health of the community while saving lives.

TORONTO PARAMEDIC SERVICES

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MPDS and Toronto Differences

Citizens of Toronto have access to a variety of resources when it comes to health care. Because of this, Toronto Paramedic Services is able to 'tailor' MPDS protocols and responses in order to ensure that optimal patient care is always being provided. Here are some examples:

1. 17A3 - Courtesy Code 2 - is meant for an uninjured patient (who is not alone) in a home environment. The patient simply requires a lift back into their wheelchair or bed, or off the floor.
2. The definition of an ECHO response was changed to not only include notification of resources not usually used, but also mandatory attendance by an ACP.
3. In protocol 33, the acuity levels are based on time. It may be more appropriate to be on another Protocol (Rule 5). Consider possible safety questions.
4. We only use the 'Urgent Disconnect" in Case Exit at the direction of the Superintendent.
5. Toronto Birth Centre - Midwife Birthing
See Emergency Call Management and ProQA Sections
6. Birth Complications Reported By a Midwife
See ProQA Section
7. Mid-Wife Requested - Addition to Protocol 24
See Emergency Call Management and ProQA Sections
8. Procedure for Fire-Only Response
See Emergency Call Management and ProQA Sections
9. Medical Professional MPDS Case Exit Instruction
See Emergency Call Management and ProQA Sections
10. Mount Sinai Hospital Satellite Site – Out Patient Obstetrics
See Emergency Call Management Section

Notes

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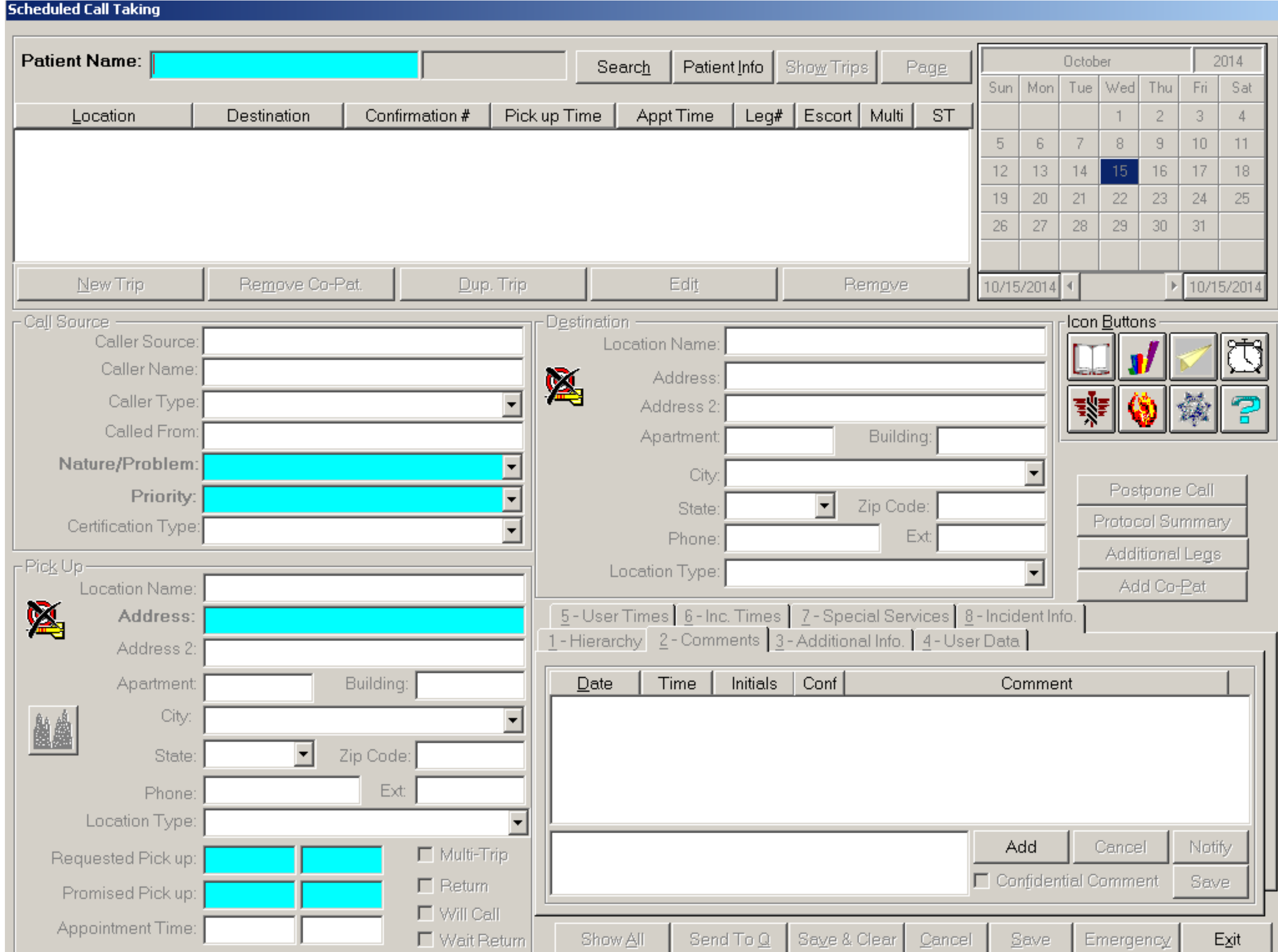
Scheduled Call Screen

Scheduled Call Screen

It is the call receiver's responsibility to ensure that requests for all non-emergency and emergency transfer services are documented thoroughly and compliantly on the Scheduled Call Taking screen. The following section outlines the expectations with respect to field completion and documentation. Detailed requirements for the various scheduled call types will be provided in the Scheduled Call Management section of this manual.



To Launch the Screen:

<Left> click on the "calendar" icon in CAD Toolbar or <F9>

Mandatory Fields:

Mandatory fields must be completed before the call can be saved. These fields are identified on the screen in blue background

- Patient name
- Nature/Problem
- Priority
- Pick up Address
- Requested Pick-up
- Promised Pick-up
- Destination Address
- Jurisdiction
- Division

Note: Agency will always default to EMS

Patient Name:

The Scheduled Call Taking screen is "patient name driven"

The name must be entered

- Format for entering is either of the following:
  - First name + space + last name (i.e. John Smith)
  - Last name + comma +space + first name (i.e. Smith, John)

New Trip:

After completing the patient name,
Select <New Trip>

This can be done with a left click on the mouse
OR
the keyboard command "ALT + N"

Caller Source:

The call receiver is able to access the Geo-Locator data base entering the "forward-slash" ("/") in the Caller Source field. By tabbing, the Geo-Locator will launch, allowing the user to enter any address or use any CAD prefix. By selecting the pick-up location in this manner, the remaining fields, relative to the pick-up location will be populated.

Caller Name:

The caller's first name is entered into this field.

It will also contain the caller's telephone number if the number is different from the patient's pick up location telephone number.

Called From:

This field is not completed by the call receiver. When you see numeric information in this field it indicates the vehicle planned for the call.

Nature/Problem:

This is another 'drop down box' from which the call receiver chooses the most appropriate option based on all the information gathered during the call receiving process. Because it is dependent on complete information it generally is not inputted until just before the call is saved (or it is adjusted to reflect the proper type of transfer).

Priority:

This will be filled in by CAD and is not to be changed by the call receiver.

Location Name:

The computer will populate this field whenever you enter an address that is a common location (i.e. nursing home, convalescent hospital) acknowledged by the CAD database. There are rules for editing this field which will be detailed below.

(i.e. NYG - SCH APPT 0900 or HRH – SUN TW 0900)

Address:

Tab to the address field and if it has not been populated via caller source, fill it in. CAD prefixes are accommodated.

Address 2:

This field is used to record secondary patient location information - in addition to the apartment and building fields (i.e. hospital or nursing home wing or area). Any further patient location information that cannot fit in this field (or apartment or building fields) should be entered in the "Comments" area. (i.e. ICU)

Address 2: (cont'd)

The patient must be waiting in a supervised area -- an area with phone access and someone available to answer it who is aware of the patient (i.e. day surgery, admitting). We cannot accept a pick up location in a general area. (i.e. lobby, cafeteria or "they'll just be waiting outside in the smoking area"). We do not know when or if we will attend, therefore the patient cannot be waiting in an unspecified area even if they have an escort.

Apartment:

This field is used to record specific unit information within a larger building or complex (i.e. apartment number, nursing home room number, doctor's office or suite number, etc.).

Building:

This field is used to record specific building or complex information (i.e. entry code, wing, building number, etc).

City:

This is automatically populated on acceptance of a geo-validated address. If the pick-up location is in a city or outside of the immediate GTA, the call receiver must record the appropriate city as provided by the list.

State and Zip Code:

We do not use these fields.

Phone:

Record the contact phone number where the patient is located.

There are two ways to complete this field:

1. Enter the area code and phone number without spaces or dashes (i.e. 4161234567). When you <TAB> off the field CAD will format the number.

Or

2. Enter the area code and phone number with dashes (i.e. 416-123-4567)

Extension: (EXT):

If the contact phone number includes an extension it is recorded in this numeric field.

Location Type:

This field identifies the type of 'Premise' (i.e. nursing home) and is automatically populated by CAD.

Requested Pick up, Promised Pick up and Appointment Time:

The system defaults to the current date and time. If the request for service is another date, then the requested date and time fields must be edited. If the request is for the current month this can be accomplished by entering the date in the date field. If the request is for a subsequent month or year, the field must be fully edited.

Tabs 1-8:

1. Hierarchy: Includes Agency (defaults to EMS), Jurisdiction, Division, Battalion, Response Area and Response Plan.

2. Comments: Open entry field for patient information, transport comments, etc. Be sure to include any Scene Safety, special equipment, escorts, etc.

3. Additional Info: Not used.

4. User Data: Enter an Out of Town Trip Number in this tab. Rest of the section is not used.

5. User Times: Used to "stamp" times when others are notified (eg. One-Desk if necessary), DOS (eg. For monitored lift assists at HSC), TFS for lift assists, Hospital notifications, Police (for a MHA patient), etc.

6. Inc Times: Records (response) times Medics or Dispatchers change the vehicle status.

7. Special Services: Not Used

8. Incident Info: List the type of call (eg. Scheduled Transfer) and the call taker.

After the call is complete, choose the "Save" button. This will generate a Confirmation Number (aka Run Number) at the top of the screen. The call taker should then change the left side (pick up window) "Location Name:" to the short form location (eg. Hospital-SUN) to Destination (eg. Hospital – STM) and the appointment or readiness time:

SUN - STM TW 1300 OR SUN – STM APPT 1300

Notes:

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Scheduled Call Management

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Scheduled Call Management

Scheduled Call Types and Management Criteria: (Policy # 09.08.39)

There are a variety of scheduled call types that we service. Each scheduled call type has some unique documentation and completion rules that must be satisfied. It is the call receiver's responsibility to adhere to the following procedures for the following scheduled call types.

Toronto Paramedic Services has restrictions on the type of non-emergency transfers that we will accept.

Before opening a Scheduled Call Taking form the call receiver must ask the caller three questions:

1. Is the patient in an unstable medical condition as determined by his/her physician?
2. Does the patient require paramedic level monitoring during transport?
3. Does the patient require the use of a stretcher?

If the caller answers **NO** to **ANY** of the above questions

Unfortunately, Toronto Paramedic Services will not be able to accommodate your transfer request. If your patient's condition becomes medically unstable and you require paramedic level monitoring during transport, please call us back.

If the caller answers **YES** to the above questions, you may proceed with the booking

Dealing with Scheduled Call Inquiries: (Policy#09.08.40 Scheduled Transfer Booking)

To locate a call utilize the VisiLookup tool; insert the confirmation number and confirm the patient name and details.

MT Numbers:

The originator of a transfer request must provide an MT (Medical Transfer) number at the time of booking. MT numbers are issued by Patient Transfer Authorization Centre (PTAC). An MT number is only valid for 24hrs from the time it has been issued.

MT numbers are not required for the following:

- Pick up or destination is a private residence
- The Hospital for Sick Children Team and Equipment transfers (Team only, MT required for return trip with patient)

Due to the pandemic, the following transfer types will also require MT numbers (MEMO 2021-02-16 Changes to Emergency-Level MT Requirements):

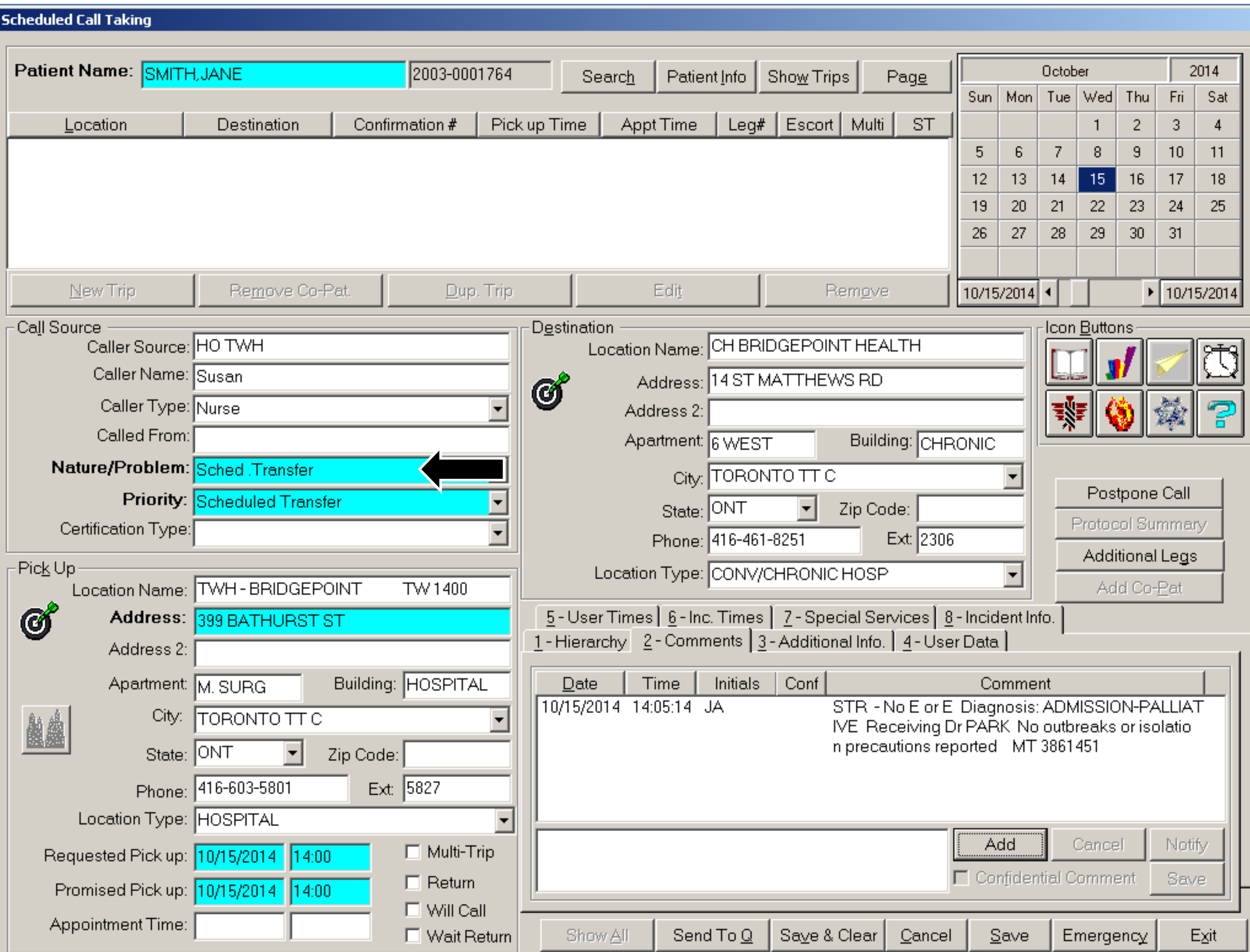
- CODE STEMI transfers
- CODE STROKE transfers
- Life or Limb transfers

*An MT number is not required to BOOK an emergency transfer or CODE 2 transfer but the facility will then need to contact PTAC to receive one once the transfer has been booked. The transfer may be booked and the comment "MT NUMBER PENDING" should be added to the comments. Advise the caller that an MT number is required prior to transport and that they are to call back as soon as possible to avoid any delay. When they call back with the MT number, document it in the Comments/Notes section.

Scheduled Transfer:

A scheduled call involves a patient being moved from one location to another usually involving at least one medical facility. These are usually booked a day in advance and the sending facility will request a time that they would like the patient picked up.

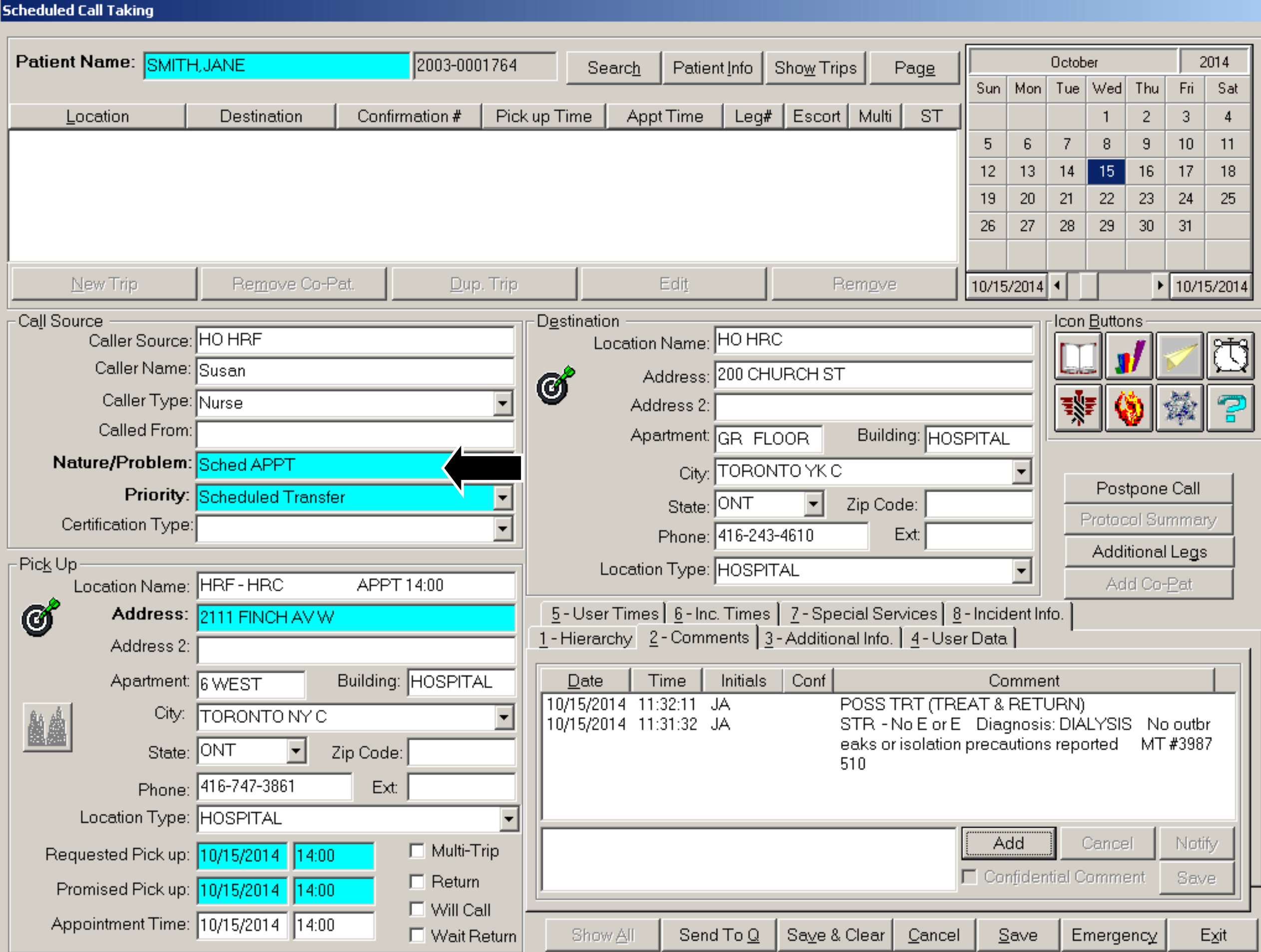
- Record the requested pick up time in the '**Requested Pick up'** field
- Also record the requested time in the **'Promised Pick up'** field
- If the request involves a new admission, ask for the receiving doctor's name and record it in Comments section
- If they are being admitted you must obtain the Dr's name



Scheduled Appointment: (Policy # 09.08.42 Early Transfer Acceptance (pre-700h))

An appointment call involves a verified, pre-arranged time and location where a patient is to receive a specific treatment or procedure at a recognized medical facility. (i.e. Cath lab/angio, dialysis)

- **Nature/Problem** = Sched APPT
- Record the time of appointment in **'Requested Pick up'** field. It will then default this time in the **'Promised'** and '**Appointment Time**' fields
- Ask and record the doctor's name that they are going to see (if the caller knows)



For an appointment before 07:00 hours, a night crew nearing end of shift will be servicing this request. The call receiver must obtain both the name and telephone number of a person who will be at the drop off location at the requested time to both receive and care for the patient. A stretcher or bed will be required for the patient at this location. Approval of the on duty Superintendent (SCS) is necessary and the call receiver will record the approving SCS's EMS number in the Comments section of the Scheduled Call Taking form.

> ***Note: If a caller indicates that a patient's appointment will be very short, record 'Poss TRT' (treat and return) in Comments section. We do not guarantee treat and return requests ever.***

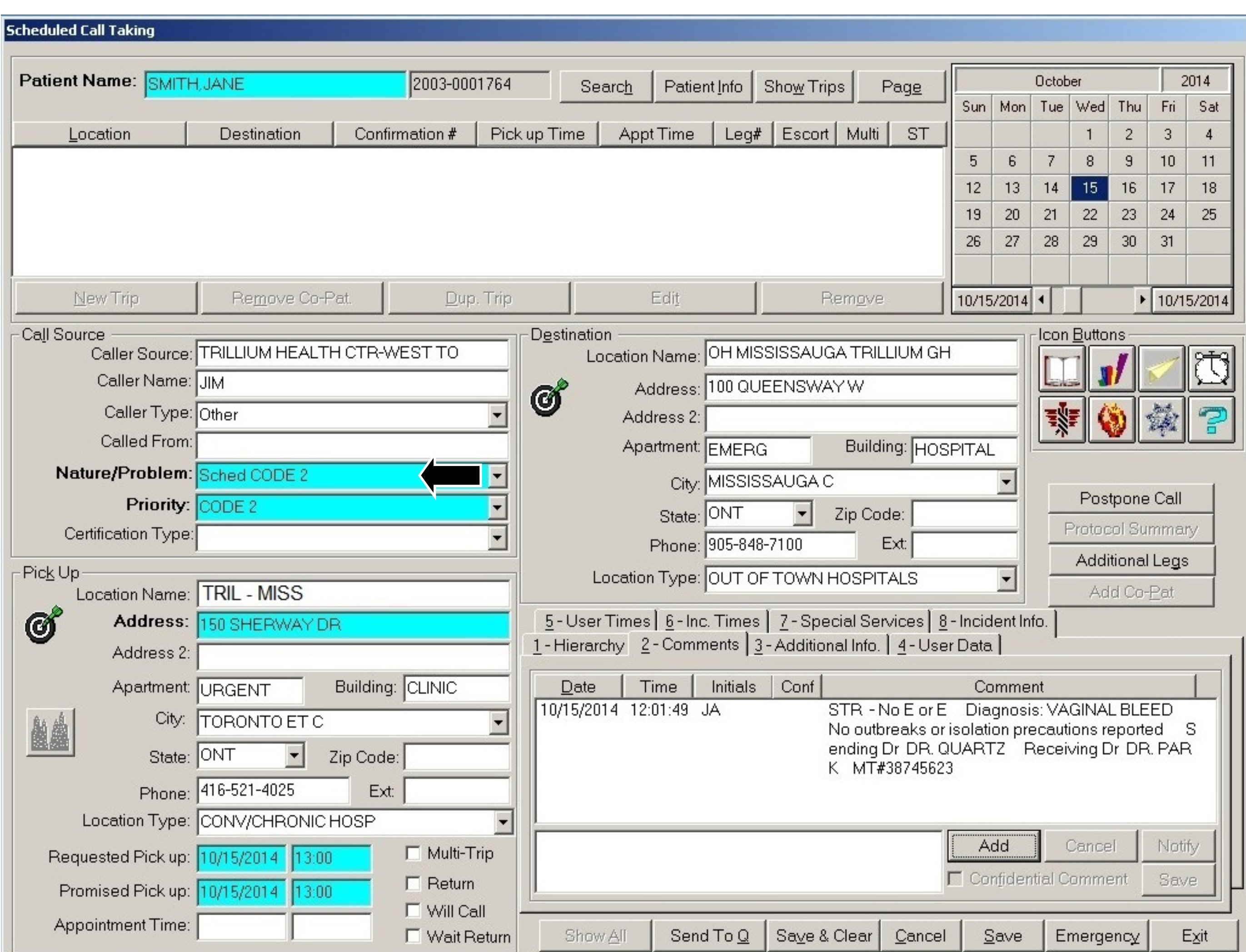
Code 2 Transfer (within the hour):

A Code 2 transfer may also be referred to as a "within the hour" transfer. The patient is stable and does not need to be transferred with "lights and sirens" but needs to be moved quickly.
(i.e. urgent care→emerg)

- **Nature/Problem** = Sched CODE 2 (C2)
- **Priority** = CODE 2

If the pick-up location is an urgent care facility and the patient is in the urgent care department, we process the call as a C2 or an emerg transfer depending on what the caller advises. If the patient is NOT in the urgent care department (i.e. up on a floor or in the parking lot, etc.), we process the call as an emerg call.

URGENT CARE CENTRE	DESIGNATED ED
UC TRIL	OH MIS

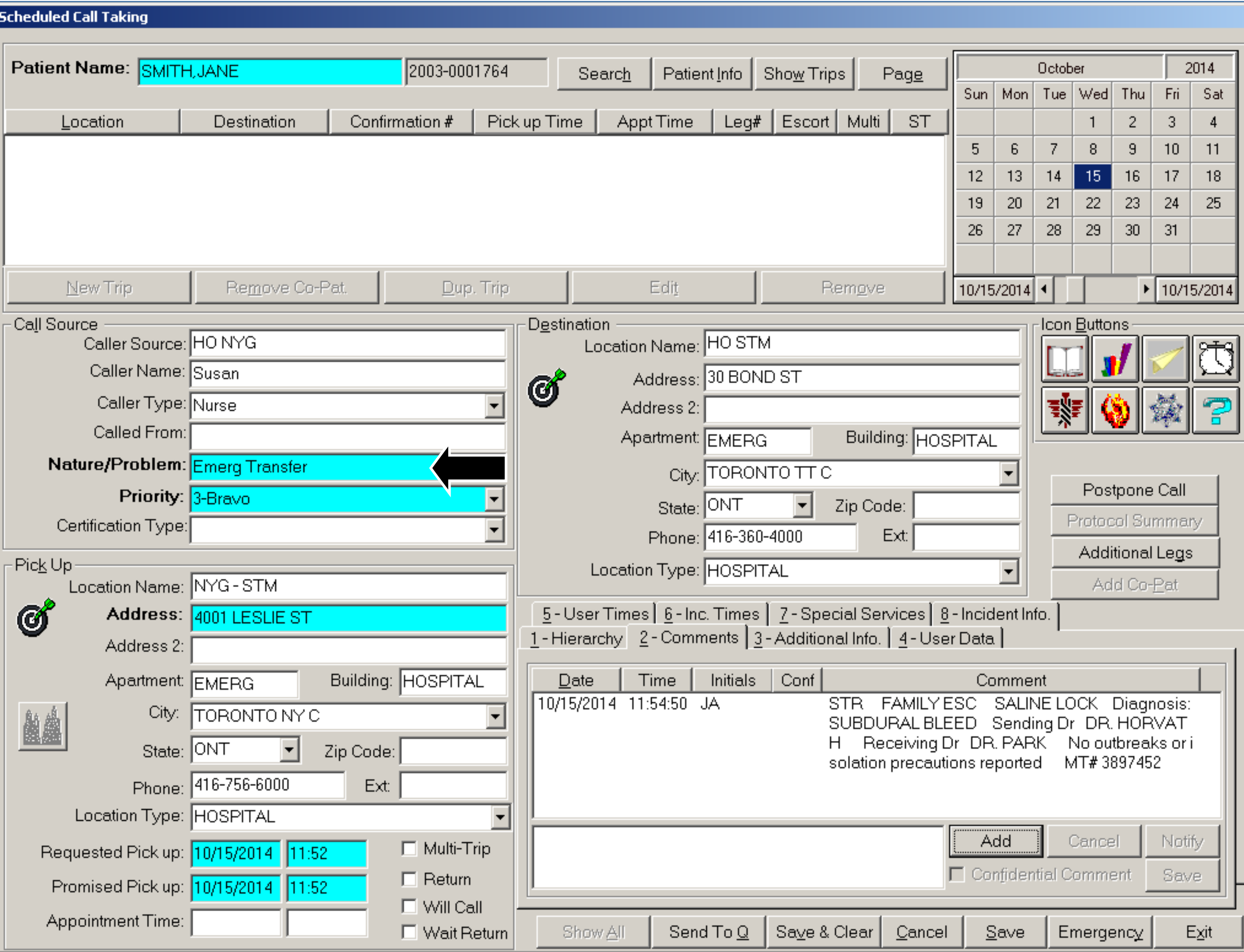


Emergency Transfer:

These are transfers that involve the transport of acutely ill or injured patients, organs or a speciality team and its equipment between hospitals.

Immediate Pick Up

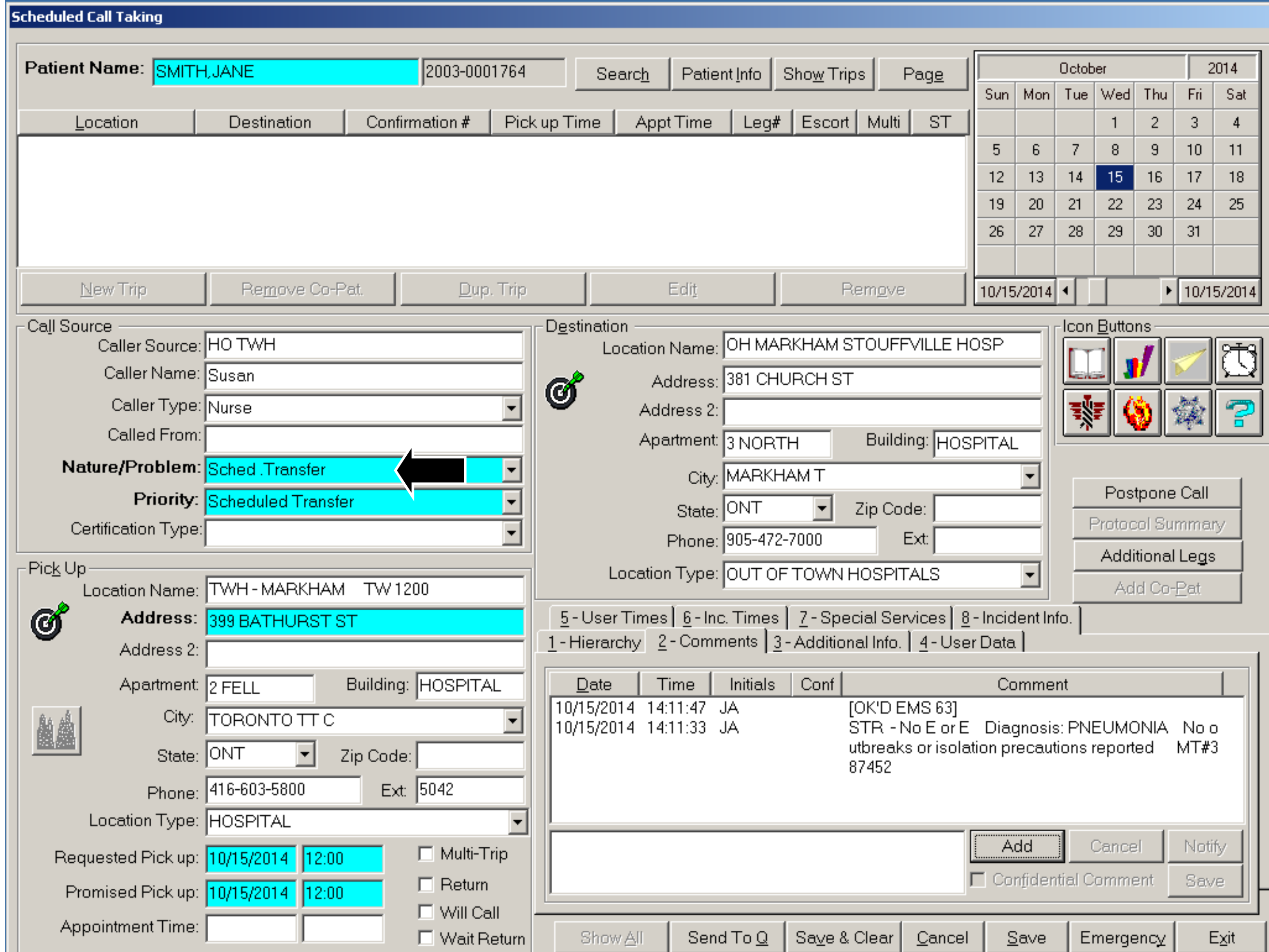
- **Nature/Problem** = Emerg Transfer
- **Priority** = Bravo



Out of Town (OOT) Transfer:

An Out of Town transfer involves the transport of a patient from Toronto city boundary to another municipality - whether for an admission or return.

- Choose applicable **Nature/Problem**
- Record the time the patient will be ready in both the **'Requested and Promised Pick up'** fields
- The **'Appointment Time'** field remains blank



OOT appointments (rare) are processed the same as in-town appointment calls

IF IT IS A SAME DAY OOT REQUEST - YOU MUST GET THE APPROVAL FROM THE ON DUTY DEPUTY COMMANDER/DUTY OFFICER

Airplane/Airport Transfer:

An aircraft call involves the transport of a patient to or from an aircraft at a controlled airport. There are two types of transfer calls that involve aircrafts – routine transfers and emergency transfers. These calls are predominantly originated by **ORNGE**, the primary provider and coordinator of aeromedical transport (air and land) services within Ontario.

Booked in advance (usually for next day)

- Nature/Problem = Sched Transfer
- Record ETD / ETA in **'Requested', 'Promised'** and '**Appointment Time'** fields and in Comments section

For transfers involving an aircraft, the following additional information must be obtained, along with the standard patient details, and recorded in the Comments section.

- Name of the Air Carrier
- Call sign of the Aircraft
- Flight origin or destination
- ETA or ETD
- Flight Authorization Number

Additionally, when the ORNGE operator indicates the flight is **"Code 4 on Arrival"** or **"Emerg on Arrival"** the EMD must document this in the ticket to reduce the risk of patients waiting at the airport for the ambulance to arrive.

Helicopter Transfer:

These calls are predominantly originated by **ORNGE**, the helicopter will land at a hospital helipad or at an airport, and require an ambulance to drive the helicopter medics and their patient to a hospital. (Note: You are not required to ask for an MT# for 799 on-scene calls.)

If the helicopter ETA is less than 12 minutes

- **Nature/Problem** = Emerg Transfer
- P**riority** = BRAVO

If the helicopter ETA is 12 minutes or more

- **Nature/Problem** = Sched CODE 2 (within the hour)
- **Priority** = Code 2 Transfer
- Record 'EMERG ON ARRIVAL' in Comments section

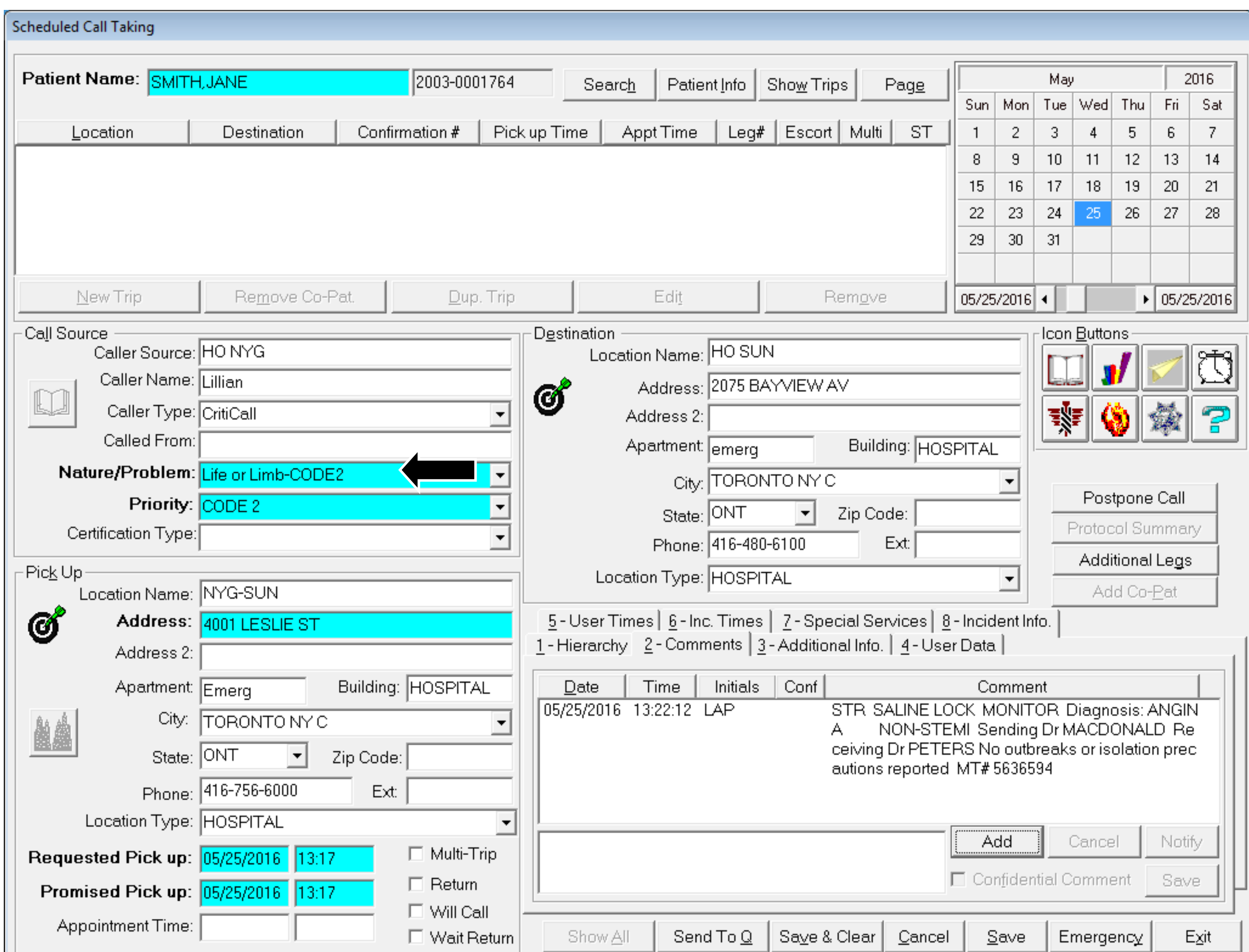
Life or Limb Transfer: (Advisory # 2015-08 CACC)

The One Number to Call (ONTC) initiative is being implemented by the Ministry of Health and Long-Term Care, using the services of CritiCall Ontario. This initiative is designed to provide a single point of contact for Ontario's physicians. The goal is to facilitate timely access to accurate care services within a best effort window of 4 hours in order to improve outcomes for patients who are life or limb threatened. The quicker we are can get them there, the better the chances for patient outcome. **Toronto CACC will receive specifically designated "Life or Limb" calls directly from CritiCall Ontario.**

If the pick-up facility advises that the patient is **ready** for transport, process the call as a Life or Limb – Delta. If the patient is **not ready for immediate transport** (i.e. the hospital is prepping the patient for transport or finishing medications first), process the call as a Life or Limb – Code 2 and record the preferred pick up time in the Comments/Notes tab.

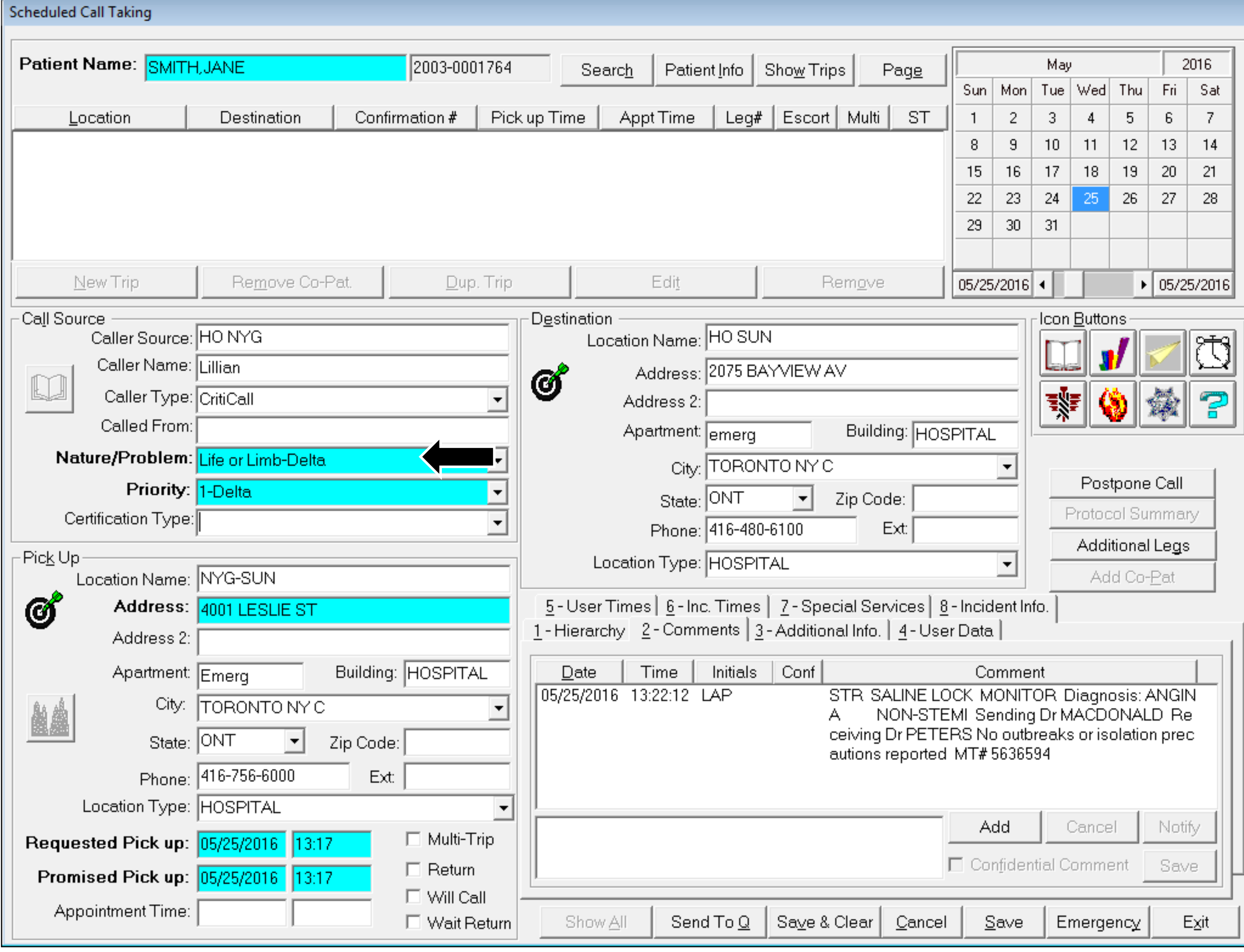
Life or Limb-CODE 2:

- **Nature/Problem** = Life or Limb-CODE 2
- **Priority** = CODE 2



Life or Limb-Delta:

- **Nature/Problem** = Life or Limb-Delta
- **Priority** = 1-Delta



Life or Limb: Unique Considerations for Sunnybrook Hospital

Effective October 5, 2020 Sunnybrook has allocated bed space in its K Wing for acute patients. As a result, in the event of a sudden deterioration of their condition, these patients will need **URGENT** transfer back to either the SUN ED or the ICU. The request will be as follows:

"Life or Limb DELTA from Sunnybrook K Wing ACUTE Care going to the Sunnybrook Emergency Department (ED) (or to the SUN ICU)"

These requests will come directly from SUN staff (rather than CritiCall Ontario) and they will identify it as a Life or Limb. Process all Life or Limb requests from **K Wing ACUTE Care** to SUN ED or ICU on the Scheduled Call Taking form, using all applicable portions of the Scheduled Call Taking Sequence as normal.

