Toronto Paramedic Services Dispatch Manual

Program Content

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2021 Quadrant Dispatch Training Opportunity

Overview & Guidelines

Program Goals

The goals for the Emergency Medical Dispatcher (EMD) training opportunity are as follows:

- To provide a safe and structured learning environment that promotes learning for new EMDs
- To help enhance the skills and knowledge that the students built during their role as a Call Taker
- To provide every EMD student the opportunity to practice the new knowledge and new skills learned in a supervised setting
- To provide every EMD student the opportunity to achieve all performance objectives and competencies in the Quadrant Dispatch Training Modules
- To enhance the students' ability to communicate more effectively and interact appropriately with callers, paramedics, allied agencies, colleagues etc.

The expected program outcome for the Emergency Medical Dispatcher (EMD) training opportunity is to provide Toronto Paramedic Services with skilfully qualified EMDs who meet or exceed all of the training requirements as outlined.

Program Overview

The Toronto Paramedic Services Emergency Medical Dispatcher (EMD) training opportunity is broken down in four (4) modules. The four modules of the program consist of:

- **Module 1 (24 hours of classroom training)**
  - In class didactic training for Hospital Clearing Coordinator (HCC) and Hospital Destination Coordinator (HDC). This includes thorough comprehension of the Patient Distribution Software (PDS) and select Out of Town (OOT) dispatching roles and responsibilities.
- **Module 2 (48-72 hours on the floor training)**
  - Performing as a coordinator in a live environment with a Communications Training Officer (CTO).
- **Module 3 (120 hours of classroom training)**
  - In class didactic training for Quadrant Dispatch Training (QDT). This includes Non-CAD Environment (NCE), dispatching using InformCAD and dispatching using Optima.
- **Module 4 (Up to 420 hours on the floor training)**
  - Quadrant Desk experience in a live environment with a CTO.

After the student has confirmed acceptance into the program, they will be advised when the manual is ready to be picked up. This manual contains specific information related to the roles and responsibilities of an Emergency Medical Dispatcher. The manual may be broken down into two sections to accommodate the specific module (module 1 and module 3). The manual given to the student remains the property of Toronto Paramedic Services. If the manual is lost, it is the responsibility of the student to acquire a new manual at his/her own expense.

The classroom stage is weekdays (excluding holidays), 8.5 hours a day with a 30 minute unpaid lunch. The students will also be provided with breaks throughout the day. Students are then expected to follow a shift work pattern for the on floor training.

The location for the classroom portion will be at headquarters at 4330 Dufferin Street in the Communications Classroom. There may be occasions where the classes are unable to be held at this location and will be located elsewhere. Students are responsible for their personal transport to and from the classroom location and ensuring they are not late.

Students are not permitted to take vacation during the classroom and on the floor training modules. **Students are expected to complete the on floor training with their CTO(s) within the hours allotted for each module.** Extensions will not be granted unless extenuating circumstance arise and the Commander of Education and Quality Improvement (EDQI) has granted written approval for extension.

Program Outline

Module 1: Classroom Training (Co-ordinator Specific)

Students will be provided with information about the roles and responsibilities associated with the HDC and HCC positions.
This includes but is not limited to:

1. Monitoring the associated radio traffic on the radio channel(s)
2. Answering specific telephone lines on AVTEC
3. Minimizing the impact of Offload Delay in hospitals by improving the co-ordination of patient distribution amongst hospitals
4. Directing crews to the most appropriate destinations by using PDS
5. Providing patient updates to the hospitals as required
6. Monitoring all units located at hospital destination (regardless of status)
7. Monitoring Offload Delay, Triage Delay and out of service reason codes
8. Ensuring units are displayed in the proper conditional availability status
9. Closing the completed dispatch record of all vehicles when clearing units from tickets
10. Assisting the Quadrant Dispatchers with locating available units in hospital when required
11. Documenting and time stamping all relevant details in the appropriate places
12. Answering emergency calls as required
13. Working in conjunction with the other coordinator and assisting with their duties as required
14. Liaising with the Duty Desk, 1-Desk and Supervisors for specific requests

Module 2: On the Floor Training (Co-ordinator Specific)

Upon completion of Module 1, students will be placed on the floor with CTO(s) in a live environment to perform the tasks and duties associated with the HDC and HCC positions. Students will have a minimum of five (5) 12-hour shifts and a maximum of eight (8) 12-hour shifts on the floor to demonstrate consistency and proficiency in these positions. The student will be evaluated by their CTO(s) through Daily Observation Reports (DORs) and provided with real time feedback. When the student's assigned CTO(s) has signed off on all Core Competencies the student will be eligible to work independently in these positions (HDC and HCC).

Module 3: Classroom Training (Quadrant Desk Specific)

The students will be provided with information about the roles and responsibilities associated with the Quadrant Desk positions.

This includes but not limited to:

1. Unit assignment and monitoring of emergency and non-emergency calls
2. Monitoring the associated radio traffic on the radio channel(s)
3. Answering specific telephone lines on AVTEC
4. Ensuring crew notification of all emergency and non-emergency calls and standby coverage
5. Promoting Paramedic crew safety by relaying all scene safety information to responding units and immediately responding and acting upon all emergency messages
6. Ensuring priority post coverage areas are covered with transport units within their own quadrant and city-wide
7. Ensuring that the statuses of all units is kept up to date either by MobiCAD transmission or manual entries based on radio and telephone communication
8. Managing meal breaks for all crews assigned to your sector.
9. Performing all roles and responsibilities of the HDC, HCC, and Out of Town Dispatcher in their absence or as required
10. City-wide awareness with respect to incidents, coverage, and unit availability
11. Collaboration with all sector EMDs, Coordinators, Call Takers, 1-Desk and Supervisors
12. Documenting and time stamping all relevant details in the appropriate places

Module 4: On the Floor Training (Quadrant Desk Specific)

Upon completion of module 3, students will be placed on the floor with CTO(s) in a live environment to perform the tasks and duties associated with the Quadrant (Sector) Desk positions. Students will have an average of twenty-seven (27) 12-hour shifts and a maximum of thirty-five (35) 12-hour shifts on the floor to demonstrate consistency and proficiency in these positions. The student will be evaluated by their CTO(s) through Daily Observation Reports (DORs) and provided with real time feedback. When the student's assigned CTO(s) has signed off on all Core Competencies and Benchmarks the student will be eligible to work independently in these positions.

Grading and Marking Policy

Written Tests:

- All written tests require a minimum score of **70%** to pass. If the minimum score is not met, an opportunity to re-write will be provided.
- All written re-writes require a minimum score of **80%** to pass. If the minimum score of 80% is not met, no further opportunities will be provided and the student will be exited from the program.
- If a student passes a re-write, a maximum score of **70%** is documented in the student's training file.

E-Learning:

- All e-learning modules must be completed within the defined time frame as laid out during course orientation.
- All e-learning modules must be completed to be eligible for the final written tests and final practical testing.

Practical Testing

- All practical tests are marked as pass or fail.
- If a student fails a scenario(s) during practical testing they will be allowed to re-take the scenario(s). The re-test will be a similar scenario(s), but not identical.
- If a student fails a practical re-test then they will be allowed a second re-test attempt.
- If a student does not pass the second re-test attempt, no further opportunities will be provided and the student will be exited from the program.

All Scenarios must be passed before beginning training in the live environment.

Daily Observation Reports (DORs)

- CTOs will review the student's DORs with them throughout each training module
- Course Superintendent(s) will review the completed DORs on a regular basis and discuss any concerns with the CTO and student
- The student's performance must demonstrate consistency and proficiency in all areas prior module completion

Core Competencies/Benchmarks

- The CTO will sign off each student on Core Competencies or Benchmarks once consistency and proficiency in the defined area is demonstrated by the student
- All Core Competencies must be signed off prior to program completion for Module 2
- All Benchmarks must be achieved within the required time frames for Module 4

General Program Rules

Below is a list of general classroom and program rules:

Dress

1. During the classroom stage students must dress in uniform. Business Casual wear is required when the uniform is not yet issued.
2. No open toed shoes allowed during class due to health and safety concerns.

Assignments

1. Any student found to be cheating will result in immediate expulsion from the program.
2. All e-learning modules must be completed within the defined time frame in order to receive e-learning compensation (if applicable).
3. All e-learning modules must be completed to be eligible for final testing.
4. All students are expected to participate in appropriate self-evaluation and peer-review.
5. Assignments must be completed in time frame allotted. Any student not completing required assignments or equally participating in class presentations may be dismissed from the program.
6. Course evaluations are required from each student when requested by EDQI

Attendance

Each student is required to attain a minimum 90% attendance during each component of the program. Absenteeism is only acceptable for circumstances such as illness, family emergency or other reasons deemed acceptable by the Course Superintendent(s). The minimum hours for each module must be completed; being absent for more than one (1) day per Module will be considered cause for dismissal from the program.

Students are expected to report to class and training shifts according to local institution/workplace policy.

Students are not permitted to take vacation during the classroom or on the floor modules of training. The entire program must be completed within the established time frame unless extenuating circumstance arise and the Commander of Education and Quality Improvement has granted written approval for extension.