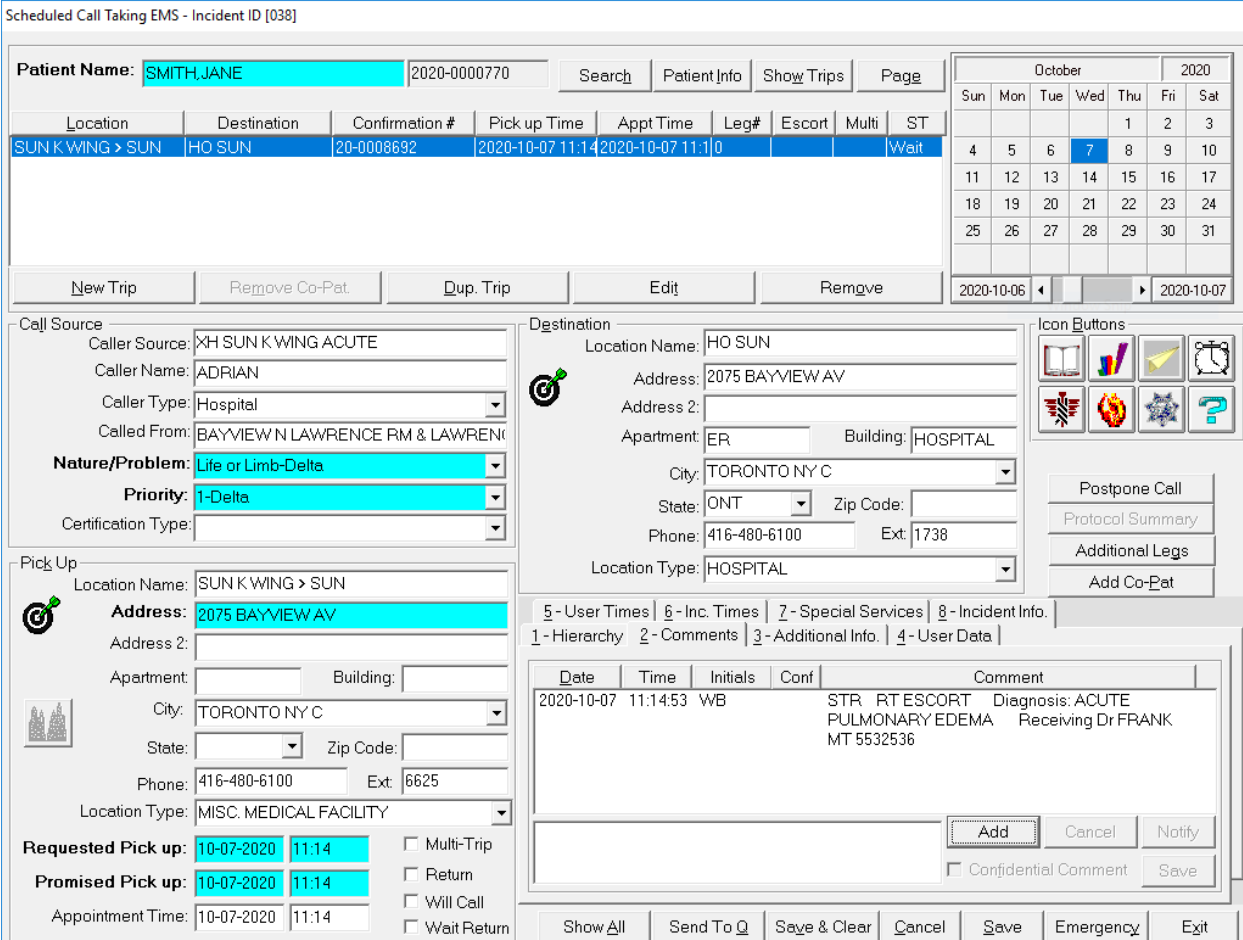
Use the following CAD Premise as the Caller Source:

XH SUN K WING ACUTE

It can be geo-validated using the following search input:

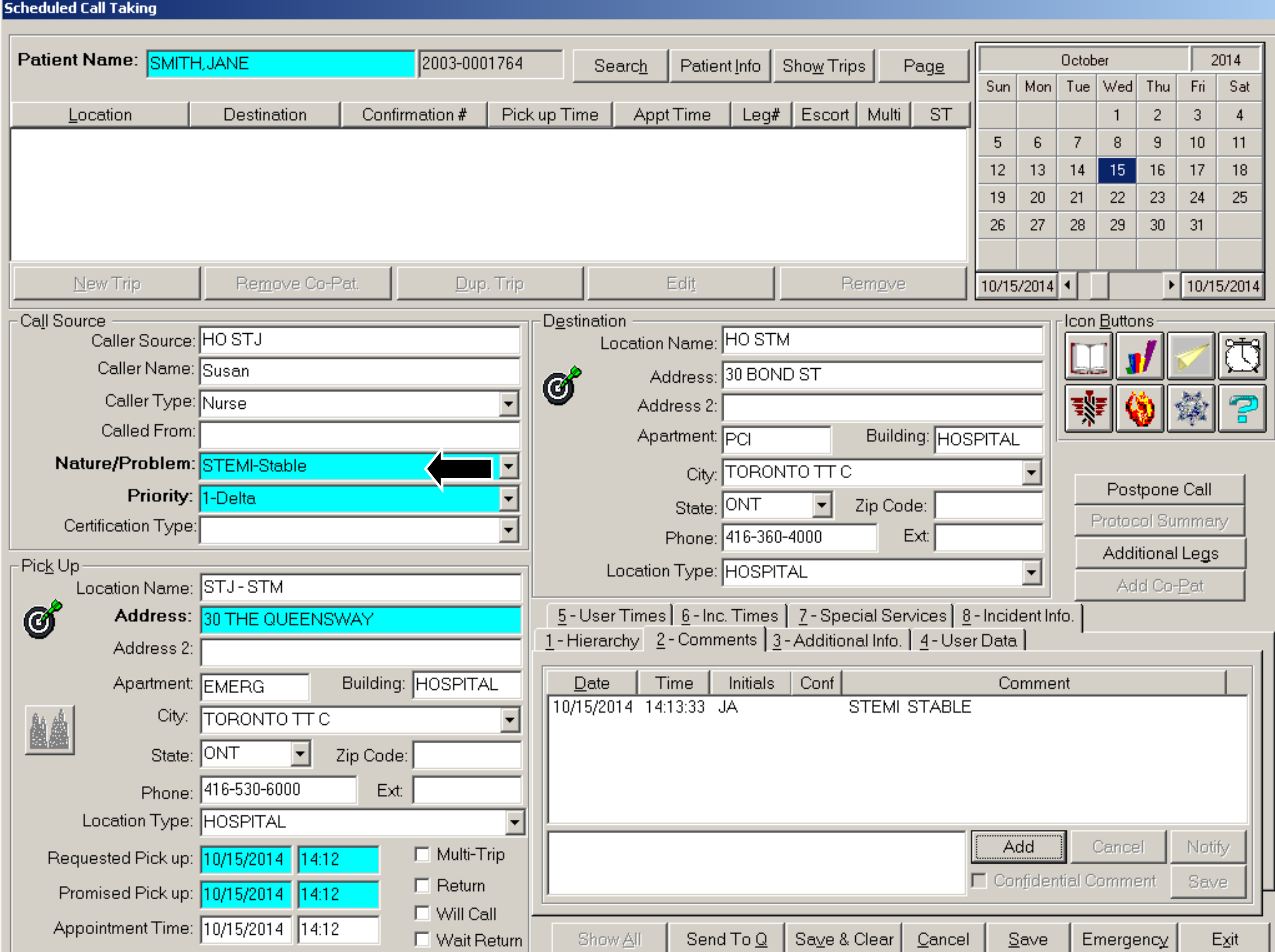
<XH SUN K> (Be sure to select K WING ACUTE, and not the Kidney Care Centre)

NOTE If the call is from the **K Wing LTC** facility, and is for a **resident** of the LTC (i.e. not an ACUTE Care patient), then process the request using the ECT and apply the appropriate procedures for Nursing Home (NH) premises (see Emergency Call Management).



CODE STEMI (ST Elevation Myocardial Infarction) Transfer:

These transfers are called in on a 9-1-1 line or another emergency line as "we have a code stemi", and involve the transportation of stable or unstable STEMI patients who require immediate intervention at a Percutaneous Coronary Intervention (PCI) lab or CCU on a delta response. All Code STEMI transfers originate in a hospital emergency department (ED), and involve emergent (i.e. very recently diagnosed) STEMI patients. Patients who require a transfer to a PCI lab from a floor in a hospital are treated as regular appointment or emergency transfers (described above).



The EMD must record the following:

- **Nature/Problem** = STEMI-Stable or STEMI-Unstable (Priority will default to DELTA)
- Pick Up -- **Address** (i.e. hospital) and **Apartment** (i.e. emergency)
- Destination -- Address (i.e. hospital) and **Apartment** (i.e. PCI lab)
- Use short hand comment '/**ST**' (STEMI) in Comments tab
- MT#
- Caller's name and contact phone number - to facilitate speeding call back if necessary

The following is a list of hospitals that are currently involved in the STEMI program:

GEOGRAPHIC AREA	DESIGNATED CATCHMENT AREA
NYG/HRH	SUN
SGH/SGR	SCH
TEG/STJ	STM
TWH/MTS	TGH
EGH	OH BRA
UC TRIL	OH MIS

Code STEMI Transfers have a DELTA priority and an MT# is now required for Code STEMI Transfers (MEMO 2020-03-19).

CODE STROKE Transfer:

These transfers are called in from a hospital emergency room or a floor (MEMO 2021-02-04 New CODE STROKE (Stable) Transfers) on a 9-1-1 line or 416-489-2111 and involve the transportation of a stable or an unstable new onset stroke patient, who meets the stroke guidelines for Thrombolytic Therapy at a Stroke Centre.

The call receiver must record the following:

- **Nature/Problem** = STROKE-Stable or STROKE-Unstable (Priority will default to DELTA)
- Pick Up -- **Address** (i.e. hospital) and **Apartment** (i.e. emergency)
- Destination -- **Address** (i.e. hospital) and **Apartment** (i.e. PCI lab)
- MT#
-

There are four hospitals currently designated as STROKE centres:

- **SUN**
- **TWH**
- **STM**
- **Trillium Mississauga**

Hospital for Sick Children Transport Team:

(See MEMO 2019-09-24, MEMO 2019-12-27 & MEMO 2020-03-19)

The Hospital for Sick Children has a team specializing in the effective stabilization and safe transport for unstable neonates and infants weighing up to 5 kg in both the Central East and some near northern regions of Ontario. The team is comprised of specially trained Registered Nurses (RNs) and Registered Respiratory Therapists (RRTs). A team of dedicated physicians provide backup medical coverage to the team.

As of September 25, 2019 there are dedicated Acute Care Transport Service (ACTS) Teams in partnership with HSC and the Ministry of Health.

The requests for transfer come in on 416-489-2111 and are booked by a member of the team, or by one of the crew members on behalf of the team. As of December 27, 2019, these callers no longer need to be transferred to One Desk, as these transfers are to be booked by an EMD/CT. Once all information is recorded, the call will be moved to the One Desk Sector, and the EMD / CT who books the transfer will bring the transfer to the attention of a Senior EMD and / or SCS.

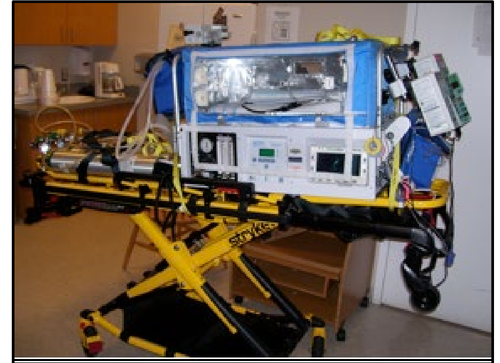
There are two types of Sick Children transfers:

1. ACTS Team & Equipment with isolette (with or without patient)

The ACTS team will be going from The Hospital for Sick Children to another hospital where they will pick up a patient. Keeping this in mind, there may not be a patient name, but an MT# is required (MEMO 2020-03-19). The team often goes out of town. These calls do not need SCS or Deputy Commander's approval.

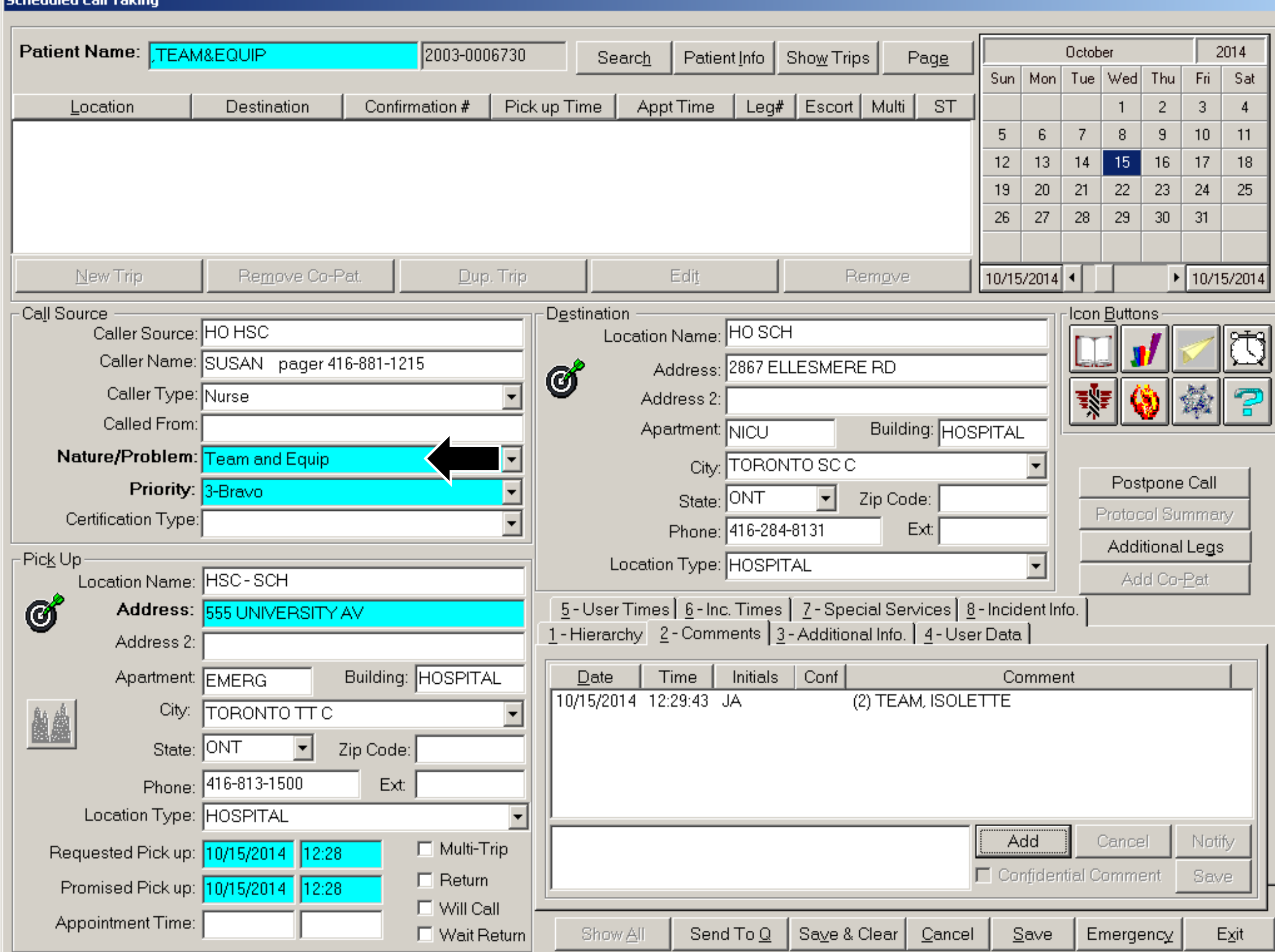
The information collected by the call receiver is minimal. You will ask and record:

- **Patient Name** = TEAM&EQUIP (if without patient) / PATIENT NAME (if with patient)
- **Caller's name** and phone number (it will often be their pager number)
- **Nature/Problem** = Team and Equip (priority will default to Bravo)
- **Pick up Location** = Where the ACTS team is picking up the patient
- **Destination Location: HSC**
- Which ACTS team is servicing the transfer, if offered (recorded in **COMMENTS**)
- Move the call to **One Desk Sector** and bring it to the attention of a Senior EMD or the SCS.



2. Team & Equipment without isolette & without patient

The team is finished and needs a ride back to Sick Kids Hospital with their equipment but they are not bringing a patient back with them. They might have other equipment but, specifically, not the isolette. These calls are to be treated the same way as an Emergency transfer. Team & Equip will be inserted in the 'Patient Name' field.



Transfer Involving Psychiatric Patients:

Transfers involving patients going for admission to a psychiatric facility require the call receiver to obtain and record the following additional information:

1) Answers to the following questions:
   - Is the patient violent?
   - Is the patient voluntary?
   - Is the patient sedated?
   - Is the patient restrained?
   - Is the patient on a form? (note: a form 1 PT **must** have an escort)

2) Contact the receiving institution to confirm admission arrangements. The call receiver will record **'OK'** in Comments section followed by **the name** of the person spoken to at the receiving facility.

Form 1 (Application for Psychiatric Assessment) can be used to bring someone to a psychiatry facility for an assessment that lasts up to 72 hours (three days). To put someone on a Form 1, a doctor must have personally examined the person within the previous seven days and have reason to believe that the person meets certain tests under the Mental Health Act.

Critical Care Transport Unit (CCTU) Transfer:

CCTU Units are staffed with Level IV Paramedics who are trained to manage critically ill patients during inter-hospital emergency transfers without additional medical escorts. CCTU calls are received from ORNGE and are booked and dispatched by **One Desk**. When ORNGE calls (most likely on the direct line) and asks for One Desk, transfer the phone to a Senior EMD.

CCTU patients are pre-selected based on level of care required. These patients will have one or more of the following features;

- PA or arterial monitoring
- Advanced airway and ventilatory requirements
- Drug infusions/pumps
- Blood products administration
- Chest drainage

Non-Emergency Calls that turn out to be an Emergency Call:

Frequently, calls come in through one of our non-emergency lines (usually a transfer line) sounding and feeling like your basic scheduled transfer request. Although these calls are usually originating from a nursing home or other long term care facility and have a non-urgent air to them, they may also originate from a private residence. Often, you will not discover the emergent nature of the call until you get to the destination portion of the 'booking' and the caller asks that the patient be taken to the emergency department. There are some other clues or hints that might be offered which should prompt you to explore the nature of the call more closely. One thing to always be mindful of is that our response is based on the patient's condition, rather than the wishes of the sending institution.

Some clues and hints:

- Caller requesting their patient be taken to an emergency department
- "Our Doctor told us to bring him in right away..."
- Caller advises the "Doctor would like her assessed"
- "Sending patient for query of……"
- Patient information given by caller that normally wouldn't be offered on a scheduled call
- Insistence that this is not an emergency call
- "Won't need fire……"

Whenever you are in doubt about a call that doesn't sound like a routine transfer request, ask clarifying and verifying questions regarding the patient's current condition. If a call that originally seemed like a schedule call turns out to be an emergency after all, simply launch a blank emergency form and process the call accordingly.

After you have completed the call, go back to the initial Scheduled Call Taking form and cancel it as long as the call has not gone up to the Pending Incidents Queue.

Some Common Communicable Conditions:

If any of the following diseases are mentioned at any time during the call taking process, the call taker will document the disease in the Comments/Notes tab for safety of the responding crew.

VRE

Enterococci are bacteria that are naturally present in the intestinal tract of all people. Vancomycin is an antibiotic to which some strains of enterococci have become resistant. These resistant strains are referred to as VRE.

MRSA

MRSA stands for Methicillin-Resistant Staphylococcus Aureus. It is a type of bacterium commonly found on the skin and/or in the noses of healthy people. Although it is usually harmless at these sites, it may occasionally get into the body (i.e. through breaks in the skin such as abrasions, cuts, wounds, surgical incisions or indwelling catheters) and cause infections. These infections may be mild (i.e. pimples or boils) or serious (i.e. infection of the bloodstream, bones or joints).

TB

TB or Tuberculosis, is a disease caused by bacteria called Mycobacterium Tuberculosis. The bacteria can attack any part of your body, but they usually attack the lungs. TB disease was once the leading cause of death in the United States.

C.Diff

Clostridium difficile (C. difficile) is a bacterium that causes mild to severe diarrhea and intestinal conditions like pseudomembranous colitis (inflammation of the colon). C. difficile is the most frequent cause of infectious diarrhea in hospitals and long-term care facilities in Canada, as well as in other industrialized countries.

Most cases of C. difficile occur in patients who are taking certain antibiotics in high doses or over a prolonged period of time. Some antibiotics can destroy a person's normal bacteria found in the gut, causing C. difficile bacteria to grow. When this occurs, the C. difficile bacteria produce toxins, which can damage the bowel and cause diarrhea. However, some people can have C. difficile bacteria present in their bowel and not show symptoms. For healthy people, C. difficile does not pose a health risk. The elderly and those with other illnesses or who are taking antibiotics, are at a greater risk of infection.

In addition to asking if there are any respiratory or enteric outbreaks in the facility, call takers should also ask if the patient being transported has any conditions the paramedics should be aware of. If one of these conditions (or others volunteered by the caller) is mentioned, the call taker should record, ****MRSA+**** to ensure the medics are aware and use PPE (Personal Protective Equipment) when in the vicinity of this potentially contagious patient.

Notes

TORONTO PARAMEDIC SERVICES

Communications Centre

Avtec

Our Vision

Toronto Paramedic Services strives to meet the changing needs of the community for pre-hospital and out-of-hospital care, and believes that by the timely application of the advances in both the art and science of medicine to the practice of paramedicine, we can decrease suffering, improve the health of the community while saving lives.

Avtec

Hardware:

Flat Screen:

A glass touch screen calibrated to respond to a soft conductive material. The glass on these screens will scratch. One-Desk has materials to clean the screen when required.

Workstation Controller:

A large black box with integrated speakers, volume control and a PTT button. This controller is generally out of sight of the call receiver.

Workstation Computer:

Is required to run each workstation.

Select and Unselect Speakers:

Each set of speakers have their own volume control and LED to visibly show any audio coming through them. The **SELECT** speaker will broadcast any phone/radio audio when the dispatcher is on a phone or intercom line when the headset is removed from the jack. This ensures that no audio is missed by the dispatcher. The **UNSELECT** speaker will broadcast any audio from radios or phones that are 'unselected'. These will be indicated on the touch screen by a dark green shade.

Mouse:

The mouse can be used as an alternative to touching the flat screen with your finger.

The Status Lights:

These are visual indicators of the phone and radio status of the EMD at a specific position. It is a pole that is attached to the desk.

RED LIGHT:	- indicates an emergency line is selected
	- indicates the call receiver is pressing the PTT (push to talk)
AMBER LIGHT:	- indicates a non-emergency line is selected
GREEN LIGHT:	- indicates the call receiver is ready to receive a call
NO LIGHT:	- indicates the position is not logged on

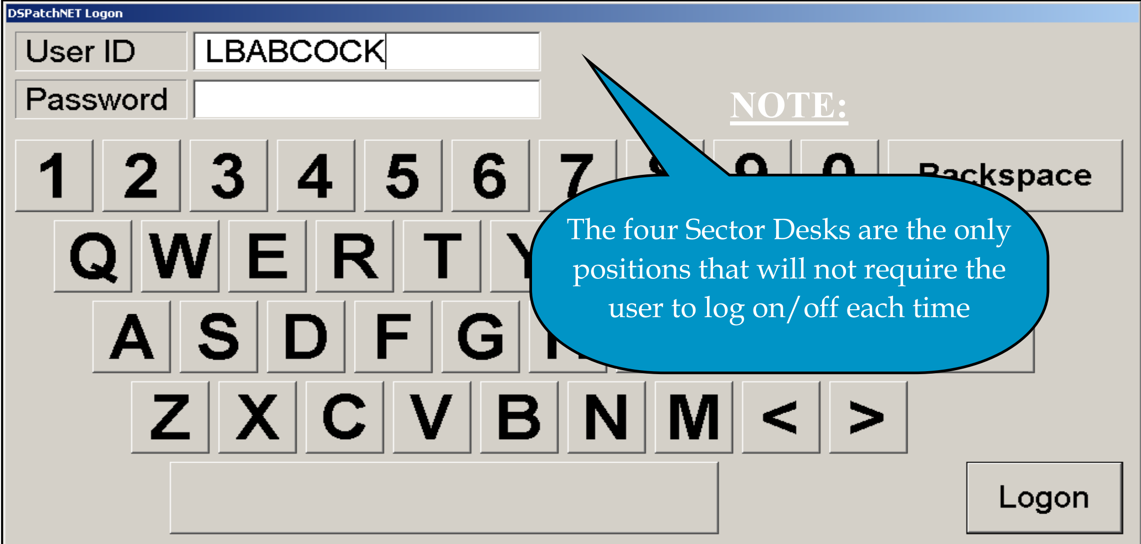
Headset Jacks:

There is a pair of jacks on each side of the desk console. Each pair has volume control.

Logging On

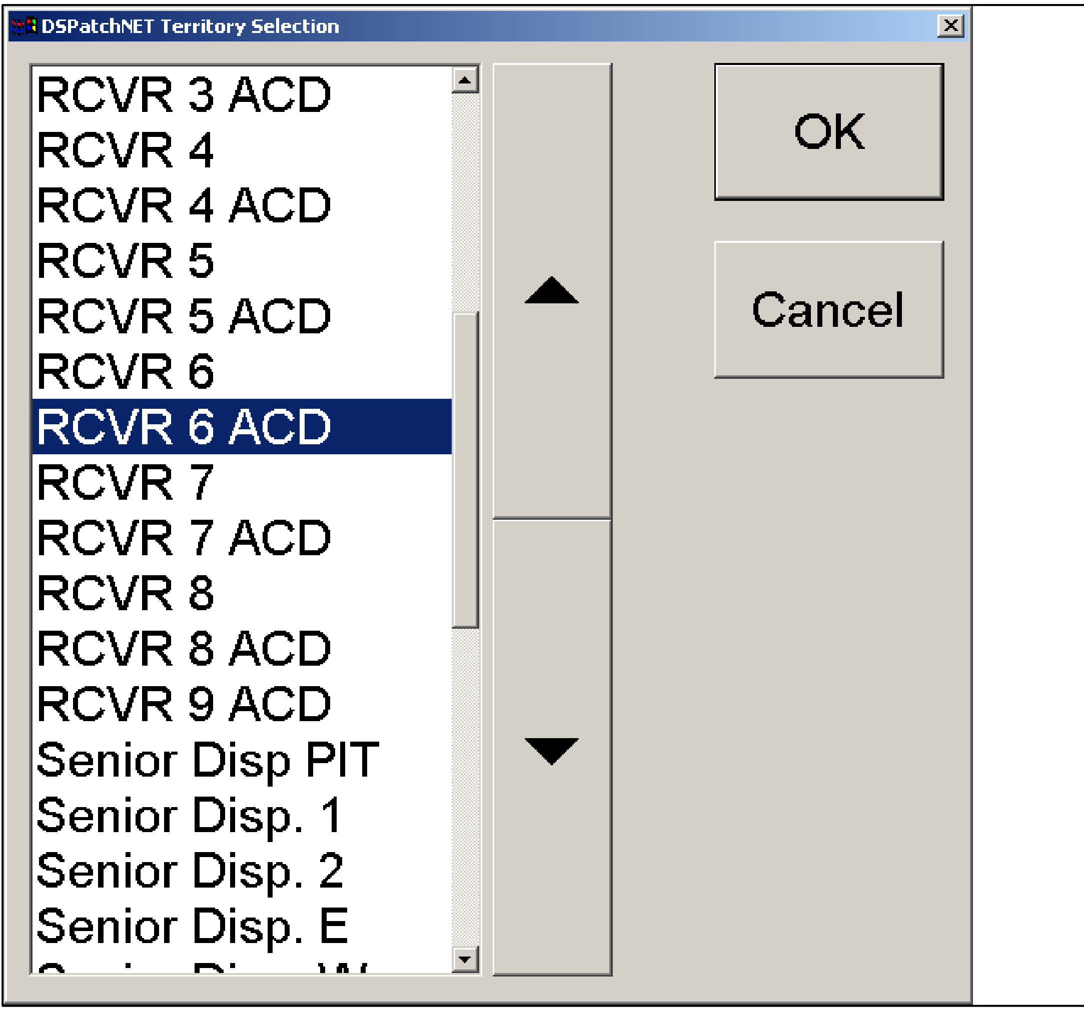
The system is user dependent and logging on is based on the physical position in the control centre.

At Logon Screen (DSPatchNet Logon) - enter your User ID which is your first initial followed by up to nine characters of your last name i.e. Larry Babcock = LBABCOCK and press <Logon> or mouse click on <Logon>. A password is not required.



Territory Selection

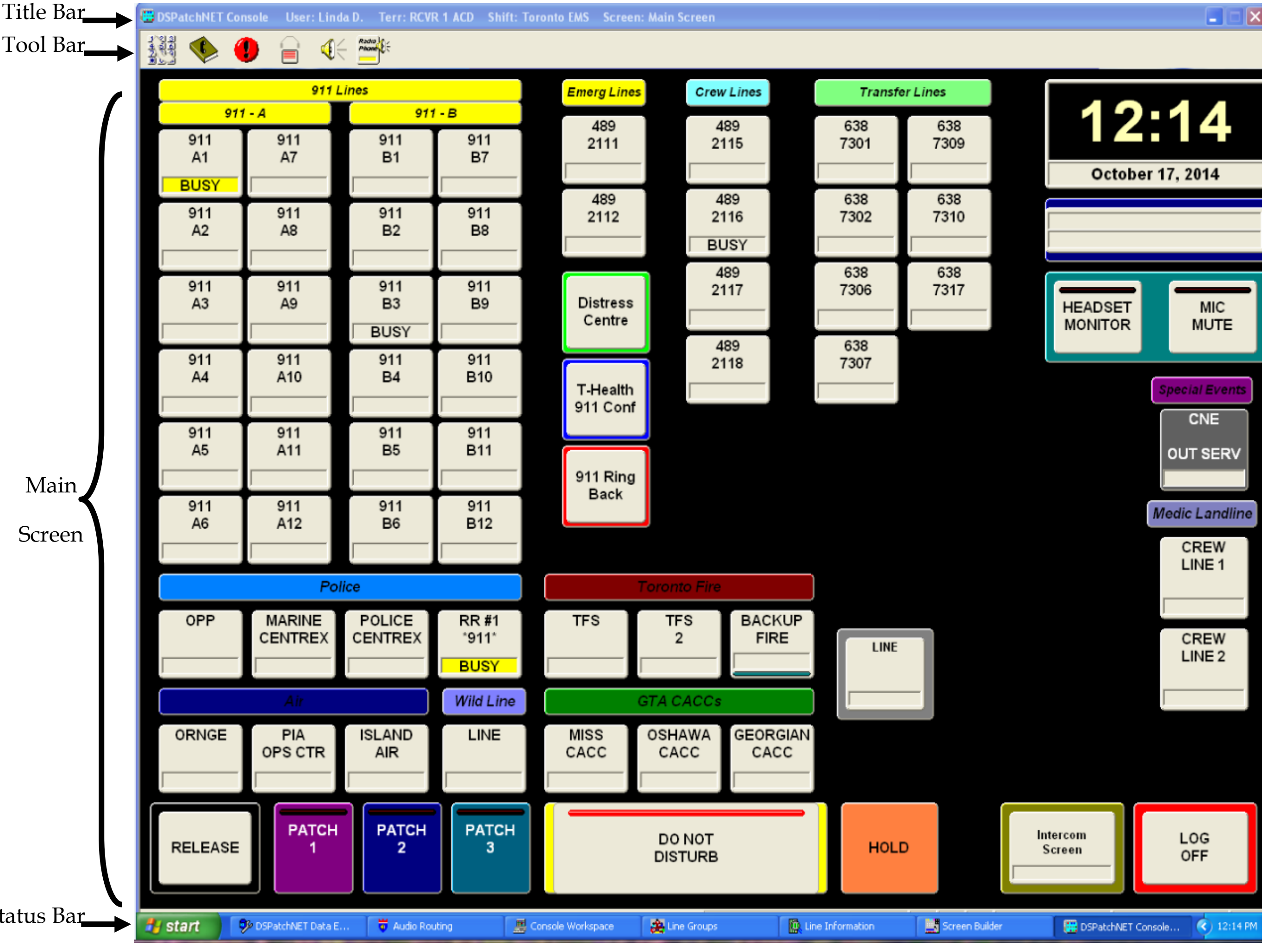
Each position in the control centre is identified as a TERRITORY in the AVTEC system. The territories are presented to you in a scrollable list in the territory selection screen.



Highlight the appropriate territory for the position you are occupying and press <OK> or mouse click <OK>. The system will refresh and the main window of the selected territory will be presented.

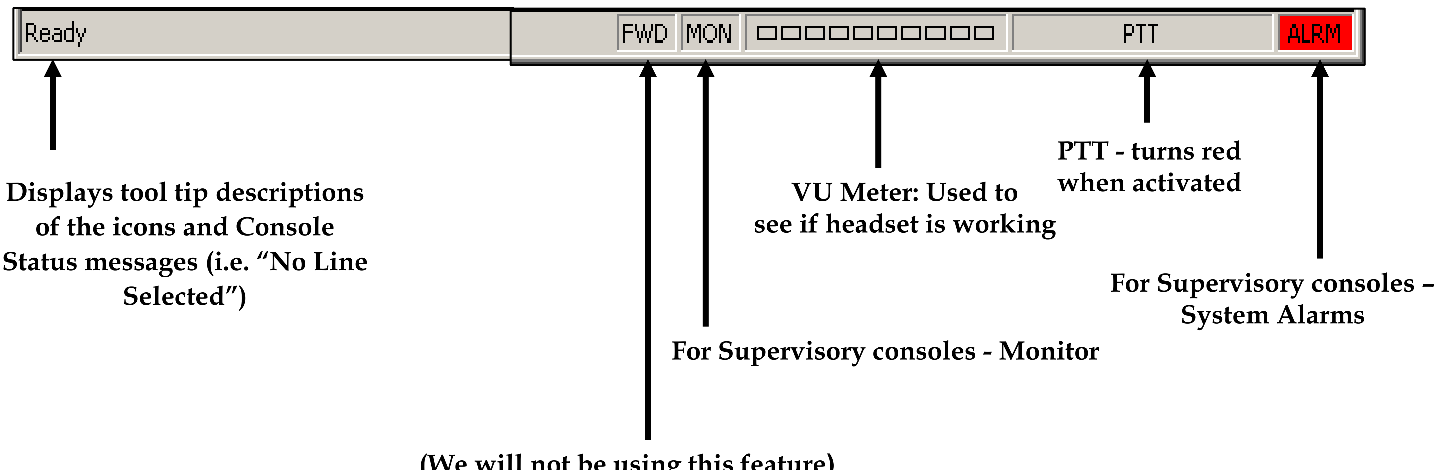
The Main Window

The Main Window has several components common to ALL Territories.

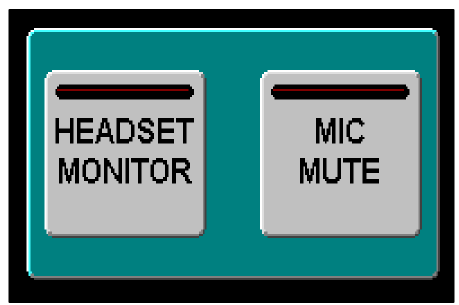


Touch pads are grouped together into similar categories also defined by colour for ease of selection (i.e. all emergency lines are under a yellow title bar on any given screen)

Status Bar



Headset Monitor and Mic Mute:



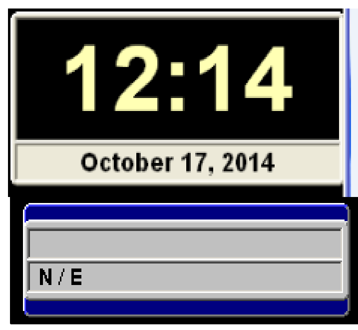
Activating the Headset Monitor pad will channel the audio in your headset through the Select speaker.

This feature allows someone not plugged into a headset jack at your position to hear what you are hearing.

When activated the black bar along the top of the pad turns **Red**. To deactivate the Headset Monitor simply touch the pad again.

The Mic Mute works the same way as the mute switch on your headset cord. It also turns the bar **Red** when activated. It will mute all audio from the microphone (i.e. the tape will only record inbound audio).

Selected Channel Indicator:

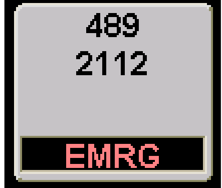


Located beneath the Clock, the Selected Channel Indicator has two display lines. The top line displays any phone line that is selected (lines on HOLD will NOT be shown in the Selected Channel Indicator) the bottom line displays any radio channel that is selected.

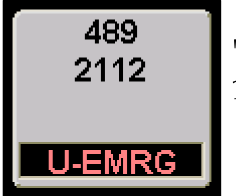
If a patch is in progress and the call receiver is active in the patch, the patch number (i.e. PATCH2) will be shown on the bottom line of the Selected Channel Indicator. This indicator has been placed on each page to ensure that the operator is able to view their selected lines/channels at any time.

Working with Phone Lines

Inactive emergency line



Emergency line ringing



"Unanswered" emergency line ringing. The line has been ringing for more than 10 seconds and is now ringing at all other positions that have this particular line

Answered emergency line at your position

Emergency line placed on HOLD at your position

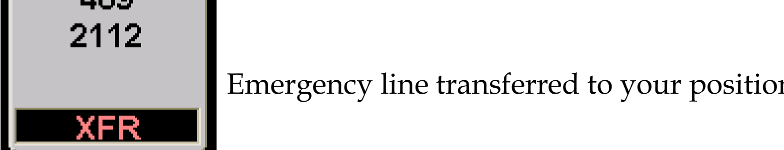
Emergency line on HOLD at another position without VOX (voice traffic or noise on the line)

Emergency line on HOLD at another position with VOX

489 2112 BUSY — Emergency line engaged at another position without VOX

489 2112 BUSY — Emergency line engaged at another position with VOX

489 2112 XFRD — Emergency line which is transferred to another person

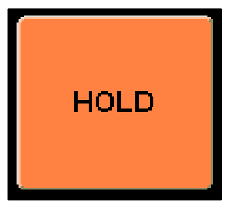


Emergency line transferred to your position

Phone Line Function Pads

There are several phone function pads along the bottom of each screen. These function pads have a variety of roles, and are described in further detail below:

HOLD



Pressing the HOLD pad while a phone line is in the 'SELECT' status will result in that phone line being put on hold. Pressing the HOLD pad again will put the line back into the select status. If there is more than one line that has been put on hold at that position, pressing HOLD repeatedly will cycle through the phone lines (putting them back into select and then hold again) in the order that they were put on hold. HOLD will work on any selected line regardless of the particular page the call receiver is currently viewing.

RELEASE

Pressing the RELEASE pad will unselect/hang up any selected phone line. This works as an alternative to touching the selected pad again. It will also release a Patch when it is finished, but, only if the call receiver is active in the patch at the time it is pressed. Release will work on any selected line regardless of the page the call receiver is currently viewing.

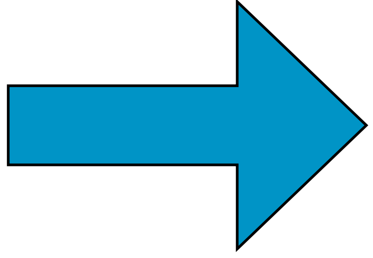
PATCH

The Patch feature gives the operator the ability to connect two or more lines together in a temporary link. These can be phone to phone, phone to radio, or radio to radio patches. All Territories currently have three patches available to them. Patches are not shared between consoles, so each position may use their own patches at any time.

Procedure for Establishing a Phone Patch

The initial line must be in 'Select' status.

- Press one of the coloured PATCH pads. The colour of the pad of the selected line turns the same colour as the selected patch pad (audio is no longer available in the headset).
- Select an outgoing, inactive phone line (i.e. non-emergency line).
- Press the same colour PATCH pad again. The patch is now in place.
- The parties on the patched lines are able to speak with each other, however the call receiver cannot communicate with them.
- Press the coloured PATCH pad again.



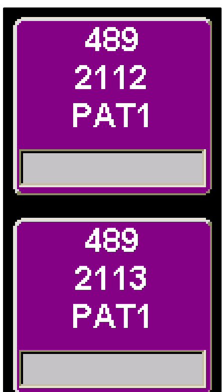
The activity bar on the PATCH pad turns **RED**, indicating the call receiver is now 'active' in the patch. The call receiver must key the Push-To-Talk (PTT) button to speak with the patched parties. If not required to be actively involved in the patched conversation, the call receiver should monitor the patch for evidence of VOX on the lines. The background of the patched lines will be alternating yellow and grey, indicating activity in the patch. There is an inactivity timeout feature that will flash INACTIVE on the patch pad if there is no VOX detected for a preset length of time (currently 60 seconds). It is the responsibility of the call receiver to disconnect a patch once it is finished.

Procedure for Disconnecting a Phone Patch

Disconnect phone lines individually by touching each pad twice

Or;

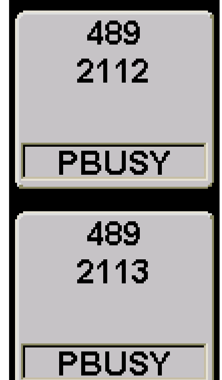
When still active in the patch touch the Release pad once



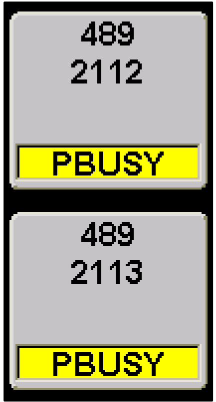
Two emergency lines patched together using PATCH 1

Active Patch Pad - the stars indicate that there is a patch in place using this particular patch pad and the **RED** bar indicates that the EMD is currently part of the patch

Any console with an 'Unselect' pad on it may place the patch in Unselect (hear it through their Unselect speaker on their desk instead of through their headset) by touching the Unselect pad while active in the patch. The RED bar will turn GREEN. The operator cannot participate in the conversation unless the bar is RED



Two emergency lines patched together at another console



Two emergency lines patched together at another console with VOX

Do Not Disturb (DND)

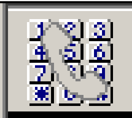
The DND pad is available on the main screen at those positions that have been included in the Automatic Call Distribution (ACD) system. Detailed procedures will be discussed in the ACD section of the manual.

Next Call

The Next Call pad only appears on consoles that are NOT part of the ACD system but may potentially answer 9-1-1 calls. When there is more than one phone line ringing on the console pressing the Next Call pad will tell the computer to answer the call that has been ringing the longest, with emergency calls taking priority over any other lines.

When using the Next Call pad, as with the ACD, the operator should look at the screen to confirm the nature of the line that was answered

Phone Dialler



The phone dialler can be displayed by selecting the toolbar icon or by simply selecting an idle line to dial out on. It can be moved around the screen by dragging the title bar in the desired direction. The dialler will open in the same position on the screen in which it was last closed.

DSPatchNET Dialer

4163922130 ← **Number to be dialled**

4163923882 ← **Last number dialled**

1	2	3
4	5	6
7	8	9
*	0	#

Flash (seldom used)

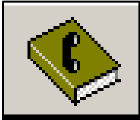
REDIAL ← **Redial Last Number**

Acquire new dial tone

← **Accesses Phonebook (same as toolbar icon)**

Close

Phonebook:



Phonebook Toolbar Icon

The Phonebook contains speed dials that are commonly used.

Phone Book
(greyed out – not used)

Dial
(greyed out – not used)

Search

DSPatchNET Phone Book

S/E A Cell	S/E C Cell	S/E Dist Office A	S/E Dist Office C	S/E HUB	STN 40	STN 41	STN 42	STN 43	STN 45	STN 46
STN 47	STN 48	STN 49								

PCTU	Police	S/E	S/W	Security	STN #s Private	TEMS Numbers	TEST GROUP	Traffic	Training

Close

Information | User Information | Tone Specifications | Territories and Shifts | Autodials | DSPatchNET Con...

Speed Dial

Speed Dial – GROUPS

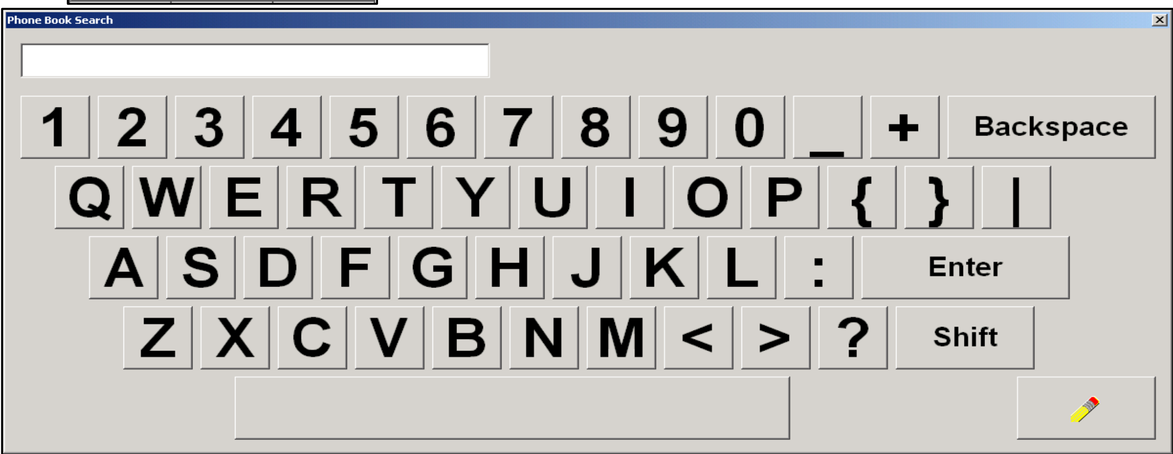
Auto Speed Dials

Auto dials, also referred to as 'speed dials', will automatically dial a pre-set number. They are broken down into predefined groups which show as dark grey buttons along the bottom of the phone book window.

Selecting any dark grey button will display all of those speed dials associated with that particular group (i.e. if looking for the speed dial for Cambridge CACC, select the dark grey 'CACC' button along the bottom of the phone book window).

Search

Pressing the 'Search' pad will bring up the following window:



This search pad will only search within the group (dark grey button) as selected. For this reason an 'ALL' group has been added.

If a call receiver is unsure what group a particular entry may be entered under, simply select the 'ALL' group, press the Search icon and type the first letter only of the entry they are searching for. The search window will automatically scroll down to the first entry that alphabetically or numerically matches what has been entered in the search window.

To exit the search window press 'Enter'.

Note: The rationale for selecting **only** the first letter is related to the fields available for the display name. There are currently only two fields of 8 letters each. Due to this limitation, many of the display names have been shortened in various ways, therefore the operator will have no way of knowing how the name is spelled in the Autodial and the chance of error is high if more than the first letter is entered.

Auto pages

Not currently used by Toronto Paramedic Services

Phone Features

This group of pads is used to dial very specific character strings to access special phone features. Currently, there are three predefined features that may be used:

9-1-1 Ring Back

Dials a 'flash', gives a second pause, and then dials *99.

This will be used in conjunction with the 9-1-1 line to reacquire callers that have prematurely disconnected themselves.

RR*10:

Dials a 'flash', gives a second pause, and then dials *10.

This may be used in conjunction with the 9-1-1 line to direct a 9-1-1 line and ANI/ALI information back to the Radio Room.

TFD*28:

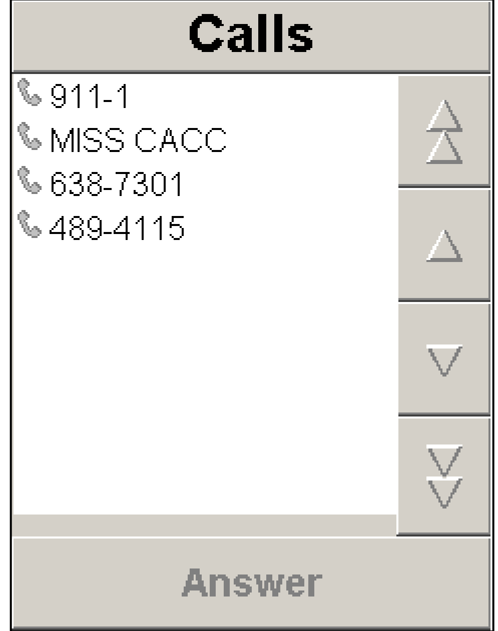
Dials a 'flash', gives a second pause, and then dials *28.

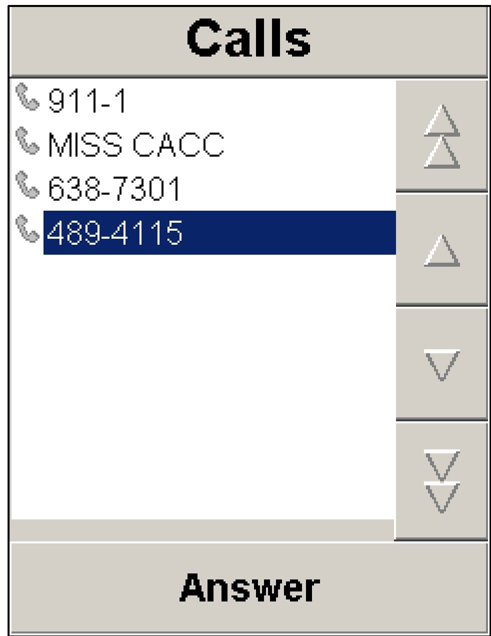
This may be used in conjunction with the 9-1-1 line to direct a 9-1-1 line and ANI/ALI information to Toronto Fire Communications.

The Call Queue

The Call Queue is a dynamic list of incoming phone calls. Currently, these queues appear only on the Superintendent or Senior Dispatcher's console. They can visually see the number and type of calls that have not been answered. The calls are sorted by the priority assigned to the lines. Emergency lines have a higher priority than non-emergency lines and will rise to the top of the queue. Lines are prioritized again within the emergency or nonemergency groups. This means that some emergency lines will have a slightly higher priority than other emergency lines. Likewise, some non-emergency lines will have a slightly higher priority than others. The operator can select a line to answer out of the pending list at any time by highlighting the number with a touch, and then by pressing the 'Answer' pad.

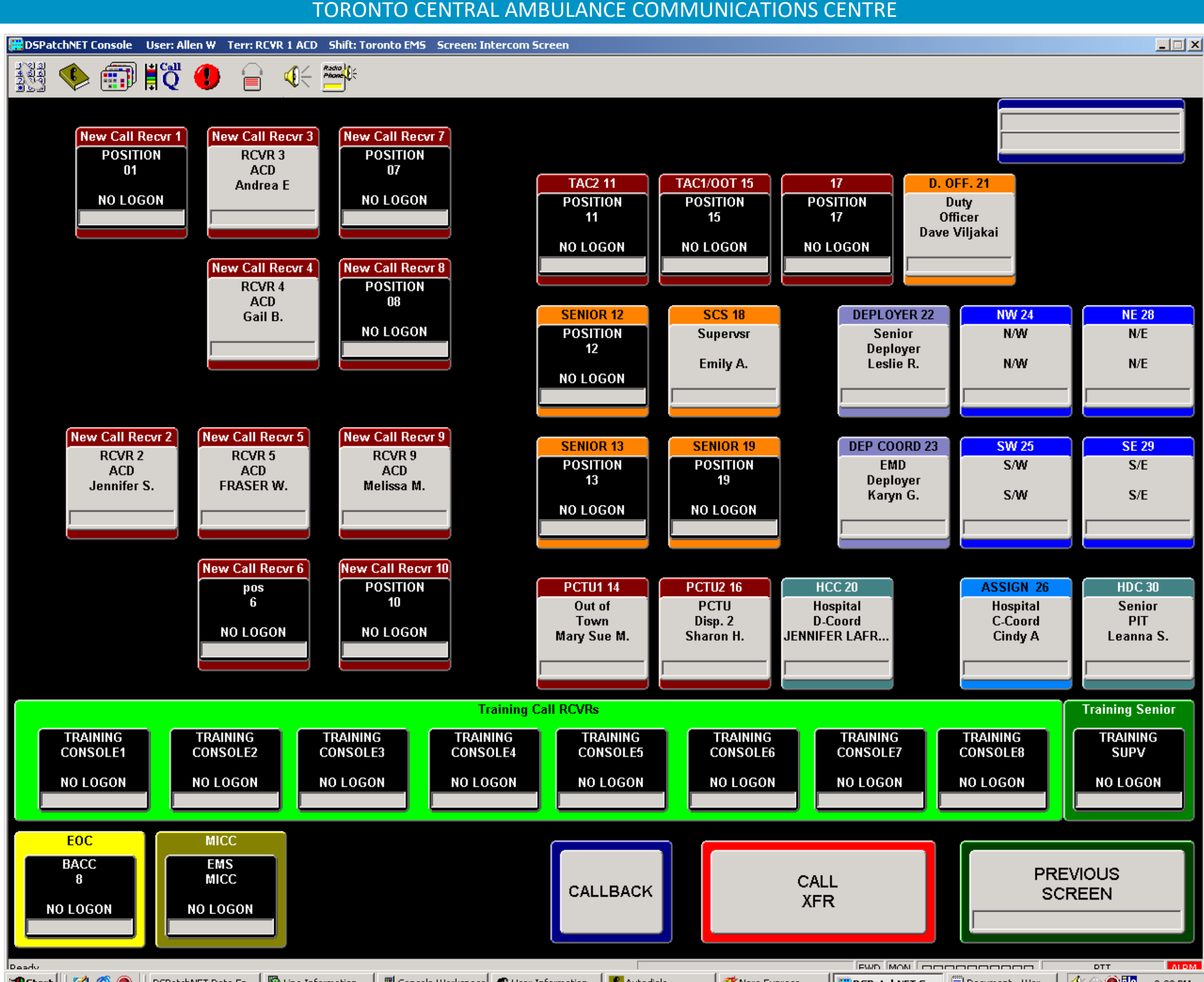
If the call receiver uses the 'Next Call' pad, the highest priority call with the longest wait time will be answered.





Intercom System

The Intercom screen is the link between consoles within the control centre. It is accessible from every screen and the page is laid out to duplicate the floor plan of the control centre. Each physical position in the CACC will be labelled with a particular Territory that should be used when logging on. The importance of this is seen on the Intercom screen as the pads will only represent certain Territories, and, if they are not logged in, will show up as a black (inactive) pad.



Initiating an Intercom Connection:

Touch the Intercom screen pad located on the lower right side of the Main screen. Select the position you wish to speak with by touching the pad containing the Territory and user name. The recipient will receive a tone indicating their position is being intercommed.

Note: If your message is 'urgent' you can alert the position by pushing your PTT and say one or two words to get their attention

(i.e. 'cancellation'). This will be transmitted through the Unselect speaker.

Receiving an Intercom Connection

Touch the 'ringing' Intercom screen pad located on the lower right side of the Main screen. Touch the pad of the position that is calling you. The pad will be dark green in colour.

Conversing over an Intercom Connection

Activate and hold the PTT during the entire conversation.

Disconnecting an Intercom Connection

The position that received the intercom will touch the pad again. This disconnects the intercom. If both operators try to hang up one will end up calling the other back.

The Automatic Call Distributor (ACD) will give a console a call while the operator is on the intercom. If the intercom call is not a priority, the operator will take the ACD call. If it is not appropriate to answer the call, the operator will have a Do Not Disturb pad on their intercom screen to opt out of the ACD. This must be used judiciously.

Receiving a Transferred Line

Touch the pad to select the line.

Shows the line transferred FROM another position.

Transferring a Line to Another Position:

Leave the line to be transferred in 'Select' status.
Touch the Intercom Screen pad.
Touch the "Call XFR" pad – it will begin to flash.
Touch the pad of the receiving Territory/User.
The line has been transferred.

Main screen shows the line transferred to another person.

Automatic Call Distribution (ACD)

What is ACD? Automatic Call Distribution is a tool used in most large emergency communication centres to distribute calls efficiently and equitably among call receivers. ACD ensures minimum queuing time, based on the priority of the incoming phone line. For emergency callers, the reduction in waiting time will help to reduce the level of anxiety and increase confidence in patient care delivered.

How it works

A call is received on a phone line that has been assigned an ACD priority (emergency lines being assigned a higher priority than non-emergency lines). The ACD searches for an idle console. If more than one idle console is found, the call is routed to the one that has been idle for the longest period of time. The idle console will receive an alert tone in their headset indicating an incoming call.

Four seconds after the warning tone, the call will be delivered 'live' to that console. If there are no idle consoles the ACD will present the call to the console currently on the lowest priority non-emergency call.

On occasion, the call receiver will need to contact Fire, Police, etc. and will need to 'opt out' of the ACD Loop. At other times, the call receiver may be on a phone line designated as non-emergency line, and make the judgement that that the situation warrants an emergency response. In either case, the call receiver can activate the Do Not Disturb pad as soon as they know their call is an emergency.

Do Not Disturb (DND)

There will be legitimate situations when a call receiver will be unavailable to receive an incoming call, emergency or non-emergency. When the Do Not Disturb (DND) button is activated the ACD controller is alerted to bypass that position until the DND is unselected.

Some important points to note about the DND:

- When the bar is **RED** on the DND button pad, the DND function it is considered active. Calls will not be alerted by the ACD to that call receiver position.
- When the call receiver logs on to Avtec, the DND button pad defaults in the active function. This allows the call receiver time to set up the workstation before accepting incoming calls.
- The DND function will automatically engage when an emergency line is answered.
- Sixty (60) seconds after the DND becomes active, the pad will begin to flash and sound a tone, as a reminder to the call receiver that the DND feature is still engaged, preventing that position from receiving another incoming call.
- DND will remain active until the call receiver unselects it.
- The call receiver has the ability to activate the DND function at any time for an appropriate reason (i.e. assisting another call receiver with emergency police notification, etc).
- Warning. When a headset is unplugged from headphone jack, the DND function many not automatically engage in the active function. It is important to log off the Avtec when unplugging from the workstation.
- Disconnecting the headset in the middle of the cord without removing it from the jack will NOT activate the DND function.

ACD Considerations

When engaged on a non-emergency line, the call receiver could receive an incoming emergency call directed to that position by the ACD. Upon hearing the warning tones, the call receiver will have 4 seconds to say:

“Please hold the line I have to take an emergency call.”

The ACD will automatically place the non-emergency call on HOLD and direct the emergency call to that position.

If a call receiver is active in a Patch, set up between two (2) non-emergency lines, the ACD may route a call to that position. To avoid this situation, the call receiver must activate DND manually.

If all positions logged into the system are engaged in emergency call activity, the next incoming call will show as unanswered and will begin to ring audibly on all other desks in the control centre that are equipped with that particular line. The line must now be answered manually by touching the line pad.

Notes

TORONTO PARAMEDIC SERVICES

Communications Centre

Troubleshooting

Our Vision

Toronto Paramedic Services strives to meet the changing needs of the community for pre-hospital and out-of-hospital care, and believes that by the timely application of the advances in both the art and science of medicine to the practice of paramedicine, we can decrease suffering, improve the health of the community while saving lives.

Troubleshooting

Trouble Entering an Address location into CAD?

At times you may have trouble entering an address location into CAD. If a location has to be 'forced' into CAD:

1. Select "No Match" when the Geo-Locater box is displayed.
2. You will be presented with a box confirming that the "Selected address has not been verified".
3. Select "OK".
4. Be aware there will be no information in the "city", "geocode" and the "division" fields. The call will go to all divisions when tabbing off the Nature/Problem.
5. Since there is no geocode or mapping, the Main Intersection field is relied on more heavily. It must be accurate. Directions to the address may need to be recorded in the Comments/Notes.

If the call is an Out of Town call you are required to fill the city in the LOCATION field, so the dispatcher knows immediately that the call is not in Toronto, and that the Out of Town dispatcher will be handling the call.

New Streets

1. Ensure that there is no punctuation in the ANI/ALI dump and that the street is spelled correctly (i.e. O'CONNOR)
2. Erase the entry in the address field of the Geo-Locator, retype the address using only the first three or four letters of the street name, tab off and use the "Search" button.
3. Ask the caller what City the address is in (it may be an Out of Town call).
4. If there is still no match, erase the address number, leaving only the first few letters of the street name and "Search" again. This should produce a list of new streets beginning with the letters that you have entered. Select the street name and accept the entry. The selection will be geo-validated with Block-face, geocode, Jurisdiction and Division and will be displayed on Geo where you can confirm the major intersection.
5. The actual address, including the house number must be entered in the Comments/Notes field to ensure that the responders receive the correct location on their pagers.
6. DO NOT try to enter the house number into the Address field. Enter the street name without a number then choose it from the drop down list.

For INTERSECTIONS involving a new street, enter only one of the streets in Geo-Locator and then "Search". The street may be recognized immediately, or you will get a list of streets beginning with the letters that you have entered. Select the correct street, and then enter the details of the actual intersection in Comments/Notes.

Canada 411 and Telephone Directory

The System Control Supervisor and the Senior Dispatchers have access to the internet and to websites that are capable of searching for telephone related information for all of Canada.

Search parameters can include one or more of the following: name, address, area code and telephone number.

Toronto Police Radio Room can also do a telephone trace on cell phones - just ask your senior dispatcher for assistance as it must go through them

Computer Problems

Error Messages – Logging off or Logging on

When leaving a call receiving position for a break or at the end of shift, you must EXIT the CAD software. By doing so, you will purge the PC of all CAD components, even those that may not be readily visible to the user.

If no error messages are displayed, the next step before you leave is to double click on the CAD icon and ready the PC for the next user (this will eventually time out).

Sometimes, there will be an error message displayed that indicates there are CAD components still running. If this is the case, you must "End Task' on the component(s).

To Do This:

1. Place the cursor in the grey part of the task bar and <R-click>
2. From the pop-up menu, select "Task Manager" with a <L-click>
3. From the Task Manager list, highlight the CAD component that is still running by using the <L-click>
4. Click on the "End Task" radio button at the bottom of the window. Another dialogue box will launch on the upper left side of your left monitor
5. Click on the "End Task" button on this window
6. If there are no CAD components running, you may close the Task Manager window
7. If more than one CAD component needs closing, you can circle the group of components by drawing a box around the list <L-click> above and to the right of the top most program, hold the mouse button down and drag the cursor diagonally over the programs you wish to close until they're all highlighted in blue
8. You can now "End Task" on all of the components that have been selected by keeping your cursor hovering over where you know the second "End Task" window will pop up. Ignore any other error messages that appear in the centre of your screen, they will go away.

Other Error Messages

Another method of accessing the Task Manager is to press <Ctrl>, <Alt> and <Delete> at the same time. Click on the Task Manager button to display the window.

During routine call receiving or dispatching procedures, you may be presented with a dialogue box that requires an answer before the system allows you to continue. Sometimes these dialogue boxes do not present themselves in the area of the display where you are working i.e. they may show up on the other monitor.

IT IS IMPORTANT THAT ALL COMPUTER FUNCTIONALITY INCONSISTENCIES BE REPORTED TO ONE DESK

If it appears that there is no dialogue box or hidden display, you can check the task bar for any components that might be running and not readily displayed. By clicking on the component name, you will bring it to the forefront so that you can respond to it and continue. Alternatively, you can press <Esc> repeatedly while holding down <Alt>. This will bring focus to each window that is open.

When all else fails and you cannot get the computer to respond, you may have to reboot the PC. Before you do this, advise One Desk of your problem. To do this, press <Ctrl>, <Alt> and <Delete> all at the same time and then click on the "Shut Down" button. This is a 'last ditch effort' and is only done after reporting the problem to One Desk.

Equipment Problems

One of the most common failures is the headset or the desk mounted headset jack.

If you receive static or low volume when you test a telephone line, unplug from the jack and try another one (there are four jacks at each position). Sometimes asking the Radio Room to drop off the line can help increase the volume. If the static persists, report the matter to One Desk.

Headset problems can be avoided by ensuring the cords are not strained (i.e. pulled out of the jacks by the cord) and the headset is stored in the bag provided when not in use.

How to Deal with a Bomb Threat

TREAT SERIOUSLY

All bomb threats have the potential to be real and must be treated seriously.

RECEIPT OF CALL

DO ask questions such as:

- Where is the bomb?
- When is it going to explode?
- What does it look like?
- Why did you place the bomb?

TAKE NOTES

DO take detailed notes on everything said.

DO include a description of the background noise, voice, accents, gender, and the phone number.

NOTIFY

Do privately and quietly notify Toronto Paramedic Services, Headquarters, Corporate Security at 2-1000 and the on duty Superintendent and/or the Floor Fire Warden.

Do follow carefully the instructions provided by Corporate Security.

EVACUATION

On-site Security or Emergency personnel will advise if an evacuation is required.

Do follow your established site evacuation procedures if an evacuation is deemed necessary.

SEARCHES

Under the direction & guidance of Corporate Security and/or the Police, you may be required to search your own work area(s), as you know this space best. DO follow the directions of on-site Security and Emergency personnel.

Search for anything out of the ordinary, a bomb can look like anything.

If you Discover a Device or a Suspicious Object

- DO NOT touch or move it
- DO notify Toronto Paramedic Services, Headquarters, Corporate Security at 2-1000 and the on duty Superintendent and/or Floor Fire Warden
- DO follow the instructions given by Corporate Security
- DO NOT assume that it is the only device
- DO NOT use cell phones or hand-held radios

Notes

TORONTO PARAMEDIC SERVICES

Communications Centre

Non-CAD (NCE)

Our Vision

Toronto Paramedic Services strives to meet the changing needs of the community for pre-hospital and out-of-hospital care, and believes that by the timely application of the advances in both the art and science of medicine to the practice of paramedicine, we can decrease suffering, improve the health of the community while saving lives.

TORONTO PARAMEDIC SERVICES

communications

Non CAD (NCE)

Crash Cabinet Equipment

In the event of a CAD interruption, One Desk will access the Crash Cabinet keys and open it for the Communications Control Centre.

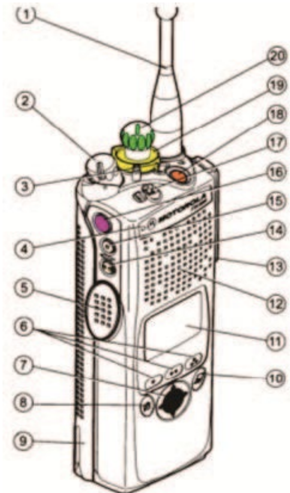
On the top shelf of the Cabinet are all of the SmartZone Portables and enough battery chargers to accommodate all eight (8) SmartZone Portables (there is a gang charger that fits 6 as well as 2 individual chargers). The battery chargers can hold either the entire portable radio with the battery attached, or can hold a single battery on its own. The indicator lights are colored red, flashing green and solid green, meaning no charge, 95% charge and fully charged respectively. If at all possible, do not use the battery at only 95% charge as it will ultimately impact the life span of the battery itself. Also on the top shelf, a red and black steel frame tote bag where the portable radios and bone induction headsets are stored. In addition, the tote bag holds an additional eight (8) spare batteries that are fully charged.

On the middle shelf is another red and black steel framed tote bag. This bag contains five (5) Motorola digital cell phones with lithium trickle charge batteries. These batteries are to remain plugged into the charger at all times. To accommodate this, and to make transport easier, there is a power bar inside the bag to which each cell phone is connected. When removing the bag from the Crash Cabinet, it is necessary to unplug the power bar from the back wall. Also on the middle shelf are two (2) flashlights with fresh batteries, a binder with Emergency Telephone Numbers, Evacuation Protocols, sealed Major Incident Scribe binders, surplus office supplies as well as extra emergency and scheduled call forms.

Crash Cabinet Check List		
		Return all items to Crash Cabinet at conclusion of incident. Notify SCOSS of any Crash Cabinet activation.
		Shelf 2
	1	**Radio Tote Bag**
	8	Smartzone Portable Radios
	8	Bone Induction Headsets
	8	Spare Batteries
	2	**Radio Chargers**
	1	**Gang Charger - 6 bays**
		Shelf 1
	1	**Cell Phone Tote Bag**
	5	Motorola Bell Mobility Cellular Telephones
	5	AC Chargers
	1	Electrical Power Bar - 6-outlet
	2	Flashlights w fresh batteries
	4	File organizer stands
	1	Binder: Emergency Telephone Numbers; Evacuation Protocols
	4	File organizer stands
	1	**CACC Crash Box** (Clear Plastic Tote Bin)
		Supply of NCE Dispatch Forms, Pens & Pencils
	4	Red Duo Tang Binders: Emergency Telephone Numbers
	10	GeoCode Books
	3	Flashlights w fresh batteries
	1	Box-Set: Dry-Erase Markers
	1	Adhesive Tape Dispenser w Tape; Box of Paper Clips
	2	**Major Incident Documentation Binders**
	1	**Electrical Power Bar** - 8-outlet (cabinet power supply)
		Bottom Shelf
	4	**Quadrant Crash Boxes** (Blue Plastic Tote Bins)
	4	**Magnetic Quadrant Maps**

The bottom shelf contains all supplies necessary to run the four (4) quadrant desks and the HDC position during a CAD interruption. There are four (4) blue Crash Boxes, one (1) each for Northwest, Northeast, Southwest and Southeast. There are also four (4) quadrant maps, mounted on magnetized boards with low-glare covers. Also on the bottom shelf is a folder designed for use by the HDC.

SmartZone Portable Radios



The CDE in March 2006 allowed many EMDs an opportunity to learn and use the SmartZone portable radios for the first time. In the event of a CAD interruption, these portable radios - used in conjunction with the bone induction headsets - will allow an EMD to dispatch in much the same fashion as when using AVTEC and a traditional headset.

The bone induction headset is already attached to the SmartZone radio for ease of transport. EMDs should remember that the headset arch sits at the nape of the neck, loops over the ears and rests on the temples.

To turn the portable radio on, turn the dial at the top left of the radio clockwise (labeled #2 on above diagram). This dial is also used to control the volume level. If there are no radio transmissions to set your volume setting to, press and hold the purple button (labeled #16) on the side of the radio while turning the volume dial until the desired level is achieved.

Although there are many features to the Motorola SmartZone Portable Radio, EMDs and Paramedics only need a select few in order to effectively communicate with each other. For EMDs it is essential to know how to turn the portable off of scanning mode. This is done by turning the cuff (labeled #19) at the bottom of the channel selector (the dial with 16 numbers on it labeled #20). Scanning mode is also indicated on the portable radios screen by a lightning bolt. The symbol is visible when the radio is in scanning mode.

All Quadrant dispatchers should be in the OPS zone, turned to their quadrant channel while on Switch "A". While all portable radios in the Crash Cabinet should be already set to the OPS channel, it is important to be aware of how to change zones if necessary.

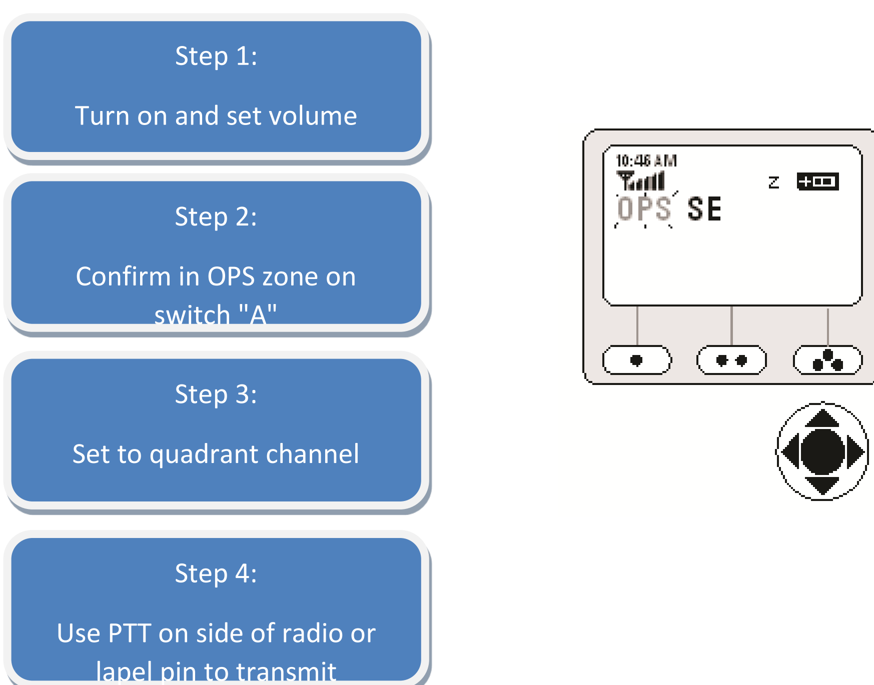
At the bottom of the screen are three (3) "soft buttons" with 1, 2 or 3 dots on them (labeled as #6 on diagram). Our SmartZone Portables currently only have the soft button with one (1) dot programmed – this is the one on the left.

Press this soft button once to activate the Zone Changing mode, and then use the 4-way Menu Navigation button in the centre of the radio (the large round one with arrows labeled #7). The left and right will navigate thru all of the zones programmed into the radio - such as the JES zone, TacB and York. Again, under normal circumstances, Quadrant Dispatchers should only require the OPS zone.

The dial at the top of the radio has 16 numbers on it and can be turned to scroll through all of the channels within a Zone (labeled #20). Each quadrant has its own channel and once chosen should not require any changes. Remember, Quadrant Desks should also always be on Switch "A".

To transmit over the radio, use the large button on the side (labeled #5), or you can use the PTT on the lapel pin for the headset.

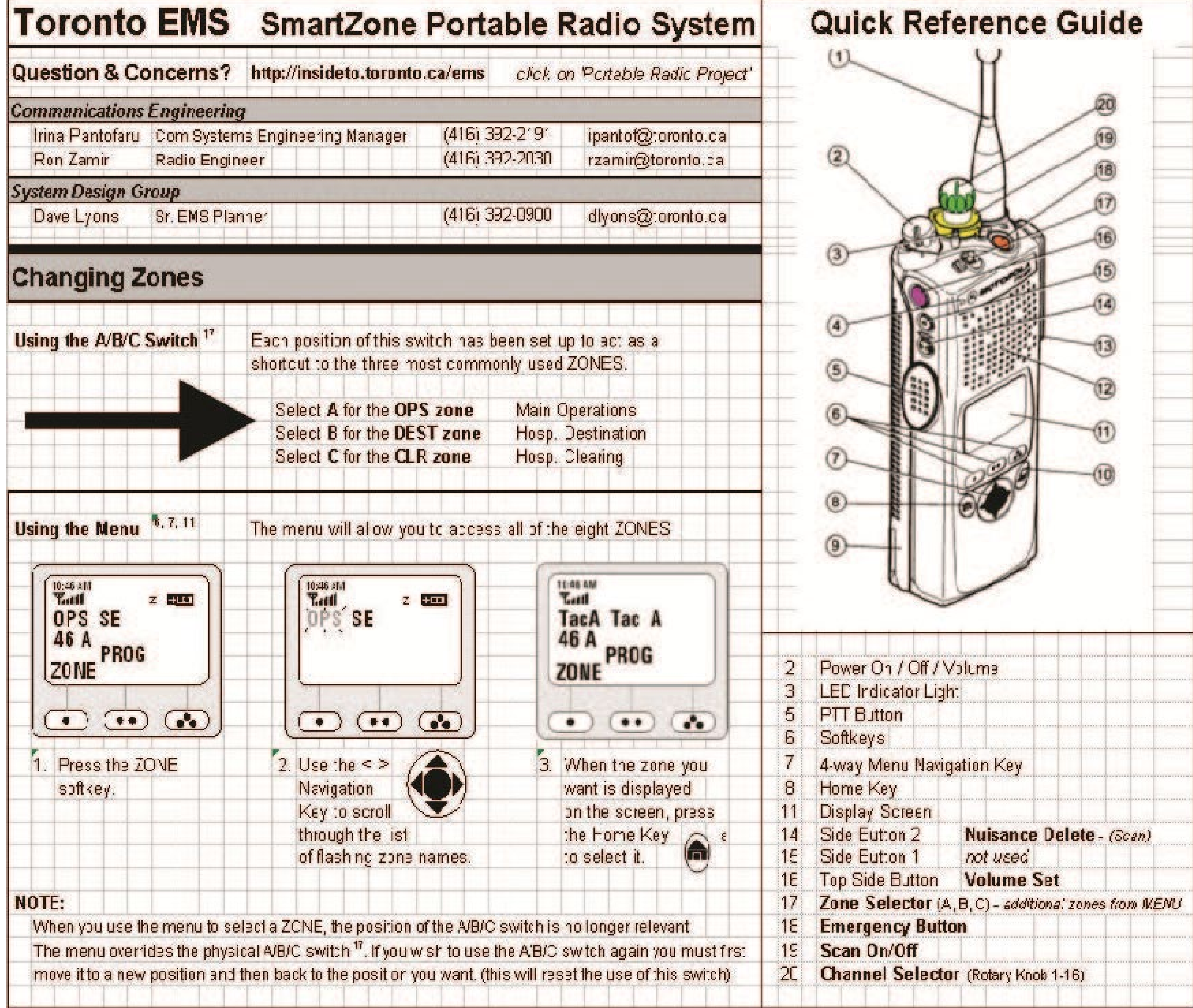
Quadrant Desks



For HDC – same as above, on switch "B"

For HCC – same as above, on switch "C"

The following pages contain a Quick Reference Guide to the Motorola SmartZone Portable Radio and a breakdown of the commonly used Zones and Channels for reminder.


Toronto EMS SmartZone Portable Radio System

Quick Reference Guide

Question & Concerns? http://insideto.toronto.ca/ems click on 'Portable Radio Project'

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Changing Zones

Using the A/B/C Switch [17]

Each position of this switch has been set up to act as a shortcut to the three most commonly used ZONES.

Select **A** for the **OPS zone**	Main Operations
Select **B** for the **DEST zone**	Hosp. Destination
Select **C** for the **CLR zone**	Hosp. Clearing

Using the Menu [6, 7, 11]

The menu will allow you to access all of the eight ZONES

1. Press the ZONE softkey.
2. Use the < > Navigation Key to scroll through the list of flashing zone names.
3. When the zone you want is displayed on the screen, press the Home Key to select it.

NOTE:

When you use the menu to select a ZONE, the position of the A/B/C switch is no longer relevant

The menu overrides the physical A/B/C switch [17]. If you wish to use the A/B/C switch again you must first move it to a new position and then back to the position you want. (this will reset the use of this switch)

2	Power On / Off / Volume	
3	LED Indicator Light	
5	PTT Button	
6	Softkeys	
7	4-way Menu Navigation Key	
8	Home Key	
11	Display Screen	
14	Side Button 2	**Nuisance Delete** - *(Scan)*
15	Side Button 1	*not used*
16	Top Side Button	**Volume Set**
17	**Zone Selector** (A,B,C) - *additional zones from MENU*	
18	**Emergency Button**	
19	**Scan On/Off**	
20	**Channel Selector** (Rotary Knob 1-16)	

SmartZone Radio Zones & Channels

OPS — Switch A

Ch	Display	Channel
1	NW	Northwest Dispatch Communications
2	NE	Northeast Dispatch Communications
3	SW	Southwest Dispatch Communications
4	SE	Southeast Dispatch Communications
5	OSD	NonEmergency Ambulance Communications
6	ALS	CCTU & ESU Dispatch Communications
7	SUPVSR	Supervisory / Administration
8	BLANK	*- unprogrammed - BLANK -*
9	BLANK	*- unprogrammed - BLANK -*
10	BLANK	*- unprogrammed - BLANK -*
11	DEST	Hospital Destination Coordinator
12	CLRING	Hospital Clearing Coordinator
13	Subway1	TTC Subway Simplex Channel 1
14	Subway2	TTC Subway Simplex Channel 2
15	MedCon2	Medical Control - Alternate
16	MedCon1	Medical Control - Main

TacA — Menu

Ch	Display	Channel
1	MainA	**Tactical Operations - Incident A**
2	ComndA	Command - Incident A
3	StageA	Staging - Incident A
4	SpcOpsA	Special Operations - Incident A
5	SImplxA	Simplex Local Area - Incident A
6	JES-1	Joint Emergency Services 1
7	JES-2	Joint Emergency Services 2
8	JES-3	Joint Emergency Services 3
9	JES-4	Joint Emergency Services 4
10	*Blank*	*- unprogrammed -*
11	DEST	Hospital Destination Coordinator
12	CLRING	Hospital Clearing Coordinator
13	Subway1	TTC Subway Simplex Channel 1
14	Subway2	TTC Subway Simplex Channel 2
15	MedCon2	Medical Control - Alternate
16	MedCon1	Medical Control - Main

DEST — Switch B

Ch	Display	Channel
1	DEST	Hospital Destination Coordinator
2	DEST	Hospital Destination Coordinator
3	DEST	Hospital Destination Coordinator
4	DEST	Hospital Destination Coordinator
...		*this channel is copied to all 16 channel positions.*

TacB — Menu

Ch	Display	Channel
1	MainB	**Tactical Operations - Incident B**
2	ComndB	Command - Incident B
3	StageB	Staging - Incident B
4	SpcOpsB	Special Operations - Incident B
5	SImplxB	Simplex Local Area - Incident B
6	JES-1	Joint Emergency Services 1
7	JES-2	Joint Emergency Services 2
8	JES-3	Joint Emergency Services 3
9	JES-4	Joint Emergency Services 4
10	*Blank*	*- unprogrammed -*
11	DEST	Hospital Destination Coordinator
12	CLRING	Hospital Clearing Coordinator
13	Subway1	TTC Subway Simplex Channel 1
14	Subway2	TTC Subway Simplex Channel 2
15	MedCon2	Medical Control - Alternate
16	MedCon1	Medical Control - Main

CLR — Switch C

Ch	Display	Channel
1	CLRING	Hospital Clearing Coordinator
2	CLRING	Hospital Clearing Coordinator
3	CLRING	Hospital Clearing Coordinator
4	CLRING	Hospital Clearing Coordinator
...		*this channel is copied to all 16 channel positions.*

YORK — Menu

Ch	Channel
1 → 16	All 15 YORK EMS talkgroups are available in this zone. You will be directed which to use if the need arises. *(These only work when in York Region)*

HOS — Menu

Ch	Display	Channel
1	Ccntcnry	Not Currently in Service
2	East Gen	
3	Etoblco	
4	Grace	
5	H Church	
6	H Flnch	
7	Miss Gen	
8	Mt SInal	
9	No York	
10	ScarbGen	
11	SickKIds	
12	St Joes	
13	St Mikes	
14	Sunnybrk	
15	TO Gen	
16	Western	

TacC — Menu

Ch	Display	Channel
1	MainC	**Tactical Operations - Incident C**
2	ComndC	Command - Incident C
3	StageC	Staging - Incident C
4	SpcOpsC	Special Operations - Incident C
5	SImplxC	Simplex Local Area - Incident C
6	JES-1	Joint Emergency Services 1
7	JES-2	Joint Emergency Services 2
8	JES-3	Joint Emergency Services 3
9	JES-4	Joint Emergency Services 4
10	*Blank*	*- unprogrammed -*
11	DEST	Hospital Destination Coordinator
12	CLRING	Hospital Clearing Coordinator
13	Subway1	TTC Subway Simplex Channel 1
14	Subway2	TTC Subway Simplex Channel 2
15	MedCon2	Medical Control - Alternate
16	MedCon1	Medical Control - Main

Crash Boxes

Although each Crash Box has components specific to one of the four Quadrants or SPEV, the supplies provided inside each box are the same. There are blue hanging folders to divide Home Station numbers, ERUs, DOSs and an administrative folder for EMDs to keep the quadrant run down and lunch list. Each box is also supplied with a Geocode book, a copy of the evacuation protocols, extra emergency and scheduled call forms, note paper and a pencil case. In the pencil cases are extra magnetic vehicle identifiers, black permanent markers, alcohol wipes and a box of pencils.

At every Call Receiving position there is a plastic zip pack which contains emergency and scheduled call forms, scrap paper, phone number list and a copy of the evacuation protocols.