Program Roles and Responsibilities

Roles and Responsibilities of the Emergency Medical Dispatcher Student

1. The student will keep custody of the course manual however; all observation/evaluation forms filled out by the CTO(s) and the trainee are the property of the Communications Education and Quality Improvement and will be surrendered upon completion
2. The student will be responsible for self-education in all components related to the dispatch function prior to the start of didactic training. This includes all Dispatch Protocols, Procedures and Geographical knowledge. This knowledge will include specifics such as nursing homes, hospitals, ambulance station locations, primary and secondary streets. The geographical knowledge will be a key component along with the basic fundamentals of an EMDs job and will be part of the final evaluation on passing the dispatch training program
3. The student is expected to take an active role in self-evaluation, problem identification and problem solving
4. The student will complete all assignments and exercises assigned by the CTO, the Course Superintendent(s) or any other Communications Training faculty

5. The EMD student must be in possession of the dispatch training manual at all times when on duty
6. The student will know and follow all policies, procedures and protocols as set down in the Toronto Paramedic Service's Standard Operating Procedures
7. All textbooks and manuals other than the dispatch training manual are on loan and must be returned to the Communications Education Unit by the end of the training period
8. All maps other than any maps provided to you in the dispatch training manual are also on loan and must be returned to EDQI by the end of the training period
9. Students will submit an evaluation of the EMD Quadrant Dispatch Training/CTO Program as part of the complete documentation package

Roles and Responsibilities of the Course Superintendent(s)

1. Provide appropriate education to the Communications Training Officers (CTOs) enabling them to successfully train EMD Students
2. Provide on-going training to maintain and improve skills
3. Recruit and co-ordinate the scheduling of the students and CTOs for the program
4. Assign students to CTOs
5. Ensure proper documentation is submitted
6. Assist CTOs with evaluations and problem solving student issues
7. Review learning plans and assist CTOs with design and implementation
8. Provide feedback to CTOs and students in a timely manner
9. Update and distribute educational material

Roles and Responsibility of the Communications Training Officer

1. Provide on-the-job coaching and mentoring
2. Objectively observe and record trainees' performance and provide constructive feedback, both verbal and written where necessary, to trainees in a timely manner to identify performance issues/concerns
3. Produce accurate and timely documentation of performance results
4. Advise the Course Superintendent(s) of student performance on an ongoing basis
5. Develop strategies to help students improve their performance in consultation with Course Superintendent(s)
6. Ensure that on-time performance standards are maintained (SOP 09.08.6) as well as adherence to divisional policies, procedures, and applicable provincial legislation
7. Maintain knowledge of current call processing and dispatching policies and procedures
8. Maintain current technical knowledge of equipment and software used in the CACC
9. Exhibit professional behavior
10. Maintain confidentiality at all times
11. Complete a DOR for every shift
12. Monitor and document Core Competencies
13. CTOs will provide the Course Superintendent(s) or training faculty with all up to date original observation/evaluation forms when requested

All observations/evaluations of the student's performance will be discussed with the student in a timely manner.
Program staff are interested in all feedback from the CTOs regarding program improvements or alterations.

Role of the Education and Quality Improvement Commander

The prime responsibilities are to oversee all aspects of the Communication Centre educational programs:

1. Ensuring that programs continues to meet the requirements of accreditation
2. Ensuring that Faculty utilize appropriate educational techniques and resources to deliver education programs
3. Approving or instituting program changes as required to address any unforeseen circumstances
4. Assigning appropriate Faculty to oversee each educational component including selection, program delivery, scheduling, remediation and quality assurance
5. Ensuring that Toronto Paramedic Services provides each student with a challenging and fair, educational experience and that the program operates in a safe manner respecting current legislation and agreements
6. Rendering the final decision regarding expulsion or dismissal of a student from the educational programs
7. Ensuring the safe-keeping and confidentiality of all education and student records

I have read, understand and agree to the terms outlined above.

_____ _____

Student Name (printed) & Signature ***Date***

TRAINING SCHEDULE

Quadrant Desk Training (QDT) will take place over approximately two, six week cycles and will include:

- 120 hours overall (15 x 8 hour days) in class didactic training including:
  - Non-CAD Environment (NCE)
  - Dispatching using InformCAD
  - Dispatching using Optima
- 12 hours of Out of Town
- 48 hours of HCC / HDC desk experience
- 288 hours (24 x 12 hour shifts) Quadrant Desk experience, approximately
  - The majority of this time will be on the PRIME desk, however it is expected that each student spend time on all four of the quadrant desks during their training.

The above hours are the MINIMUM number of hours a student must spend at a specific desk

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9	**NOTES/ADDENDUMS** All referenced memos, education bulletins, information sheets and policies are listed in this section
10	**GEOGRAPHY & POWERLINE COMMAND SHEET** Various maps PowerLine Command Sheet

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Section 1.1
Training Objectives

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EMD DISPATCH TRAINING OBJECTIVES

The dispatch objectives of Emergency Medical Dispatcher (hereafter known as EMD) training are to prepare the Call Receiver for the job of Quadrant Dispatching. This includes efficiently processing Emergency and Non-Emergency Calls after they have been delivered to the Pending Incident Queue (PIQ), and to direct the movement of EMS units under the terms set out in the Ambulance Act of Ontario and the local Standard Operating Procedures.

GOALS

1. To provide every EMD student the opportunity to incorporate the knowledge and skills learned in the didactic (theory) and scenario sessions, in a supervised, on-the-job setting.

2. To provide an avenue to review the didactic theory and to identify and correct areas of weakness.

3. To provide additional scenario practice for problems encountered less frequently on the job.

4. To evaluate student performance in an objective manner and provide immediate feedback.

5. To assist the student in performance difficulties.

At the completion of the preceptor period, the student must be able to perform as an Emergency Medical Dispatcher and practice according to accepted protocols and procedures without the assistance of the Communications Training Officer

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Section 1.2
Roles and Responsibilities

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ROLES AND RESPONSIBILTIES

EDUCATION SYSTEMS CONTROL SUPERINTENDENT (SCS)

The prime responsibility of the Education SCS is to co-ordinate and ensure the smooth running of the EMD Dispatch Training Program.

The Education SCS will:

1. Provide appropriate education to the Communications Training Officers (CTOs) enabling them to successfully train EMD Students.
2. Provide on-going training to maintain and improve skills.
3. Recruit and co-ordinate the scheduling of the students and CTOs for the program.
4. Assign students to CTOs.
5. Ensure proper documentation is submitted.
6. Assist CTOs with evaluations and problem solving student issues.
7. Review learning plans and assist CTOs with design and implementation.
8. Provide feedback to CTOs and students in a timely manner.
9. Update and distribute educational material.

COMMUNICATIONS TRAINING OFFICER - CTO

The CTO is expected to:

1. Provide on-the-job coaching and mentoring.

2. Objectively observe and record trainees' performance and provide constructive feedback, both verbal and written where necessary, to trainees in a timely manner to identify performance issues/concerns.

3. Produce accurate and timely documentation of performance results.

4. Advise the Education SCS of student performance on an ongoing basis.

5. Develop strategies to help students improve their performance in consultation with Education Superintendents.

6. Ensure that on-time performance standards are maintained (SOP 09.08.6) as well as adherence to divisional policies, procedures, and applicable provincial legislation.

7. Maintain knowledge of current call processing and dispatching policies and procedures.

8. Maintain current technical knowledge of equipment and software used in the CACC.

9. Exhibit professional behavior.

10. Maintain confidentiality at all times.

During each shift worked, the CTO will complete a daily observation report (DOR). The form will be reviewed with the student and any comments recorded.

CTO's will keep all original DORs on file until training is complete at which point they will be surrendered to the Communications Training section of the EMS Education and Development Unit. Students will be provided copies of all DORs for their records.

All observations/evaluations of the student's performance must be discussed with the student in a timely manner.

Program staff is interested in all comments from the CTO in regards to program improvements or alterations.

The CTO **will not discuss** the student's performance (verbally or in writing) with anyone other than the student, Education Coordinator, Communications Education faculty (including other CTO's when discussing PERFORMANCE ONLY) or the Communications EMS Education and Development Commander.

EMERGENCY MEDICAL DISPATCHER STUDENT

1. The student will keep custody of this manual however; all observation/evaluation forms filled out by the CTO and the trainee are the property of the Communications Training section of the EMS Education and Development Unit and will be surrendered upon completion of the final observation.

2. The student will be responsible for self-education in all components related to the dispatch function prior to the start of didactic training. This includes all Dispatch Protocols, Procedures and Geographical knowledge. This knowledge will include specifics such as nursing homes, hospitals, ambulance station locations, primary and secondary streets. The geographical knowledge will be a key component along with the basic fundamentals of an EMDs job and will be part of the final evaluation on passing the dispatch training program.

3. The student is expected to take an active role in self-evaluation, problem identification and problem solving.

4. The student will complete all assignments and exercises assigned by the CTO, the Education SCS or any other Communications Training faculty.

5. The EMD student must be in possession of the dispatch training manual at all times when on duty.

6. CTOs will provide the Education SCS or training faculty with all up to date original observation/evaluation forms when requested.

7. The student will know and follow all policies, procedures and protocols as set down in the Toronto Paramedic Service's Standard Operating Procedures.

8. All textbooks and manuals other than the dispatch training manual are on loan and must be returned to the Communications Education Unit by the end of the training period.

9. All maps other than any maps provided to you in the dispatch training manual are also on loan and must be returned to the Communications Education Unit by the end of the training period.

Students will submit an evaluation of the EMD Quadrant Dispatch Training/CTO Program as part of the complete documentation package.

The Quadrant Dispatch Training (QDT) student will not work as an OOT or Quadrant EMD without the presence of a Toronto Paramedic Services CTO.

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Section 1.3
Standard Operating Procedures

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STANDARD OPERATING PROCEDURES

STAFF RESPONSIBILITY

It is the employee's responsibility to be aware of all Standard Operating Procedures (SOP's), medical directives, memos, disaster plans and the Ontario Ambulance Act and its regulations, and any changes thereto. Where the EMD is unsure of any specific SOP or Advisory, they will be responsible to discuss what they do not understand with the EDQI Unit or System Control Superintendent (SCS) for clarification.

A full set of SOPs and a copy of Advisories are located in the Communications Centre. These along with the Call Receiver Manual and this Dispatch Manual can also be found electronically on the Active Desktop on the Inform CAD computer terminals or on the Novell computers in the G: drive in the EMD Information folder.

SHIFT DUTY ROSTER

EMDs will check the shift duty roster sheet located on the Northwest desk wall prior to beginning their shift to find out their assigned duty for the shift.

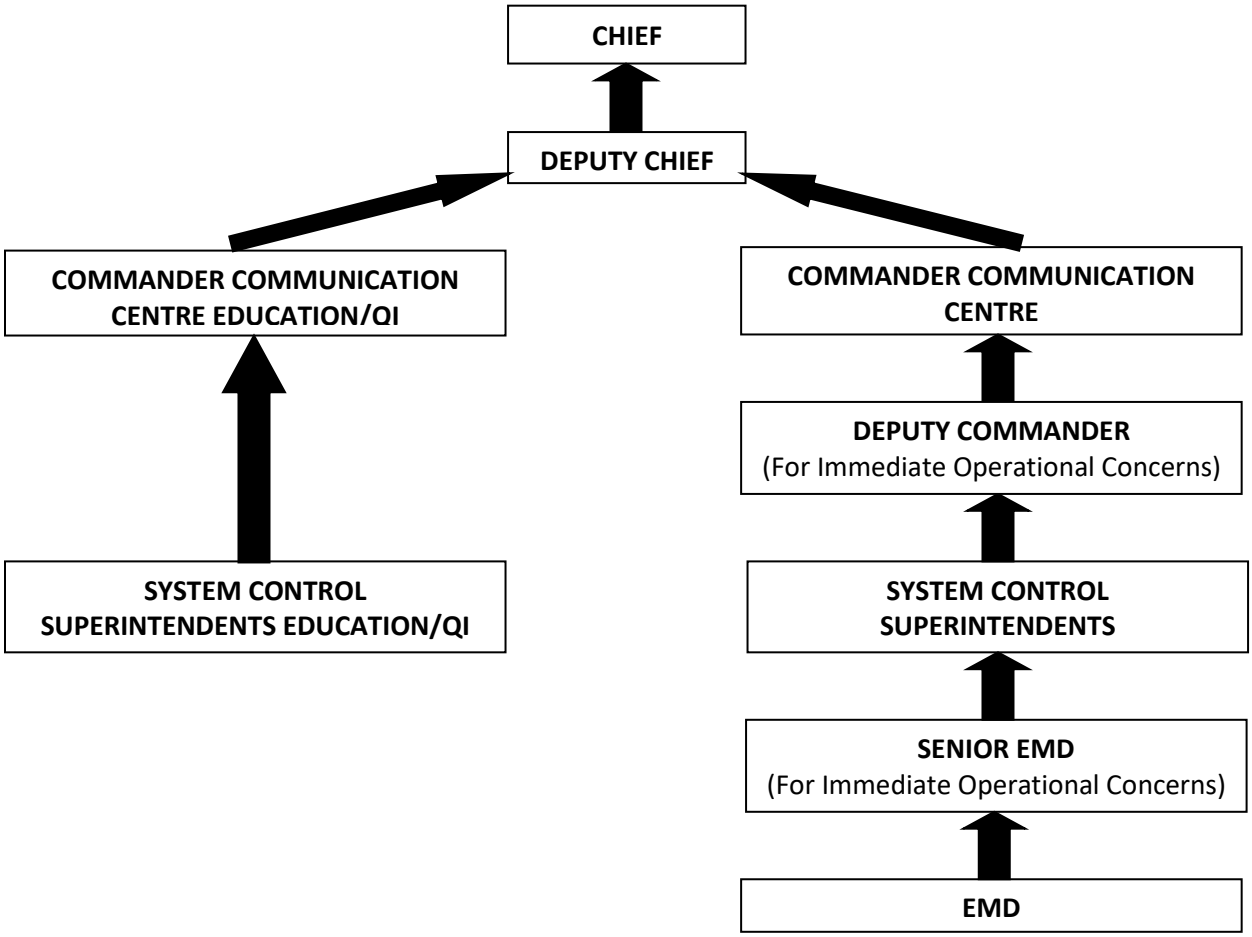
North West		North East	
South West		South East	
West Relief		East Relief	
Tac Relief & OOT		Clearing Destination	
Call Receiver		Call Receiver	
1100-2300		1400-0200	
Supervisor		Supervisor	
Seniors		Seniors	

Current Date

Comments	

COMMUNICATION CENTRE CHAIN OF COMMAND

All EMDs wishing to make a request, inquiry, complaint or any other communication with the division (specific to the Communications Centre) will in the first instance, direct communication to the appropriate personnel in the Chain of Command. In the event that the appropriate personnel are unavailable or are unable to provide a satisfactory response, the concern can then be forwarded to the next level of authority.



NOTE: The Senior EMD and Deputy Commander have been included in the Communications Centre Chain of Command for immediate operational concerns. Outside of these operational issues, EMDs should follow the chain starting with System Control Superintendents, Commander, Deputy Chief, and Chief.

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Section 1.4
Call Time and Response Goals

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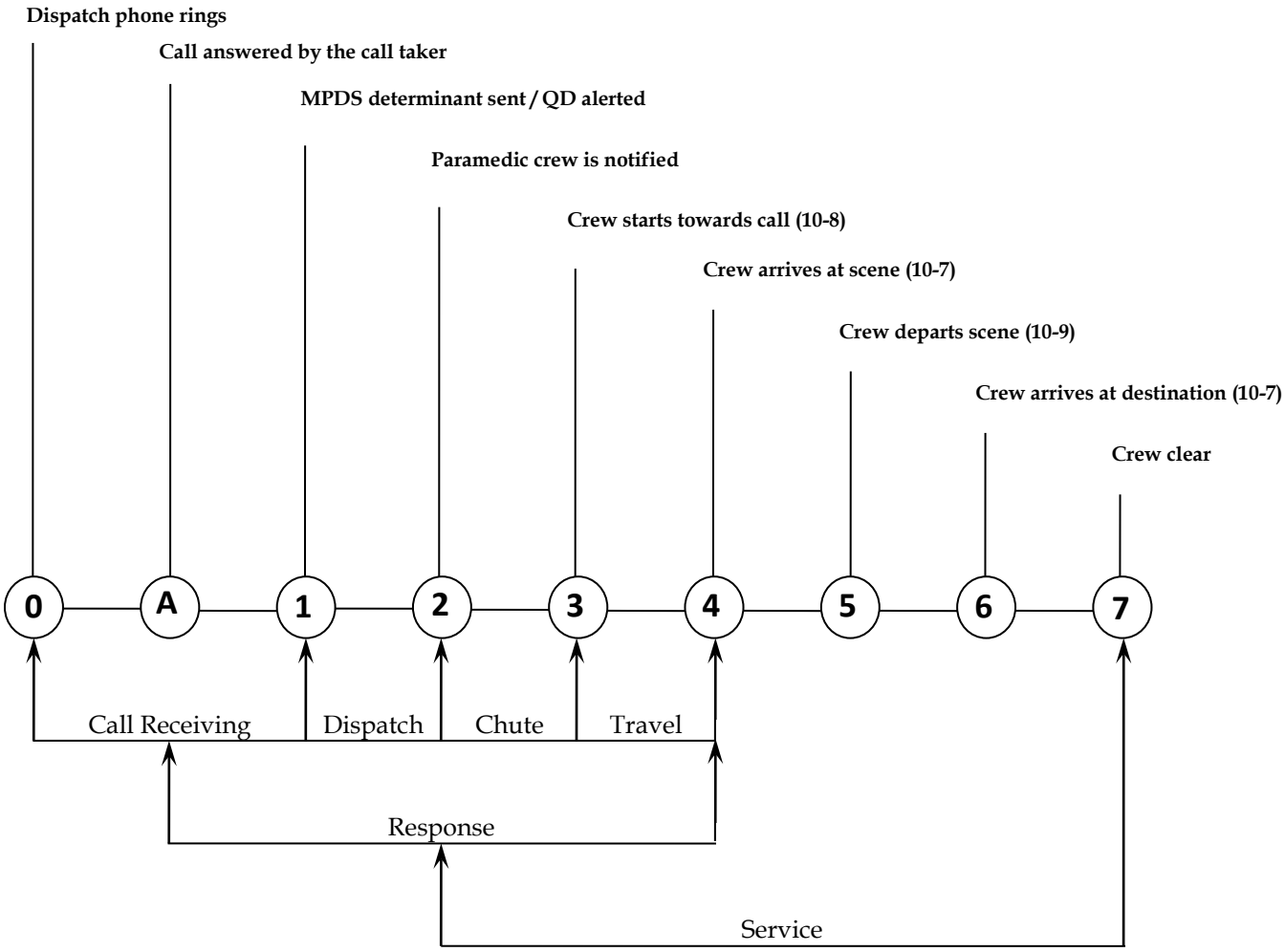
CALL TIMES AND RESPONSE GOALS

ANATOMY OF AMBULANCE CALL TIME



Performance is based on the measurement of time. Different intervals will have fluctuations for various reasons. Identifying and correcting the causes improves overall performance. The following will cover specific factors for each time component.

Toronto Paramedic Services measures performance from time the call is answered (Time A) to the time the Paramedics arrive on the scene of the call (Time 4).

Call sent to the Waiting Incident Queue

All emergency calls will be processed through MPDS using the Pro-QA software (when available) in order to obtain the appropriate determinant. This determinant will result in the correct Nature/Problem and Priority being sent to the Waiting Incident Queue. The only exception to this rule would be Prime Delta's and calls that a delay in reaching a chief complaint is known i.e. language line. The time is measured from when the phone first rings (Time 0) to when the call receiver sends a determinant to the dispatcher (Time 1). This is a measure of the call-takers ability to solicit and record essential call information. Accuracy is very important and is not sacrificed for speed. This measurement is also dependent on the responses and co-operation of the caller.

Call to queue initiates the process of dispatching the appropriate unit(s) while the call-taker continues to obtain additional information from the call originator. Dispatching the unit(s) is a simultaneous process that does not disrupt the call-takers conversation.

Call Dispatch Times

Call dispatch time is the time it takes for unit selection and unit notification.

Chute Times

The chute time is the time it takes the Paramedic crew to begin responding to the call after they have been notified. Emergency calls have a chute time goal of 1 minute, or less. Standby postings have a chute time goal of 2 minutes or less. There are several variables, which may have an effect on chute time. For instance, chute times can be affected by the location of the unit in the station or hospital compared to the location of the Paramedic crew, as well as the time of day.

EMDs will receive an advisory notification (CONFIRM ON THE WAY) when paramedic crews are not mobile within the expected chute time frame. See section 3.3 Advisor.

Travel Times

Travel time represents the time from the moment the unit has communicated via radio that is responding to call (10-8) until the unit reports arriving at the call (10-7). Weather, road and traffic conditions, deployment and resource levels can affect travel times.

It is usually when the unit is travelling to the call that they receive an update to the call. This update is the information that the call-taker has obtained after the pre-alert (if appropriate) was initiated.