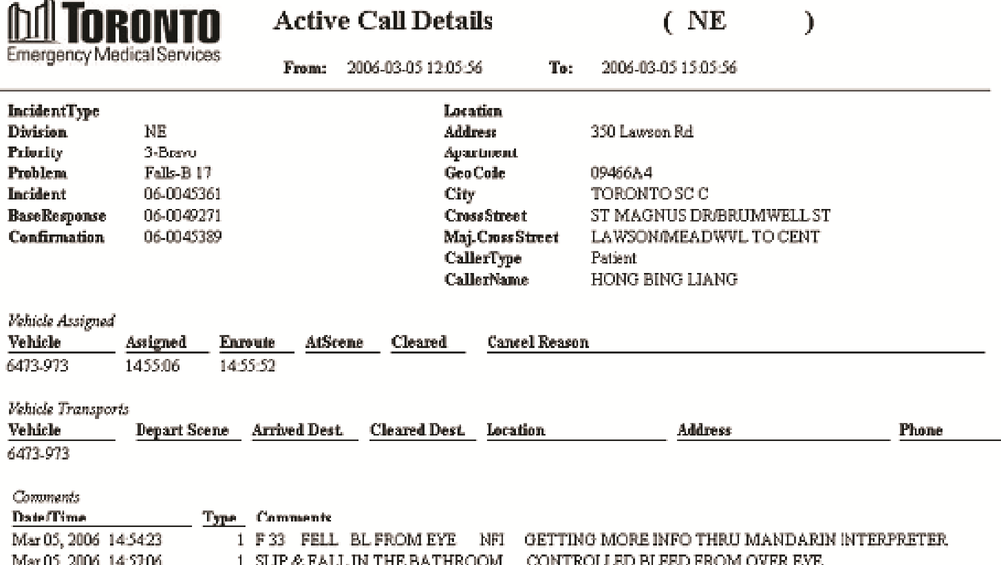
NOTE All emergency and scheduled call forms in the NCE kits are 'carbon doubled' (each form is actually two pieces of paper attached together). Anything written on "page 1" will automatically transfer onto the second page. This allows the call taker to send page one up to dispatch while continuing to process the call with page 2. Once the call is complete the second page is sent up to dispatch as well. (see "Pre-Alert" below)

Documentation

CAD Worksheets

The CAD Worksheets will be printed off by One Desk and handed to the Dispatcher in the event of a CAD interruption. This form is currently being updated by IT Support and may look slightly different from this older version.

The Dispatcher can use this form to follow any calls that were active at the time of the interruption. There are sections available to record response times as well as destination time. CTAS level can be recorded with the Destination. An incident number can also be found on this sheet if required.



TORONTO Emergency Medical Services

Active Call Details (NE)

From: 2006-03-05 12:05:56 **To:** 2006-03-05 15:05:56

IncidentType		**Location**	
Division	NE	**Address**	350 Lawson Rd
Priority	3-Bravo	**Apartment**	
Problem	Falls-B 17	**GeoCode**	09466A4
Incident	06-0045361	**City**	TORONTO SC C
BaseResponse	06-0049271	**CrossStreet**	ST MAGNUS DR/BRUMWELL ST
Confirmation	06-0045389	**Maj.CrossStreet**	LAWSON/MEADWVL TO CENT
		CallerType	Patient
		CallerName	HONG BING LIANG

Vehicle Assigned

Vehicle	Assigned	Enroute	AtScene	Cleared	Cancel Reason
6473-973	14:55:06	14:55:52			

Vehicle Transports

Vehicle	Depart Scene	Arrived Dest.	Cleared Dest.	Location	Address	Phone
6473-973						

Comments

Date/Time	Type	Comments
Mar 05, 2006 14:54:23	1	F 33 FELL BL FROM EYE NFI GETTING MORE INFO THRU MANDARIN INTERPRETER
Mar 05, 2006 14:57:06	1	SLIP & FALL IN THE BATHROOM CONTROLLED BLEED FROM OVER EYE

Emergency Call Form

The documentation process is critical to the success of any period during a CAD interruption. To this end, the NCE forms have been designed to be as familiar as CAD to allow EMDs to transfer their skills and knowledge of the call taking process on CAD and apply it to manual recording.

The emergency call taking sequence should be followed as when using CAD. Fields for Call Receiver initials, Date and Time have been added and should be filled in prior to receiving a call. The only major exception to the process is the application of a "Pre-Alert" when in NCE mode. Once the call taker has obtained the correct address and major intersection from the caller they are to then Pre-Alert with "page one" of the call taking form. This Pre-Alert will be collected by a Runner who will look up a geocode, assign it to the call and deliver it to the controlling Dispatcher. The default city will be considered as being Toronto and any exception should be recorded in the field provided. All other fields are to be completed in the same fashion as when in CAD (i.e. Location Name). The MPDS card set is to be used to determine the Nature/Problem and Priority. If the Priority is other than Echo, Delta, Charlie, Bravo or Alpha then note the Priority type (i.e. Omega-lift assist).

Once the Nature/Problem and Priority have been assigned to the call the Call Receiver hands the completed call form to the Runner who then delivers such to the controlling Dispatcher. The Dispatchers initials, Transport Unit and/or ERU unit numbers are recorded onto the ticket along with all relevant status report times.

Once on scene, the Paramedics are to contact the Hospital Destination Coordinator as normal and will report their Destination and CTAS to their Quadrant Dispatcher.

The Quadrant Dispatcher will record this information in the fields created on the emergency call taking form.

Acquiring a Patient name has proven to be challenging during NCE mode; however, was best dealt with by the Quadrant Dispatcher once the crew returned on the air after clearing with the Hospital Clearing Coordinator. The Quadrant dispatchers then record the name on the form and could confidently know the call was completed and the crew was clear again. As with all documentation during NCE mode, it is understood that there may be times when capture is difficult.

Call Taking Form

Address:

Major Intersection:

Apartment: Entry Code:

Caller's Phone: Ext:

Nature/Problem:

Priority: **E** ☐ **D** ☐ **C** ☐ **B** ☐ **A** ☐ **Other** ☐

Scene Phone/Caller Name:

Caller Type: ☐Cit. ☐Rel. ☐Pt. ☐RR ☐FD ☐Alarm ☐TTC ☐Other

Call Receiver:

Date: DD/MM/YY

Time: CR Position

Call Receiver Comments:

☐ PD ☐ FD

Dispatcher Comments:

☐ EMS#:____ ☐ 1-Desk

City ☐ Toronto Other:

Location Name:

Location Type:

GeoCode:

Division:

Transported to: CTAS:

Patient Name:

Unit

ERU

Dispatcher #1:

Dispatcher #2:

Incident# Y Y - **9999** 0001

	Transport Unit	**ARU / PRU**
Notified:		
Responding:		
At Scene:		
Departed:		
O.L.D.		
HTOC		
PTOC		
Available:		
Staged:		

ERU Run Number Form

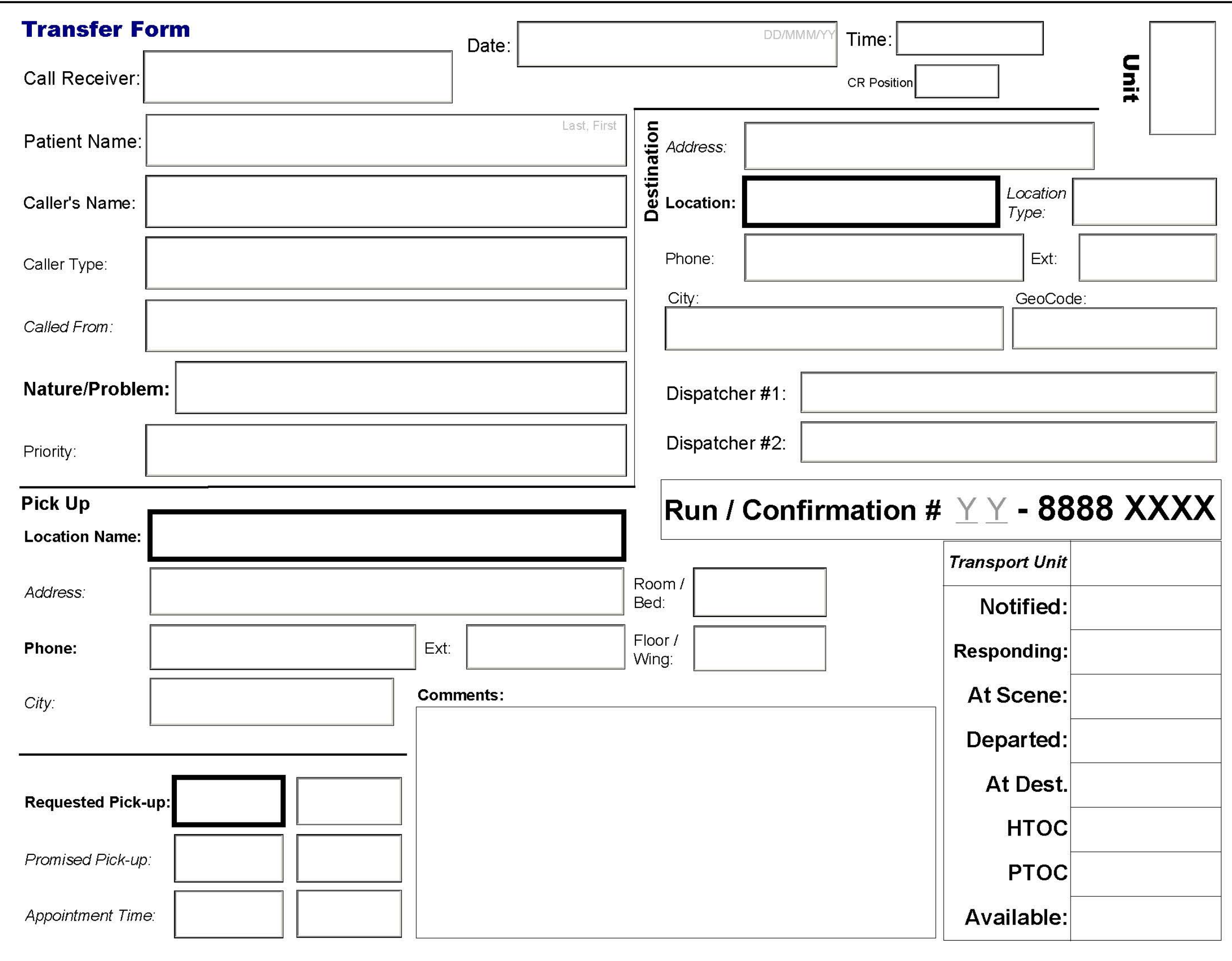
Included in the Crash Box is an ERU Run Number Form. This form was designed to assist Dispatchers with the documentation process in that it replaces the need for a duplicate of every emergency call form when an ERU is attending also. Preprinted run numbers are assigned and the scribe should write the address in the given field; and, if possible, include the vehicle number of the transporting unit.

ERU Run # Sheet for ___________________

Run #	Address of Call	Transport Unit

Scheduled Call Form

A Form has been created to record all Scheduled calls. The fields of this Form are filled out as they would be in CAD. Documentation of all patient location information and contact information is critical as it will be more difficult to look up this information during a CAD interruption if it is not properly provided to the Quadrant Dispatcher. As per normal practice Emergency Transfers can also be taken on this Form. Text boxes for times and vehicle numbers have been added to this form to simplify the process for the Dispatcher. A preprinted run number is also found on the Form and should be used as a confirmation number for the caller.


Transfer Form

Date: DD/MMM/YY Time:

Unit

Call Receiver:

CR Position

Patient Name: Last, First

Caller's Name:

Caller Type:

Called From:

Nature/Problem:

Priority:

Destination

Address:

Location:

Location Type:

Phone: Ext:

City: GeoCode:

Dispatcher #1:

Dispatcher #2:

Pick Up

Location Name:

Address:

Room / Bed:

Phone: Ext:

Floor / Wing:

City:

Comments:

Requested Pick-up:

Promised Pick-up:

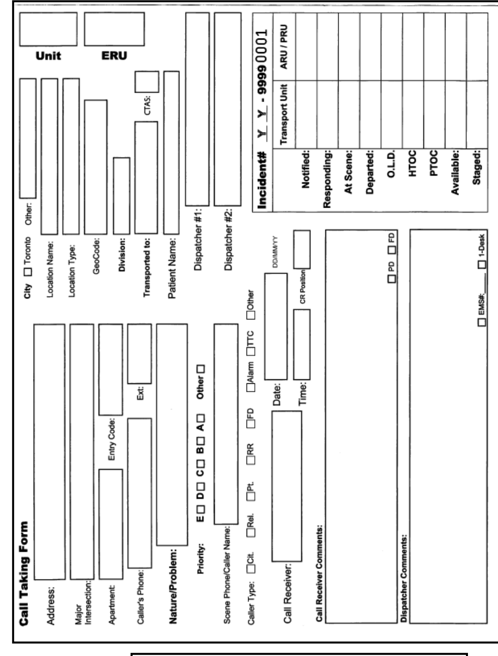
Appointment Time:

Run / Confirmation # Y Y - 8888 XXXX

Transport Unit	
Notified:	
Responding:	
At Scene:	
Departed:	
At Dest.	
HTOC	
PTOC	
Available:	

Dispatching from the Crash Box

The dispatching process is normally facilitated by the use of CAD and should, whenever possible, be supplemented by a Scribe during a CAD interruption. Best practice thus far has shown that the Prime Dispatcher is responsible for maintaining the fleet status on the magnetic board, radio and phone transmission as well as all standby documentation (the green forms). The Scribe is responsible for all call documentation and the organization of the blue Crash Box. This divides the work load fairly evenly and establishes consistency in documentation. Best practice, again, has shown that keeping the call form in "profile" position in the hanging folder while the car is assigned and en-route is easiest as the Dispatcher/Scribe is able to ascertain cars that are potentially re-assignable for higher priority calls. Once a car is on scene, the Scribe can turn the call form into the "landscape" position in the folder. Once the call is completed the Scribe can then put the call form in the bottom of the Crash Box.

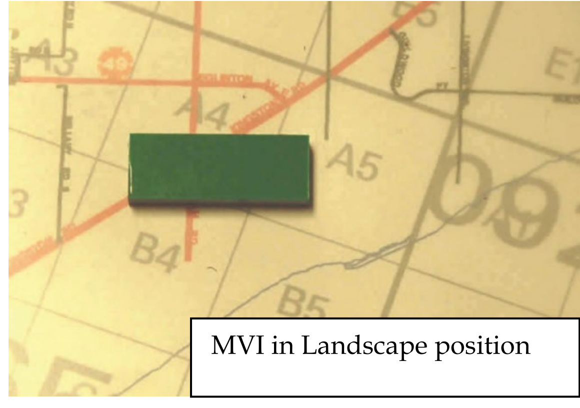


Emergency Call Form in Profile Position

Unit Notification becomes a more intensive responsibility when in NCE mode as there may be no way of accessing Avtec, MobiCAD or the paging system. EMDs must remember to give all available call information to the responding crews and any additional resources. This includes, but is not limited to: Address, Intersection, Geocode, Apartment Number, Entry Code, Call Details and Times.

Remember that there are landline phones at each Quadrant Position, a fixed radio, Motorola Cell Phones and SmartZone portable radios are all available within the Control Centre. If all of these systems fail, Evacuation Protocols will be implemented.

Mapping and Fleet Management

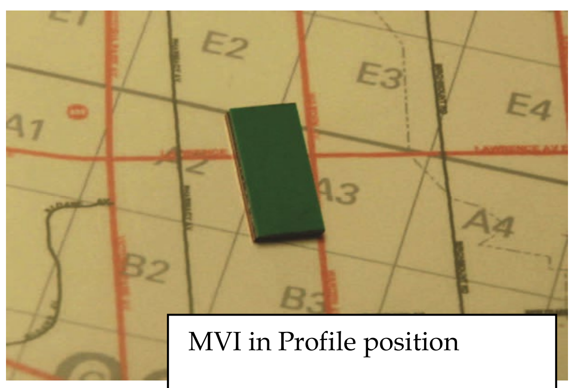


MVI in Landscape position

Once it is identified that the Control Centre is in NCE mode, One Desk will provide each Quadrant Desk a Magnetic Board with pre-numbered double-sided Magnetic Vehicle Identifiers. There have been tabs left on the labels for easy removal if necessary. If the Dispatcher needs to write on a magnet, they may do so with the permanent black marker provided in the Crash Box. The board itself closely resembles a daily run down sheet with a grid broken into stations. Each Hub is assigned certain fleet vehicles and the Hub has each car at a particular home station on a regular basis. These vehicles are ALS, BLS or Special Ops dedicated and vehicle numbers have been assigned as such. Sometimes, however, vehicles are made to be generic and; therefore, need two Magnetic Vehicle Identifiers to represent both ALS and BLS. The rundown board will have all these pre-numbered magnets sorted by Station then Response type (i.e. 53 Station ALS #'s, then BLS #'s). There will also be a row for ERUs that will have blank Magnetic Vehicle Identifiers and the Dispatcher will have to fill in the Response car number (on both sides) for the ERUs in their Quadrant for the shift.

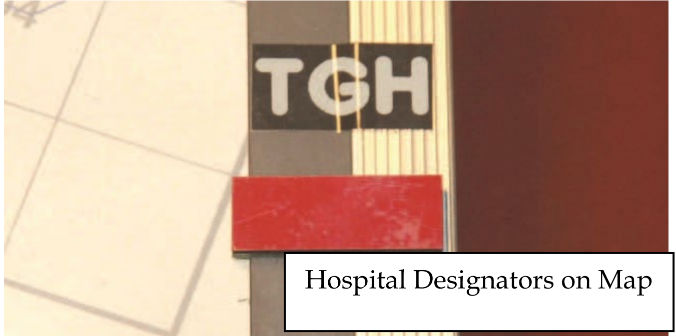
The Magnetic Vehicle Identifiers are double sided with two different colours. One side is green and represents 'Available' and the other is red which means 'Assigned to Call'. Once a Dispatcher confirms the current location of a vehicle and assigns them to a call they are to turn the magnet over to show red. It must always be remembered that these cars could be available for reassignment if a higher priority call comes up.

Experience has shown a particular method that is helpful to Dispatchers; the magnets are usually placed in landscape position on the board to resemble the display from AVL. Once a car is 'Enroute', 'Depart Scene' or mobile the magnet should be turned to a profile position. If a car is 'In Quarters', 'On Scene' or 'At Destination', turn the magnet again to the landscape position.



MVI in Profile position

It is not advisable to “stand” the vehicle identifiers onto their edge to represent status changes as they have a tendency to fall or stick to other magnets and could easily cause a Dispatcher to lose track of the fleet status. Hospital Markers have been placed on the outside frames of the maps and it is useful to move the magnet to this spot once 'At Destination'. This is helpful when trying to reach a crew as well as for clearing clutter off of the board.



Hospital Designators on Map

Hospital Destination Coordinator

Now that the HDC is a specialized and dedicated position that is also facilitated by CAD therefore would benefit from NCE support. While the complexities of PDS cannot be recreated, the intent of equal distribution among hospitals can.

A Hospital Resource Guide Checklist was created to help the HDC distribute and track ambulances throughout the city. The checklist provides space to fill in a vehicle number and CTAS level for each vehicle that is sent to a particular hospital. Broken in to 30 minute segments, this chart allows the HDC to better assist Dispatchers when they are looking for the location of certain vehicles and provides a reasonable expectation for when crews may be coming available in hospital. Also, this chart allows the Control Centre to fulfill its mandate to avoid clumping hospitals with patients.

HOSPITAL RESOURCE GUIDE

Start Time: ______ End Time: ___

	00:00	00:30	00:00	00:30	00:00	00:30
HO EGH						
HO STJ						
HO HRF						
HO HRC						
HO NYG						
HO SCH						
HO SGH						
HO SGR						
HO TEG						
HO STM						
HO SUN						
HO TGH						
HO TWH						
HO MTS						
HO HSC						
OH MISS						
OH AJAX						

In addition to the checklist, all Hospital Resources have been re-charted and updated for the HDC to use on a daily basis. Additional copies are included in the NCE HDC zip pack. This sealed zip pack is currently located at the normal HDC position.

HOSPITAL RESOURCE GUIDE

	Cardiology	Cardiac Imaging	Cardiac Surgery	General Pediatrics	Gyne / Obs	Acute Hemo Dialysis	Level 2 Nursery	Level 2+ Nursery	MRI Scan	CT Scan	Neuro Surgery	Oral Surgery / Dentistry	Adult Ortho	Plastics	Psych	Sexual Assault	Trauma Centre	Vascular Surgery	Cranial/Maxillofacial Plastics	Hand / Upper Limb	Opthomology	Stroke Study Centre	Urgent Care Centre
HO EGH	x			x	x		x			x		x	x	x	x								
HO STJ	x			x	x	x		x	x	x		x	x	x	x			x					
HO HRF	x			x	x			x	x	x		x	x	x									
HO HRC	x				x	x	x			x		x	x	x	x								
HO NYG	x			x	x			x	x	x		x	x	x	x								
HO SCH	x	x		x	x			x		x		x	x	x	note								
HO SGH	x			x	x	x	x		x	x		x	x	x	x			x					
HO SGR	x			x	x		x			x		x	x	x	x	x							
HO TEG	x			x	x			x	x	x		x	x	x	x			x					
HO STM	x	x	x	x	x	x	x		x	x	x	x	x	x	x		x	x	x		x	x	
HO SUN	x	x	x			x			x	x	x	x	x	x	x		x	x	x	x		x	
HO TGH (Hyperbaric)	x	x	x			x			x	x		x		x				x					
HO TWH	x					x			x	x	x	x	x	x	x					x		x	
HO MTS	x				x	x	x	x	x	x		x	x	x	x								
HO HSC	x	x	x	x	x	x	x	x	x	x	x	x	peds	x	note	x	x	x	x	x			
XH WCH																note							x
XH NYB																							x
OH MISS	x	x	x	x	x				x	x	x	x	x	x	x			x				x	
OH Y CNT	x			x	x	x	x			x		x	x	x	x								
OH Y CNTY	x	x		x	x			x	x	x		x	x	x	x								
OH AJAX	x			x	x		x		x	x		x	x	x									
OH MARK	x			x	x		x			x		x	x	x									
OH PEEL	x			x	x			x	x	x		x	x	x									
OH C VAL	x			x	x	x		x	x	x		x	x	x	x								
Special Notes															SCH Teen 24 hr Adult 22:00 HSC if Not for med	If medically cleared							

One Desk Procedures

The Evacuation protocols contain most of the protocols that One Desk is responsible for during a CAD interruption. The implementation of NCE however requires daily manual maintenance to employ as much accuracy and reflection of the fleet as possible at any given time. The mission behind the development of NCE is that the transition be as seamless and quick as possible during the event of a power interruption. To this end, rundown boards have been developed and are to be partially maintained by One Desk Senior Dispatchers.

Overall, this duty is designed to be as user friendly as possible and should not require a great amount of time dedicated to its maintenance. However, it is imperative that the fleet reflection be kept as accurate as possible to assist the Quadrant Dispatcher in the event of a power interruption.

There have been 5 rundown boards created - one each for Northwest, Northeast, Southwest, Southeast and Special Ops. The boards all have Magnetic Vehicle Identifiers (ditties) pre-numbered based on usual vehicle assignments to stations. Commonly used generic vehicles have been pre-numbered to reflect both the ALS vehicle number and the BLS vehicle number for ease of maintenance. One Desk is assigned the duty of maintaining these vehicle numbers based upon current deployment plans and any permanent vehicle movements between stations.

The rundown boards will be kept inside the Superintendent's office behind the Duty Officers desk. The Special Ops board will be kept in the same place and will house the Magnetic Vehicle Identifiers for CCTU and ESU. In the event of a Fire Standby or the like, One Desk is to deliver the Magnetic Vehicle Identifiers to the controlling Quadrant Dispatcher.

In the event that a vehicle number does change permanently, One Desk is to remove the labels from the magnet and write the new vehicle number on both sides. The alcohol wipes provided will remove the permanent marker if necessary. Again, once a month, these Magnetic Vehicle Identifiers will be reviewed and updated.

Special Events

The City of Toronto is constantly hosting large scale events and Toronto Paramedic Services plays a significant role in the success and safety of these events. One of the advantages afforded to the Control Centre upon implementation of the NCE project is its ability to be adapted to managing these events. EMDs now have the tools to effectively manage a fleet of responders and vehicles, while maintaining a visual reference and improving the documentation process.

During an event, Dispatchers will use the same documentation procedures as in any CAD interruption with the possible exception of dropping the need for pre-alert. The NCE tools are scalable to the number of dispatchers required and can be divided by geography, resource type or vehicle number. This division, however, will need to be determined and prepared for prior to the event (i.e. magnetic vehicle identifiers). The possibility exists in getting a very large scale magnetic board to which we could attach a map of the event so that dispatchers could share a bird eye view of all resources.

The only difference for Special Events Dispatchers only that the maps will be magnetized and Vehicle Identifiers can be attached to the board to track all resources.

Notes

TORONTO PARAMEDIC SERVICES

Communications Centre

Our Vision

Toronto Paramedic Services strives to meet the changing needs of the community for pre-hospital and out-of-hospital care, and believes that by the timely application of the advances in both the art and science of medicine to the practice of paramedicine, we can decrease suffering, improve the health of the community while saving lives.

Notes

NOTES:

TORONTO
PARAMEDIC
SERVICES
Communications Centre

Policy, Memorandum & Education Alerts

Our Vision

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Policy/Memorandum/ Education Alerts

Policy/Memorandum/ Educations Alerts	Title	Effective Date	Section
Advisory # 2011-12 (Operations)	Mt. Sinai Satellite Site	June 16 2011	Emergency Call Management
Advisory # 2014-01 (Cacc)	Toronto Birth Centre	Jan. 17 2014	Emergency Call Management
Advisory # 2014-03 (Cacc)	Highway Call Geolocation Process	Aug. 27 2014	Emergency Call Screen
Advisory # 2014-04 (Cacc)	Medical Professional MPDS Case Exit Instructions	Aug. 27 2014	ProQA
Advisory # 2014-07 (Cacc)	Text to 911 Services	Dec. 8 2014	Emergency Call Management
Advisory # 2014-09 (Cacc)	Birth Complications Reported by Midwife	Dec. 23 2014	Emergency Call Management ProQA
Advisory # 2015-01 (Cacc)	Connecting a French Speaking Caller to a French Speaking	Feb. 23 2015	Emergency Call Management
Advisory # 2015-02 (Cacc)	Park Location ID	April 23 2014	Emergency Call Screen Emergency Call Management
Advisory # 2015-03 (Cacc)	Telehealth Referral	May 13 2015	Emergency Call Management
Advisory # 2015-04 (Cacc)	Stroke Window	May 13 2015	Emergency Call Management
Advisory # 2015-05 (Cacc)	Automatic Number Information (ANI/ALI)	Aug. 19 2015	Emergency Call Management
Advisory # 2015-08 (Cacc)	Life or Limb Transfers	Dec. 2 2015	Scheduled Call Management
Policy # 09.01.07	Complaints Received	Oct. 1 2015	Expectations & Guidelines
Policy # 09.01.10	Incidents Reports	Oct. 1 2015	Expectations & Guidelines
Policy # 09.06.04	Professional Conduct	Oct. 1 2015	Expectations & Guidelines
Policy # 09.07.02	Use of Telephones	Dec. 2010	AVTEC
Policy# 09.07.03	Telephone Patching	Dec. 2010	AVTEC
Policy # 09.08.03	Emergency Call Receiving Sequence	Dec. 2010	Emergency Call Management
Policy # 09.08.04	Duplicate Call Warning	Dec. 2010	Emergency Call Screen

Policy # 09.08.16	Cancellations	Dec. 2010	Emergency Call Management
Policy # 09.08.21	Fire Services Notification	Jan 4 2017	Emergency Call Management ProQA
Policy # 09.08.20	Police Service Notification	Mar. 13 2013	Emergency Call Management
Policy # 09.08.39	Scheduled Call Taking	Dec. 2010	Scheduled Call Screen
Policy # 09.08.40	Scheduled Transfer Booking	Dec. 2010	Scheduled Call Screen
Policy # 09.08.42	Early Transfer Acceptance (pre-700h)	Dec. 2010	Scheduled Call Screen
Policy # 09.08.44	Interaction with Police Communications, Call Receiver Responsibilities	Dec. 2010	Emergency Call Management
Policy # 09.08.45	Alarm Companies	Dec. 2010	Emergency Call Management
Policy # 09.08.46	Tele-health Referral	Dec. 2010	Emergency Call Management
Policy # 09.08.47	Language Line Service	Dec. 2010	Emergency Call Management
Policy # 09.08.48	Poison Control	Dec. 2010	Emergency Call Management
Memorandum	Emerging Infectious Disease Surveillance Tool	Dec. 16 2014	ProQA
Memorandum	Delayed Interfacility Alpha 1-2-3 Calls	Mar. 31 2015	Emergency Call Management
Memorandum	Assist PC (Assist Police)	May 13 2015	Emergency Call Management
Memorandum	Command Post-CBRNE & Command Post-ETF	April 1 2016	Emergency Call Management
Memorandum	911 Calls from Toronto Public Health Safe Injection Sites	August 21,2017	Emergency Call Management
Education Bulletin	Verbal Notification to TFS	January 15 2018	Emergency Call Management
Education Bulletin	Disconnect Procedures	January 16 2018	Emergency Call Management
Education Bulletin	Unknown Referrals to TFS	June 6 2018	Emergency Call Management and ProQA
Education Bulletin	Searching 'All Areas'	October 31 2018	Emergency Call Screen
Education Bulletin	Code 4 on Arrival	November 2 2018	Scheduled Call Management
Memorandum	Alternate Level of Care	December 11 2018	Emergency Call Management

Memorandum	Lifeguard Chairs PLID	May 31 2019	Emergency Call Management
Education Bulletin	What to do if ASA Dosaghe is Unknown	Feb 21 2019	ProQA
Education Bulletin	ASA protocol for Medical Professional	Feb 21 2019	Emergency Call Management
Education Bulletin	Breathing Diagnostic	May 27 2019	ProQA
Education Bulletin	Alarm Companies & Obvious Information	June 18 2019	Emergency Call Management
Education Bulletin	ALC Facilities	July 12 2019	Emergency Call Management
Extra Material	Trace Pending Workflow	July 18 2019	Emergency Call Management
Education Bulletin	PLID Map & Overview	July 22 2019	Emergency Call Screen
Memorandum	ACTS Dedicated Transport Unit Trial	September 24, 2019	Scheduled Call Management
Extra Material	CAD Notes Template	October 15,2019	Emergency Call Management
Memorandum	TFS Attendance at MVCs	Dec 5, 2019	Emergency Call Management
Memorandum	[REVISED} ACTS Dedicated Transport Unit Trial	Dec 27, 2019	Scheduled Call Management
Memorandum	Updated Telehealth	June 2, 2020	Emergency Call Management
Education Bulletin	HQER & Calls at 4330 Dufferin St.	June 24, 2020	Emergency Call Management
Education Bulletin	Alarm Company Cancellation	October2020	Emergency Call Management
Education Bulletin	Protocol 32 vs. Other Protocols	October2020	Emergency Call Management
Education Bulletin	Urgent Disconnect	Oct 2, 2020	Emergency Call Mangement
Memorandum	Changes to Emergency Level Transfers MT Number Requirements	Feb 16, 2021	Scheduled Call Management
Memorandum	New CODE STROKE Stable Transfers	Feb 4, 2021	Scheduled Call Management

Notes

Memorandum

Paul Raftis
Chief

Toronto Emergency Medical Services
4330 Dufferin Street
Toronto, Ontario
M3H 5R9

Tel: 416-392-2248
gwright4@toronto.ca
www.toronto.ca

Date: January 17, 2014

"ADVISORY"
#2014-01 (CACC)
#2014-02 (Operations)

To: All Operations and CACC Staff

From: Garrie Wright, Deputy Chief, Operations
Gord McEachen, Deputy Chief, Toronto CACC

Re: **Toronto Birth Centre – Midwife Birthing Facility at 525 Dundas St E.**

On January 22, 2014, a new facility, known as the Toronto Birth Centre (TBC), is scheduled to open at 525 Dundas Street East. The facility is located on the southwest corner of Dundas Street East and Sackville Street and will be providing midwife assisted deliveries to soon-to-be mothers.

Background and Information

In early 2013, the Province of Ontario allocated funding for the piloting of two "Birth Centres" in major urban areas: one in Ottawa and one in Toronto. Since then, the College of Midwives of Ontario and multiple midwifery agencies have partnered with Toronto Emergency Medical Services (Toronto EMS) to establish protocols and procedures to ensure that any 9-1-1 medical emergencies originating from the Toronto facility are managed appropriately.

Some of this work has included:

- Orienting TBC staff to Toronto EMS' operational processes and equipment, including familiarizing TBC staff with the Medical Priority Dispatch System (MPDS) and what they can expect when reporting medical emergencies. This will help ensure patient information is conveyed efficiently and accurately to Paramedics;
- Development of information sheets for TBC staff to document patient details to assist responding Paramedic crews;
- A joint exercise of four, on-site, real-time scenarios involving TBC staff, Toronto EMS Communications staff and a Toronto EMS Paramedic crew; and
- Reviewing the TBC's access/egress routes and signage.

Upon Receiving an Emergency Call to the TBC, responding Toronto EMS Paramedics will follow the process below:

- On arrival, proceed to the door labelled "Ambulance Entrance" located on the south side of Dundas just west of Sackville (approximately 50 feet to the left of the Main entrance to the Birth Centre).

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HOST CITY

- TBC staff will meet Paramedic crews at the door and escort crews to the patient's side.
- At this point, in accordance with the Ministry of Health and Long-Term Care (MOHLTC) BLS Patient Care Standards,

    - *"Paramedics will work cooperatively with the midwife in providing quality care to the patient and/or neonate at the scene and throughout transport to the hospital"*
    - *"Should the midwife's care or management of the patient and/or infant(s) be in contradiction of approved BLS Patient Care Standards, the paramedic will, with the patient's consent, assume full control of the situation. Where available, consultation will be made with the Base Hospital Physician."*

    "With the patient's consent for care and transport, the paramedic is ultimately responsible for the welfare of the patient, regardless of whether or not the paramedic utilizes the midwife's expertise and assistance."
    (Reference: Ministry of Health Basic Life Support Standards, v2.0, Section 5-16)

- All efforts will be made to honour the patient's and the midwife's hospital destination request. St. Michael's and Mount Sinai Hospitals have been designated as the destinations of choice for the TBC.
- However, per Toronto EMS SOP 03.06.24 (Midwives/Home Births), "During transport, if in the estimation of the crew, the patient is or becomes medically unstable, then a decision can be made by the paramedic to divert to a closer hospital. In these situations, the paramedic must update the CACC."

Attached is a site drawing of the property, including building footprint, driveway and door access points (for EMDs, the CAD premise name is "**XH Toronto Birth Centre")**.

If you are involved in an emergency call at the TBC, your feedback is welcomed. If you have any questions about this facility or would like to provide feedback, please have your Superintendent direct your questions and comments to Steph Rahilly, Commander, District 4. It may also be helpful to review the presentation regarding midwife births which is available on the Toronto EMS Education Portal at:

http://www.temseducation.com/moodle/mod/scorm/view.php?id=294

We are proud of our partnership with the TBC and will continue working with the TBC leadership team to ensure a positive birthing experience for the TBC's clients, the TBC staff and Paramedics.

(Original signed by)
Gord McEachen

(Original signed by)
Garrie Wright

c: P. Raftis, Deputy Chiefs, Ops Commanders/Superintendents, CACC Commanders/Superintendents, Deputy Commanders, PSU, EMS Multimedia, EMS Ed Mgmt, Comm. Med., K. McKinnon, R. Hamel-Smith, B. Chawla, Emp/LR, H&S

Attachment

Toronto Birth Centre (Main Floor)

Sackville St

Birthing Room

Birthing Room

Birthing Room

Admin area is on 2nd Floor – use Elevator for access

Family area

Family area

Family area

Elevator to 2nd Fl

Concrete planter

Concrete planters on sidewalk

AMBULANCE Entrance

Main Entrance

525 Dundas St E.

KIM RIGDEN
Commander, Communications
Education & Quality Improvement

PAUL RAFTIS, Chief

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August 27, 2014 (**revised**)

ADVISORY # 2014-03 (CACC)

To: **ALL COMMUNICATIONS STAFF**

From: **KIM RIGDEN**
Commander, Communications Education & Quality Improvement

Subject: **NEW HIGHWAY CALL GEOLOCATION PROCESS**

On Wednesday October 1st, 2014, a new simplified highway call geolocation process will be implemented. Thanks to constructive feedback received from EMDs, this new process was developed to produce more reliable location points for highway calls for all stakeholders.

The new process will include codes used in conjunction with descriptive language (e.g., AZ123 EB 401 Ramp to Eglinton) to more clearly identify specific highway sections for both Toronto EMS and Toronto Fire responders.

To support this new process, the electronic 'InterCAD' interface between CAD systems will be re-activated for highway calls. This activation will ensure rapid notification to Toronto Fire Services for all incidents occurring on limited access highways and will generally negate the requirement for EMDs to call and provide new call notifications verbally.

Training for this improvement will be delivered by CTOs over the coming days. Please familiarize yourselves with the attached training documents.

Regards,

KIM RIGDEN
Commander, Communications
Education & Quality Improvement

pc: P Raftis, Deputy Chiefs, Ops Commanders/Superintendents, CACC Commanders/Superintendents, Deputy Commanders, PSU, EMS Multimedia, EMS Ed Mgmnt, Comm. Med., K. McKinnon, R. Hamel-Smith, M. Toman

TORONTO C.A.C.C. – EDQI UNIT

New Highway Call Geolocation Process

On August 19, 2014, Toronto EMS Communications will implement a new highway call geolocation process.