Response Times

The response time is defined as the time from when the phone line is first answered in the Communications Centre (Time A) to the unit's arrival at the scene (Time 4). Variances in response times are due to the same factors as those that affect chute and travel times.

RESPONSE TIME GOALS

Response time goals for emergency calls are based from the time the call was first received to the time the first unit arrives on scene. The response goals are set based on the priority of each emergency call. The compliance standard is expected to be met 90% of the time. The standards are as follows:

All ECHO calls:	within 8 minutes, 59 seconds
All DELTA calls:	within 8 minutes, 59 seconds
All CHARLIE calls:	within 8 minutes, 59 seconds
All BRAVO calls:	within 10 minutes, 59 seconds
All ALPHA calls:	within 20 minutes, 59 seconds
ALPHA I calls:	within 30 minutes
ALPHA II calls:	within 60 minutes
ALPHA III calls:	within 120 minutes

Response goals for non-emergency scheduled calls are as follows:

Code 2 Scheduled calls:	Within 1 hour or agreed upon time
All Sched/APPT calls:	To make all appointment times
All Sched Transfer calls:	Within one hour of time promised
Out of town calls:	As close to time requested depending on available resources and incoming Out of Town units.

It is expected that the EMD will direct units to appropriate standby locations for emergency coverage, provide routing directions to accomplish the same, and direct units to appropriate hospital destinations.

At times, depending on call volume and resource availability, the SCS, in consultation with the on duty Deputy Commander, may direct EMD's to hold dispatch of some calls. The expectation is that the EMD on a quadrant desk will follow the direction from the SCS at all times.

Service Times

The service time is defined as the time from notifying the paramedic crew of a call (Time 2) to its completion and being available for subsequent calls (Time 7).

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Section 1.5
Glossary and Terminology

Toronto Paramedic Services Dispatch Manual

PHONETIC ALPHABET:

Letter	Word
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

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	dilation of an artery due to blood pressure on a weakened wall
Angina pectoris	acute chest pain caused by decreased blood (oxygen) supply to the heart muscle, e.g. narrowing of coronary arteries
Apnea	temporary cessation of breathing
Arrhythmia	variation from normal, or absence of heart rhythm
Arteriosclerosis	hardening of the walls of the arteries
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)
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
Coma	a deep and prolonged unconsciousness from which the patient cannot be roused

Congestive heart failure (CHF)	inadequate cardiac output for normal needs
Coronary artery disease (CAD)	blood supply to the heart is decreased by either arteriosclerosis or a blood clot in the coronary artery
Contusion	injury to tissues without skin breakage (bruise)
Convulsions	involuntary contraction of the voluntary muscles
Crowning	first appearance of the baby's head in the vaginal opening
Cyanosis	blueness of skin due to oxygen deficiency in blood and tissues
Dehydration	lack or loss of water in the body and tissues
Delirium	usually temporary mental disturbance noted by illusions, 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	not in normal place (displaced fetus, i.e. extra-uterine pregnancy)
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)
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
Epistaxis	nosebleed
Gastrointestinal	pertaining to the stomach and intestines (i.e. GI bleed)

Glaucoma	condition of excess pressure of fluid in the eye
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
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 (aka 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	lack of emotional controls or action
Insulin	hormone (natural or artificial) to control body sugar level
Intubation	insertion of a tube, e.g., to open an airway
Isolation	separation of persons having infectious diseases
Labour	process of fetus being expelled from the uterus at full term
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	interruption of pregnancy prior to the fifth month
Myocardium	the heart muscle
Myocardial infarction (MI)	damage to the heart muscle resulting from blocked or restricted coronary artery
Orthopnea	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
Show	vaginal discharge (blood) during labour
Signs	observed changes in the body
Spasm	sudden involuntary muscle contraction
Sphygmomanometer	instrument for measuring blood pressure (B/P cuff)
Stoma	artificial opening between body cavity and body opening
Stroke (CVA)	loss of brain function(s) due to a disturbance in the blood supply to the brain
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)

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

"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

COMMONLY USED ABBREVIATIONS

ACP	Advanced Care Paramedic (aka advanced life support)
ACR	Ambulance Call Report
Amiodarone	An ACP anti-arrhythmic medication given to patients who are in ventricular fibrillation and unstable fast heart rate less than 180 beats per minute
Adenosine	An ACP anti-arrhythmic medication given to patients whose pulse is greater than 180 beats per minute and returns the heart rate to a normal sinus rhythm.
APGAR Scale	Scaling system that evaluates a new-born infant at 1 minute of age by designating a score of 0, 1 or 2 for the following: A - appearance, P - pulse rate, G - grimace, A - activity and R - respirations.
ARU	Advanced Response Unit

ASA	Aspirin (acetylsalicylic acid), given to patients having chest pain
ATU	Advanced Transport Unit
Atropine	An ACP medication given to patients whose heart rate is less than 60 beats per minute
CBRNE	Chemical Biological Radiological Nuclear Explosive
CCTU	Critical Care Transport Unit
CTO	Communications Training Officer
CLA	Clinical Advisor (EMS Education Superintendent whose role is to liaises with paramedics in field and assist in clinical patient situations
D50W	50% dextrose in water – an IV fluid given by ACPs to patients having low blood sugar
D1A, D1C, D1S, D1X	District 1 Operational Superintendent vehicles , formally NW (A-shift, C-Shift, Spare, Spare)
D2A, D2C, D2S, D2X	District 2 Operational Superintendent vehicles, formally NE (A-shift, C-Shift, Spare, Spare)
D3A, D3C, D3S, D3X	District 3 Operational Superintendent vehicles, formally SW (A-shift, C-Shift, Spare, Spare)
D4A, D4C, D4S, D4X	District 4 Operational Superintendent vehicles, formally SE (A-shift, C-Shift, Spare, Spare)
D5A, D5C	District 5 Operational Superintendent vehicles, formally Spec OPS (A-shift, C-Shift, Spare, Spare)
Diazepam (Valium)	An ACP anti-anxiety & anticonvulsant medication given to patients having seizures, acute alcohol withdrawals and anxiety
Dopamine	An ACP medication given to patients who have significant hypotension
EPCR	Electronic Patient Care Record
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
ERU	Emergency Response Unit
ESU	Emergency Support Unit

ETF	Emergency Task Force
EQS04/05	Equipment Truck
FTO	Field Training Officer (paramedic training officer)
Furosemide (Lasix)	An ACP diuretic medication given to patients who are in congestive heart failure or who are in pulmonary edema
GCS	Glasgow Coma Scale is 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.
Glucagon	Medication given to patients having low blood sugar
HQER	Headquarters Emergency Response Team
HUSAR	Heavy Urban Search and Rescue
Lidocaine (Xylocaine)	An ACP anti-arrhythmic medication given to patients who are in ventricular tachycardia and ventricular fibrillation
Midazolam (Versed)	An ACP sedative medication given to patients who need cardioversion, and who are combative
Morphine	An ACP analgesic medication given to patients who have severe pain due to a possible MI, kidney stones and trauma as well as patients who are in pulmonary edema with no chest pain.
Narcan (Naloxone)	An ACP narcotic antidote given to patients who have overdosed on medications such as codeine, morphine, heroin, demerol, methadone and fentanyl.
Nitro-glycerine	Medication given to patients having chest pain
ORNGE	Medical air transport service (Ontario)
PCO	Police Communications Officer
PCP or BLS	Primary Care Paramedic/Basic Life Support
PCTU	Primary Care Transport Unit
PR(#)	ACP Preceptor Unit
PRU	Primary Response Unit
PTU	Primary Transport Unit

SOB	Shortness Of Breath
Sodium Bicarbonate	An ACP alkalizing medication given to patients who are hypoxic and prolonged VSA
VSA	Vital Signs Absent
Ventolin (Salbutamol)	Medication given to patients having shortness of breath

STAFFING

Level I Paramedic (PCP)

The level I Paramedic is a community college graduate of a two year Ambulance and Emergency Care Program, has obtained an Emergency Medical Care Attendant (EMCA) certification and is employed in an ambulance service. The function of a level I paramedic is to provide emergency patient care, cardiopulmonary resuscitation (CPR), patient immobilization, oxygen therapy, basic trauma life support, blood glucose testing and non-emergency patient care and transportation.

The level I Paramedic is certified by a physician to:
- Operate a semi-automatic external defibrillator (SAED)
- Provide blood glucometry for diabetic patients
- 12 Lead ECG interpretation
- Administer drugs under the symptom relief protocols such as:
    - ASA
    - Epinephrine
    - Glucagon
    - Nitroglycerin
    - Salbutamol

Level II Paramedic (PCP)

Level II Paramedic responsibilities are similar to those of a level I paramedic with the addition of enhanced training and skills. Addition training includes 120 hours of didactic training, 40 hours of clinical training and 120 hours of preceptorship (supervised service delivery by an operations education supervisor or FTO). The level II paramedic skill capacity increases when working with a level III or Critical Care paramedic.

The level II paramedic is additionally certified by a physician to:
- Perform endotracheal tube (ETT) care and maintenance
- Perform synchronized cardioversion
- 12 Lead ECG interpretation
- Perform vagal manoeuvres including carotid sinus massage (CSM)
- Provide intravenous therapy
- Use of transport ventilators
- Provide manual defibrillation
- Intraosseous infusion

Level III Paramedic (ACP)

The function of a level III Paramedic includes all the responsibilities of the level II paramedic and is further enhanced with an additional 480 hours of didactic and clinical training and skills.

The level III paramedic is additionally certified by a physician to:

- Perform advanced trauma life support
- Perform jet ventilation
- Perform needle/surgical cricothyrotomy
- Perform needle thoracotomy
- Perform oral or nasal endotracheal intubation
- Provide advanced assessment
- Provide lead II and 12 ECG interpretation
- Provide direct laryngoscopy and foreign object removal using Magill forceps
- Provide external transcutaneous pacing
- Administer a full drug list including:
    - Adenosine
    - Amiodarone
    - Atropine
    - Diazepam
    - Dopamine
    - Furosemide
    - Glucose
    - Epinephrine
    - Lidocaine
    - Sodium bicarbonate
    - Narcan
    - Midazolam
    - Morphine

Critical Care Paramedic (Level IV Paramedic)

The function of a Critical Care Paramedic includes all the responsibilities of the level III Paramedic and is further enhanced with additional training and skills. Critical Care Paramedics are senior advanced care Paramedics (level III) with enhanced assessment skills. Many have flight experience and are certified to practice by the Base Hospital physician. The paramedic's skills are maintained with enhanced continuing medical education.

RESOURCES

Toronto Paramedic Service has the following types of resources to service calls:

Primary Transport Unit - PTU

A Primary Transport Unit is an ambulance that typically consists of two (2) level I Paramedics. At times it may consist of two (2) level II Paramedics or a level I and a level II Paramedic.

Advanced Transport Units - ATU

An Advanced Transport Unit is an ambulance that consists of at least one Level III or Critical Care (Level IV) Paramedic. Occasionally a level I and a level III Paramedic will work together. This configuration is still considered "advanced care" however they may request additional units be sent for critical patients.

Tactical Paramedics – ETF (ETF-P when not staffed with Level III or IV Paramedics)

Tactical Paramedics are trained to respond to calls from the Toronto Police Services Emergency Task Force. The Tactical Paramedic's prime responsibility is to treat patients in a high risk setting and in some cases may require another ambulance on scene for transport purposes. Tactical Paramedics are based out of 58 station and are also trained in CBRNE type calls.

Chemical Biological Radiological Nuclear Explosives Units – CBRNE (CBRNE-P when not staffed with Level III or IV Paramedics)

CBRNE Paramedics are trained to respond to calls of a Chemical, Biological, Radioactive, Nuclear and Explosive nature and are able to enter the "hot zone". CBRNE Paramedics are based out of 54 station. CBRNE medic units carry a special piece of equipment to evaluate certain levels in patients' blood. For this reason, they should be assigned to ALL Fire with Patients calls.

CBRNE medics should also be dispatched to any call involving potentially hazardous or unknown chemicals. This includes any calls processed on Protocol 8 (Carbon Monoxide / Inhalation/ HAZMAT / CBRN) or any circumstance where the call details suggest the involvement of any liquid, powder or gaseous chemicals. See section 8.6 (Unit Selection, Assignment and Notification) for further details.

Critical Care Transport Units – CCTU

Critical Care Transport Units are staffed with two (2) Critical Care Paramedics and based at 58 Station. Although their primary function is to transport critically ill patients, the CCTU can also be used to provide first response to higher priority calls (Charlie, Delta and Echo calls). Permission to use as first response must be obtained by One Desk, however; they are to be backed up with another ATU or ARU plus PTU transport. As Toronto Paramedic Services CCTU paramedics are the most highly skilled paramedics in Ontario, when a hospital uses the CCTU, they save on sending a physician, a registered nurse and a respiratory therapist along with the patient during the transfer.

Emergency Response Units - ARU/PRU & prARU

Emergency Response Units include Advanced Response Units (ARU) and Primary Response Units (PRU). ARU's are staffed by a single level III Paramedic. Occasionally, an ARU may be working as a preceptor unit and may request to attend calls they are not initially recommended for. PRU's are staffed by a single level I or II Paramedic. These units are to remain mobile for their shift and are assigned to a mobile post for the day. They are currently deployed from 01 (preceptor ERU), 26, 26P, 29, 31, 41 & 54 (ARU) stations and the D3 hub.

District Superintendents

A District Superintendent is a trained level I, II, III or Critical Care Paramedic. The Paramedic "level" is not indicated in Inform CAD. One Desk is able to provide this information

Senior Staff

Senior staff may be mobile in the city. If they hear a call in the area they are in they will inform the dispatcher if they are attending. This is to be recorded in the Comment/Notes in Inform CAD. Senior staff vehicles can be rostered by their EMS number (EMS1, EMS5, etc). An updated list of Toronto Paramedic Services numbers is available on the board behind the Deputy Commander desk.

Marine Medic

A marine medic is typically a level I Paramedic that works with the Toronto Police Services Marine Unit. They respond to calls with the police on Lake Ontario and to the Toronto Islands. The Marine Unit will respond to calls as far east as Oshawa and Port Credit to the west. To contact the Marine Medic use the Marine Centrex direct line. In Inform CAD the Marine Medic is assigned the DOAT for day shift and the NOAT for night shift.

Bike Medic

Bike Medics are trained level I, II or III Paramedics and are used as first responders at special events (i.e., CNE, Indy) and during summer months in the downtown core due to their manoeuvrability in large crowds. During the summer, they work with the 52 Division Police Bike Unit.

Public Safety Unit (PSU)

The Toronto Paramedic Services Public Safety Unit responds with the Toronto Police Public Safety and Emergency Management Unit during large scale, unpredictable public events or protests. These Paramedics are specially trained & equipped Level I, II & III paramedics and are called together when needed. The PSU is controlled by the Special Operations Division, does not usually affect the on-duty crews and they have infrequent interaction with the CACC. Typically these units will be monitored by a TAC EMD that is set up at one of the TAC desks.

Special Event Units (CART)

Golf carts are used to service emergency calls during special events such as the Indy and the CNE. Carts are able to transport a patient to an onsite medical facility or transport ambulance. These units are typically monitored by a Special Events (SPEV) EMD.

Emergency Support Units (ESU)

At least two vehicles are assigned to the Emergency Support Unit per shift. One vehicle is a bus and the other a truck with equipment and supplies. They are deployed from 51 station. Paramedics on these units are level I Paramedics who have 240 hours of additional training and licensing to operate all ESU designated ambulance vehicles and equipment. These units respond to emergency calls with a potential for multiple casualties such as large motor vehicle accidents, fire stand-by's and airport calls. ESU vehicles will be recommended for appropriate calls by dispatch support software. Quadrant EMDs or 1-Desk may manually assign these vehicles when there is the potential for multiple patients.

ESU Bariatric (Memorandum ESU Bariatric Unit May 25, 2018)

ESU will be staffing bariatric units at 51 station and District 2 Hub. For the day shift ESU will staff bariatric unit 562 at 51 station with one ESU Paramedic, and bariatric unit 506 at the District 2 Hub with one ESU Paramedic. To staff 506 two ESU Paramedics will leave 51 station after 0700 badge-on and proceed to the District 2 Hub in a support unit. On arrival at the District 2 Hub one ESU Paramedic will staff 506 and the other ESU Paramedic will remain on the support unit. 506 and the support unit will be stationed out of the D2 Hub for the shift (20 station). At 1700 both ESU Paramedics will return to 51 station. Bariatric unit 506 will remain at the District 2 Hub.
For all bariatric calls where an ESU staffed bariatric unit is dispatched, a support unit (ESU 7 or ESU 9) will also be dispatched if available, along with the closest Operations Superintendent.

Heavy Urban Search and Rescue (HUSAR)

HUSAR units are staffed by level III Paramedics and are part of a team comprising of all three allied agencies (Toronto Paramedic Services, Toronto Police and the Toronto Fire Services). HUSAR responds to all incidents involving structural collapse and urban search and rescue. HUSAR, has been defined by Emergency Preparedness Canada, as: "The location of trapped persons in collapsed structures using dogs and sophisticated search equipment; the use of heavy equipment such as cranes to remove debris; the work to breach, shore, remove and lift structural components; the treatment and removal of victims; and the securing of partially or completely collapsed structures." The HUSAR team is monitored by One Desk.

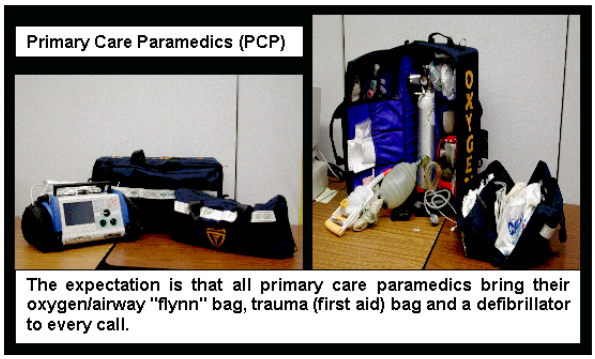
Acute Care Transport Service (ACTS) (MEMORANDUM ACTS Dedicated Transport Unit December 27, 2019)

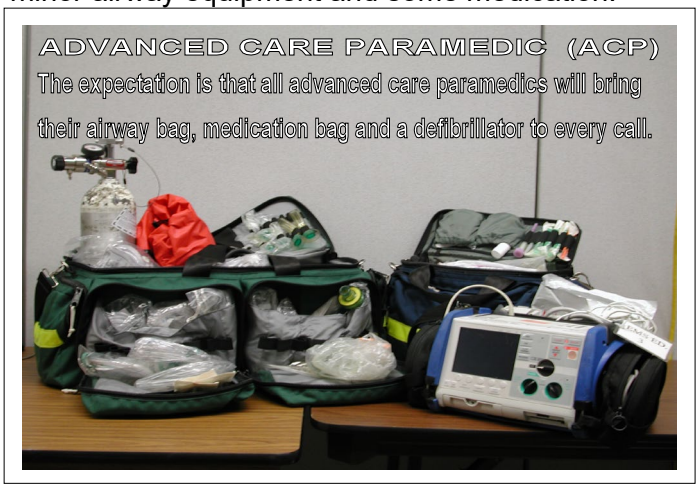
The ACTS Team is a dedicated unit in partnership with the Hospital for Sick Children and the Ministry of Health. The initiative provides dedicated service to the Hospital for Sick Children's Neonatal Intensive Care Unit (NICU). The team is staffed by level one paramedics and 2 units are staffed 24 hours per day, 7 days per week.
The dedicated ambulances are located at the entrance to the HSC Emergency Department. Note that they do not have the same transport capabilities as a community ambulance. In the event that an ACTS unit comes across any non-ACTS call they will need to be backed up by a community ambulance. 1-Desk is responsible for monitoring and dispatching the ACTS Teams on calls.

IMPORTANT EQUIPMENT

Toronto Paramedic Services uses a variety of equipment to treat and transport patients. The most important pieces of equipment used by our paramedics other than the ambulance are a stretcher, the paramedic's oxygen bag(s) and their defibrillator.