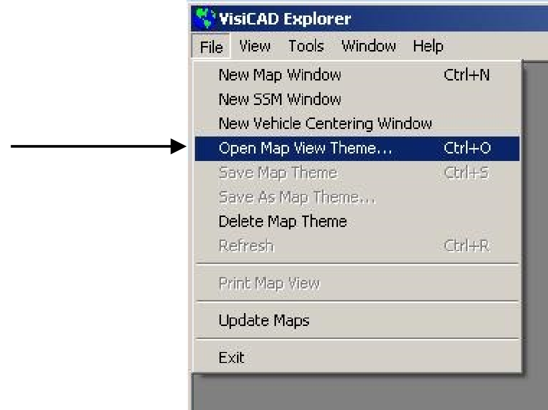
ADVANTAGES:

- Easier for staff vs. current process
- More reliable outcomes – compatible with OPTIMA
- Decreased time on task (EMDs will rarely need to update TFS manually)

The following process is to be followed by EMDs:

1. **Open VisiCad Explorer**

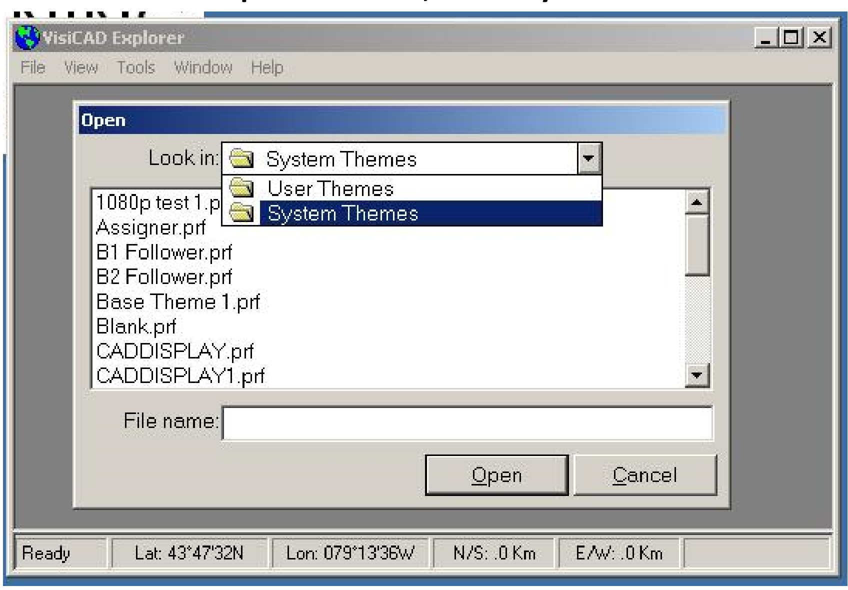
2. **Click on File and Open Map View Theme**



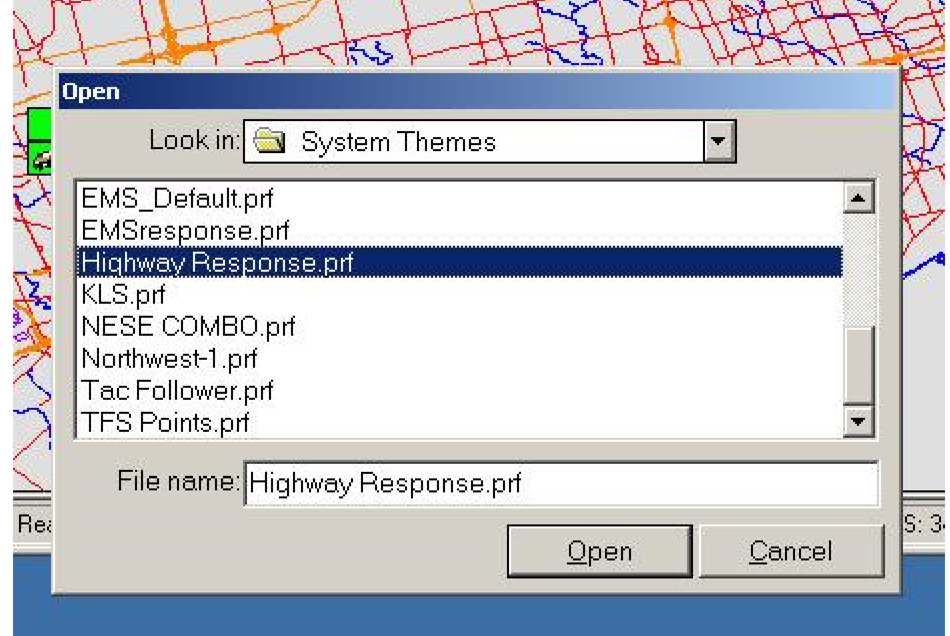
TORONTO C.A.C.C. – EDQI UNIT

New Highway Call Geolocation Process

3. **In the Look in: drop down menu, select System Themes**



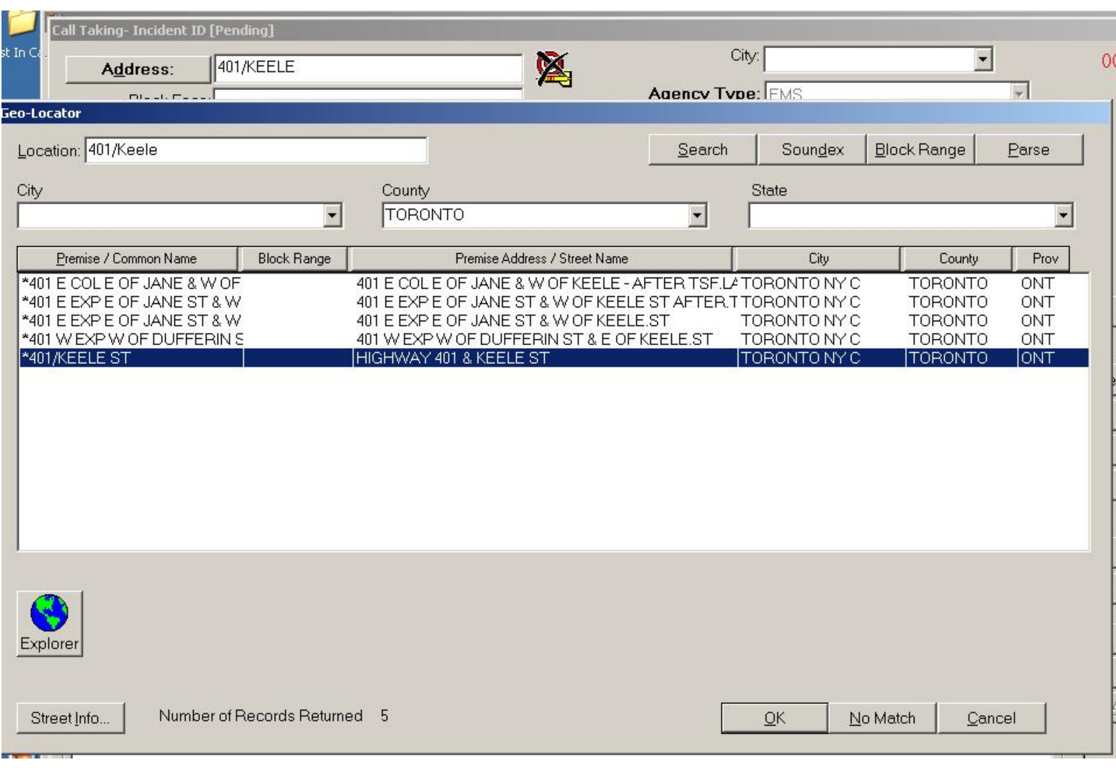
4. **Select Highway Response**



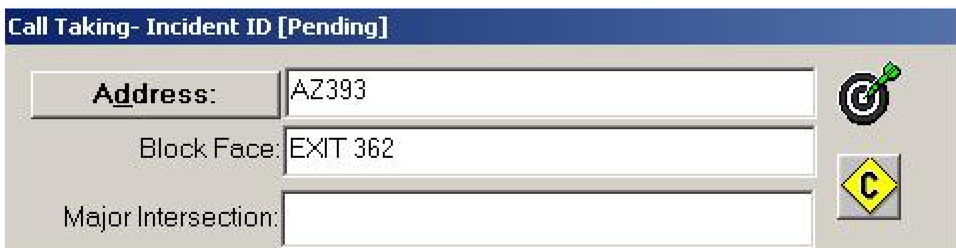
TORONTO C.A.C.C. – EDQI UNIT

New Highway Call Geolocation Process

5. **Input the location of the call into an Emergency Call Form in VisiCAD (e.g. 401/Keele)**



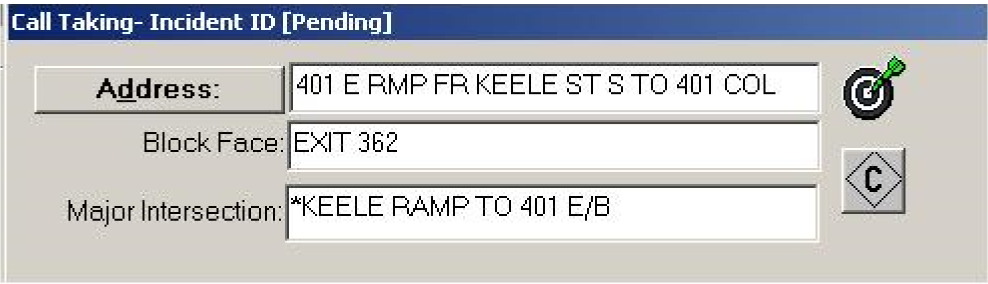
6. **Map the location in VisiCAD Explorer and select the location tag that matches the directional information provided by the caller. Highlight and erase the original address inputted (401/Keele) and type the code into the address field on your Emergency Call Form and tab off.**



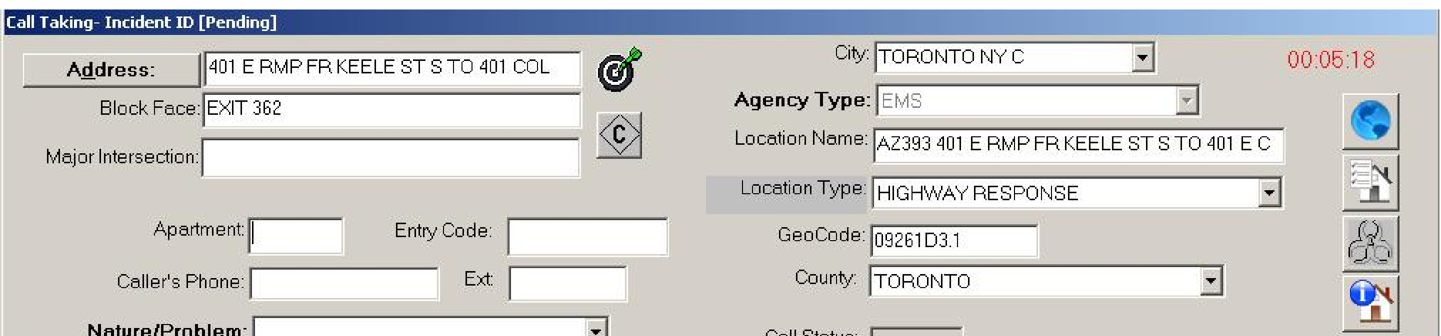
TORONTO C.A.C.C. – EDQI UNIT

New Highway Call Geolocation Process

7. **As with past practice, type in directional information in the Major Intersection Field preceded by an asterisk.**



8. **Once the information is in the form, it auto populates the Location Type to HIGHWAY RESPONSE, which is the driver for these calls to AUTO-TIER to Toronto Fire.**



KIM RIGDEN
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August 27, 2014 (**revised**)

ADVISORY # 2014-04 (CACC)

To: **ALL COMMUNICATIONS STAFF**

From: **KIM RIGDEN** Commander, Communications Education & Quality Improvement

Subject: **MEDICAL PROFESSIONAL MPDS CASE EXIT INSTRUCTION**

MPDS protocol requires that all possible and appropriate Dispatch Life Support (Post Dispatch Instructions, Pre Arrival Instructions and Case Exit Instruction) be provided to all first and second party callers.

In situations where a medical professional is calling 911 from his/her workplace and actively caring for the patient, the provision of these instructions can be unnecessary and even frustrating.

In order to address this situation, a Medical Professional Case Exit Instruction has been designed and approved for use in Toronto CACC effective immediately.

Medical Professional Case Exit Instruction
***"I am sending the paramedics to help you now. Please make sure the patient is actively cared for until we arrive. If the patient gets worse in any way, call us back immediately*."**

This instruction may be used when:

1. The caller is a Doctor / physician (MD), Registered Nurse (RN), Registered Practical Nurse (RPN) Licensed Practical Nurse (LPN), Nurse Practitioner (NP), Registered Midwife (RM), Registered Respiratory Therapist (RRT), Dentist (DDS or DMD) or Paramedic

   AND

2. The caller is in his/ her professional work place.

If you have any questions regarding this procedure, please contact staff in the Education and Quality Improvement Office.

Regards,

KIM RIGDEN
Commander, Communications
Education & Quality Improvement

pc: P Raftis, Deputy Chiefs, Ops Commanders/Superintendents, CACC Commanders/Superintendents, Deputy Commanders, PSU, EMS Multimedia, EMS Ed Mgmnt, Comm. Med., K. McKinnon, R. Hamel-Smith, M. Toman

TORONTO

LEO TSANG
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December 8, 2014

ADVISORY 2014-07 (CACC)

To: **ALL COMMUNICATIONS STAFF**

From: **LEO TSANG**
A/Commander, CACC

Subject: **TEXT TO 9-1-1 SERVICES**

On Monday December 8, 2014, Toronto Police Service Communications began offering Text with 9-1-1 (T9-1-1) services to registered users. Toronto CACC will receive all Text with 9-1-1 requests for Paramedic Services via the Toronto Police Service (TPS) Communications call taker.

What is T9-1-1?

Text with 9-1-1 is a text messaging service designed specifically to provide 9-1-1 access to members of the Deaf, Hard of Hearing and Speech Impaired (DHHSI) Community. Until the introduction of Text with 9-1-1, a deaf citizen in the City of Toronto could only communicate with 9-1-1 by using a TTY device, yet the majority of the deaf population now communicate via Short Message Service (SMS or text message) from their wireless phones or through video phones. If a DHHSI citizen requires emergency assistance and does not have a TTY, they must rely on the assistance of someone else to place the 9-1-1 call on their behalf.

How does it work?

In order for a DHHSI member to access the T9-1-1 service, they must register their mobile device with their Wireless Service Provider. Once the phone number for their device is registered, it will be flagged in the ANI/ALI database to provide a unique "class of service" (designation in ANI/ALI) to call takers so that they know the wireless call is from a registered DHHSI caller. The class of service will be either TXE (text in English) or TXF (text in French). Registered DHHSI callers must initiate the emergency call by first ***dialing*** 9-1-1. Once Toronto Police Communications has determined that an incoming call has a class of service of either TXE or TXF they will use an application called *Agent 511* to communicate via text with a DHHSI caller. This application is available at all Toronto Police Communications CAD workstations. Note: *Agent 511* is a separate application and cannot currently interact directly with the Police CAD.

A text message sent to "9-1-1" will NOT be received by TPS Communications

TPS Communications call takers will not disconnect the audio portion of the 9-1-1 call as there are still benefits to keeping the line open (e.g., X,Y coordinates, background noise, and the ability to transfer the call to another agency).

…/2

At this time, only Toronto Police Services Communications will have the technical ability to use this software, but we anticipate adding the same ability within our system by the first part of 2015.

Procedures for handling T9-1-1 calls are attached.

Please forward any questions you might have to your immediate Superintendent.

LEO TSANG
A/Commander,
Communications

pc: P. Raftis, Deputy Chiefs, CACC SMT

T9-1-1 Call Procedure for EMDs

Toronto Police Service (TPS) Communications call takers will act as an interpreter for T9-1-1 calls by texting verbatim questions and instructions as provided by the EMD. The TPS Communications call taker will read the DHHSI client's responses verbatim to the EMD. The EMD will not be texting directly with the client in this first phase of T9-1-1 functionality.

1. The TPS Communications call taker will:

    a. Verify the address and phone number with the DHHSI client prior to down-streaming the call to Toronto CACC.

    b. Transfer the voice call to Toronto CACC with the ANI/ALI drop (as per current procedure).

    c. Advise the EMD that the call is a T9-1-1 call.

    d. Provide the EMD with the verified address and phone number.

2. The EMD will treat this call in a similar manner to a language line call:

    a. After entering the address and telephone number, the EMD will **SEND the call to the Queue as an Unknown Problem-Bravo** and will add the comment, "T911 caller".

    b. The EMD will then obtain an apartment number and entry code (if applicable).

    c. The EMD will then proceed with ProQA interrogation, reading the questions one at a time to the TPS Communications call taker. The TPS call taker will read back the answers verbatim once obtained.

    d. Once a determinant is reached, the EMD will **UPDATE** the call form (as per current procedure).

    e. The EMD will provide Post Dispatch Instructions one sentence at a time to the TPS Communications call taker who will, in turn, text them to the DHHSI client.

    f. The EMD will provide Case Exit or Pre-Arrival Instructions one sentence at a time to the TPS Communications call taker who will, in turn, text them to the DHHSI client.

    g. The EMD will tell the TPS Communications call taker when the interrogation is complete.

This will be a time consuming process. Your patience and attention to detail is greatly appreciated.

KIM RIGDEN
Commander, Communications
Education & Quality Improvement

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ADVISORY # 2014-09 (CACC)

December 23, 2014

To: **ALL COMMUNICATIONS STAFF**

From: **KIM RIGDEN**
Commander, Communications Education & Quality Improvement

Subject: **PROQA ASSESSMENT FOR BIRTH COMPLICATIONS AS REPORTED BY A MIDWIFE**

Registered Midwives in Toronto attend births in homes and the Toronto Birth Centre, in addition to hospital delivery units. If there is an emergency complication during labour, delivery or shortly after birth at a home or at the Toronto Birth Centre, the Registered Midwife (or an assistant) will call 9-1-1 to request Paramedic response and transportation to the hospital.

All calls received for Registered Midwife attended births will be assessed using ProQA.

The complications that require emergency transportation to hospital are many, but they can be divided into two categories for the ProQA assessment:

1. Problems arising **during** labour or birth of the baby

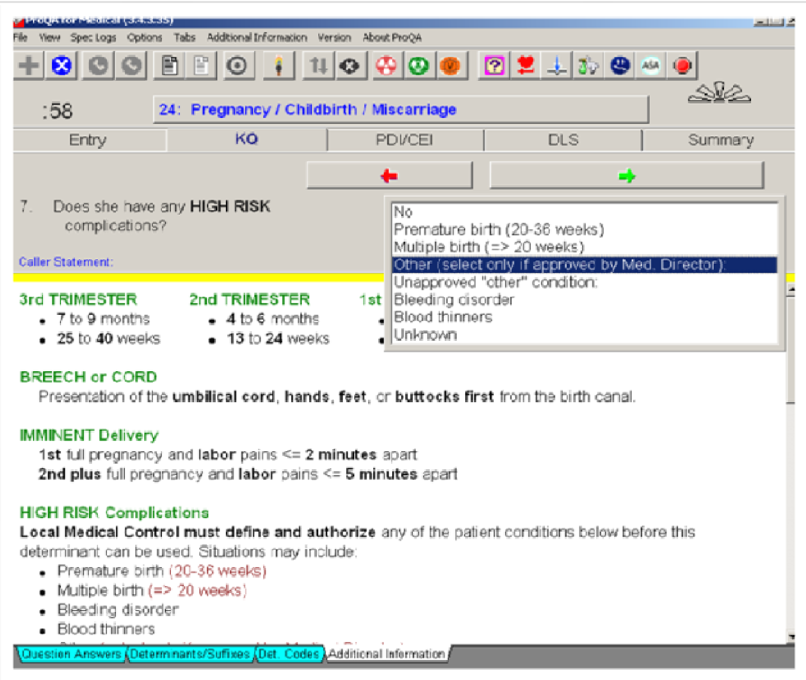
2. Problems arising **after** the birth of the baby

The following details show the correct Key Question answer selections for each of these categories.

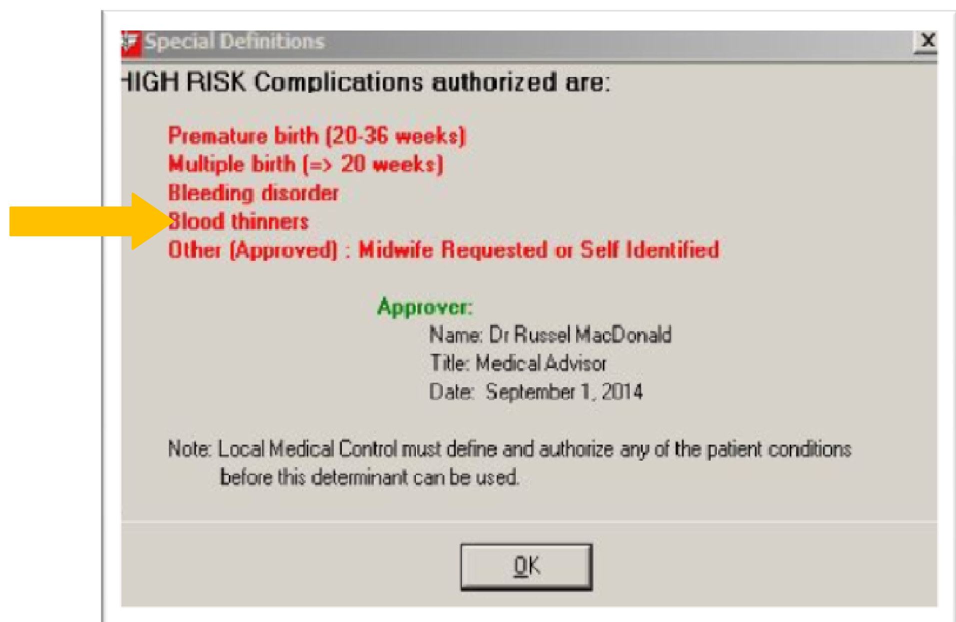
1. Problems arising **during** labour or birth of the baby:

ProQA Answer Selection

To answer "*Does she have any **HIGH RISK** complications?"* the EMD will select the option that says: "**Other (select only if approved by Med Director)**" as shown in the example below.



A special definitions box will pop up listing locally approved authorizations for use of the "High Risk" determinant. Click <Ok> and carry on.

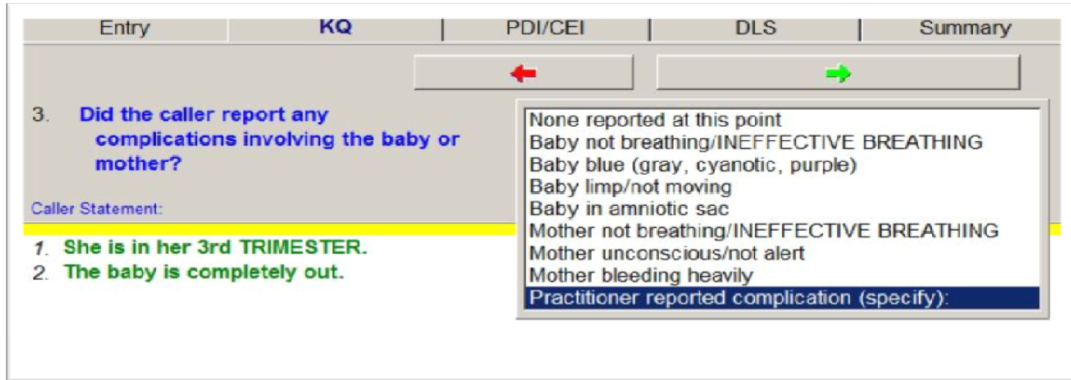


2. **Problems arising after the birth of the baby:**

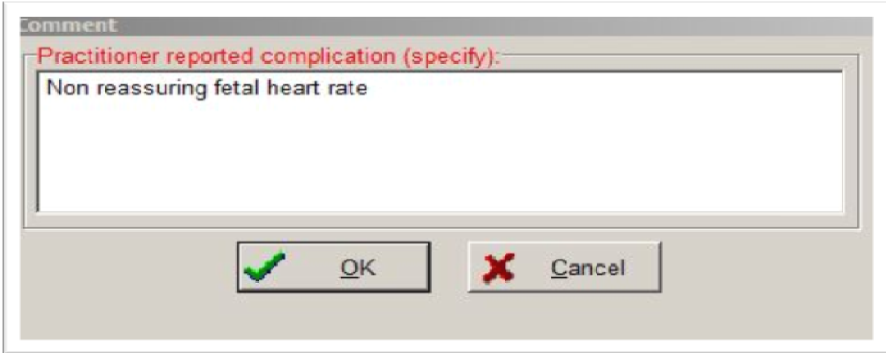
ProQA Answer Selection

In answer to the blue-for-you question*: "Did the caller report any complications involving the baby or the mother?"*

The EMD will select the option that says: "**Practitioner reported complication (specify)**" as shown in the example below.



A Comment box will pop up as shown below. Record the complication, as provided by the caller, in the text field and carry on.



Thank you for the efficient and compassionate service you provide to our new moms and babies and their midwives in these times of heightened concern.

KIM RIGDEN
Commander, Communications Education & Quality Improvement

pc: P Raftis, Deputy Chiefs, Ops Commanders/Superintendents, CACC Commanders/Superintendents, Deputy Commanders, PSU, EMS Multimedia, EMS Ed Mgmnt, Comm. Med., K. McKinnon, R. Hamel-Smith, M. Toman, B. Chawla

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Date: February 23, 2015 **ADVISORY 2015-01 (CACC)**

To: **ALL COMMUNICATIONS STAFF**

From: **KIM RIGDEN**
Commander, Communications Education & Quality Improvement

Subject: **CONNECTING A FRENCH SPEAKING CALLER TO A FRENCH SPEAKING INTERPRETER**

==

Effective immediately, in accordance with the French Language Services Act (FLS) and as communicated by the Ministry of Health and Long-Term Care, Toronto Paramedic Services must be able to articulate in French to a French speaking caller that they will be patched through to an interpreter.

We recognize that it may be challenging for an EMD to effectively communicate in what may be a foreign language; thus, the below-noted script has been devised by the Ministry of Health for EMDs to follow:

EMD with some French language skills:

"Ne quittez pas, je vous transfère à une personne qui parle Français."

EMD without French language skills - Phonetic Version:

"Ne kee-tay pah, je voo trans-far a oon pair-son key parle fron-sey."

The English translation of the script is:

"Do not hang up; I am transferring you to a person who speaks French."

For quick reference the scripts are available on Active Desktop along with an audio version being housed in the EMD Information folder.

In 2014 Toronto Paramedic Services utilized French language line services on 44 occasions.

If you have any questions, please contact the EDQI Unit or your SCS.

KIM RIGDEN
Commander, Communications Education & Quality Improvement

pc: P Raftis, Deputy Chiefs, CACC SMT, CACC Superintendents

FREQUENTLY ASKED QUESTIONS

Connecting a French Speaking Caller
To a French Speaking Interpreter

Question #1 -- "I am fluent in French, why do I have to use Language Line?"
Language Line interpreters are certified in translation services. Toronto Paramedic Services does not have a French version of the protocol and while EMDs may be fluent in French our protocol is written in English and EMDs are not certified translators.

Question #2 -- "Why are we only offering this service for French?"
It is one of the two official languages of Canada and the French Language Services Act requires that CACC EMDs are able to communicate *in French* to a French speaking caller that they are being transferred to an interpreter.

Question #3 -- "I don't feel comfortable speaking in a language that is foreign to me. What can I do to gain a comfort level?"
Both phonetic and audio versions of the script are available for reference. You are expected to provide the script to the best of your ability.

Question #4 -- "I am not fluent in French and wonder what will happen if I don't say the script?"
Toronto Paramedic Services has issued an Advisory outlining the process and it is expected that EMDs will follow such.

Bell Automatic Number Information/Automatic Location Information (ANI/ALI) "Bell AQSPlusP" Training Procedures

Bell Canada provides both Toronto Paramedic Service and Toronto PoliceS with the Automatic Number Information/Automatic Location Information (ANI/ALI). Bell has upgraded their system from the current "Alpha-com" display to a new web-based system called "**Bell AQSPlusP**".

There are two new enhancements to the new Bell AQSPlusP system that require changes to our current call receiving procedures (Updates to the Call receiving Manual and SOPs will follow).

1. Reverse Lookup
2. Incoming Call Location Update (ICLU)

The following is an explanation of the new ANI/ALI procedure.

ALL INCOMING 9-1-1 CALLS

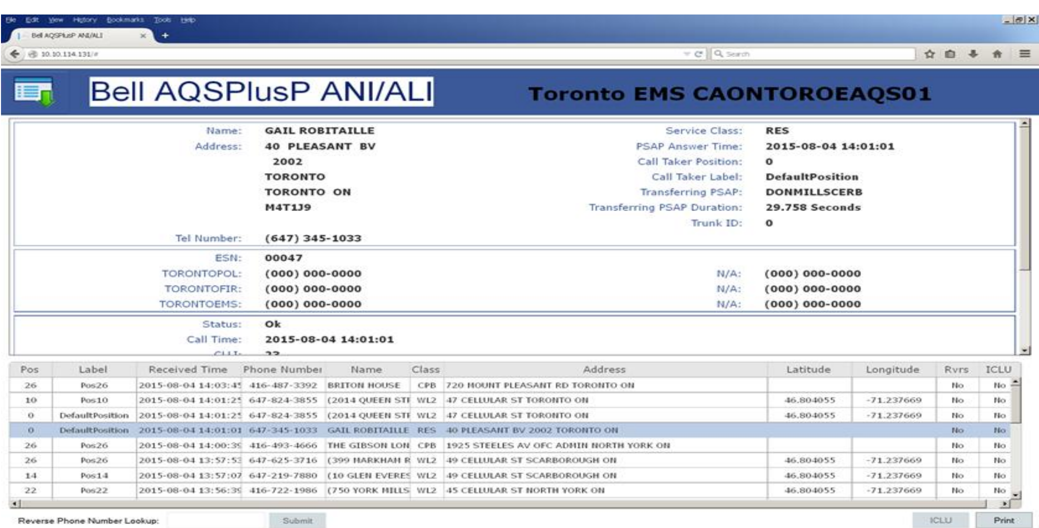
- When the EMD answers a 9-1-1 line, the Emergency Call Form auto populates in CAD. The shortcut to launch the ANI/ALI, if necessary, is in the VisiCad Start button titled ANI/ALI Display
- All of the information currently presented on "Alpha-com" will now appear in the new "**Bell AQSPlusP**" ANI/ALI.

THIRD PARTY CALLERS WITH TELEPHONE NUMBER ONLY (NO ADDRESS INFORMATION)

When a third party caller is requesting service for a patient and they only have the patient's telephone number.

Reverse Lookup Procedure

1. The call receiver will click on Reverse Lookup and enter the telephone number including area code into the Reverse Lookup box (located at the bottom left corner of the ANI/ALI display) and press submit.



After pressing submit, a green bar will light up and appear in ANI/ALI stating:

"Successfully sent Reverse Lookup to the AQSPlusP"

If the search is successful and the address and telephone number populate in ANI/ALI

The EMD will:

1. Attempt to confirm name and address provided in Reverse Look up with caller.
2. Process all third party information as per current protocol by launching ProQA and asking all Case Entry and Key Questions and providing all appropriate PDIs.
3. EMD will complete documentation in the Comments/Notes Tab including any scene safety issues, notifying allied agencies as required
4. Attempt to contact the scene with the phone number provided

If the search does not produce an address or telephone number

The EMD will:

1. Request the caller to remain on the line.
2. Ask Toronto Police Services Communication's (TPS Communications) call receiver to conduct a trace of the telephone number provided.
3. Erase the address/location information of the third party caller that auto populated in the Emergency Call Form.
4. Type "/" in the address field to launch the Geo-Locator tool.
5. Type "**TRACE PENDING**" in the location field and click on the **"No Match"** (**Alt N**). *The target icon will reflect a 'no hit' with the bull's eye appearing in red and crossed out.*
6. Click the Additional Information tab and change the Division to "**SPEV4**". *The call will flash at all CAD positions except for the Quadrant Dispatch desks.*
7. Process all third party information as per current protocol by launching ProQA and asking all Case Entry and Key Questions and providing all appropriate PDIs.
8. Record all patient information in the Comments/Notes field, including any possible scene safety issues.
9. Request the caller call back if they have any additional information.
10. If this call is a Fire notification, the EMD will see a failed notification to Fire. The EMD does not need to phone Fire Communications at this point, as they did not receive this notification and there is still no address at this point in the process.
11. Attempt to contact the scene with the phone number provided.
12. Notify TPS Communications if contact to the scene is made.
13. Request police to attend if required.
14. Notify **SCS or Designate** via instant messaging (IM) by sending a hot link for the incident (Drag the incident from your CAD Active Incident Queue into any area of the IM window). This will ensure that the SCS/Designate is aware of the situation.

If contact with the scene is made at any point during this process EMDs will:

1. Verify and update address information (*once address is validated, the call will automatically default to the correct Division/Quadrant Dispatch desk).*
2. Follow the current SOP policy on call backs (**09.08.4)** asking all Case Entry and Key Questions and provide appropriate PDIs/PAIs as required.
3. If this is a fire notification call, the EMD will see in the Comments/Notes field that the notification has failed. The EMD **must** phone Fire Communications to notify them of the call, and record in Comments/Notes field that Fire has been notified by using the shorthand comment "/FD".

If no contact with scene is made EMDS will:

1. Record "no voice contact made at scene" in the Comments/Notes field.
2. Notify SCS or designate via instant messaging (IM) by sending a hot link for the incident (Drag the incident from your CAD queue into any area of the IM window).

"TRACE PENDING" Follow Up:

TPS Communications may call back directly to One Desk or to a 9-1-1 line. TPS Communications will enquire by asking "was someone requesting a trace?"

If TPS Communications has an address, the EMD (who answers the call) will:

1. Locate the call in the Pending Incident Queue and open the call.
2. TPS Communications will provide the subscriber's information.
3. Erase "**TRACE PENDING"** in the address field and replace with "/" to launch the Geo-Locator tool. Input the address provided by TPS Communications.
4. Verify the address and confirm the major intersection with TPS Communications *(Once address is validated, the call will automatically default to the correct Division/Quadrant Dispatch desk.)*
5. If this is a fire notification call, the EMD will see in the Comments/Notes field that the notification has failed. The EMD **must** phone Fire Communications to notify them of the call, and record in Comments/Notes field that Fire has been notified by using the shorthand comment "/FD".
6. Insert shorthand comment "/SI" (Subscriber Information) in the Comments/Notes field.

If TPS Communications does not have an address the EMD will:

1. Record" /NSI" (No Subscriber Information) in the Comments/Notes field.
2. Notify SCS or designate, via instant messaging (IM), by sending a "hot link" for the incident (Drag the incident from your CAD queue into any area of the IM window).

SCS or DESIGNATE REVERSE LOOKUP PROCEDURE

The SCS or Designate will:

1. Acknowledge IM.
2. At the five-minute mark, the SCS or Designate will initiate a call back to TPS Communications via the Police Sergeant Direct Line, to inquire on the status of the trace.

If TPS Communications has an address the SCS or Designate will:

1. Erase **TRACE PENDING** in the address field and replace with "/" to launch the Geo-Locator tool. Input the address provided by TPS Communications.
2. Verify the address and confirm the major intersection with TPS Communications. Once address is validated, the call will automatically default to the correct Division/Quadrant Dispatch desk.
3. Follow current SOP on call backs (**09.08.4**) asking all Case Entry and Key Questions and provide necessary PDIs or PAIs as required.
4. If this is a fire notification call, the EMD will see in the comments/Notes field that the notification has failed. The EMD **must** phone Fire Communications to notify them of the call, and record in Comments/Notes field that Fire has been notified by using the shorthand comment /FD.
5. Insert shorthand comment /SI (Subscriber Information) in the Comments/Notes field.

If TPS Communications does not have an address, SCS or Designate will:

1. Attempt to make a final contact with the scene using the telephone number provided.
2. If there is no answer on call back, record "no voice contact made at scene" in the Comments/Notes field.
3. Insert shorthand comment /NSI (No Subscriber Information) in the Comments/Notes field.
4. SCS or Designate will call back the call originator and inform them that despite our attempts there was no contact made with patient or scene and asked them to call back 9-1-1 if they get any further information
5. SCS or Designate will document the cancellation notice with originator in the Comments/Notes field.
6. SCS or Designate will cancel the call request.

Incoming Call Location Update

The Incoming Call Location Update (ICLU) is located at the bottom right of the ANI/ALI display.

This feature enables the EMD to update the cell phone caller's most recent position (within 150 metres). This can only be recalculated 35 seconds after the original location appears on the screen.

The EMD will:

1. Identify the caller's cellular ANI/ALI information in the list of calls stored on the desk.
2. Highlight with the cellular caller's information with the cursor. *(The ICLU button will be activated).*
3. Click on the activated ICLU button to recalculate the cell phone caller's location when required.

TORONTO

JOSEPH GRANDE
Superintendent
Communications, EDQI

PAUL RAFTIS, Chief

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April 23, 2014 **ADVISORY # 2015-02 (CACC)**

To: **ALL COMMUNICATIONS STAFF**

From: **JOSEPH GRANDE** Superintendent, Communications EDQI

Subject: **PARK LOCATION ID**

Effective April 24th, 2015 a pilot project will begin, allowing 911 callers to more easily identify their location in an emergency in High Park and Centennial Park (Etobicoke).

Toronto Paramedic Services, in partnership with Toronto Police Service, Toronto Fire Services, and in co-operation with other City divisions, has developed a process designed to improve the City's ability to respond to emergency and non-emergency incidents in larger parks and on some park trails. The project includes the installation of physical location identification signs at various park location points and mapping these locations in the respective CADs.

The pilot project in High Park and Centennial Park (Etobicoke) will include bright yellow park location point signs which are easy to see and read, and include instructions to call 911 or 311 (as appropriate) with the unique Park Location ID (PLID) number. A total of 72 Park Location point signs will be mapped out and installed at High Park and Centennial Park initially. They will be installed on waste bin posts, life saving stations, light poles and picnic areas at intervals no greater than 500m throughout the parks.

For the purpose of this pilot, the attached Call Taking procedures are to be used until further notice. To ensure consistent language is used between all three Emergency Services, a new CAD prefix 'PLID' has been added to the list of CAD prefixes. When an incident occurs in a park in the vicinity of a Park Location point, the unique PLID number can be relayed by the caller to the 911 Call Receiver. The PLID number will more accurately locate the scene or the caller within a very large physical area.

This pilot will run until September 7, 2015 (Labour Day), at which point the program will be re-assessed to determine next steps. If you have any questions regarding this pilot, please contact staff in the Education and Quality Improvement Office.

(original signed by)
JOSEPH GRANDE
Superintendent, Communications, Education & Quality Improvement

pc: P Raftis, Deputy Chiefs, , CACC Commanders/Superintendents, Deputy Commanders,

CALL TAKING PROCEDURES – TO BE USED DURING PILOT PHASE

Immediately after a caller advises the EMD that the emergency call is located at High Park or Centennial Park, the EMD will ask the caller:

> "Do you see a bright yellow sign with a location ID number on it around you? It may be on a garbage can post, life saving station or light pole."

If the response to the question is "**YES**", the EMD will ask the caller,

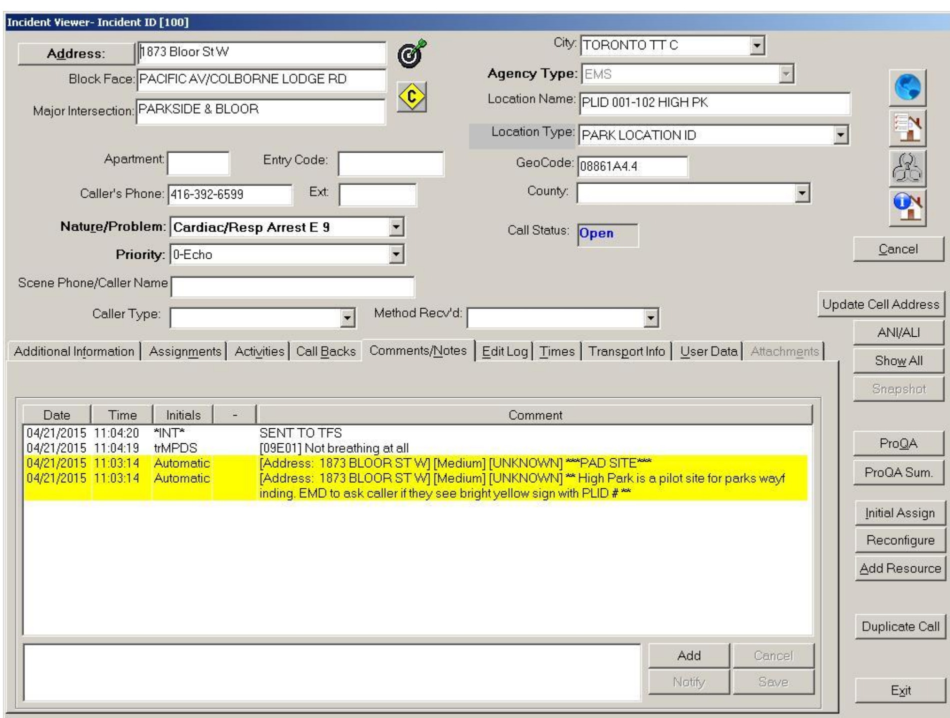
> "What is the six-digit location# on the sign?"

The EMD will then enter the new CAD prefix 'PLID' followed by a space, then the six-digit PLID# into the Address Field of the Emergency Call form. The PLID# will be 3 digits followed by a hyphen and another three digits.

For example,

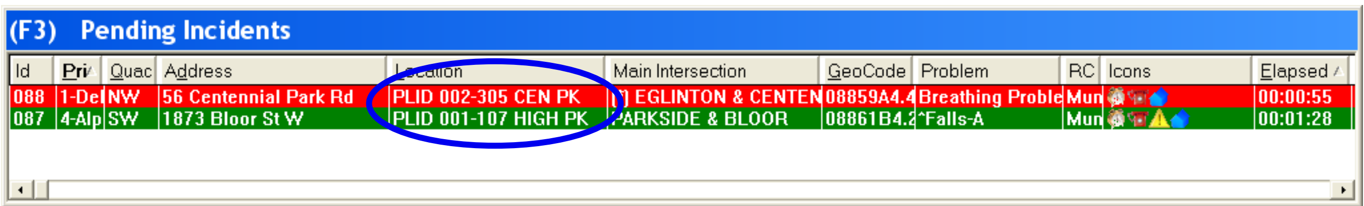
PLID 001-101

Shown below is an example of what will populate when a PLID# is entered into CAD.



If the caller cannot immediately locate a park location point sign, the EMD will follow the normal emergency call receiving procedures by entering the CAD prefix 'PK' followed by High Park or Centennial Park.

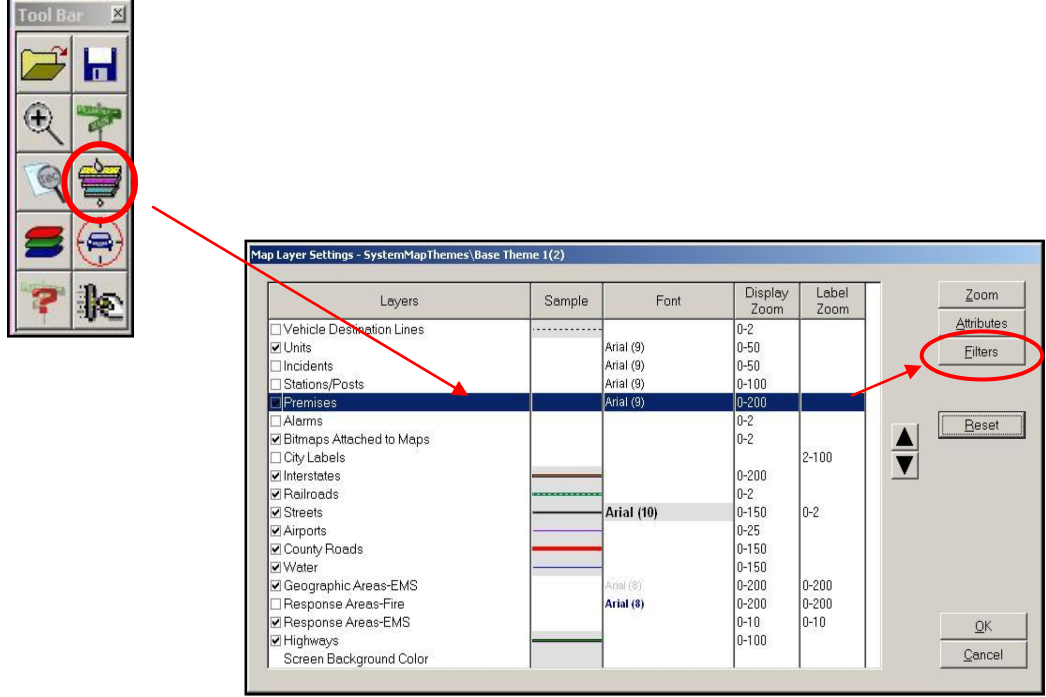
Notice the difference between the PLID#s of both locations. High Park's PLID#s will begin with '001' and Centennial Park's PLID#s will begin with '002'.



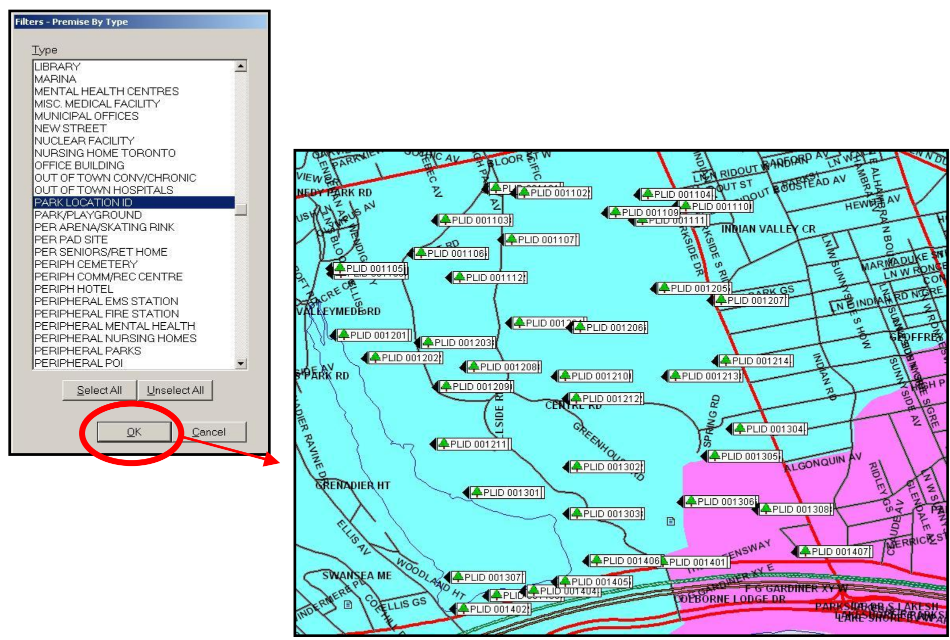
EMDs can choose to have all PLID locations displayed in their main call receiving CAD map by selecting the 'Park Location ID' filter located in the "Filters - Premise By Type" list. (Shown below)

Select the Filters icon on the main map Tool Bar (circled in red below)

- This will launch the Map Layer Setting
- Select 'Premises' and select <Filter>



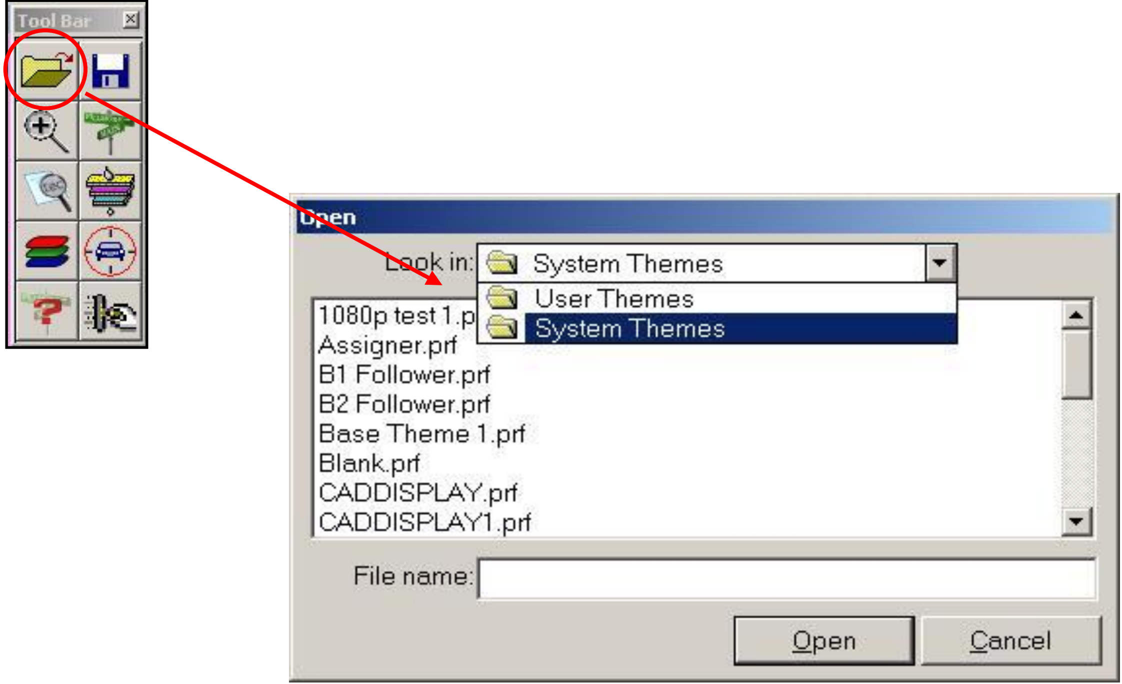
- Then select 'Park Location ID'
- Press <OK>

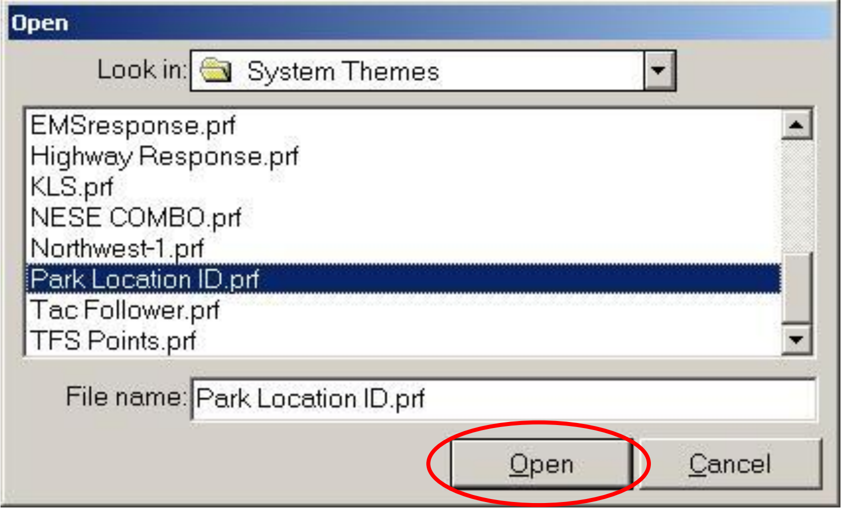


EMDs may also select a preloaded map of all Park Location ID#s at both parks by selecting Park Location ID in the System Themes. (Shown below)

Select the 'Open Map Themes' icon on the main map Tool Bar

- This will luanch the User and System Themes dialogue box
- Select 'System Themes' folder from the dropdown menu
- Select 'Park Location ID'
- Press <OK>





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Commander, Communications
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May 13, 2015

ADVISORY # 2015-03 (CACC)

To: **ALL COMMUNICATIONS STAFF**

From: **KIM RIGDEN**
Commander, Communications Education & Quality Improvement

Subject: **UPDATED – TELEHEALTH PREAMBLE**

Toronto Paramedic Services has been working closely with Telehealth Ontario to improve the process for calls that are referred *to* Telehealth and those that are returned *from* Telehealth. It has been identified that there is a need for a warm transfer wherein a reason is provided to Telehealth for the referral and/or a reason is provided by Telehealth for the return to Toronto Paramedic Services. This change will provide each agency with much needed information about the patient's condition and improve customer service.