One of the most basic paramedic treatments is to give someone oxygen. Primary Care Paramedics carry a "flynn" which holds their oxygen and regulator, some minor airway equipment and some medication.





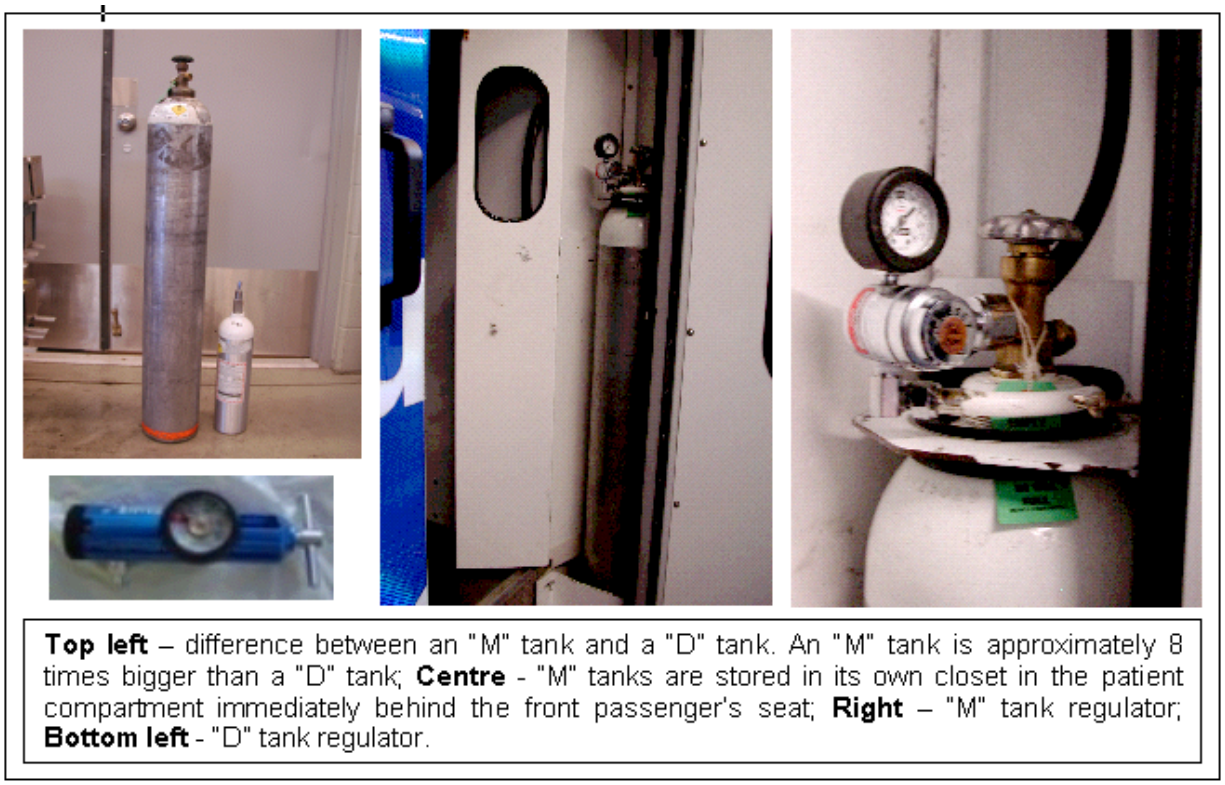
Advanced Care Paramedics carry two bags and their defibrillator with them at all times. One is the airway bag and the other is the medication bag. The airway bag holds their oxygen tank with a regulator, laryngoscopes, oxygen masks, blood pressure cuff and some minor first aid equipment. The medication bag holds all their medications including narcotics, IV's and syringes.


ZOLL
Pacemaker/Defibrillators

Our Emergency Response Units carry a large backpack that holds a small oxygen tank and its regulator, along with specific medications, IV's, airway equipment and some basic first aid equipment.

Toronto Paramedic Services units carry three types of oxygen tanks: "M" tanks, "D" tanks and "C" tanks. All tanks carry 2000 psi (pounds per square inch) of oxygen

however; each has a different volume. “M” tanks have 3452 L, “D” tanks carry 414 L and “C” tanks carry 248 L of oxygen. Each ambulance carries one “M” tank and 2 - 4 “D” tanks; one for the airway bag and 2 or 3 as spares. Our response units only carry “C” tanks and/or “D” tanks. “C” tanks are stored in the response unit stations. “D” tanks are stocked in every station and “M” tanks are only stored at select stations.



Top left – difference between an "M" tank and a "D" tank. An "M" tank is approximately 8 times bigger than a "D" tank; **Centre** - "M" tanks are stored in its own closet in the patient compartment immediately behind the front passenger's seat; **Right** – "M" tank regulator; **Bottom left** - "D" tank regulator.

As already mentioned, the major transporting tool used by our paramedics is the stretcher. The stretcher elevates at different levels that enable easy patient transfer from any couch, bed or treatment table. The head can be raised from a lying position to a sitting position.

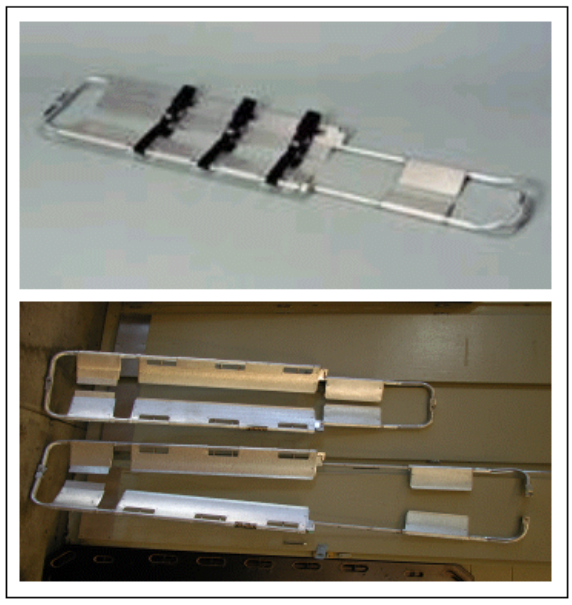
TPS uses a power stretcher made by Stryker. This battery operated stretcher allows the paramedics to avoid doing heavy, and often, awkward lifts that could potentially cause them harm.

The stretcher's front loading wheels are secured by the front "antler" bracket (v-shaped photo 1 to the right) and the back of the stretcher is secured by the rear fastener rail (v-shaped photo 1 to the right) that secures to the cot frame. The patient is restrained in the stretcher by shoulder, waist and leg seatbelts.

Stretcher mounts hold the stretcher secure in the patient compartment of the ambulance.

Spinal backboards are used to immobilize people who may have an injury or potential injury to the spinal column. The patient is restrained on the board (shown below) with straps, which are placed in the number of holes on either side of the board. The patients head is immobilized using a cervical collar and head straps.

The scoop stretcher is another type of stretcher that lets paramedics place a stretcher beneath a patient without lifting or logrolling them. It has a concave surface that cradles the patient, provides support, and minimizes lateral movement. It is made of a lightweight aluminum that folds in half for storage and separates for application and removal. The scoop stretcher can also be lengthened based on the size of an individual.



The K.E.D. (Kendrick Extrication Device) is another commonly used piece of equipment used by paramedics. The KED is versatile, and is an excellent means of immobilizing and extricating patients from auto accidents or confined spaces. The colour-coded straps make application simple even in the dark or in extremely cramped areas. The wraparound design provides horizontal flexibility for easy application and vertical rigidity for maximum support during extrication. The KED immobilizes the torso, head, and neck, enabling prompt extrication while minimizing risk of further injury. When turned top to bottom, the KED is

also used by paramedics to immobilize infants who have been involved in some type of trauma situation reducing the risk of further possible head and spinal column injuries.

Evacuation EMS Hover Jack is rated to hold 1200 lbs flat vertical and up to 700 lbs on stairs. It has pneumatic 4 chambers and a head elevation wedge. It comes with safety straps to secure the patient, as well as transportation straps for easy steering capabilities.

Hover Matt designed to be used together. A vertical and lateral air transfer system. Can easily slide with patient on it from one surface to another.

Think " Air Hockey"

The stair chair is used to move patients down flights of stairs or out of cramped quarters safely. Ferno EX Glide Chair with Powered Traxx Feature. This weighs approximable 57 lbs. It is battery powered and rated to carry 500 lbs up and down 200 steps at a time.

Toronto Paramedic Services
Education and Quality Improvement Unit

CAD SHORTHAND COMMENTS

The following shaded shorthand comments are ones normally used by dispatchers to enter data into CAD without having to type the entire content. The EMD precedes the shorthand comment with a / and the comment will go into CAD when saved (eg: /C = Called)

SHORTHAND COMMENT	DESCRIPTION
APR	APR cleanup required Deputy Commander Notified
ANVC	ALARM ACTIVATED – ALARM COMPANY HAD NO VOICE CONTACT
C	Called
CCC	COMPLEX CARE CASE – PLEASE REVIEW CAUTION NOTES
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:
COV	***Patient is a confirmed case of COVID-19
CP	Call Police if Needed
CPR	CPR IN PROGRESS
CSE	Please Call the Southeast Dispatcher

SHORTHAND COMMENT	DESCRIPTION
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
ENT	Possible Enteric Outbreak
ERR	Emergency Response Requested by NH
ET	ECHO TIERED – Police and Fire Notified
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***
IDN	***No Suspected Infectious Disease***

SHORTHAND COMMENT	DESCRIPTION
IDU	Suspected Infectious Disease Unknown
L	LANGUAGE BARRIER
LL	Going through Language Services
M	Modat did not register for:
NAR	Naloxone Instructions Given
NC	No change in patient condition
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
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

SHORTHAND COMMENT	DESCRIPTION
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	Recent Travel: NO
RTU	Recent Travel Unknown
S	STR – No E or E
SCX	Crew Safe, Working on Cancellation
SDO	Crew Safe, Discussion Options
SD	Sending Dr:
SI	SUBSCIBER INFORMATION
SIE	STAGED IN ERROR
SSA	Started Scene Safety Assessment
SSC	Status & Safety Check
ST	STEMI
SUP	*Supervisor Note*

SHORTHAND COMMENT	DESCRIPTION
THC	Telehealth Callback
THN	Telehealth not appropriate due to:
THO	Telehealth Time Expired
THR	Refused Telehealth
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:

Orientation

Section 1.6
Geography

Toronto Paramedic Services Dispatch Manual

GEOGRAPHY

TORONTO PARAMEDIC SERVICES DIGITAL MAPPING

In 1987, in order to meet M.O.H. specifications, Toronto Ambulance purchased a computer Assisted Draughting (C.A.D.) system (Bentley MicroStation) to allow more efficient in-house map production. The department also purchased digital map files for TORONTO and surrounding area from "Canada Energy Mines and Resources" (Canada E.M.R.), now known as Natural Resources Canada (NRCan). The "National Topographic Series" (N.T.S. 1 – 50,000 scale) digital maps provided the base for our books, wall maps, dispatcher quadrant displays and many other products. You can purchase fold out sheets of these maps at any Canada Map Store.

These map files were installed on our system and are kept up to date by electronically tracing (digitizing) new streets from aerial photography, input of Municipal road centreline digital data direct from works and planning departments as well as scanning technology.

When it is available, we receive information in computer format from municipalities by high speed data link on a Toronto wide network or by Internet. Lately we have received digital data from Toronto WES Surveys & Mapping, Durham, Halton/Peel and York Regions. Several municipalities such as Richmond Hill and Durham Region use our base for their municipal mapping.

The N.T.S. paper maps are used by the Canadian Armed Forces, hunters, fishermen and geological surveyors, therefore, some of our personnel who have military training or are out-doorsmen will be familiar with them.

The grid pattern for all our new Universal Transverse Mercator (UTM) mapping products are in metric format. Each vertical grid line (EASTING) is measured in thousands of metres east from the meridian of 81 degrees Longitude (the centre of ZONE 17). Each horizontal grid line (NORTHING) indicates thousands of metres as measured north from the equator (or from 0 degrees Latitude).

EASTINGS are indicated by the small 3 digit numbers above and below the map area. NORTHINGS are indicated by small 4 digit numbers on either side of a map area. They are written similar to a telephone number i.e. 636 4840 (EASTING/NORTHING). Those who use GPS receivers to navigate will be familiar with UTM.

These co-ordinate numbers are placed on our computer dispatch forms when they are sent to O.A.S.I.S. for call analysis.

THE GEOCODE STREETGUIDE

TORONTO PARAMEDIC SERVICES map books are composed of pages each 5km by 5km in area (25 sq. km.) and are printed at 1 to 25,000 scale (1 cm = 250 m). Each grid square encompasses 1 sq. km. Toronto Paramedic Services are presently producing a 2015 version that is 10 1/2" x 10" (267mm x 254mm) which makes it easier to handle in a moving vehicle.

Our map pages are numbered according to a Ministry of Health pagination system in which each of the 100,000 map sheets in southern Ontario are identified with five digits i.e. 09863. The page number 00001 originates at Point Pelee, Ontario's most southerly tip.

Each strip of maps jumps 200 pages as you go north. i.e. 09863 is found immediately above 09663.

In order to make the maps easier to use, the standard alphanumeric grid square identifier was used that is common to most commercial maps. You will find the numbers 1 to 5 located horizontally along the top and bottom of the page and letters A to E located vertically along each side of the page. A GEOCODE is then read as 09863A(Alpha)1. If you have been using a Ministry of Health map book, you will have noticed that it's index contains only map page numbers and 7 digit UTM coordinates rather than the much easier to read alpha numeric i.e. "B6".

At the top and bottom and corners of each page you will also find page numbers with arrows. These numbers will indicate the adjoining map pages.

All map products are oriented to GRID NORTH, which is always at a right angle (90 degrees) from latitude. This is why TORONTO appears tilted toward the east. Most commercial street guides use a non-standard (not geo-referenced) grid system for each municipal map they produce. This local arbitrary grid does not allow for compatible map books to be produced province wide. It also allows no means measurement or of referencing to our A.V.L.S. (GPS) system. Our maps show how TORONTO would look as viewed from space. Non-Geo-referenced drawings are not really maps, but graphical interpretations of maps (schematics).

DIGITAL MAPPING COVERAGE

In addition to the Toronto area, Toronto Paramedic Services at present retains digital maps encompassing all of Burlington, Halton and Peel Regions, Town of Caledon, Region of York, Region of Durham, part of Hamilton and part of Simcoe and Victoria Counties. The extra coverage was produced entirely in- house by digitizing O.B.M. maps and utilizing N.T.S files acquired from (Ontario) Hydro One Surveys Division. As a result of our extensive coverage we have produced 60 per cent of the art work for both the Oshawa and Mississauga C.A.C.C. map books. In addition, Toronto Paramedic Services has been approached by major industries to sell our products to them.

CONTENT OF THE MAP BOOK

On the inside front cover page you will find a key map of the book's area of coverage. Certain symbols are found in the legend which is fairly standard to most road maps.

In the front of the book you will find an instructional page, a table of contents page for the index and maps and an abbreviations page. You will note that the abbreviations for street types have only 2 characters; they were adopted from the Statistics Canada census street name database.

The street index has a unique feature not found in most map books. All streets, which run through more than one grid square, are identified with an address range for that square.

It must be remembered as well that in Toronto, most east/west streets are numbered starting at Yonge St., even numbers on the north side and odd numbers on the south side. Most north/south streets are numbered from south to north with odd numbers on the east and even numbers on the west. There are the occasional exceptions to this rule, however.

The miscellaneous index is fairly standard except for two features. A list is printed of which dispatch facility controls various Ontario municipalities. This list will allow you to determine which dispatch centres you can contact while on out of town calls.

Another unique feature is a HIGHWAY RESPONSE GUIDE, which assists you to find the correct access to any point along Toronto's “Limited Access Freeways”. It is followed by schematic maps of Highways 401 and 427. These pages are used extensively by the Aurora OPP detachment that provides new information to us as it occurs.

In the orange section in the back of the book you will find the Ministry of Transportation road maps of Ontario (O.T.M.S.). We have superimposed the MOH map page numbering system on these maps to assist you on out of town calls. The dispatcher, upon request, will provide the page number for the municipality you are going to. The OTMS maps are constantly being updated due to the downloading of highways to municipalities.

MOH U.T.M. map books are presently available for Cambridge, Hamilton/Wentworth, Georgian, Grey Bruce, Mississauga, Oshawa, Ottawa, Kenora, Lindsay, London, Muskoka/Parry Sound, Niagara, North Bay, Quinte 1000 Islands, Renfrew, Sault Ste. Marie, Simcoe, Sudbury, Thunder Bay, Toronto, Wallaceburg and Essex/Windsor CACC's.

BENEFITS OF THE SYSTEM

1. It allows millimetre map accuracy - far beyond our requirements but necessary for surveyors and AVLS (GPS) equipment.

2. It allows maps to be produced by computer, which increases a cartographer's proficiency, flexibility and output.

3. Updates are accurate and easy to accommodate. Digital map production is ten times faster than conventional commercial map production.

4. It corresponds with all map production undertaken by federal, provincial, and municipal agencies. (All the maps of Pearson Airport GTAA are produced by Transport Canada using the U.T.M. grid).

5. It uses the same coordinate system as most A.V.L.S. systems in use today including our own GPS (Global Positioning System) project.

6. Existing sophisticated routing and analysis programs can be used to speed up emergency response, accommodate booked calls more efficiently and utilise manpower more productively.

7. More information can be made available to Dispatchers, Paramedics or Supervisors on mobile data terminals (MDT’s) to assist them in the decision making process.

8. All EMS map products can be produced and plotted in-house without dependency on outside sources (no copyright fees to pay).

9. Paramedics and EMDs use the same mapping references. In the future (soon) all cell phones will send UTM/Long & Lat. Co-ordinates to 911 dispatch so their location can be displayed on the dispatcher's map.

10. The Dispatcher is able to give the map reference over the radio or telephone or pager, saving the crew having to look it up. Another recent application will allow the Paramedic to transmit a U.T.M. coordinate to "Bandage One" which will allow the helicopter to zero in on the ambulance in remote sites or avoid hazardous hydro lines on the 401 highway.

11. It is the Province-wide standard EMS Geographic Information System (GIS).

12. EMS personnel are an integral part of the mapping system. The G.I.S. office depends on your input to help maintain it.

13. Finally, the products we produce could become commercially viable in the near future, allowing us to sell what we have been producing for ourselves. (Several International companies such as Mitsubishi and Sony have made inquiries).

14. The updated data assists us in keeping the InformCAD and MobiCAD systems current for dispatching purposes.

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

Major Streets E/W Orientation

Steeles Av. W.
Finch Av. W.
Sheppard Av. W.
Wilson Av.
Albion Rd.
Dixon Rd.
Airport Rd.
Lawrence Av. W.
Hwy. 401

Major Streets N/S Orientation

Hwy. 427
Hwy.27
Martingrove Rd.
Kipling Av.
Islington Av.
Weston Rd.
Hwy. 400
Black Creek Dr.
Jane St.
Keele St.
Dufferin St.
Allen Rd. (Xy)
Bathurst St.
Avenue Rd.

Secondary Streets E/W Orientation

Rexdale Bv.
Belfield Rd.
Drewy 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.
York Mills Rd.
Ellesmere Rd.
Lawrence Av. E.
Hwy. 2 (Kingston Rd.)

Primary Streets N/S Orientation

Bayview Av.
Mt Pleasant Rd.
Leslie St.
Don Mills Rd.
Hwy. 404/D.V.P.
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.
Yonge St

Secondary Streets E/W Orientation

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

Secondary Streets N/S Orientation

Willowdale Av.
Shaughnessy Bv.
Middlefield Rd.
ScarboroughGolf Club Rd.
Senlac Rd.
Orton Park Rd.
Senlac Rd.
Bermondsey 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
Martingrove 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.
Rogers Rd.
Annette St.