Warm Transfer *to* Telehealth

Hi this is (your name), I have (caller's name) on the line with us. This is a Telehealth referral for a (Chief Complaint description).

Warm Transfer from Telehealth

Hi, this is (Nurse name) from Telehealth, I have (caller's name) on the line and he/she is having (Chief Complaint description).

The Medical Dispatch Review-Working Group responded to EMD suggestions and recommended that the Telehealth Preamble be updated to ensure the caller understands that he or she is being transferred to Telehealth and confirm that the caller is willing to speak to a Registered Nurse. After careful review, the Medical Dispatch Review-Steering Committee has appoved the new script provided below. Effective **Wednesday May 20th, 2015,** this script will be used when referring a caller to Telehealth:

HOST CITY

Telehealth Preamble

Thank you for answering my questions.
You may not need to go to hospital by ambulance right now.

To serve you better, I am going to connect you with a Registered Nurse at Telehealth Ontario. The nurse can give you medical advice or help with other options. If the nurse determines that you do need an ambulance, they will reconnect you with us to arrange for one.

Are you willing to speak to the Nurse?

(YES) *Okay, I'm going to connect you now and will not be sending an ambulance.*

(Warm Transfer to Telehealth)
Hi this is [your name]
I have [caller's name] on the line with us.
*This is a Telehealth referral for [**Chief Complaint Description**]*

(NO) COMPLETE MPDS and substitute Case Exit Instruction (Always) for*:*

We are experiencing a high volume of calls at this time. Your call is important to us. We will send you an ambulance as soon as we can (as soon as one is available).
If s/he/you get(s) worse in any way, call us back immediately on 9-1-1 for further instructions.

The link to this new script can be easily accessed from the Active Desktop at all workstations.

Emergency Medical Dispatchers are expected to remain on the line with the caller until a Health Services Representative answers the line to provide the warm transfer. Testing of the transfer process indicated a very short wait time after the intial Telehealth recording. In rare cases of an extended delay waiting for a Health Services Representative, the EMD may disconnect the line after providing the following instruction to the caller:

If your (her/his) condition worsens while you are waiting for the nurse, hang up and call us back immediately on 9-1-1.

If you have any questions regarding this procedure, please contact staff in the Education and Quality Improvement Unit.

Regards,

KIM RIGDEN
Commander, Communications Education & Quality Improvement

pc: P Raftis, Deputy Chiefs, Ops Commanders/Superintendents, CACC Commanders/Superintendents, Deputy Commanders, PSU, EMS Multimedia, EMS Ed Mgmnt, Comm. Med., K. McKinnon, R. Hamel-Smith, B. Chawla

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May 13, 2015

ADVISORY # 2015-04 (CACC)

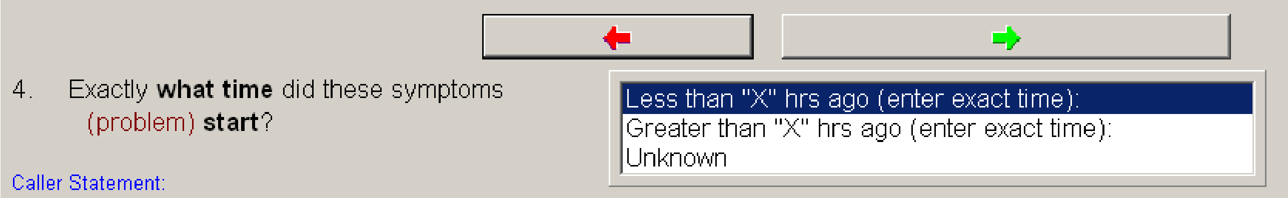
To: **ALL COMMUNICATIONS STAFF**

From: **KIM RIGDEN**
Commander, Communications Education & Quality Improvement

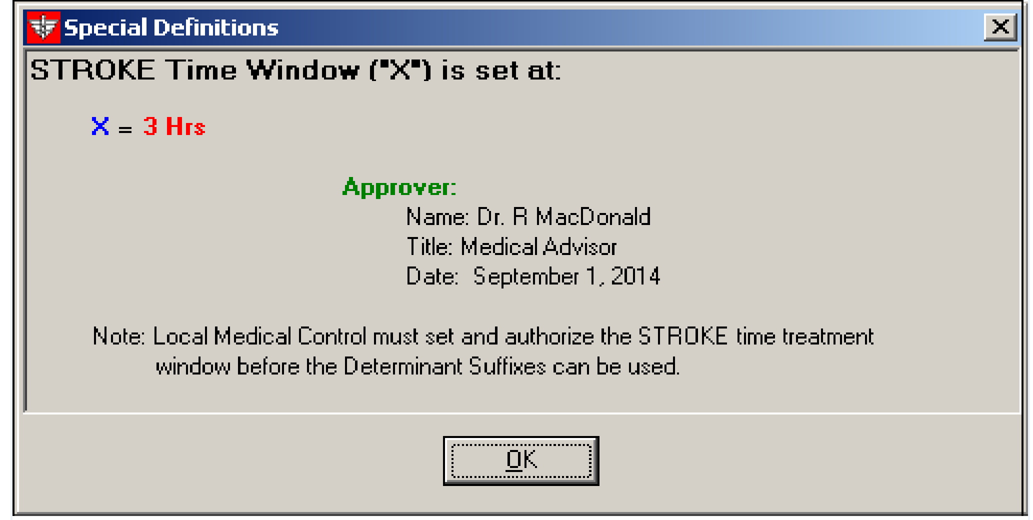
Subject: **UPDATED – STROKE TREATMENT TIME WINDOW IN MPDS**

Effective **Wednesday May 20th, 2015**, the Stroke Treatment Time Window will change to three (3) hours from two (2) hours. This change is in line with Paramedic Medical Directives for Stroke Protocols and has been recommended by the Medical Dispatch Review-Working Group and approved by the Medical Dispatch Review - Steering Committee.

When processing a call on Protocol 28, the EMD will select 'Less than "X" hrs ago (enter exact time)' when the caller reports that the patient's symptoms started less than **3 hours** ago.



Once selected, the Special Definitions pop up window appears, informing the EMD that the Medical Director has approved the STROKE Time Window X = 3 Hrs.



HOST CITY

If you have any questions regarding this procedure, please contact staff in the Education and Quality Improvement Unit.

Regards,

KIM RIGDEN
Commander, Communications Education & Quality Improvement

pc: P Raftis, Deputy Chiefs, Ops Commanders/Superintendents, CACC Commanders/Superintendents, Deputy Commanders, PSU, EMS Multimedia, EMS Ed Mgmnt, Comm. Med., K. McKinnon, R. Hamel-Smith, B. Chawla

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November 13, 2015 **ADVISORY # 2015-08 (CACC)**

To: **ALL COMMUNICATIONS STAFF**

From: **MICHAEL MCCALLION** Commander, Communications

Subject: **ONE NUMBER TO CALL INITIATIVE – LIFE OR LIMB TRANSFERS**

Effective **December 1st, 2015**, the One Number to Call (ONTC) initiative is being implemented by the Ministry of Health and Long-Term Care, using the services of CritiCall Ontario to enhance access to critical care resources and coordination of inter-facility transfers for emergent and urgent patients. This initiative is designed to provide a single point of contact for Ontario's physicians through CritiCall Ontario for both specialist consultation *and* coordination of transport. The goal is to ensure patients receive timely access to care at the closest, most appropriate hospital and via the most appropriate method of transport, while reducing the time it takes to coordinate such transport. **The primary change to Toronto CACC operations will be that we receive these specifically designated "Life or Limb" calls directly from CritiCall Ontario.**

The *Life or Limb Policy* was issued by the Ministry of Health and Long-Term Care in December 2013. This policy establishes processes and timelines pertaining to the inter-facility transfer of persons who are life or limb threatened. It applies to all health care providers including Paramedic Services and Ornge, and by extension to CACCs. The purpose of the policy is to "facilitate timely access to accurate care services within a best effort window of 4 hours in order to improve outcomes for patients who are life or limb threatened". The Life or Limb policy does not change the already well established processes and timelines of CODE Strokes or CODE STEMIs.

EMDs will process Life or Limb transfer requests from CritiCall using the newly-created Nature/Problem of "Life or Limb –Delta", and will use and ask CritiCall the same questions asked when booking any other type of emergency transfer.

- EMDs will identify CritiCall in the <Caller Type> field in VisiCAD.
- If the patient is identified by CritiCall as ***not*** immediately ready for transport, the EMD will choose the Nature Problem "Life or Limb – Code 2" (Scheduled CODE 2 priority), and the call will wait in the Pending Incidents Queue until appropriate for dispatch. When appropriate, and before assigning the Scheduled CODE 2, the call will be upgraded to a Delta priority. *Note that although the dispatch priority is Delta, only BLS resources will be assigned and, unlike CODE Strokes and CODE STEMIs, there will be no requirement for ALS.*

Training and further documentation will be provided by a Communications Training Officer or EDQI Superintendent. Any questions may be directed to them.

Regards,

(Original Signed by)
MICHAEL McCALLION

pc: P Raftis, Deputy Chiefs, Ops Commanders/Superintendents, CACC Commanders/Superintendents, Deputy Commanders, PSU, EMS Multimedia, EMS Ed Mgmnt, Comm. Med., K. McKinnon, R. Hamel-Smith, M. Toman, B. Chawla

FAQ – ONTC - Life or Limb Transfers

Who is CritiCall and what do they do?

Funded by the Ontario Ministry of Health and Long-Term Care, CritiCall Ontario is a 24-hour-a-day emergency consultation and referral service for physicians across the Province of Ontario.

CritiCall links hospitals and medical resources throughout Ontario, to provide strategic healthcare communications solutions. They are a 24-hour-a-day 'medical 9-1-1' emergency referral service for hospital-based Ontario physicians. **CritiCall** also provides a capacity management system that documents the 'status of' and 'access to' Ontario's acute care beds.

*The difference after December 9st is that they will now also become the **transportation** coordination body for Life or Limb calls.*

How can I expect to receive a call like this?

CritiCall Ontario has been provided with 416-489-2111 as the primary number in which to call Toronto Paramedic Services. Upon answering the phone, CritiCall will identify that they have a Life or Limb transfer to book. EMDs will process the call as they would any other emergency transfer, asking and recording the same questions. The only difference is the Nature/Problem selected (Life or Limb) and the Caller Type (CritiCall).

EMDs will now also process any Life or Limb transfer requests as identified by ORNGE using the newly-created Nature/Problem of "Life or Limb –Delta", or "Life or Limb – CODE2" (if we don't have immediate access to the patient). It has been identified that Toronto Paramedic Services may be involved in transporting these patients from an airport to the receiving facility or from a sending facility to an airport.

How will I be expected to dispatch a call like this?

If the Nature/Problem is a Life or Limb- Delta, the call should be dispatched immediately to the closest appropriate PCP unit (ACP is NOT required for these types of transfers). If the Nature Problem is a Life or Limb –CODE2, the time that the patient will be ready will be recorded in the Location Name Field (Pick-up>Dest READY @(time)) and you will have to plan accordingly as with other CODE2 transfers. Before dispatching, the Life or Limb CODE 2 will be upgraded to a Life or Limb – Delta.

What changes are being made to CAD, OPTIMA and AVTEC?

Two new Nature/Problems have been added to **CAD**: LIFE OR LIMB – DELTA and LIFE OR LIMB – CODE2. A new Caller Type has also been added to record calls from CritiCall.

OPTIMA has been configured to apply the same logic to Life or Limb Transfers as it does for Emergency Transfers. This means that it will not recommend an ACP unit for these types of calls.

The number to reach CritiCall for any inquiries has been added to the phone book in **AVTEC** under COMM SERVICES.

What other information will CritiCall require?

CritiCall may ask an EMD when booking a Life or Limb transfer what the expected ETA of the responding unit is. As these types of calls are a Delta priority, we will be dispatching them right away; 15 minutes is an acceptable answer to provide to CritiCall.

CritiCall will also be occasionally following up to track the progress of the call.

What if someone other than CritiCall or ORNGE trys to book a "Life or Limb" transfer?

Book the transfer as a Life or Limb, ensuring that the Caller Type matches the originator (i.e. Hospital or Nurse).

Should I ask when booking a transfer if it is a "Life or Limb" transfer?

No, hospital staff have been provided training and will declare this without being asked.

Is an MT number required?

Yes, CritiCall will have this prior to contacting Toronto Paramedic Services.

Do I have to ask the 3 Question Qualifiers?

No. As with STEMI and STROKE transfers, it is included in the type of transfers that we will book.

Will we be accepting Life or Limb repatriations?

YES. Paramedic Services across Ontario must ensure that a patient transferred under the Life of Limb Policy are repatriated.

POLICY:

All complaints directed at Toronto Paramedic Services will be forwarded to the Professional Standards Unit for investigation as described in the Complaint Investigation Policies and Procedures (CIPP). In the event that members of the public wish to express compliments for service provided or inquire about the service on a particular call, they can also be given the contact information for the PSU.

PURPOSE:

To provide a standard process for complaints received by staff in the Communications Centre

PROCEDURE:

- The person receiving the complaint/compliment/inquiry will politely acknowledge receipt and forward the caller to One Desk.
- Operational complaints/compliments about on-duty personnel should be forwarded to the Deputy Commander.
- If neither One Desk nor the Deputy Commander is able to informally address a concern from the public immediately, the Complainant will be advised that an official of Toronto Paramedic Services will be in contact with them no later than the next business day.
- One Desk/Deputy Commander will acknowledge receipt of the complaint and thank the Complainant for bringing the matter to the attention of Toronto Paramedic Services.
- If the complaint pertains to services provided by another Division or organization, One Desk or the Deputy Commander will take the information and notify the appropriate Division or Service as prescribed in the CIPP (see link below - p.10).
- The information obtained from all complaints, even if resolved, will be summarized on the Communication Reporter program.
- Complaints received during normal Monday to Friday business hours are to be documented as above and brought to the attention of the Professional Standards Unit via telephone at 416-392-2222.

(Note: Operations **SOP 03.01.12 *Complaints and/or Inquiries Received*** advises Paramedics to contact the Deputy Commander and/or One Desk at 416-392-2232 outside of regular business hours.)

Complaint Investigation Policies and Procedures (CIPP)

The Complaint Investigation Policies and Procedures is in keeping with the City's customer service mandate, and it recognizes and enables the City's diverse population to equitably access Toronto Paramedic Services' complaints process.

The CIPP emphasizes that:

> *"All persons involved in the complaint investigation process (including complainants, witnesses and employees) will be treated with dignity, respect, confidentiality and with an equal opportunity to be heard without bias."*

To ensure equitable access to services and to facilitate communication with people living with various physical and cognitive abilities such as dementia, diminished capacity, mental health issues, intellectual/developmental disabilities or learning variances, all staff will follow the guidelines described in the Customer Service section SOP 09.06.4 Professional Conduct and the City's *A Guide To Good Practice – Providing Equitable Service to Individuals of All Abilities* when assisting Complainants.

Policy Number	Section 01 General **Incident Reports**	Effective
09.01.10	*Issued December 2010* *Current Revision October 1, 2015*	October 1, 2015

POLICY:

Incident Reports will be completed when a written record of events is required due to unusual circumstances. Information contained in Incident Reports will be of a completeness and quality suitable for use as evidence in an investigation or legal proceeding.

PURPOSE:

To document events that may require further investigation.

PROCEDURE:

Incident Reports are City records and are subject to the Personal Health Information Protection Act, 2004. The author of the report is not permitted to copy or retain copies of any Incident Report. Staff must submit all copies of their Incident Reports to their Superintendent. The only acceptable Incident Report that may be submitted is the official version provided to staff by Toronto Paramedic Services. No other statement or report is acceptable.

Incident Reports must be completed for any unusual occurrence, including but not limited to:

- Each complaint or investigation relating to emergency medical service;
- Unusual response or service delays;
- Suspected criminal circumstances or events;
- Equipment deficiencies (malfunctions or failures) that potentially had an effect on patient care or a patient's outcome;
- Interference encountered or experienced in the performance of emergency medical delivery of service;
- Any circumstance resulting in harm or potential harm to a patient, Toronto Paramedic Services employee or any other person being transported in an ambulance or Emergency Response Vehicle;
- Any circumstance which results in a risk to, or the endangering of, the safety of a patient, Toronto Paramedic Services employee or any other person being transported in an ambulance or Emergency Response Vehicle;
- At the request of any Toronto Paramedic Services management staff;
- In addition, Incident Reports may be requested of an Emergency Medical Dispatcher(s) for calls that may generate an investigation.

Policy Number	Section 06 Personnel Administration **Professional Conduct**	Effective
09.06.4	*Issued: December 2010* *Last Revision: October 1, 2015*	October 1, 2015

POLICY:

All Communications Centre staff, including support staff assigned to the centre, are expected to act professionally when on-duty, during the course of their duties or while in uniform.

PURPOSE:

To ensure that all members of the public are served in a professional and equitable manner and to ensure employees are provided an environment free from discrimination or harassment. This policy addresses issues such as employee conduct, Human Rights, customer service, radio etiquette, voice modulation, dealing with co-workers (inside and outside of the Communications Centre), and dealing with allied agencies.

PROCEDURES:

City of Toronto Charter of Expectations for Members of the Public Service[2]

- The City of Toronto's Charter of Expectations promotes standards among public servants and informs the public about what they can expect from public employees. Members of the Toronto Public Service will:
  - Act with integrity
  - Apply judgment and discretion
  - Serve the public well
  - Serve Council well
  - Serve the public service well
  - Maintain political neutrality
  - Use City property, services and resources responsibly

Customer Service – Providing Equitable Service to Individuals of All Abilities

To ensure equitable access to services and to facilitate communication with people living with various physical and cognitive abilities such as dementia, diminished capacity, mental health issues, intellectual/developmental disabilities or learning variances, staff will at all times follow the principles contained in the City of Toronto document A Guide to Good Practice – Providing Equitable Service to Individuals of All Abilities.

All staff will ensure that people within the entire spectrum of abilities are treated with dignity and respect and will: Focus on removing communications barriers, rather than focusing on any person's limitations

- Promote a helping and supportive environment by creating an atmosphere of advocacy for every person requesting help
- Use adaptable communication techniques that are effective for each circumstance
- Use de-escalation strategies when situations appear to be unstable.

[2] **City of Toronto Public Service By-law**
In May 2014 City council unanimously approved the creation of a Toronto Public Service By-law which will consolidate and codify many of the existing public service policies and service standards into Toronto's Municipal Code, and will become the overarching legislation that will define the roles and responsibilities of the public service. It will take effect on December 31, 2015. This SOP will be amended once the by-law is in effect.

Discrimination and Harassment

- Comments, jokes, and unwelcome remarks which infringe upon the rights of any person, will not be tolerated. Discrimination and harassment based on race, ancestry, place of origin, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, disability, colour, membership in a union or staff association, family status, political affiliation, and level of literacy will not be tolerated. Toronto Paramedic Services fully supports the Ontario Human Rights Code and the City of Toronto's Human Rights and Anti-Harassment/Discrimination policy and will act immediately on any matter of non-compliance.

- All Communications staff are to be familiar with and adhere to the International Academies of Emergency Dispatch Code of Ethics.

- Sexual advances, unwanted or inappropriate actions, comments, or other inappropriate behaviour will not be tolerated.

Theft

- Any employee found removing City or Divisional equipment or another's personal items from Divisional property, vehicles, or from other areas or places of attendance, without appropriate consent, will be considered to have committed theft and may be subject to charges in accordance with the Criminal Code.

Medications, Drugs & Alcohol

- On-duty staff will immediately notify a Communications Superintendent if they are required to take a prescribed medication that may cause impairment.

- Staff must not report to work, consume while at work, have in their possession at work, or service the public while under the influence of alcohol or drugs.

Prohibited Activities and Items

- Staff must not deface Divisional property, including lockers, walls, vehicles or other areas. This includes, but is not limited to, the application of stickers, labels, pictures, etc.

- Staff must adhere to the Smoke-Free Ontario Act and any City of Toronto by-laws prohibiting smoking in specified areas.[3] In addition, staff are prohibited from smoking any cigar, cigarette, tobacco, or other substance while in any Toronto Paramedic Services or City vehicle, or within a nine (9) metre radius surrounding any entrance or exit (either vehicle or pedestrian) of a Toronto Paramedic Services building. When present at a facility with a smoking policy that exceeds the Smoke-Free Ontario Act, City staff must abide by such policy.

- Gambling and games of chance are prohibited on Divisional property and while on-duty or in uniform. *(continued)*

3 e.g., Chapter 709 of the City of Toronto Municipal Code.

- Books, magazines, posters, videos, internet sites and language that may be considered offensive, discriminatory and/or sexually explicit are prohibited on Divisional property.

- Staff must not, while on-duty, have in their possession a prohibited weapon or substance as defined by the Criminal Code.

- Portable electronic devices are permitted for reading purposes. Any other use must be authorized by a Communications Superintendent.

- Personal cellular telephones are not to be used for any purpose while in the Communications Centre except for reading purposes as described above. In the event of exceptional circumstances when a personal cellular telephone must be in use for two-way communication during a shift, prior authorization must be obtained from the on-duty Communications Superintendent.

Internet Access

- The City of Toronto and Toronto Paramedic Services provide employees with access to Information Technology to permit electronic messaging, Intranet usage and Internet usage. While some personal use of these systems is permitted during breaks, Information Technology is a business tool intended to be used for appropriate business purposes.
- Toronto Paramedic Services Communications Centre employees who have access to the Internet may use this service in accordance with the following City of Toronto policies:
    - Acceptable Use Policy
    - Email Policy
    - Corporate Information Security Policy

- Internet use at Communications Centre workstations is restricted to Toronto Paramedic Services communications or City business only.
- Acceptable/appropriate internet access for personal use is available at specific workstations outside of the Communications Centre in the lunchroom area.

NOTE: See also SOP 09.08.32 Voice and Radio Etiquette and SOP 09.08.33 Communication Technology within the Communications Centre.

POLICY:

Non-business use of communication telephones

PURPOSE:

As all conversations within the Communications Centre are recorded and can be subpoenaed for use in a court of law, their use should be limited to business only.

PROCEDURE:

Use of the Communications Centre telephone system is limited to business related conversations only. Since all radio and telephone transmissions are taped, private conversations could possibly be heard in a civil, criminal, or coroners court proceeding.

Private telephone conversations may be conducted on the un-taped telephone that has been provided in the lunchroom, during assigned breaks. If it is necessary to make a personal call while not on break, permission is to be obtained from the on-duty Communications Superintendent.

Staff making a personal long distance phone call are required to call the "calling card access number at 1-800-555-1111 as opposed to dialing "0".

POLICY:
Telephone Patching

PURPOSE:
Frequent Patches include:

- Patches to the Coroner; crews are to call from the scene on 416 489 2118 and ask to be patched to the coroner's office

- Patching Paramedics to Hospitals; most of these patches are processed automatically through two dedicated patch lines to the base hospital

- Patching to Language Line Services; This service can be used by the Emergency Medical Dispatcher (EMD) who is having trouble communicating with a 9-1-1 caller, or paramedic at the scene

- Patching to Poison Control; gives the caller the opportunity to speak with someone at the poison control centre while waiting for a paramedic to arrive on scene. This conversation could result in the cancellation of the ambulance or give the responding paramedics more information on treating the patient

- Patching to TeleHealth Ontario; Giving callers in a sub set of Alpha level calls the opportunity to speak with a registered nurse rather than make an unnecessary trip to the hospital

- Patching to Distress Centre; Gives 1st party callers who are just contemplating hurting themselves the opportunity to speak with someone who is trained in dealing with psycho social behaviour

PROCEDURE:

TeleHealth Ontario or Distress Centre patch:

- Press the TeleHealth or Distress Centre Conference button on the AVTEC near the 911 lines

- When you hear the operator, or nurse, or answering machine you may release the line (disconnect)

All other patching:

- On an incoming line, depress the patch button on the AVTEC. It doesn’t matter which button you use as long as it’s the same colour button throughout the patch

- Select an outgoing line and dial into the location you’re trying to contact, once contact is established, press the patch button again to set up a two way communication. In order to listen into the conversation, the patch button must be pressed a 3rd time. Once you can hear the conversation, the push to talk button must be used before you can take part in the conversation

POLICY:

Emergency Call Receiving Sequence

PURPOSE:

A standardized process for all Emergency Medical Dispatchers (EMDs) to follow when taking an emergency request for Ambulance service

PROCEDURE:

EMDs will use the current Emergency Call Receiving Sequence as shown in the current Call Receiving Training manual.

POLICY:

Duplicate Call Warnings

PURPOSE:

Identification of calls that we may have already received and/or be responding to.

PROCEDURES:

- The VisiCAD system provides a window, labelled “Active Incidents Found at or Near the Same Address” this identifies previously taken active calls near any other call currently being received. The Emergency Medical Dispatcher (EMD) must determine whether or not the call that is currently being received is the same as the call displayed, by quickly comparing the information of the previous call displayed in the window to that of the current call.
- ‘Warning of Duplicate Call’ screen appears:
    - As a result of a call back, when the patient’s condition changes or looking for an ETA of the ambulance
    - In multiple call situations such as traffic accidents, shootings, etc.

EMDs must be diligent in reviewing their Active Incident Queue for the symbol for “Notes” in the column of the same name. When displayed, “Notes” indicates that there is additional information added to the Comments/Notes tab, including renewed patient information that the EMD has not read. If there is a change in priority or if scene safety issues exist, the EMD will be notified by the alert line.

Multiple Call Situations (traffic accident, shooting, etc.)

In situations where multiple calls are received for the same incident, the EMD upon answering the line will:

- Select "New Call" from the "Warning of Duplicate Call" screen
- Process the call applying all expected protocols and procedures, including ProQA, Post-Dispatch and/or Pre-Arrival instructions.

The EMD is responsible for determining whether or not the call is a duplicate and what resources are to be assigned.

POLICY:

Upon receiving a request for a cancellation of service, the Emergency Medical Dispatcher (EMD) will verify the reason for the cancellation and will properly document the Emergency Call Taking Form.

PURPOSE:

Toronto Paramedic Services CCAC will ensure that an ambulance attends to every patient requesting ambulance transportation, to an emergency room.

PROCEDURES:

Cancellations – Additional Resources

- Any Communications Centre Staff member who receives information from an ambulance crew that a responding back-up ambulance is not required on the scene of a call will relay that information to the appropriate EMD as quickly as possible. The EMD will immediately contact the crew and cancel their response.

Cancellations – Patient Refusal

- Every person has the legal right to refuse transportation to a medical facility. However, the refusal should be witnessed by one or more persons involved at the scene (fellow paramedic, District Superintendent, Police Constable, Fire Fighter, etc.) whenever possible

- If in the opinion of the paramedics, the patient requires medical treatment yet refuses their assistance, every effort should be made to leave the patient in the care of a responsible person, whose name should be noted on the EPCR and Emergency Call Taking Form. If no responsible person is readily available, the Police and/or District Superintendent will be requested to attend at the scene, assess the situation and take appropriate action where possible

Cancellations - Allied Agency

- Cancellations received from allied agencies (police and fire departments) are to be accepted only when they pertain to "no patient" situations

- "No patient" condition

- A situation in which there is either no one physically present at the emergency call's pick-up location, or immediate vicinity, or no one is ill or injured at the location to which an Ambulance has been requested to respond. A patient gone on arrival (GOA) is an example of the first condition and a traffic accident that turns out to be property damage (PD) only is an example of the second condition

- Communications staff are directed to receive cancellation notifications from allied agencies in a courteous and professional manner. Every attempt to determine the reason for cancellation is to be made. Such cancellation information is to be communicated to the appropriate EMD as quickly as possible. The EMD responsible for the movements of the ambulance in question will terminate its response only when it is determined that a "no patient" condition exists. In other situations, this information may be useful to the EMD to anticipate future emergency coverage requirements, but it is not to be relayed to the responding ambulance crew

- When an ambulance is cancelled by a police officer or a fire fighter on scene; the rank, number and/or name of that person should be noted in the Comment/Notes tab of the Emergency Call form

- Conversely, paramedics are expected to notify the CACC as soon as it is realized that assistance from an allied agency is no longer required

- The EMD receiving this information will ensure that the respective communications centre(s) are notified of the cancellation as soon as practical and record the notification in the Comments/Notes tab of the dispatch record

- Although the EMD receiving the cancellation information from the paramedics is initially responsible for the notification, it is the responsibility of the Communications team to ensure that the information is forwarded to the respective allied agency communications centres. In this regard, the receiver of the cancellation, if busy with other priority tasks, may delegate another team member to facilitate the notification

Cancellations - False Alarms

- Before any call is cancelled as a false alarm, the following must be confirmed:
    - The information given is correct. (Check with call receiver, current recording equipment at call receiver desk (if available), ANI/ALI screen retrieval).
    - The crew is at the correct location
    - All information solicited when the call was taken has been used. (i.e. phone number, nearest main intersection, etc.)
    - Every effort has been made to locate the call and/or patient
    - Appropriate allied agencies have been consulted; if they were requested to attend (e.g. police may have located and possibly moved the patient)
    - After all of the above has been done and no patient has been found, then the detail may be cancelled as a false alarm

Cancellations - Coroner Calls

- Paramedics are required to contact the coroners' office through the Communication Centre. The paramedic calling will be patched through to the coroners' clerk. When the clerk's office is busy, the required information can be left on the answering machine

- The police do not have to be on scene for the crew to contact the coroners' office, but in most cases, police will have to be on the scene before the crew can clear

- The EMD will record the badge number of the police officer attending at the scene, the appropriate remarks and note on the Emergency Call form that the coroner is attending

Cancellations – Nursing Home DNR

- Call receivers are permitted to take cancellation requests for cardiac arrest patients within Nursing Homes in situations where a valid DNR exists. Cancellations due to a DNR order will only be recognized within Nursing Homes. This does NOT apply to a private residence

Cancellations - Impeded Access/Unable to Contact Patient

- The call receiver will request the police and fire services to respond if there is a possibility of impeded access to a patient

- The ambulance crew will notify the Communications Centre immediately, either by telephone or radio to confirm the address if they encounter impeded access to a patient

- The EMD dispatcher will:
  a. Confirm that the ambulance crew is at the address recorded on the Emergency Call form
  b. Utilize the call back number to confirm the address
  c. Notify the appropriate District Superintendent
  d. Notify One Desk

- One Desk staff will ensure that:
  a. The current recording equipment, ANI/ALI screen retrieval, and NICE LRM are utilized to confirm the address
  b. The paramedics are advised of the steps taken on their behalf
  c. The police and fire services are responded
  d. Attempts are continued to contact the caller by using the call back number. The paramedics will be utilized to confirm that the telephone is ringing at the said location
  e. The paramedics will continue efforts to gain access

- The paramedics are advised to notify their EMD when access has been gained

- The paramedics will make every reasonable attempt to gain access by:
  a. Knocking on doors and windows at the call location
  b. Summoning neighbours
  c. Contacting the building superintendent (where applicable)

- The paramedics will provide regular updates to the Communications Centre indicating the progress and status of the situation

- If no patient is found, the paramedics will not clear until the name, rank, or badge number of members of the responding allied agencies are recorded and supplied to their EMD for documentation on the Emergency Call form. The District Superintendent, after assessing the scene, may cancel the paramedics at their discretion

Cancellations – Call Received from a Third Party Caller

- EMDs are to call the patient subsequent to receiving a request for service from a third party caller. Occasionally during these calls the patient, or someone acting on the patient's behalf, will indicate that they want to cancel the ambulance response. Such cancellations are at high risk as the patient has not yet been seen by paramedics. Furthermore, once a request for ambulance response has been initiated, we have an obligation to ensure that service is provided until the patient refuses service directly, or there is a firm determination that there is no patient

- Toronto Paramedic Services will not accept a request to cancel an ambulance response over the telephone when the request has been initiated by a third party caller

- When the patient or someone at the scene acting on the patient's behalf indicates that they don't want an ambulance response, they will be informed that paramedics will arrive shortly and will assess the situation in person

- Callers who insist that the ambulance is not required may be referred to One Desk for further discussion and assessment

Policy Number	Section 08 Operations **Fire Services Notification**	Effective
09.08.21	*Issued: December 2010* *Last Revision: January 4, 2017*	January 4, 2017

POLICY:

EMDs will ensure that the appropriate fire service is notified to respond to all applicable calls.

PURPOSE:

Tiered response coordination with the fire service is dictated by both medical and non-medical requirements to ensure appropriate medical care for patients, and to assist with scene safety, patient access and extrication where necessary.

PROCEDURES:

Medical

Medical requirements for fire service response
are identified by specific MPDS determinants which have been selected based on clinical evidence and approved by expert panel review. Incidents involving these determinants will be automatically sent by VisiCAD to the Toronto Fire Services (TFS) CAD by the TFS Interface.

- When an incident has been automatically sent to TFS successfully, the notation: **SENT TO TFS** will appear in the Comments/Notes tab of the VisiCAD incident.

- If the automatic notification to TFS ***fails***, the following message will appear in the Comments/Notes tab of the VisiCAD incident: **AUTO-TIER/UPDATE TO FIRE **FAILED**.**

- In the event of automatic notification failure, the EMD will notify TFS manually (See Manual Notification Procedure* below) and record the manual notification in the Comments/Notes tab of the VisiCAD incident using the following shorthand comment: **/FD** (*Fire Dept. Notified).

Certain incidents require a fire service response, but will require a manual notification where the following reminder notation will appear in the Comments/Notes tab of the Emergency Call Taking screen:

<!>EMD<!> VOICE CONTACT to TFS required

- In this case, the EMD will manually notify the appropriate fire service and record the manual notification in the Comments/Notes tab of the incident using the following shorthand comment: **/FD** (*Fire Dept. Notified).

<u>Note:</u> Fire services other than TFS must be *manually* notified for all tiered calls using the Manual Notification Procedure* below ***(continued)***

Non-Medical

The appropriate fire service will be requested to attend with Toronto Paramedic Services at any one of the following incidents, which may require a manual notification by the EMD (See Manual Notification Procedure* below):

- Report of fire or explosion;
- Report of smoke or smell of smoke;
- Hazardous material incidents;
- Gas leaks;

- Electrical wires down;
- All patient incidents on a limited access highway;
- Motor vehicle collision into/against a building or other large structure;
- Patient(s) trapped or inaccessible;
- Any call where a problem accessing the scene or patient is anticipated;
- Any call where a single Paramedic assigned to an ambulance is providing first response between 00:00 and 07:00 hours.

If the EMD feels that fire service response is required for any reason that falls outside of the predetermined responses listed above (e.g., lengthy delay in EMS response), the authorization of a Superintendent or designate must be obtained before notification of the fire service occurs.

***Manual Notification Procedure**

- The requesting EMD will contact the appropriate fire service's communications centre and state, "This is Toronto Paramedic Services requesting your attendance at [specific location, cross streets and a brief description of the reason(s)]".

- When the manual notification of the fire service has been completed, the EMD will record the manual notification by placing the following shorthand comment in the Comments/Notes tab of the VisiCAD incident: **/FD** (*Fire Dept. Notified)

Procedure for Fire-Only Response
There are two determinants that receive a TFS *only* response. They are:

- 32B02 – Unknown Problem Medical Alarm notifications (no patient info)
- 32B03 – Unknown Problem Unknown Status

A request for TFS *only* response will automatically be sent over the interface to Toronto Fire (calls outside Toronto will require the usual manual notification and Toronto Paramedic Services response).

These determinants will result in a REFERRAL priority. Upon receiving a Referral priority the EMD will tell the caller:

"The Fire Department is on the way to help with this situation now. If they determine an ambulance is required, they will update us."

The EMD will then continue with the rest of the appropriate PDIs and Case Exit instructions.

Note: The Toronto Police Service will still be required to attend these unknown types of calls. The Call Receiver will document police notification in VisiCAD as per standard procedure.

If a phone number is available for the scene, the Call Receiver must call this number in an attempt to establish the patient's location.

Once in the Pending Queue, the Referral will be treated as follows:

- **If the Originator or someone from the scene is able to provide additional patient information or calls back later with patient information,** the Call Receiver will:

    - Re-triage the call through ProQA and record the additional information in VisiCAD as per normal call-back requirements;

- Ensure that the priority has been changed from REFERRAL as necessary; and
- Update responding allied agencies as appropriate.

- **If the Originator or someone from the scene (including any allied agency responder) attempts to cancel the response**[1] the Call Receiver will:

  - If confirmed there are no patients (e.g. inadvertent activation):
    - Update the VisiCAD record with the cancellation; and
    - Update responding allied agencies.

  - If a patient exists:
    - Ensure that the patient information has been triaged through ProQA and record any additional information in VisiCAD as per normal call-back requirements;
    - Ensure that the priority has been changed from REFERRAL as necessary;
    - Advise the caller that the responders will arrive shortly and will assess the situation in person; and
    - Update the VisiCAD record and responding allied agencies as appropriate.

- **If TFS indicates that there is a patient on the scene that requires Toronto Paramedic Services assessment,** the Call Receiver will:

  - (**If Second Party Caller** e.g., Direct call from TFS **on scene**): Open and re-evaluate the call through ProQA as with any other callback from a scene. The priority will be updated by the system.
    - If the reassessment through ProQA results in a TeleHealth Referral, the Call Receiver will override the priority using ProQA to an Alpha level priority to ensure Paramedic response.

  - (**If Fourth Party Caller** e.g., Call from TFS **Communications**): Open the call and change the priority in the VisiCAD incident as appropriate and add notes as per current procedures for Fourth Party calls from TFS.

- **If there is no callback from TFS within 30 minutes**, the Quadrant EMD will verbally contact TFS Communications to confirm that a "no patient" condition exists. In this case, the call may be cancelled using the appropriate Cancellation Reason and Response Disposition in VisiCAD along with an explanatory comment.[1] **If TFS calls to cancel the incident,** the EMD will ask for and record the cancellation reason.[1]

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[1] See CACC SOP 09.08.16 - Cancellations

POLICY:

EMDs will request police attendance when information regarding possible scene safety concerns has been provided. Police will also be requested to attend other situations as deemed necessary.

PURPOSE:

To ensure police attendance is requested when required.

PROCEDURE:

Circumstances that require police notification may include, but are not limited to:

- Echo level responses
- Reported or suspected violence, combative behaviour or foul play
- Industrial accidents
- Motor vehicle accidents
- Any reported death
- Reports of confirmed or potential disaster situations e.g., gas leaks, fires, explosions, etc.
- Any call where Paramedic safety may be jeopardized (e.g., hazardous materials, drug overdose, domestic disputes, fights, call originator is hesitant or reluctant to furnish specific information pertaining to how an injury occurred, etc.)
- Any call where an access problem is anticipated
- Unknown problem calls

NB: Police services should not be routinely notified to attend unknown ***medical*** problem calls i.e., calls where the patient's ***chief complaint*** cannot be clearly established and there is no information provided to the call receiver to suggest that there is uncertainty regarding paramedic and/or patient safety.

When a call is received involving any of the above and was not originated by the police, it is the responsibility of the call receiver to notify the appropriate police service, and request their attendance.

The act of police notification is to be recorded on the unit's current call, using the shorthand comment "/PD" in the Comments/Notes tab. In addition, the reason(s) for police notification must be clearly documented in VisiCAD. The name of the service is to be recorded if it is anything other than Toronto Police Services.

Paramedic Request for Police
A request for police attendance made by Paramedics is to be given prompt attention by the EMD. The Toronto Police Service uses the term "ASSIST" to indicate an urgent request for crew safety and the term "SEE" to indicate all other requests. EMDs are to use these specific terms when requesting their attendance.
The EMD is to contact the appropriate police service as soon as practicable for:

1. 10-32 notifications, 10-2000 requests, or instances of jeopardy to Paramedic safety, “This is Toronto Paramedic Services – Police are required to ASSIST OUR CREW at [specific location/address, cross streets]", and brief explanation of the reason when known. See also SOP 09.08.27 (Communications Emergency Response).

2. Instances other than the previous example (no immediate Paramedic safety concern), “This is Toronto Paramedic Services requesting the Police to SEE OUR CREW at [specific location/address, cross streets]", and brief explanation of the reason.

Should a Paramedic crew request police assistance via 9-1-1 line, the EMD should immediately advise Radio Room that they are to “ASSIST/SEE OUR CREW at [specific location/address, cross streets]", and brief explanation of the reason.

Police Updates
- EMDs will provide updates to police as required via the police radio room direct telephone line, RR # * 911*;

- EMDs requiring updates from police (e.g., ETA) must request One Desk to contact the police radio room via the "Police SGT" telephone line.

- When a Paramedic crew notifies the EMD of their decision to stage, the EMD will follow SOP 09.08.19 - Staging (EMDs and Senior EMDs).

- When the Paramedic crew departs from the scene with a patient and indicates that the police are still required at the scene or the destination hospital, the EMD will provide this update to the police radio room via the direct telephone line, RR # * 911*.

Police Cancellations
- EMDs will cancel police via the police radio room direct telephone line, RR # * 911* when advised by the assigned Paramedic crew that police are no longer required.

POLICY:

All Emergency Medical Dispatchers (EMDs) will process requests for non-emergency scheduled transfers using the current scheduled call receiving sequence.

PURPOSE:

To ensure all necessary information is received and documented on the scheduled call taking form. Also to ensure timely service of all transfer requests.

PROCEDURES:

- The EMD will follow the current questioning as per the scheduled call receiving sequence (see Appendices)

- All information gathered will be recorded on the scheduled call taking form

MT Numbers

- All transfers require an MT Number. A transfer should not be booked until an MT number is provided. The only exceptions to this rule are Code-STEMI Transfers to a PCI lab, Emergency Transfers, Code 2 Transfers, and Team & Equipment Transfers.

Scheduled Call Booking

- Scheduled calls are booked on a city-wide basis allowing:
  - 07:30 3 Appointment Calls only
  - 08:00 – 11:00 5 Appointment Calls (per hour)
  - 12:00 – 14:00 1 Appointment Call (per hour)
  - 15:00 – 18:00 5 Appointment or Scheduled Calls (per hour)
- EMDs are permitted to overbook for appointments at Cath Labs and for Dialysis appointments only. If a high priority scheduled call not meeting this criteria is requested and the booking time is unavailable, the caller should be referred to PCTU. If PCTU is unavailable, the caller should be referred to One Desk
- When an ambulance is assigned to a Scheduled call, the pick-up location will be called and advised that paramedics are on the way

Out of Town Scheduled Calls

- All out of town non-emergency calls are to be approved by the Deputy Commander prior to taking the booking

- EMDs must advise the caller that pick-up times are not guaranteed and will be serviced as soon as possible

- All requests for non-emergency transfer service to out of town destinations originating in Toronto are allocated to the A6 (Out of Town) division

- A “Promised Time” of 20:00 will be recorded along with the appropriate requested time. If the pick-up is for the same day, the EMD will send the call to the waiting queue

- The “City” field must be changed to reflect the appropriate out of town location

Scheduled Code 2 Transfers

- The term “Code 2 Transfer” or “Urgent Transfer” or “Within the Hour Transfer” is used to describe a non-emergency call that is of a higher priority than normal scheduled calls due to patient condition

- A dispatcher presented with a Code 2 transfer to assign, will make arrangements to ensure that the call is serviced within 1 hour of receiving the call

Psychiatric Scheduled Calls

- For all routine transfers to a mental institution or psychiatric unit or any other facility, the following information is to be obtained and recorded on the Scheduled Call form by the EMD:
  a. Is the patient voluntary?
  b. Is the patient sedated?
  c. Does the patient require restraints?
  d. Is the receiving psychiatric facility expecting the patient?
  e. Is there a Mental Health Act form for this patient?

- The EMD must confirm that the receiving psychiatric facility is expecting the patient. Notation of this confirmation is made in the Comments/Notes area of the Scheduled Call form

- If the requested psychiatric institution is not expecting the patient, the EMD will call back to the originator and advise that Toronto Paramedic Services will not accept the call until the sending institution makes the appropriate arrangements. The EMD will then remove the call from the system

Airport Calls – Arriving & Departing

- Most requests for scheduled transfer to and from an airport will be originated by ORNGE. Any transfer requests originating from any other party will be referred to One Desk for assessment. The EMD will refer any requests for air transport to ORNGE

- Additional information is required to ensure that Toronto Paramedic Services can provide the best possible service to the patient. It is therefore imperative that the EMD records as much pertinent call information as possible in the Comments/Notes tab. This includes:
  a. The name of the carrier and call sign of the aircraft
  b. The flight authorization number & MT number
  c. The airport (city) of origin/destination
  d. If departing from Pearson International Airport, the terminal number or specific area of the airport
  e. The estimated time of arrival (ETA) or estimated time of departure (ETD) is recorded in the Appointment and Requested Time fields of the form

- Confirmation of Gate Numbers and ETA/ETD are to be obtained by the EMD prior to dispatching paramedics on the call

- At times, patients are flown to Toronto for emergency procedures. When these requests are received they will be identified as “Emergency on Arrival” and will be prioritized as follows (departing emergency med-evacs are assigned according to the same guidelines):

    - If the Estimated Time of Arrival (ETA) of the aircraft or the pick-up time wanted is 12 minutes or less, the call will be given a Nature/Problem of Emergency Transfer, priority Bravo, and will be dispatched upon receipt
    - If the Estimated Time of Arrival (ETA) or the time wanted is greater than 12 minutes, then the call will be identified with the Nature/Problem type of “Scheduled Code 2” and prioritized as a “Code 2”. The dispatcher is then responsible for ensuring that the ambulance arrives on scene at the arrival time
    - When an EMD receives a call for a departing emergency med-evac and the call originator is someone other than ORNGE, the EMD is to immediately assign paramedics to service the call and then contact ORNGE and confirm all information

Emergency Transfers

- Calls of this nature are to be assigned an “Emergency Transfer” Nature/Problem, providing a Bravo response

- If CCTU is not available for a transfer request and a Primary Transport Unit will be used, an escort must accompany the patient

CCTU Emergency Transfer Call Receiving

- Requests for CCTU emergency transfers will be originated by ORNGE. These requests for bookings will be referred to One Desk

- Any requests for CCTU by anyone other than ORNGE will be advised to contact ORNGE directly

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2019-08: Alarm Companies and Obvious Information 06.18.2019

Alarm companies will frequently provide the following:

"We have a medical alarm with no voice contact with the subscriber."

Our Call Taking Performance Standards state:
Answers are considered obvious only in the following cases:

- *When an answer to a specific question has already been explicitly stated by the caller*
- *When the caller has already provided the answer through a clear and direct reference to the patient/victim or scene circumstances*

Universal Standard 23 (Obvious Answers)

"No voice contact" is a **clear and direct reference to the scene circumstances**. Once this is provided by the alarm company the EMD is to consider all Key Questions on Protocol 32 as obvious. By considering the questions to be obvious the EMD is demonstrating excellent customer service, professionalism and active listening.

Note: This ONLY applies to Medical Alarm Company Calls handled on Protocol 32 for "no voice contact" situations.

The remainder of the call should be processed by following the procedures as laid out in the CRT Manual in the Emergency Call Management section under Alarm Companies and Procedures for Fire-Only Response.

POLICY:

Transfer Booking Procedures

PURPOSE:

- control the number of transfer bookings Toronto Paramedic Services takes on an hourly basis
- To try and meet on time performance
- Ensure all requests have been processed through the provincial transfer authorization centre (PTAC) by obtaining an "MT" number

PROCEDURE:

- All patient transfer requests from institution to institution must have an "MT" number issued from the PTAC (Patient Transfer Authorization Centre). This number is valid for 24 hours (meaning for the following day). If the patient comes from or goes to a private residence, an MT number is not required
- All non-emergency calls will receive the appropriate selection from the Nature/Problem drop down list. These selections include Scheduled Transfer, Scheduled SAP, Scheduled APPT or Team and Equipment
- Emergency Medical Dispatchers (EMDs) must adhere to the current procedures including verification of not exceeding the call loading for that timeframe for booking transfers as indicated in the Call Receiving Manual

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2019-09: Alternate Level of Care Facilities 07.12.2019

Processing Calls Originating Form Alternate Level of Care (ALC) Facilities

Humber Finch and Humber Church Reactivation Care Centres are shown in CAD as premise codes ALC HRF and ALC HRC.

There was some confusion as the old premise location of 'XH HRF Ambulatory Care' and 'CH Humber Care Reg Church Amb Care' were still listed in CAD as additional premises for the above locations. ***These premises no longer exist and have been removed from CAD.***

Note: The callers may identify themselves in multiple ways, such as:

- An Alternate Level of Care Centre/Facility
- A Reactivation Care Centre
- The old Finch (Hospital) site
- The old Church (Hospital) site

Regardless of how they identify themselves, the EMDs are to process all calls from HRF (2111 Finch Av W) and HRC (200 Church St) on Protocol 33 (Transfer/Inter-facility/Palliative Care) for the ALC facility when the call applies to a resident. Calls from staff members, visitors or residents (who have not been evaluated by a nurse or doctor) will use MPDS Protocol 1-32.

For Echo Priority calls, **do not** "Echo-Tier" Toronto Police unless there is a criminal or suspicious activity related to the call.

Policy Number	Section 8 Operations **Early Transfer Acceptance (pre-07:00h)**	Effective
09.08.42		December 2010

POLICY:

Toronto Paramedic Services will limit non-emergency transfers between the hours of 06:00-07:00h to a maximum of four (4).

PURPOSE:

To limit the number of transfers that Toronto Paramedic Services will accept in order to minimize end of shift overtime for resources.

PROCEDURES:

- The Toronto Paramedic Services Communications Superintendent must authorize any pre-booked non-emergency transfer that will start and/or be completed between the hours of 0600h and 0700h. The Superintendent's EMS Number must be indicated in the comments field of the Transfer form as follows: "Approved by EMS###"

- The EMD will ensure that staff is available at the receiving facility, by getting a phone number from the originator, and contacting the facility directly

- Every effort must be made by all Communications staff through accurate unit assignment to minimize End of Shift overtime for crews that are assigned to these non-emergency transfers

POLICY:

Toronto Paramedic Services Emergency Medical Dispatcher (EMD) call receiver interaction with Toronto Police Services communications.

PURPOSE:

Ensure a consistent method of communication with Toronto Police Services communications staff during 9-1-1 calls.

PROCEDURE:

When an EMD call receiver requests police attendance they are required to make record of this notification on the Emergency Call Taking screen. The name of the service is recorded if it is anything other than Toronto Police Services.

Further Interrogation by Police

- The Police Communications Operator (PCO) is mandated to connect the caller with the ambulance communications centre as soon as possible after recognizing the requirement of medical intervention

- Some of these circumstances may require the PCO to further interrogate the caller after the EMD has completed their queries in regards to the medical component of the call, including MPDS, PDIs and/or PAIs are completed

- EMDs are obligated to recognize this need and allow the PCO the opportunity to interrogate the caller prior to the line being released

- Examples of situations whereupon the caller should be directed back to the PCO include:
  - I. Suspected violence or foul play
  - II. Motor vehicle accidents
  - III. Asking for a Date of Birth of a patient

- This list is not limited and each situation should be considered on its own merits

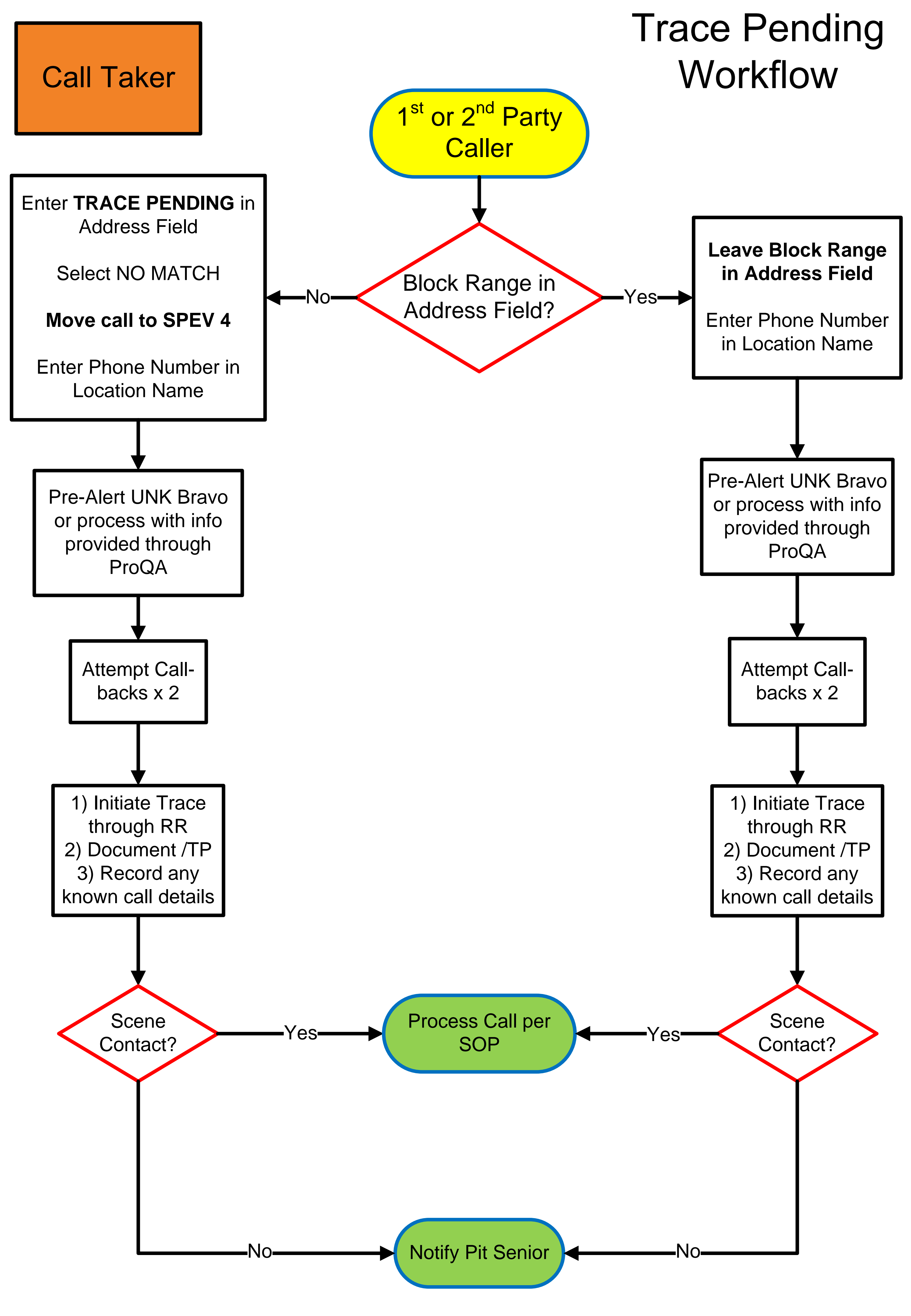
Releasing the Police Communications Operator

- As soon as the EMD recognizes that a request being processed does not, require the attendance of police at the scene, the EMD will advise the PCO accordingly

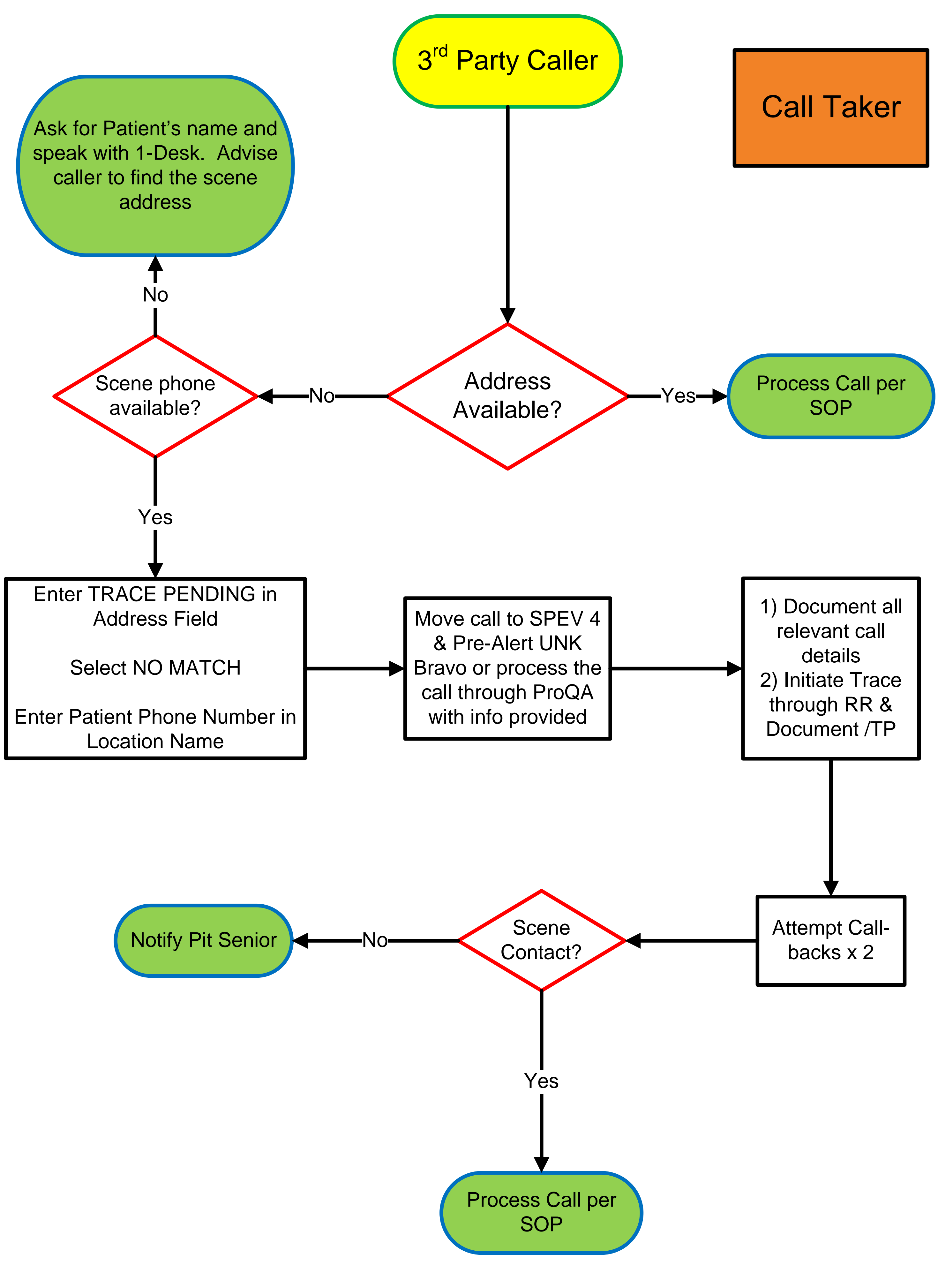
- If upon further interrogation, the need for police attendance is identified, the EMD will call back to the police communications centre and initiate a new call.

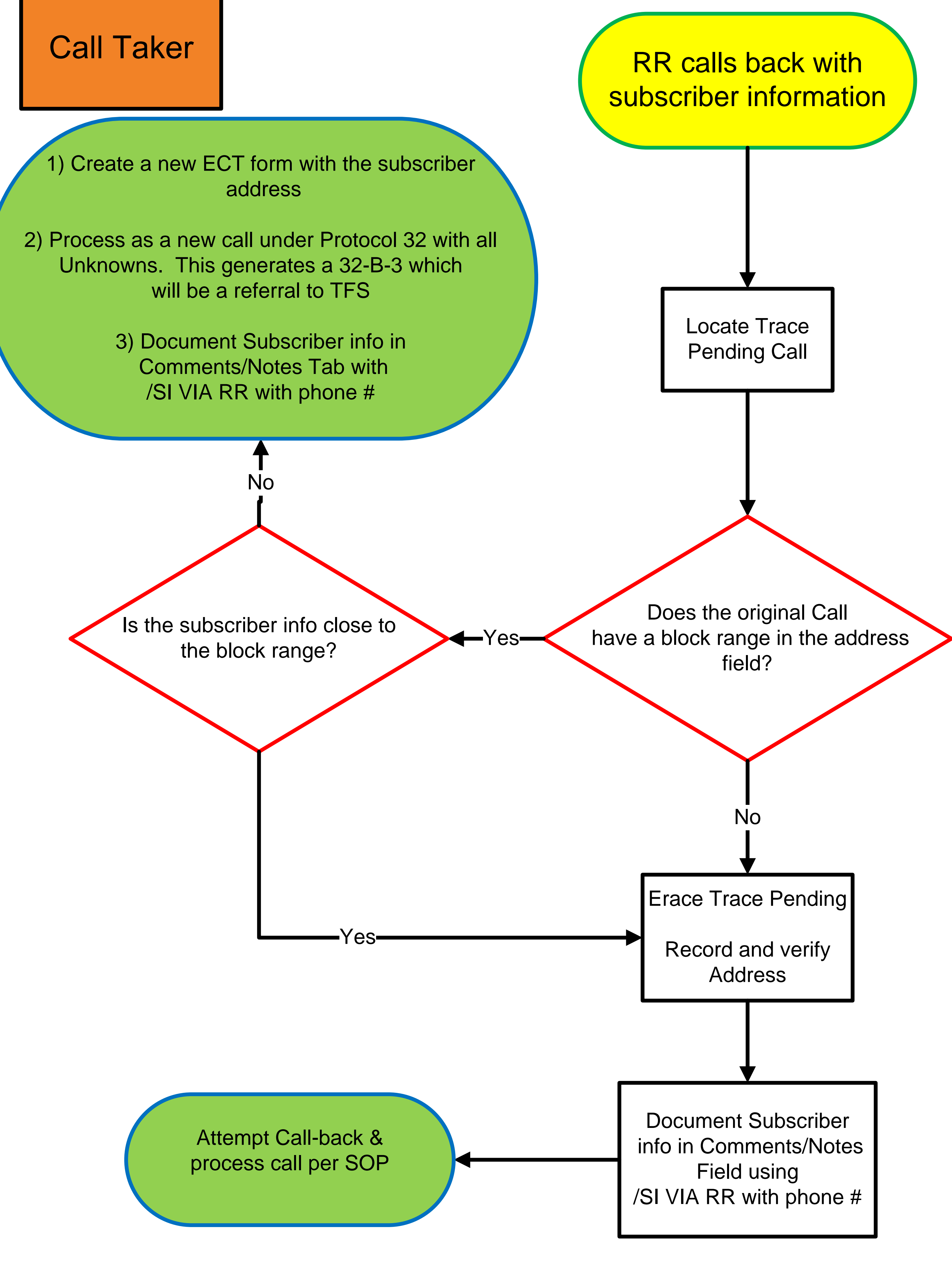
“Are we still required?” Inquiries

- When receiving the above inquiry from a PCO, the EMD is to review the call in question
- If the call was of a medical nature only and the ambulance has left the scene, the EMD will inform the PCO of this fact, including the ambulance number and the destination hospital and cancel the police response. The EMD will record the following note in the Comments/Notes area of the call: “Call Police if needed.” (/CP)
- If the call required police attendance for any other reason than the one indicated above, the EMD will provide the PCO with the ambulance number and destination hospital, but not commit to cancelling police response. If further clarification is required by the PCO, the call should be forwarded to One-Desk.



Call Taker
Trace Pending Workflow
1st or 2nd Party Caller
Block Range in Address Field?
No
Yes
Enter TRACE PENDING in Address Field
Select NO MATCH
Move call to SPEV 4
Enter Phone Number in Location Name
Leave Block Range in Address Field
Enter Phone Number in Location Name
Pre-Alert UNK Bravo or process with info provided through ProQA
Pre-Alert UNK Bravo or process with info provided through ProQA
Attempt Call-backs x 2
Attempt Call-backs x 2
1) Initiate Trace through RR
2) Document /TP
3) Record any known call details
1) Initiate Trace through RR
2) Document /TP
3) Record any known call details
Scene Contact?
Yes
Process Call per SOP
Yes
Scene Contact?
No
Notify Pit Senior
No


3rd Party Caller
Call Taker
Ask for Patient's name and speak with 1-Desk. Advise caller to find the scene address
No
Scene phone available?
No
Address Available?
Yes
Process Call per SOP
Yes
Enter TRACE PENDING in Address Field
Select NO MATCH
Enter Patient Phone Number in Location Name
Move call to SPEV 4 & Pre-Alert UNK Bravo or process the call through ProQA with info provided
1) Document all relevant call details
2) Initiate Trace through RR & Document /TP
Notify Pit Senior
No
Scene Contact?
Attempt Call-backs x 2
Yes
Process Call per SOP


Call Taker
RR calls back with subscriber information
Locate Trace Pending Call
Does the original Call have a block range in the address field?
Yes
Is the subscriber info close to the block range?
No
1) Create a new ECT form with the subscriber address
2) Process as a new call under Protocol 32 with all Unknowns. This generates a 32-B-3 which will be a referral to TFS
3) Document Subscriber info in Comments/Notes Tab with /SI VIA RR with phone #
Yes
No
Erace Trace Pending
Record and verify Address
Document Subscriber info in Comments/Notes Field using /SI VIA RR with phone #
Attempt Call-back & process call per SOP

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2019-10: PLID Overview 07.22.2019

PLID Groupings as of June 2019 (Map attached):

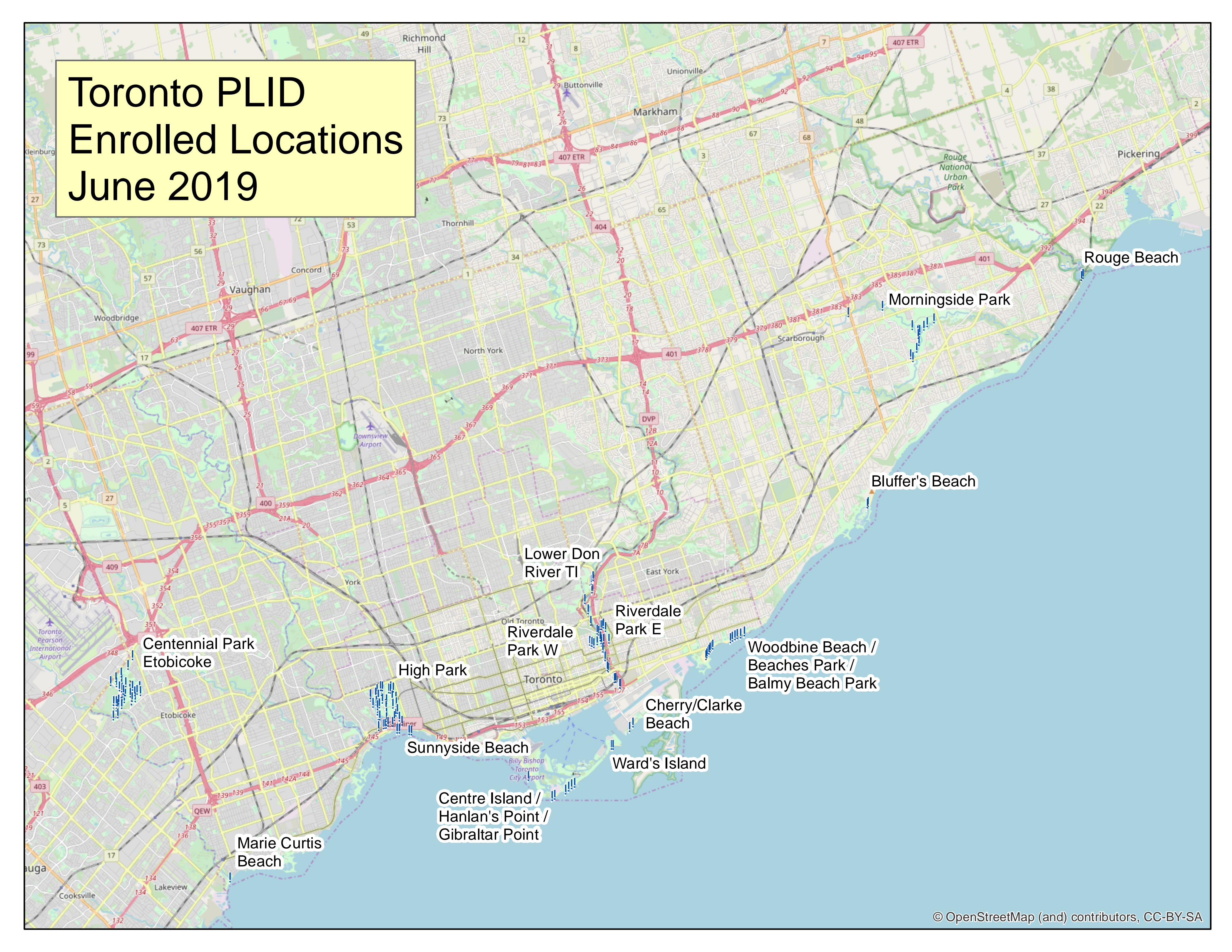
There are six groupings of PLIDs in Parks, each with a unique 3 digit prefix in the 6 digit PLID:

High Park:	PLIDs begin with **001-**
Centennial Park:	PLIDs begin with **002-**
Morningside Park:	PLIDs begin with **003-**
Riverdale Park W:	PLIDs begin with **004-**
Riverdale Park E:	PLIDs begin with **005-**
Lower Don River Trails:	PLIDs begin with **006-**

Several Lifeguard Chairs throughout the city's beaches have also been enrolled into the PLID Program:

Rouge Beach	PLIDs begin with **007**	Ward's Island	PLIDs begin with **013**
Bluffer's Beach	PLIDs begin with **008**	Centre Island	PLIDs begin with **014**
Balmy Beach	PLIDs begin with **009**	Gibraltar Point	PLIDs begin with **015**
Beaches Park	PLIDs begin with **010**	Hanlan's Point	PLIDs begin with **016**
Woodbine Beach	PLIDs begin with **011**	Sunnyside Beach (S/O High Park)	PLIDs begin with **017**
Cherry & Clarke Beach	PLIDs begin with **012**	Marie Curtis Beach	PLIDs begin with **018**

See the attached map for a city wide overview of all PLID locations. As the PLID program continues to expand, more Parks will be enrolled in the program.


Toronto PLID
Enrolled Locations
June 2019
Rouge Beach
Morningside Park
Bluffer's Beach
Lower Don
River TI
Riverdale
Park E
Riverdale
Park W
Woodbine Beach /
Beaches Park /
Balmy Beach Park
Centennial Park
Etobicoke
High Park
Cherry/Clarke
Beach
Sunnyside Beach
Ward's Island
Centre Island /
Hanlan's Point /
Gibraltar Point
Marie Curtis
Beach
© OpenStreetMap (and) contributors, CC-BY-SA

POLICY:
Calls received from alarm companies

PURPOSE:
To respond to medical alarms from private companies

PROCEDURES:

- Calls received for service that originate from a medical alarm company will be signified by selecting “Alarm Company” from the drop-down menu in the “Caller Type” field
- Information solicited and recorded will include the patient’s name (ensure that /PVT is typed prior to the patient’s name being recorded, scene telephone number, originator’s telephone number and the originator’s name or operator number
- Patient information will be solicited using MPDS and all appropriate Case Entry and Key Questions asked and exceptions recorded
- Emergency Medical Dispatchers (EMDs) will determine whether or not an access problem may exist on these types of calls and facilitate the necessary allied agency notifications, as required
- The EMD will attempt to call the scene in an effort to solicit further patient or location information
- Unless contact is made with the patient or someone on scene with the patient, Post Dispatch and/or Pre-Arrival Instructions are not required

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
Toronto, Ontario M3H 5R9

Tel: 416-392-2052
Mark.Toman@toronto.ca
toronto.ca/paramedic

September 24, 2019

To: All Communications Centre Staff

From: Mark Toman
Deputy Chief, Communications

Re: **ACTS Dedicated Transport Unit Trial - Dispatch Procedures**

On September 25, 2019, Toronto Paramedic Services will officially launch a dedicated Acute Care Transport Service (ACTS) team trial in partnership with the Hospital for Sick Children (HSC) and the Ministry of Health.

This initiative will provide dedicated service to the Hospital for Sick Children's Neonatal Intensive Care Unit (NICU), with 2 PCP units staffed 24 hours per day, 7 days per week.

Staffing and Vehicles:

- Crew start times will be 06:00 and 07:00 for day shifts, and 18:00 and 19:00 for night shifts; these are 12 hour rotations following Schedule 9 (ACTS crews on c-shift will book on at 41 station and will be deployed to 40 station to assist in regular operations).

- Staff will book on at the HSC Neonatal Intensive Care Unit (NICU, 3rd floor), by contacting 1-Desk via phone.

- The dedicated ambulances will be located at the entrance to the HSC Emergency Department and do <u>not</u> have the same transport capability as regular community ambulances (i.e., the ACTS team will require a second unit for transport in the event of coming across a non-ACTS call).

Contacting Crews:

- **Cell Phone:** Each crew will have a dedicated cell phone and will be responsible for confirming which phone is assigned to the respective vehicle at book on.
  - ACTS1 (416) 708-6499
  - ACTS2 (416) 579-7110

- **Pagers:** ACTS team paramedics are expected to have their pagers functioning and on their persons at all times while on duty (Operations SOP 03.05.7 - Pagers).

- **Portable Radios:** ACTS team paramedics are expected to monitor their portable radios on Channel A5 at all times while outside of HSC.

- **Other Contact Numbers if required:**
  HSC Transport Team Coordinator:
  Cell Phone (416) 432-4573
  Office (416) 813-7388

Spare Vehicle:

- A spare ACTS vehicle will be kept (unstaffed) at 45 Station, and can be used for additional ACTS transport requests, ACTS vehicle breakdowns, etc. Note: The spare ACTS vehicle does not have the same transport capability as regular community ambulances, and therefore cannot be put in service as one.

ACTS C-Shift at 41 Station (General Operations):

- During the trial, ACTS crews on C-shift will book on at 41 Station (shift start times are 11:00 or 14:00)
  - These crews will be deployed to 40 Station (i.e., Home Station change) immediately after book-on to assist with core coverage.
  - These crews may be considered for ACTS transport requests if the dedicated day shift ACTS crews are not available.

Backfill with Non-ACTS Trial Staff:

- Full or partial shift vacancies on the ACTS team (e.g., due to illness, vacation, etc.), may be filled by an available (spare) PCP.

Processing of ACTS Calls:

- Team & Equipment call requests will come into CACC from HSC via (416) 489-2111 and will be processed by One Desk.

- The Pick-Up Location will be the current location of the *patient* (e.g., HO SGH), with HO HSC being the Destination (e.g., T&E SGH > HSC).

- Calls will be moved to the One Desk sector, and will be dispatched by the Senior EMD processing the call; both legs of the trip will be processed in one incident:
    - One Desk will contact the applicable ACTS crew via cellphone to confirm receipt of the call (phone numbers as listed above).
    - The ACTS crew will press/report 10-8 (Responding) when they depart HSC;
    - The ACTS crew will press/report 10-7 (At Scene) on arrival at the pick-up location (e.g., SGH);
    - The ACTS crew will wait with Team at the pick-up location (the current practice of waiting no more than one (1) hour does not apply to the ACTS units);
    - The ACTS crew will press/report 10-9 (Depart Scene) when returning with the patient to HSC;
    - The ACTS crew will press/report 10-7 (At Destination) when they arrive at HSC.
- All Team & Equipment calls will use the Nature/Problem of 'Team & Equip' (i.e., regardless of the team currently having a patient or not)
- If all dedicated ACTS units are unavailable (e.g., on other calls) and a 'Team & Equip' call is received, a community PCP crew will be utilized to service the call (using the spare ACTS unit at 45 Station, if available):
    - Post the assigned crew to 45 Station (out of service) to change vehicles;
    - Assign them to the HSC Emergency Department entrance;
    - Once this crew arrives at HSC with the spare ACTS unit, they are to be assigned to the call, and proceed as above.

Radio Names and Home Station:

- ACTS units will be designated in CAD with:
    - Radio Call-Signs of "ACTS1" and "ACTS2",
    - Resource Type of "ACTU", and
    - Home Station of "ACTS".
- Crews will be monitored and dispatched by One Desk.
- The ACTS units will be marked as "In Quarters" at "ACTS" when they are not assigned to a call and are located at HSC.

Radio Protocol for Calls to/from Hospitals outside the City of Toronto:

- The ACTS crew will announce to One Desk on Channel A5 that they are leaving the City of Toronto and will be switching to the Provincial Common radio.

- The ACTS crew will then use the Provincial Common radio to announce their presence and destination to the appropriate CACC, using their 3-digit vehicle number:
    - e.g., "Oshawa, this is Toronto Unit 401, 10-8 with a Sick Kids Team, en route to Peterborough Civic."

- If the ACTS crew's destination is beyond the boundaries of the immediate neighbouring CACC (e.g., Peterborough), the crew will remain on the same Provincial Common radio channel and will be acknowledged by the appropriate Provincial CACC.

- ACTS crews will announce all status changes while outside of Toronto boundaries to the Provincial CACC. Crews will also contact One Desk by phone with the same updates.

- During the return to Toronto and crossing the boundaries into the City, ACTS crews will announce to the applicable Provincial CACC that they are leaving the Provincial Common radio channel and await confirmation. The ACTS crew will then return to channel 'A5' and report their status to One Desk.

- Crews must carry and monitor their issued cell phones, pagers, and portable radios when outside of the vehicle when at an Out of Town (OOT) hospital in (Operations SOP 03.05.4 - Portable Radios; 03.05.7 - Pagers).

Meal Breaks:

- "ACTS" will be considered as a Meal Break facility.

- If the crew is "In Quarters" at ACTS during their meal break window, they will be placed on a meal break by the 'Auto-MB' process in CAD.

- Meal Breaks will be documented in the Optima Meal Monitor.

FAQs

Can we use the ACTS crew for calls in the community?
No. These units are dedicated to HSC and the vehicles are not equipped for transport in the same manner as community units. If the ACTS crew comes across a call during their team-related duties, they may be able to act in a first-response capacity but will require a transport unit from the community.

If we have a Delta or Echo within HSC, can we use these crews?
Yes, they can be used as a first response within the HSC facility. However, they must be backed up with other units appropriate for the Nature/Problem & Priority of the incident.

Why did we use ACTS and not HSC as the Home Station?
To align our team with the NICU team identifier within HSC.

What about lunch out of town?
If the crew requests an out of town meal break and meets all current guidelines, the break will be authorized.

For any further questions, please contact your Superintendent.

Sincerely,

(Original signed by)
Mark Toman

c.: G. McEachen; Deputy Chiefs; J. Moyer; K. O'Donnell; CACC EDQI; M. Grife; Deputy Commanders

CAD Notes Template:

Line 1: Call Details:

Medical Protocols:

Scene Safety Sex Age Chief Complaint Pertinent Symptoms Additional Info Hx EIDST/Outbreaks Allied Agencies Notified

Traumatic Protocols:

Scene Safety Sex Age Mechanism of Injury Pertinent Symptoms Additional Info Allied Agencies Notified

Line 2: Secondary Location Info:

Premise Name Entrance Floor Room Escort Sent/Will be Met

Secondary Location Info Questions:

- What is the name of the premise/business/park/etc?
- What entrance should the paramedics use?
- What floor is that on?
- Where is the patient located in the premise/what room is the patient in?
- Send someone to meet and escort the paramedics

POLICY:

Language line services

PURPOSE:

Toronto Paramedic Services in conjunction with language line services have developed a system for patching callers speaking over 150 different language to an interpreter, allowing the Emergency Medical Dispatcher (EMD) to gather all the information required to best meet the callers' needs.

PROCEDURE:

- The Language Line service currently allows Toronto citizens and visitors access to life saving, 9-1-1 emergency service in any one of 150 different languages. These languages represent 98 per cent of those spoken by callers to Toronto Paramedic Services and TPS (Toronto Police Services)

- Once an EMD identifies that Language Line Services are required, the following applies:
    - In VisiCAD "nature problem field" select the "Unknown Problem" protocol. Insert shorthand comment, {/LL}, "Language Line Services in use." This will allow the EMD to proceed with unit selection and potential crew notification
    - Emphasize to the caller not to hang up and that an interpreter is being sought who speaks their language
    - Connect with Language Line Services via AVTEC speed dial
    - Identify yourself as Toronto Paramedic Services, provide client ID number (952011) and three digit dispatcher number
    - Request required language
    - Establish the patch with Language Line Services and the caller (see SOP 09.07.3 Telephone Patching)
    - Proceed through call receiving sequence, including MPDS, adhering to all established protocols and procedures including PDIs and/or PAIs

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
Toronto, Ontario, M3H 5R9

Tel. (416) 392-2052
Mark.Toman@toronto.ca
toronto.ca/paramedic

Date: December 5, 2019

To: All Operations and Communications Centre Staff

From: Mark Toman, A/Deputy Chief, Communications; Leo Tsang, A/Deputy Chief, Operations

Re: **TFS Attendance at Motor Vehicle Collisions (MVC)**

Beginning on December 11, 2019, at 08:00 Toronto Fire Services (TFS) will be dispatched to all MVCs. Additionally, TFS will now be the primary response agency for all incidents involving a reported entrapment or a requirement for technical rescue. Toronto Paramedic Services remains the primary response agency for all other personal injury (PI) type collisions.

Operations Staff

- TFS will be dispatched to all MVC incidents to assist with traffic safety, etc.
- If Paramedics arrive on scene prior to TFS and determine that they, or other allied agencies are no longer required, they are expected to notify the Communication Centre as soon as possible (per SOP 03.06.25 – Cancellation of Allied Agencies).

Communications Centre Staff

- All MPDS determinants processed under Protocol 29 (Traffic/Transportation Incidents) will automatically be sent to TFS via the CAD Fire Interface.
- Calls received by Toronto Police involving a reported entrapment or technical rescue type of situation will now be routed to TFS in the first instance. In cases where the entrapment involves a reported or potential injury, TFS will then notify Toronto Paramedic Services.
- When operating in a non-CAD environment (NCE), Call Takers must notify Toronto Fire by telephone for every MVC (all priorities).

Please contact your Superintendent if you have any questions.

Thank you,

(Original signed by)
Mark Toman

(Original signed by)
Leo Tsang

c.: G. McEachen; Deputy Chiefs; Operations Commanders; Communications Commanders; T. Ednie

POLICY:

Poison Control Procedures

PURPOSE:

Toronto Paramedic Services, in conjunction with the Poison Control Centre, have developed a procedure for patching a caller through to the poison control centre.

PROCEDURE:

In MPDS on Card #23, “Overdose/Ingestion/Poisoning”, there is an ‘OMEGA’ response, which directs that, a conscious and alert (age 1 through 12 years) patient is to receive a unique response. The architects of the MPDS Protocols intended that these calls be referred to a regional Poison Control Centre and that no paramedic response be initiated.

However, Toronto Paramedic Services will initiate a paramedic response and in conjunction with the Poison Control Centre, has implemented a modified version of this procedure for use by Emergency Medical Dispatchers (EMDs).

The following procedures will be followed with respect to calls of this nature:

- Calls will continue to be processed as indicated by the emergency call receiving sequence
- All necessary questions required by MPDS protocols will be asked and appropriate responses recorded
- The call will be prioritized as dictated by the protocols and completed in the normal manner
- For the ‘OMEGA’ and “Bravo” level response calls only (those involving conscious and alert patients of any age), that are not intentional overdoses, the caller is to be asked to hold while the EMD ‘patches’ into the Poison Control Centre. The telephone number for the Poison Control Centre is available on the AVTEC speed call list)
- Introduce the situation to the nurse at the Poison Control Centre and then patch in the caller
- Continue to monitor the call
- If it is decided by Poison Control, and agreed to by the caller, that paramedics are not required, the response will be cancelled. In this instance, inform the EMD that the call is cancelled by the originator
- Record in the Comments/Notes tab that the call was cancelled after consultation with Poison Control

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
Toronto, Ontario M3H 5R9

Tel: 416-392-2052
Mark.Toman@toronto.ca
toronto.ca/paramedic

December 27, 2019

To: All Communications Centre Staff

From: Mark Toman
Deputy Chief, Communications

Re: **[REVISED] ACTS Dedicated Transport Unit Trial - Dispatch Procedures**

On September 25, 2019, Toronto Paramedic Services will officially launch a dedicated Acute Care Transport Service (ACTS) team trial in partnership with the Hospital for Sick Children (HSC) and the Ministry of Health.

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Backfill with Non-ACTS Trial Staff:

- Full or partial shift vacancies on the ACTS team (e.g., due to illness, vacation, etc.), may be filled by an available (spare) PCP.

Processing of ACTS Calls: Updated

- **EFFECTIVE IMMEDIATELY, crews are able to call on behalf of the HSC staff via (416) 489-2111 and book the transport requests for the ACTS team.**
- **These transfers are to be booked by an EMD/CT. They are no longer required to be processed by One Desk.**
- **The Nature/Problem will be 'Team & Equip' with a Bravo priority.**
- **Call are to be moved to the One Desk sector, and brought to the attention of a Senior EMD and/or SCS. If offered by the crew, please document the crew that will be servicing the transfer.**

- The Pick-Up Location will be the current location of the *patient* (e.g., HO SGH), with HO HSC being the Destination (e.g., T&E SGH > HSC).

- Calls will be moved to the One Desk sector, and will be dispatched by the Senior EMD processing the call; both legs of the trip will be processed in one incident:
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Sincerely,

(Original signed by)
Mark Toman

c.: G. McEachen; Deputy Chiefs; J. Moyer; K. O'Donnell; CACC EDQI; M. Grife; Deputy Commanders

hi'TORONTO

Memorandum

Toronto Paramedic Services
Paul Raftis, Chief

Date: March 31,2015

To: Communications Centre -All Staff

From: David Perschy, Superintendent, CACC Special Projects

Re: April 1,2015 Priority Changes to delayed Interfacility Alpha 1-2-3 Calls

Effective April 1,2015 at 07:00h, Incidents prioritized as Interfacility Alpha-1, Alpha-2, or Alpha-3 that do not have a Toronto Paramedic Services unit At Scene will be upgraded to an ALPHA Priority when the Incident is within 15 minutes of its Target Response Time. This upgrade will occur automatically. Once upgraded, these calls must be dispatched within the same parameters that apply to any ALPHA Priority call.

This change is being made to enhance patient safety.

<u>Details for the automatic priority upgrade</u>:

Interfacility Alpha-1 (Target Response Time: 30 minutes)
If NO Unit is At Scene, upgrade to ALPHA Priority at Incident-in-Pending + 15 minutes.

Interfacility Alpha-2 (Target Response Time: 60 minutes)
If NO Unit is At Scene, upgrade to ALPHA Priority at Incident-in-Pending + 45 minutes.

Interfacility Alpha-1 (Target Response Time: 120 minutes)
If NO Unit is At Scene, upgrade to ALPHA Priority at Incident-in-Pending + 1 h 45 minutes.

If you have any questions, please ask any SCS.

(Original signed
by) David Perschy

HOST CITY

Memorandum

Toronto Paramedic Services
Paul Raftis, Chief

Date: February 2, 2016

To: **ALL COMMUNICATIONS CENTRE STAFF**

From: **DAVID PERSCHY**
Superintendent, Special Projects

Subject: **NEW NATURE/PROBLEMS:**
COMMAND POST-CBRNE & COMMAND POST-ETF

Effective immediately, two (2) new Nature/Problems have been added to VisiCAD:

- Command Post – CBRNE
- Command Post – ETF

Combined with the existing Nature/Problem "Command Post – Police", the 3 Command Post Nature/Problems are to be used as follows:

Command Post – CBRNE: When a specific request is made for CBRNE Paramedics (e.g. a Bomb Threat, or the dismantling of a drug lab).

Command Post – ETF: Toronto Police ETF requests for Tactical Medics for an Active Incident (e.g. barricaded suspect) or for a Planned Activity (e.g. a Warrant Briefing).

Command Post – Police: When a request is made for Paramedics to stand-by, but with no defined patient, and no request for a Special Team (e.g. a Ground Search for a missing person).

Note to 1-Desk Staff: if Toronto Police request both Tactical and CBRNE Paramedics to the same incident (e.g. a Warrant Briefing for a drug lab) please use "Command Post – ETF" for the initial Warrant Service. If needed, create a second incident after the scene has been secured against violent suspects as a "Command Post – CBRNE" for the long-duration dismantling of the drug lab.

These Nature/Problems do not link to MPDS/ProQA, and do not have specific Optima Response Plans. They are intended for 1-Desk staff to assign specific units due to a specific request from Toronto Police Services.

Thank you.

(Original signed by)
DAVID PERSCHY
Superintendent Special Projects, Communications

pc: G. McEachen, CACC SMT

Memorandum

Gord McEachen, A/Chief

Toronto Paramedic Services
Central Ambulance Communications Centre
4330 Dufferin St.
Toronto, Ontario M4H 5R9

Dr. Russell MacDonald
Medical Advisor
Tel: 416-397-9071
Russell.MacDonald@toronto.ca

August 21, 2017

To: **All Communications Staff**

From: **Dr. Russell MacDonald**
Medical Advisor

Subject: **911 CALLS FROM TORONTO PUBLIC HEALTH SAFE INJECTION SITES**

Toronto Public Health will open its first staffed Safe Injection Site (SIS), with two additional sites planned for later this year. The opening date of the first location is scheduled to be Monday, August 21st.

A VisiCAD Premise (XH SIS) will be created for each site. The first site is listed as:

Premise Name: XH SIS VICTORIA ST
Address: 277 Victoria St. (The SIS is presumed to be at street-level)

A premise note will appear in the VisiCAD Comments/Notes to inform Paramedics and EMDs that a Safe Injection Site (SIS) is present at this address.

The SIS will be staffed by a variety of personnel, and may include physicians or nurses who do not normally interact with IV drug users and/or street-drug overdose cases. SIS staff calling 911 will identify themselves as staff members to the EMD.

ALL Medical Priority Dispatch System (MPDS) questions must be asked as scripted. ALL Post-Dispatch Instructions (PDIs) and Pre-Arrival Instructions (PAIs) that may apply to the MPDS Determinant ARE TO BE PROVIDED to the SIS staff, regardless of the caller's medical qualifications outside of the SIS.

While an EMD does not normally provide all PDIs and PAIs if a physician or nurse is the caller, in the setting of the SIS, and in the interest of safety, the EMD will provide any and all applicable PDIs and PAIs to anyone calling from the SIS. This includes physicians and nurses.

If there are any questions regarding CACC interactions with a SIS, please contact the on-duty SCS.

Thank you,

(Originally signed by)

Dr. Russell MacDonald
Medical Advsior

Pc: Gord McEachen, Deputy Chiefs, Deputy Commanders, CACC SMT

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2018-2: Verbal Notification to TFS 2018.01.15

REMINDER TO ALL EMDS

EMDs MUST verbally notify Toronto Fire Service of any/all scene safety issues by telephone when they arise and inform One Desk.

Once verbally notified, use short hand comment '/FD' in Comments/Notes Field to document that the notification has occurred.

Consult the CRT manual and SOP 09.08.21 for more information regarding TFS notifications.

If you have any questions or require clarification, please contact your EDQI SCS.

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2018-03: Disconnect Procedures 2018.01.16

PDI SCRIPTS

MPDS/ProQA does not provide scripted instructions for 3rd party callers, 4th party callers or medical professionals making the call. Toronto Paramedic Services CACC has provided supplementary instructions.

(3rd Party) ***"I am sending the paramedics to help them now. If you go (return) to the patient or get any more information, please call us back immediately on 911."***

In cases where the call taker suspects that the 3rd party caller may hang up and call the scene, please indicate: ***"Please do not call the scene as I will be contacting them now to provide them with instructions."***

(4th Party) "***If you get any more information, please call us back immediately."***

(Medical professional at their place of work) ***"I am sending the paramedics to help you now. Please make sure the patient is actively cared for until we arrive. If the patient gets worse in any way, call us back immediately."***

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2018-05: Unknown Referrals to TFS 06.06.2018

Unknown Referrals to TFS

As of January 4, 2017 CACC SOP 09.08.21 Fire Services Notification was amended to include 32-B-03 (Unknown Problem, Unknown Status/Other codes not applicable). A memo was distributed December 21, 2016 and is attached for reference.

This determinant is to be used for situations where there is no patient reported at the time the call was placed. Some confusion seems to lay on whether a referral to TFS is appropriate when it comes in from Radio Room for a "check address" situation. Radio Room will ask for ambulance to attend as it is part of their procedure. Our procedure is to process the call through ProQA which will generate a 32-B-3 determinant that goes up as a referral to TFS. The EMD is **NOT** to upgrade the call to a Bravo response unless you have specific patient information. The intent of this change is to utilize TFS to save ambulances from responding to 'no patient situations'.

Once TFS arrives on scene they will update us. If a patient has been located, the EMD will upgrade the call as appropriate and an ambulance will then be dispatched. Any concerns with this procedure should be brought to the attention of the on duty Superintendent.

Garrie Wright
Deputy Chief
Communications

PAUL RAFTIS, Chief

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December 21, 2016

To: **ALL CACC STAFF**

From: **GARRIE WRIGHT**
Deputy Chief, Communications

Subject: **SOP CHANGE: 09.08.21 FIRE SERVICES NOTIFICATION**
EFFECTIVE: January 4, 2017 at 07:00h

===

On January 4th, 2017 @ 07:00, the CACC SOP 09.08.21 Fire Services Notification will change in 2 significant areas:

1. Toronto Fire Services are to be notified to attend any call where a Transport Unit staffed by a Single Paramedic (e.g. with the Out of Service Reason Code 'OOS-Single Medic-FR' attached) is dispatched between the hours of 00:00h and 07:00h.

2. When the MPDS (ProQA) interrogation results in Determinant 32-B-03 (Unknown Problem, Unknown Status/Other codes not applicable), the incident will be prioritized as a 'Referral', and Toronto Fire Services will be notified via the InterCAD Interface to attend the incident and to advise CACC of the following:

   a. There is no patient at this location, and the incident may be closed, or;

   b. There is a patient at this location.

Upon receiving an update from Toronto Fire Services Communications when a patient has been found, the EMD Call Receiver will re-triage the call via MPDS based on the patient condition as reported by the TFS crew on scene. A revised MPDS determinant that generates a Telehealth referral will be upgraded to an Alpha priority. The Quadrant EMD will dispatch resources appropriate to the revised MPDS Nature Problem/Priority.

If, prior to the arrival of a Toronto Fire Services unit, additional information is obtained by an EMD Call Receiver from any source that allows them to identify and triage a patient through MPDS, the EMD must do so. The new Nature Problem/Priority will dictate the Toronto Paramedic Services response. Toronto Fire Services, already dispatched, will remain attached to the incident and will continue to respond.

If at any time a patient has been located or has been positively identified they must be assessed by a Paramedic.

(original signed by)
GARRIE WRIGHT
Deputy Chief, Communications

pc: P Raftis, Deputy Chiefs, Ops Commanders/Superintendents, CACC Commanders/Superintendents, Deputy Commanders, PSU, EMS Multimedia, EMS Ed Mgmnt, Comm. Med., K. McKinnon, M. Toman, B. Chawla

Policy Number	Section 08 Operations **Fire Services Notification**	Effective
09.08.21	*Issued: December 2010* *Last Revision: January 4, 2017*	January 4, 2017

POLICY:

EMDs will ensure that the appropriate fire service is notified to respond to all applicable calls.

PURPOSE:

Tiered response coordination with the fire service is dictated by both medical and non-medical requirements to ensure appropriate medical care for patients, and to assist with scene safety, patient access and extrication where necessary.

PROCEDURES:

Medical

Medical requirements for fire service response
are identified by specific MPDS determinants which have been selected based on clinical evidence and approved by expert panel review. Incidents involving these determinants will be automatically sent by VisiCAD to the Toronto Fire Services (TFS) CAD by the TFS Interface.

- When an incident has been automatically sent to TFS successfully, the notation: **SENT TO TFS** will appear in the Comments/Notes tab of the VisiCAD incident.
- If the automatic notification to TFS *fails*, the following message will appear in the Comments/Notes tab of the VisiCAD incident: **AUTO-TIER/UPDATE TO FIRE **FAILED**.**
- In the event of automatic notification failure, the EMD will notify TFS manually (See Manual Notification Procedure* below) and record the manual notification in the Comments/Notes tab of the VisiCAD incident using the following shorthand comment: **/FD** (*Fire Dept. Notified).

Certain incidents require a fire service response, but will require a manual notification where the following reminder notation will appear in the Comments/Notes tab of the Emergency Call Taking screen:

<!>EMD<!> VOICE CONTACT to TFS required

- In this case, the EMD will manually notify the appropriate fire service and record the manual notification in the Comments/Notes tab of the incident using the following shorthand comment: **/FD** (*Fire Dept. Notified).

<u>**Note:**</u> Fire services other than TFS must be *manually* notified for all tiered calls using the Manual Notification Procedure* below *(continued)*

Non-Medical

The appropriate fire service will be requested to attend with Toronto Paramedic Services at any one of the following incidents, which may require a manual notification by the EMD (See Manual Notification Procedure* below):

- Report of fire or explosion;
- Report of smoke or smell of smoke;
- Hazardous material incidents;
- Gas leaks;

- Electrical wires down;
- All patient incidents on a limited access highway;
- Motor vehicle collision into/against a building or other large structure;
- Patient(s) trapped or inaccessible;
- Any call where a problem accessing the scene or patient is anticipated;
- Any call where a single Paramedic assigned to an ambulance is providing first response between 00:00 and 07:00 hours.

If the EMD feels that fire service response is required for any reason that falls outside of the predetermined responses listed above (e.g., lengthy delay in EMS response), the authorization of a Superintendent or designate must be obtained before notification of the fire service occurs.

***Manual Notification Procedure**

- The requesting EMD will contact the appropriate fire service's communications centre and state, "This is Toronto Paramedic Services requesting your attendance at [specific location, cross streets and a brief description of the reason(s)]".

- When the manual notification of the fire service has been completed, the EMD will record the manual notification by placing the following shorthand comment in the Comments/Notes tab of the VisiCAD incident: /FD (*Fire Dept. Notified)

Procedure for Fire-Only Response
There are two determinants that receive a TFS *only* response. They are:

- 32B02 – Unknown Problem Medical Alarm notifications (no patient info)
- 32B03 – Unknown Problem Unknown Status

A request for TFS *only* response will automatically be sent over the interface to Toronto Fire (calls outside Toronto will require the usual manual notification and Toronto Paramedic Services response).

These determinants will result in a REFERRAL priority. Upon receiving a Referral priority the EMD will tell the caller:

"The Fire Department is on the way to help with this situation now. If they determine an ambulance is required, they will update us."

The EMD will then continue with the rest of the appropriate PDIs and Case Exit instructions.

Note: The Toronto Police Service will still be required to attend these unknown types of calls. The Call Receiver will document police notification in VisiCAD as per standard procedure.

If a phone number is available for the scene, the Call Receiver must call this number in an attempt to establish the patient's location.

Once in the Pending Queue, the Referral will be treated as follows:

- **If the Originator or someone from the scene is able to provide additional patient information or calls back later with patient information, the** Call Receiver will:
    - Re-triage the call through ProQA and record the additional information in VisiCAD as per normal call-back requirements;

  - Ensure that the priority has been changed from REFERRAL as necessary; and
  - Update responding allied agencies as appropriate.

- **If the Originator or someone from the scene (including any allied agency responder) attempts to cancel the response**[1] the Call Receiver will:

  - If confirmed there are no patients (e.g. inadvertent activation):
    - Update the VisiCAD record with the cancellation; and
    - Update responding allied agencies.

  - If a patient exists:
    - Ensure that the patient information has been triaged through ProQA and record any additional information in VisiCAD as per normal call-back requirements;
    - Ensure that the priority has been changed from REFERRAL as necessary;
    - Advise the caller that the responders will arrive shortly and will assess the situation in person; and
    - Update the VisiCAD record and responding allied agencies as appropriate.

- **If TFS indicates that there is a patient on the scene that requires Toronto Paramedic Services assessment,** the Call Receiver will:

  - (**If Second Party Caller** e.g., Direct call from TFS **on scene**): Open and re-evaluate the call through ProQA as with any other callback from a scene. The priority will be updated by the system.
    - If the reassessment through ProQA results in a TeleHealth Referral, the Call Receiver will override the priority using ProQA to an Alpha level priority to ensure Paramedic response.

  - (**If Fourth Party Caller** e.g., Call from TFS **Communications**): Open the call and change the priority in the VisiCAD incident as appropriate and add notes as per current procedures for Fourth Party calls from TFS.

- **If there is no callback from TFS within 30 minutes**, the Quadrant EMD will verbally contact TFS Communications to confirm that a "no patient" condition exists. In this case, the call may be cancelled using the appropriate Cancellation Reason and Response Disposition in VisiCAD along with an explanatory comment.[1] **If TFS calls to cancel the incident,** the EMD will ask for and record the cancellation reason.[1]

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[1] See CACC SOP 09.08.16 - Cancellations

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2018-9: Reminder of Code 4 on Arrival 11.2.2018

Recent concerns have been raised concerning Island Transfers where the "Emerg on Arrival" or "Code 4 on Arrival" information is not being given by ORNGE and/or being documented in the Comments/Notes of the ticket. Patients that require urgent transfers to the hospital end up waiting at Toronto Island Airport for a TPS crew to arrive. This is a cause of concern for patient safety.

Scheduled call taking practice will remain the same, however, in order to mitigate this from occurring, please ensure that you:

- Note 'CODE 4 ON ARRIVAL' or 'EMERG ON ARRIVAL' in the Comments/Notes when provided with this information from ORNGE;
- Document the new ETA in the ticket and in the 'Address field' when receiving an updated ETA for incoming flights;
- Remember to update controlling EMD via intercom, mail message or SEND command in POWERLINE

ORNGE Communication Officers have been reminded to advise us of this information when booking the transfer and to provide us with any updated ETAs with sufficient notice so we can effectively service the calls.

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
Toronto, Ontario M3H 5R9

Tel: 416-392-3730
Susan.Prevost@toronto.ca
toronto.ca/paramedic

December 11, 2018

To: All Communications Centre Staff

From: Susan Prevost
Superintendent, Communications Education & Quality Improvement

Re: Alternate Level of Care - Humber Church Site

On December 16, 2018, the former Humber River Church site will re-open as a Reactivation Care Centre. The facility will operate in the same manner as the Reactivation Care Centre located at the Humber River Finch location. **No emergency departments** will be located at these sites**.**

Patients at the RCC are considered to be in-hospital patients of the home hospital with which they are affiliated. Patients from Humber River Hospital and Sunnybrook Hospital will be transferred to the Church site when it opens in December. Mackenzie Health, Southlake Regional Health Centre, Markham Stouffville and Humber River will continue to be affiliated with the Finch site.

Agreements with other hospitals are currently being arranged and will be announced at a later date, with an estimated occupancy of March 2019. The Church site will eventually house up to 214 patients.

Calls Originating from ALC HRC

InformCAD shows these Reactivation Care Centres as "ALC HRF" and "ALC HRC" (ALC = alternate level of care). Entering these premises in CAD will reference the appropriate street address associated with the specific alternate level of care facility.

Calls for medical assistance for ALC HRC will generally come in via the 911 line. The caller will most likely indicate they are calling from a "Reactivation Care Centre" and might indicate their affiliated hospital. **EMDs are to process these type of calls under Protocol 33 following the same guidelines and procedures as processing a 'Nursing Home' call (refer to MPDS Protocol 33 Rules #1-2).**

Repatriation

Repatriation requests to patients' home hospitals within Toronto will be requested by Paramedics and should be facilitated whenever possible to assist with continuity of care. Patients triaged as a CTAS 1 or 2A will be transported to the most appropriate hospital based on the current PDS rules.

Requests for repatriation to Mackenzie Health will be treated in the same manner as requests for Mississauga Trillium Hospital and will require approval from the on-duty Deputy Commander. Toronto Paramedic Services will not facilitate repatriation requests to Southlake Regional or Markham Stouffville Hospital. All hospitals involved in this project are aware of the repatriation limitations.

If you have any questions or concerns, please speak to the on-duty Superintendent or email EDQI at emscommedqi@toronto.ca.

(Original signed by)

Susan Prevost
Superintendent, Communications Education & Quality Improvement

c. A/Chief Gord McEachen, Deputy Chiefs, CACC Commanders

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
Toronto, Ontario, M3H 5R9

Tel: 416-392-3736
David.Perschy@toronto.ca
toronto.ca/paramedic

May 31, 2019

To: All Communications Centre Staff

From: David Perschy, Superintendent, Special Projects

Re: **Park Location ID (PLID) on Lifeguard Chairs at City Beaches**

On June 1, 2019, the City of Toronto will install new Park Location ID (PLID) signs on individual lifeguard chairs at city beach locations.

Each PLID is entered as a premise note in Inform CAD/GEO indicating the actual location of the lifeguard chair. The "dot" on GEO, Optima, and the MobiCAD map also identifies the closest intersection or block range.

When offered the PLID by the 911 caller, enter **PLID nnn-nnn** into the address field on the Emergency Call Form. The address displayed in the Emergency Call Form will display the name of the beach or park.

Example:

PLID 009-201 BALMY BEACH [BLOCK RANGE: HUBBARD BV/BALSAM AV]

Each PLID location will geo-validate in Inform CAD and can be used by Optima to locate and dispatch the closest resource(s) to the incident.

It is anticipated that the PLID will be used by citizens calling 911 who are unfamiliar with their location or street address. PLID signs are also located at High Park, Centennial Park, Morningside Park, and along the Lower Don Trail.

If you have any questions, please speak to the on duty Superintendent.

Sincerely,

(original signed by)
David Perschy
Superintendent

c.: CACC Commanders, Deputy Commander

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2019-01: What to do if ASA dosage is Unknown? 02.21.2019

What to do if the Aspirin (ASA) dosage is Unknown?

MPDS rule #4 on the ASA Diagnostic Tool states:

"If the patient is reported to have just taken aspirin, or routinely takes aspirin, it is okay to advise them to take the dispatch-recommended dose now. Since aspirin resistance is quite common, an additional dose should not commonly be a problem."

But what if the caller doesn't know the dosage of the ASA they have on hand?

Our Medical Director Dr. Russell MacDonald advises:

"It is my recommendation that if the caller does not know the strength/dose of ASA tablets on hand, the caller should be advised to have the patient take one tablet and have the paramedics confirm upon their arrival."

Aspirin has a definitive positive impact on patient outcome and that impact is best when given as soon as possible after the symptoms have started.

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2019-02: Following the ASA protocol with a medical professional 02.21.2019

Do you still need to follow the ASA protocol when the caller is a Medical Professional?

MPDS rule #7 on the ASA Diagnostic Tool states:

"The Aspirin Diagnostic should be used for ***all qualified patients*** *presenting* ***with heart attack symptoms.****"*

Our Medical Director Dr. Russell MacDonald advises:

"When speaking with health care professionals we must do our due diligence and not assume the provider on the phone has or intends to carry out an intervention that an EMD would otherwise direct a member of the public to do."

If the health care provider has come right out and said "Okay, we already did that", then the EMD can move on without using the ASA tool.

In either case, consistent patient care means every EMD is providing the same level of service no matter who calls.

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2019-04: Breathing Verification Diagnostic 05.27.2019

The Breathing Verification Diagnostic is a Level One Diagnostic Tool. This means that use of this tool is mandatory when directed by the protocol.

When processing calls on Card 12 (Convulsions / Seizures) ProQA will automatically launch the Breathing Verification Diagnostic as long as the jerking has stopped and the patient is breathing, or breathing is questionable.

Rule 1 on Card 12 explains when the Breathing Verification Diagnostic Tool is not necessary:

Rules

1. Use of the **Breathing Verification Diagnostic** is **mandatory** after the jerking/twitching has stopped for **all GENERALIZED** (non-focal) seizure patients who are **breathing** or whose breathing is **questionable**. Use of this tool is **not necessary** when it is **obvious** that the post-seizure patient is **alert**, **talking**, **or actively waking up** (**not** just eyes open).

When the Breathing Verification is not necessary based on the above rule the EMD may close the diagnostic tool and select 'Normal Rate.'

Note: This is a rule from the current version (5.1.1.27) of ProQA. This rule can only be found in the "Additional Info" section when in the KQ tab of Card 12 in ProQA. This rule is NOT found in the Card Set.

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2020-6: Emergency Calls at 4330 Dufferin Street and the HQER

The Headquarters Emergency Response Team (HQER), when available is a first response team that may attend to any emergency call at 4330 Dufferin Street. This team is made up of paramedic-qualified staff members that regularly work out of Headquarters.

However, it is important to note that HQER **is not always staffed**, especially during nights, weekends, holidays, and during periods of reduced staffing at headquarters.
Therefore, **ALL** emergency requests made for 4330 Dufferin Street MUST have a transport unit assigned. The HQER will be assigned by 1-Desk in addition to the transport unit. **This applies even when the caller specifically requests only for HQER attendance and no transport.**

Call Taker Responsibilities for calls at 4330 Dufferin Street:

- Generate the call using the Emergency Call Taking Form and process the call through ProQA according to SOPs. Note: Do not cancel Toronto Fire on tiered calls.
- Record detailed secondary location information for the responders (i.e. where is the patient located within Headquarters).
- Record the name and call back number for the originator.
- If the caller requests the HQER team only, inform them that an ambulance will be dispatched with HQER. Once HQER has made patient contact and has determined that transport is not required then the ambulance can be cancelled.
- Provide all appropriate Post-Dispatch Instructions and Pre-Arrival Instructions as required.

Dispatcher Responsibilities for calls at 4330 Dufferin Street:

- Dispatch the closest, most appropriate transport unit to the call. ARUs or PRUs may be used when appropriate.
- Notify 1-Desk to assign the HQER unit to the call as well.

Overview of HQER Process (FYI):

- Available members of the HQER are notified automatically via pager and they will attend if available. Corporate Security at the Main Desk is also notified automatically by pager.
- The HQER will attend when a member is on-site and update the Communication Centre via telephone with pertinent information or if the ambulance may be cancelled.
- The HQER store ALS and BLS bags in a secure locker next to the Security Desk.
- HQER Members do not carry radios.

- Dispatchers may accept cancellation requests from member of the HQER as long as the HQER unit was assigned to the call and has made patient contact

If you have any questions, please speak with the on-duty superintendent.

Communications Education & Quality Improvement Unit

Education Bulletin

`Bulletin #2020-09: Protocol 32 – Unknown Problems 09.21.2020

Unknown Problem vs Everything Else

"Is the caller able to provide enough information to indicate that there is something potentially wrong with an individual(s) and therefore, may require medical assistance/intervention?"

IF the answer is YES then proceed to appropriate protocol (P1-P31). If the answer is NO then consider Protocol 32 – Unknown Problem. See examples below:

1. "I was driving to work and saw someone laying on the ground in the park. I have no other information."
2. "I am in my house and I think I heard gun shots."
3. "I heard someone screaming for help!"
4. "Hi, it's radio. We require you for a wellness check at…"
5. "I am at my friend's house and he was supposed to be home but isn't opening the door."

These are ALL situations where a **3rd/4th party caller** is **unable** to provide enough information to identify that there is an actual patient on scene with a chief complaint and the status of consciousness and breathing are both unknown.

Protocol 32 is indicated when:

- There are **NO identified patient(s)**
- No discernable chief complaint; and
- The status of conscious and breathing are both unknown

This includes "sound of gun shots" type of circumstances, with no identified patient(s) or injuries.

In the absence of more information, the scenarios above will generate a 32-B-03 as long as everything else in Key Questions is unknown. 32-B-03 determinants will be sent as a referral to

TFS and once TFS arrives on scene they will update us. If a patient has been located, the EMD will process the call again with the new information provided by TFS and an ambulance will then be dispatched. The intent is to utilize TFS to save ambulances from responding to 'no patient situations'.

NOTE (1): The scenarios above are examples of limited information provided by a caller. It is important for EMDs to **listen carefully** to Case Entry #3 "Okay, tell me exactly what happened". Every call is so different and sometimes a little bit of added information from the caller may provide enough to make the difference in going from Protocol 32 to a more specific Chief Complaint, even if the status of consciousness and breathing remain unknown (e.g. I am at my friend's house, he was feeling faint and he was supposed to be home but isn't opening the door.)

NOTE (2): Key Question 1 on Protocol 32 asks about special circumstances in a call. When the caller is 3rd/4th party and everything else is unknown the following codes will be generated:

1. Ø Any special circumstances about this call?

No	32-B-3 (Referral to TFS)
Medical Alarm (Alert) notification	32-B-2 (Referral to TFS)
Language not understood (no interpreter in center)	32-B-4 (BRAVO response)
Possibly dangerous situation	32-B-3 (Referral to TFS)
Other:	32-B-3 (Referral to TFS)

"Possibly dangerous situation" should be selected for any Unknown Problem where there are safety concerns for the responders. For example:

- Sound of gun shots; no patient(s) identified
- Wellness check where someone has not been heard from for some time, but is known to be violent.

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2020-08: Alarm Company Cancellation 08.25.2020

Policy 09.08.16, Cancellations states **"Once a request for ambulance response has been initiated, we have an obligation to ensure that service is provided until the patient refuses service directly, or there is a firm determination that there is no patient."**

When an Alarm Company requests an ambulance to be sent to an address for a 'No voice contact' situation, at that point this is considered an unidentified patient scenario. The EMD is expected to call the scene to get more information and to determine whether there is a potential patient. This is where the "Tell me exactly what happened?" becomes pivotal.

If at "Tell me exactly what happened" there is a report of an injury, a medical symptom, or a description of an event that needs Paramedic attention i.e. "I fell but I am okay, I got up" or "I don't know but I don't feel well" then an Ambulance must be sent as a patient has now been identified. The EMD **CANNOT** accept the request to cancel in these cases.

If at "Tell me exactly what happened" the patient indicates the button was pushed in error or that a malfunction happened on the machine and NO Medical situation is reported, then this is a NO PATIENT situation. The EMD **CAN** accept this cancellation. The EMD will add /CX with a description of what happened in the Comment field.

Example:

Cancel Request: Caller was washing the machine and accidentally pushed the button. The TV was loud and caller could not hear the alarm company calling.

Memorandum

Gord McEachen
A/Chief

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June 2, 2020

To: All Communications Centre Staff

From: Mark Toman,
A/Deputy Chief, Communications

Re: **Updated Telehealth Referral Script**

As the pandemic situation continues to evolve and the restart of various services begins, use of paramedic services is expected to increase. Therefore, in order to maximize ambulance availability during this time, the process for handling emergency call referrals has changed.

Effective immediately, when a call is coded as a **referral priority, the caller is to be connected to Telehealth Ontario and not queued to receive an ambulance**.

The following script is to be used by EMDs and Call Takers when referring callers:

> *"Thank you for answering my questions.*
>
> ***Our assessment indicates that you do not need to go to hospital by ambulance right now.***
>
> *I am going to connect you with a Registered Nurse at Telehealth Ontario. The nurse can give you medical advice or help with other options. If the nurse determines that you do need an ambulance, they will reconnect you with us to arrange for one.*
>
> *I'm going to connect you now and will not be sending an ambulance."*

Upon warm transfer to Telehealth Ontario, the EMD/call taker is to use the following script:

> *"Hi this is Toronto Paramedic Services.*
> *I have [caller's name] on the line with us.*
> *This is a Telehealth referral for [**Chief Complaint Description**]."*

At this point, if a caller requests an ambulance, they are to be referred to Telehealth Ontario and the EMD/Call Taker is to use the following script:

> *"Due to the pandemic situation, we are working with the health care system to reduce hospital visits wherever possible. Our assessment indicates that you do not need to go to hospital by ambulance right now. I will connect you with a nurse at Telehealth Ontario who will review your situation, and advise you of what to do.*
>
> *If the nurse determines that you do require an ambulance, they will reconnect you with us to arrange for one.*
>
> *I'm going to connect you now and will not be sending an ambulance."*

Upon warm transfer to Telehealth Ontario, the EMD/Call Taker is to use the following script:

> *"Hi this is Toronto Paramedic Services.*
> *I have [caller's name] on the line with us.*
> *This is a Telehealth referral for [**Chief Complaint Description**]."*

If caller is adamant that an ambulance be sent and/or they are refusing to speak with Telehealth Ontario, the EMD/Call Taker is to transfer the caller to a Superintendent in the Communications Centre.

Re: Long Wait Times for Warm Transfer to Telehealth:
When a caller is transferred to Telehealth Ontario, EMDs/Call Takers are expected to remain on the line with the caller until a Health Services Representative answers the line to complete the warm transfer.

Wait times after the initial Telehealth Ontario recording should be short. In rare cases of an extended delay waiting for a Health Services Representative, the EMD/call taker may disconnect the line after providing the following instruction to the caller:

> *"I am going to disconnect now but if your (her/his) condition worsens while you are waiting for the nurse, hang up and call us back immediately on 9-1-1."*

Please email emscommedqi@toronto.ca or contact the on-duty Superintendent with any questions, concerns or helpful suggestions.

(Original signed by)

Mark Toman

c.: A/Chief G. McEachen, Deputy Chiefs, CACC Commanders, Ops Commanders, Tim Ednie, Lisa Livingston, Dr. Russell MacDonald, PSU

Communications Education & Quality Improvement Unit

Urgent Disconnect Instructions

10.02.2020

During times of high call volume, the SCS ***may*** authorize the use of the Urgent Disconnect process to ensure that EMDs are able to handle emergency calls in a timely fashion. When used, the Urgent Disconnect process allows for the call taker to disconnect the current call to take another emergency call. EMDs are able to use this process for both alert and not alert patients.

Urgent Disconnect does NOT apply to situations where Pre-Arrival Instructions are required.

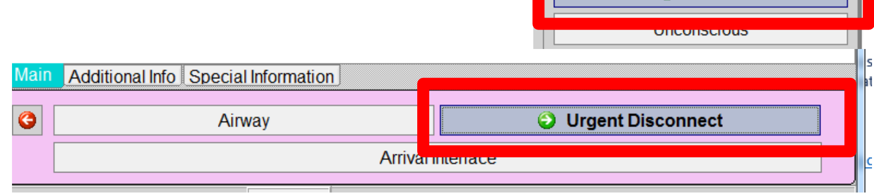
The EMD does not need to access the Urgent Disconnect PDIs from ProQA. Use the call flow listed below instead:

1. Give the appropriate PDIs from X1 (or X21)
2. OMIT giving PDIs FROM X2 (X22) or X3
3. Give the new mandatory PDI:
   a. Please do not approach the paramedics; follow their direction, and ensure everyone on scene wears a mask and remains 2 metres (6 ft.) away
4. Give the Urgent Disconnect PDIs
   a. 1st Party:
      i. I **need** to hang up now (to take **another** call.) **Help** is on the way.
      ii. If anything **changes**, call us back **immediately** for further **instructions**.
   b. 2nd Party:
      i. I **need** to hang up now (to take **another** call.) **Help** is on the way.
      ii. If s/he becomes less awake and vomits, quickly turn him on his side.
      iii. If s/he gets **worse** in any way, call us back **immediately** for further **instructions**.
5. Disconnect the call

The Urgent Disconnect DLS link can be found from the X-Card DLS pathway.

Urgent Disconnect PDIs can be accessed from the following panels:

1. X2 (or X22)
2. X3



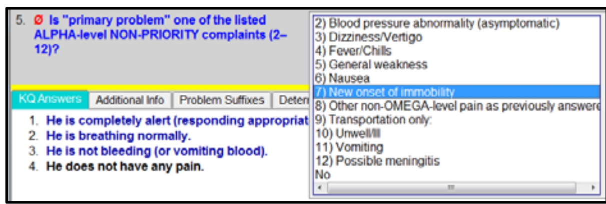
If using the MPDS card set, the Urgent Disconnect PDIs can be found on X4 for both 1st and 2nd party.

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2020-11 New Onset of Immobility & Referrals

New Onset of Immobility is an answer selection available on Card 26, Key Question 5 and will result in a 26-A-7 Code when the patient has no other symptoms:



Although this answer selection is not defined in ProQA or the MPDS Card Set, New Onset of Immobility, according to the College of Emergency Dispatch Advancement Series, actually has a very specific definition:

> *New Onset of Immobility is when the caller/patient is calling because they can't walk or move around, when they were able to before. It should ONLY be used when the caller/patient is unsure of what caused the immobility and is a new onset.*

What this means is that if there is a KNOWN cause for the immobility, or it is non-recent onset, then the call should be coded according to other information available. Sometimes this means a different protocol other than 26 is indicated, or perhaps a more appropriate 26-ALPHA level descriptor should be chosen.

The following list are some examples of where, although the caller is indeed unable to move, New Onset of Immobility should NOT be used:

- I'm so weak, I can't get out of bed today (known cause)
- I recently had knee surgery. Today my knee is swollen and I can't put any weight on it (known cause)
- I've been feeling unwell and unable to move around for days (non-recent onset)
- I have terrible back pain and I can't move (different protocol)

In cases where there is indeed a new onset of immobility, but there is a KNOWN cause, and no other code applies (for example, recent knee surgery, today it's swollen and I can't walk) then select "no" and code the call as 26-A-1.

(See Page 2 for more)

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2020-11 New Onset of Immobility & Referrals

Regarding referrals:
Reminder to all: Referrals should be automatically upgraded to an ALPHA response ONLY in the following cases: (See Telehealth Preamble on the Active Desktop):

WHEN IS A REFERRAL NOT A REFERRAL?

1	The patient is elderly and alone (70 years and up)	6	Language Line is necessary
2	The patient is a child and is alone (16 years and under)	7	The caller is a registered nurse or medical doctor
3	The environment is not appropriate for waiting (very cold, very hot)	8	The call is from a 4th party or 3rd party caller - no scene contact
4	The waiting location may not be safe	9	The call is outside of Toronto's boundaries
5	Patient is waiting in a public place (Mall, restaurant)		

Please remember to also document the reason used to upgrade the call using the CAD shorthand:

/THN <enter reason> (Telehealth not appropriate due to: <enter reason>)
The reason used should be one of the above.

Many EMDs have been upgrading referrals to an ALPHA inappropriately when a caller reports being "unable to move" or "can't move" or some other equivalent. This is being done on various cards (Card 5, Back Pain, Card 1, Abdominal Pain/Problems and Card 18, Headache being common). Likewise, sometimes 'New Onset of Immobility' is being chosen incorrectly when on Card 26 in order to generate an ALPHA response.

Any time the caller reports the inability to move, can't move, or any other equivalent, and a referral is otherwise indicated, follow the process as laid out in the Telehealth Preamble and 3rd Party Telehealth Process (both available on the Active Desktop).

NOTE If you find yourself on ANY protocol **other than Protocol 26**, then upgrading a referral to an ALPHA response based on "new onset of immobility" or "can't move," "unable to ambulate," or some other equivalent **is incorrect**. **Do not automatically upgrade a call because the patient is immobile**. When indicated, follow the Telehealth process regardless of the card used to process the call.

See the on-duty SCS with any questions regarding specific calls, or any time a caller refuses to be transferred to Telehealth after following the Telehealth Preamble Scripts.

Memorandum

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February 12, 2021

To: All Communications Centre and EDQI Staff

From: Mark Toman
A/Deputy Chief, Communications

Re: Change to Emergency-Level Transfer MT Number Requirements

In March 2020, the Ministry of Health updated PTAC's Medical Transfer (MT) Authorization Number requirements to include emergency-level transfers. Emergency-level transfers include: Code STEMI, Code Stroke, emergency transfers, Life or Limb transfers, and ACTS transfers.

Effective immediately, if the hospital does not yet have an MT number, EMDs and Call Takers shall process emergency-level transfer booking requests in the following manner:

- Advise the caller that an MT number is required prior to transport and that they are to call back as soon as possible to avoid any delay.
- To support timely action by hospital staff, the caller can be provided with PTAC's contact information (1-833-401-5577, option #5 for emergency calls).
- Document "*MT NUMBER PENDING*" in the *Comments/Notes* section and provide the caller with the confirmation number.
- When the hospital calls back with the MT number, the EMD or Call Taker will document it in the *Comments/Notes* section, per current procedure.
- To support patient care, EMDs will dispatch, and allow the pick-up and transport of patients for ***emergency***-level transfers if the "*MT NUMBER PENDING*" has been documented. It is the hospital's responsibility to obtain this number.
- As per current procedure, MT numbers are still required prior to assignment of all non-emergency transfers.

This memo replaces:

- *MT Numbers Required for All Transfers (March 19, 2020)*
- *Education Bulletin 2020-15 MT Numbers for All Transfers* (December 30, 2020)

If you have any questions or concerns, please speak with the on-duty Superintendent.

(Original signed by)
Mark Toman

c.: G. McEachen, Deputy Chiefs, Communications Commanders, Deputy Commanders, , Multimedia, Communications Review

Memorandum

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February 4, 2021

To: All Communications Centre and EDQI Staff

From: David Perschy
Superintendent, Special Projects

Re: ***NEW*** Code Stroke (Stable) Transfers

Effective immediately, Toronto Paramedic Services will accept Code Stroke (Stable) transfer requests **for admitted, on-floor patients** as well as emergency department (ED) patients from all Toronto hospitals. There is no change to Code STEMI protocols.

Key Points

- Code Stroke transfer requests should be submitted via (416) 489-2111.
- When a caller identifies the pick-up location as a Toronto hospital, the caller should also specify if the patient is in the ED or is admitted on a floor.
- If the patient is on a floor, record the patient location including the floor number, wing and/or area of hospital, and section (unit) and room number.
- Record the 'Name', and the 'Call Back Telephone Number' of the person requesting the transfer.
- Record the MT# in the 'Comments/Notes' section of the call. If an MT# is not available, hospital staff are expected to obtain one and provide it to TPS in a reasonable timeframe. **Code Stroke (Stable) transfers are not to be delayed due to an unknown/pending MT#**.
- Select 'Code Stroke (Stable)' in the 'Nature/Problem' in InformCAD (similar to a Code Stroke transfer).

Repatriations among Toronto hospitals will continue to be treated as 'Code 2 Transfer' requests unless otherwise medically justified.

If you have any questions, please contact your Superintendent.

Thank you.

(Original Signed by)
David Perschy

c.: G. McEachen, Deputy Chiefs, Communications Commanders, Multimedia, Communications Review