Secondary Streets N/S Orientation

The Kingsway
South Kingsway
The West Mall
The East Mall
Oakwood Av.
Vaughan Rd.
Sorauren Av.
St. George

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

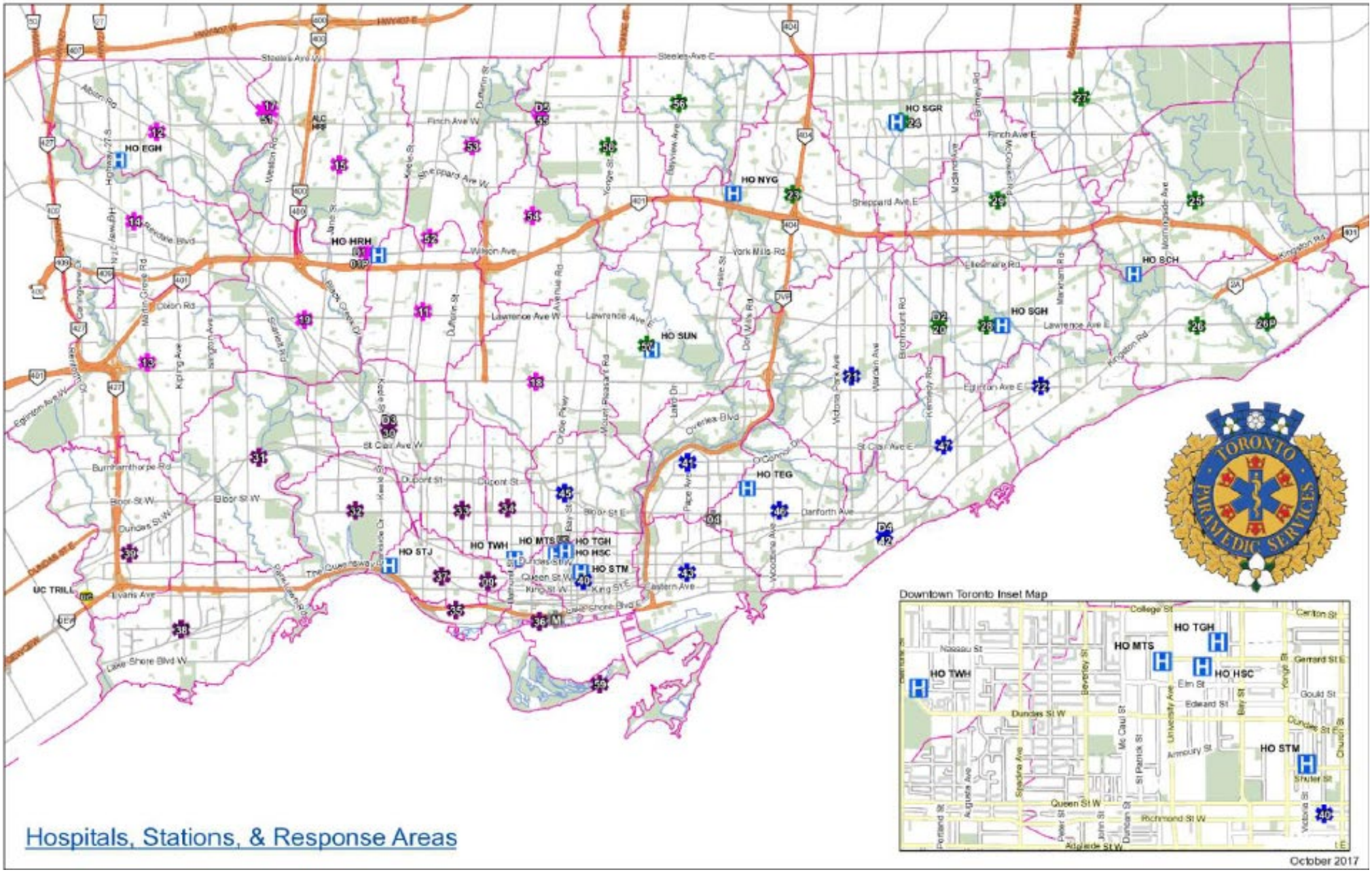
Yonge St.
Bay St.
Church St.
Jarvis St.
Sherbourne St.
Mt Pleasant Rd.
Parliament St.
Bayview Av.
Don Valley Py.
Broadview Av.
Pape Av.
Greenwood Av.
Don Mills Rd.
Coxwell Av.
Woodbine Av.
Main St.
Victoria Park Av.
Pharmacy Av.
Warden Av.
Birchmount Rd.
Kennedy Rd.
Midland Av.
Brimley Rd.
McCowan Rd.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


HO EGH
HO HRH
HO NYG
HO SGR
HO SCH
HO SGH
HO SUN
HO TEG
HO STJ
HO TWH
HO MTS
HO TGH
HO HSC
HO STM
UC TRILL
Steeles Ave W
Steeles Ave E
Finch Ave W
Finch Ave E
Sheppard Ave W
Sheppard Ave E
Wilson Ave
York Mills Rd
Lawrence Ave W
Lawrence Ave E
Eglinton Ave W
Eglinton Ave E
St Clair Ave W
St Clair Ave E
Dupont St
Bloor St W
Bloor St E
Dundas St W
Queen St W
King St E
Danforth Ave
Lake Shore Blvd W
Lake Shore Blvd E
Evans Ave
Downtown Toronto Inset Map
College St
Carlton St
Gerrard St E
Gould St
Elm St
Edward St
Armoury St
Shuter St
Richmond St W
Adelaide St W
October 2017
Hospitals, Stations, & Response Areas

EMS STATION LOCATIONS

N/W Quadrant:

Station	Address	Major Intersection	GeoCode
District 1 Hub/01	1300 Wilson Ave	N/side of Wilson, W/O Keele	09261C2
51	63 Toryork Rd	Toryork Rd. Weston/Finch	09460E2
52	170 Plewes Rd	N/W of Dufferin and Wilson	09261B4
53	4330 Dufferin St	Headquarters W/S Dufferin S/O Finch (at Steeprock)	
54	4135 Bathurst St	E/side Bathurst S/O Sheppard (at Timberlake)	09262A1
District 5 Hub/55	5700 Bathurst St	W/side of Bathurst, N/O Finch	09462C1
11	1135 Caledonia Rd	E/side Caledonia N/O Lawrence (S/O Leswyn)	09261D4
12	1535 Albion Rd	S/side Albion W/O Kipling	09259B4
13	555 Martin Grove Rd	E/side Martingrove N/O Eglinton (at Richgrove)	09060D1
14	321 Rexdale Blvd	S/side Rexdale W/O Martingrove (at Tidemore)	09259E4
15	2753 Jane St	E/side Jane N/O Sheppard (Grandravine)	09260A5
17P	50 Toryork Rd	Toryork Rd. Weston/Finch	09460E2
18	643 Eglinton Ave W	S/E corner Eglinton/Chaplin Cres.	09062A3
19 (Formerly 10)	2015 Lawrence Av W	S/side of Lawrence, E/O Weston Rd.	09060A5

S/W Quadrant:

Station	Address	Major Intersection	GeoCode
District 3 Hub/30	100 Turnberry Av	Old Weston Rd and St Clair	09061C4
31	4219 Dundas St W	S/side Dundas just E/O Royal York	08860A5
32	9 Clendenan Ave	on Clendenan just N/O Bloor (W/O Keele)	08861A4
33	760 Dovercourt Rd	on Dovercourt N/O Bloor (E/O Dufferin)	09062E2
34	674 Markham St	on Markham St. just N/O Bloor (W/O Bathurst)	09062E3
35	265 Manitoba Dr	C.N.E. on Manitoba Dr. (W/O Food Bldg.)	08862C3
36	339 Queens Quay W	339 Queen's Quay W. @ Rees St., E/O Spadina	08863C1
37	1288 Queen St W	N /side Queen W/O Dufferin (at Gwynne)	08862B2
38	259 Horner Ave	on Horner just W/O Kipling (at Tupper)	08660B5
39	155 The East Mall	E/side The East Mall S/O Dundas (S/O R.R.tracks)	08860D2
59	35 Avenue Of The Islands	located on Centre Island	08863E2

TORONTO AMBULANCE STATION LOCATIONS cont'd

N/E Quadrant:

Station	Address	Major Intersection	GeoCode
District 2 Hub/20	2430 Lawrence Av E	North Side Kennedy Rd old Works Yard	09464E5
56	3300 Bayview Ave	W/side Bayview S/O Cummer (at Risebrough)	09462A5
57	2075 Bayview Ave	Sunnybrook Medical Centre (N/E end of hosp.)	09263D1
58	12 Canterbury Pl	Yonge/Ellerslie (S/O Finch) on Canterbury	09462C3
23	115 Parkway Forest Dr	Parkway Forest just S/O Shep. (E/O Don Mills)	09463C4
24	3061 Birchmount Rd	E/side Birchmount N/O Finch (Silver Springs)	09664D2
25	8300 Sheppard Av E	N/side Sheppard (at Conlins)	09667D1
26	4331 Lawrence Ave E	Lawrence Av. E/O Morningside (at Melchoir)	09466B4
26P	5316 Lawrence Ave E	Lawrence W/O Port Union (at Centennial)	09466B4
27	900 Tapscott Rd	W/side Tapscott N/O Finch (S/O McNicoll)	09665C2
28	2900 Lawrence Ave E	N/side Lawrence E/O Brimley (at Barrymore)	09465E1
29	4560 Sheppard Av E	On Sheppard W/O McCowan (at Brownspring)	09464A5

S/E Quadrant:

Station	Address	Major Intersection	GeoCode
District 4 Hub	1535 Kingston Rd	S/side Kingston Rd. E/O Warden (at Eastwood)	09064B5
Rubes	895 Eastern Av	The Rubes Centre/Fire Academy at Knox	09064E1
03	843 Eastern Av	West of Knox	09064E1
04	153 Chatham Av	S/O Danforth W/O Greenwood	09063C5
21	887 Pharmacy Av	E/side Pharmacy N/O Eglinton (at Rannock)	09264B2
22	3100 Eglinton Av E	N/side Eglinton just E/O Bellamy (at Mason)	09265A3
40	58 Richmond St E	N/side Richmond just W/O Jarvis	08863A1
41	1300 Pape Ave	S/W corner Pape/O'Connor	09063A3
42	1535 Kingston Rd	S/side Kingston Rd. E/O Warden (at Eastwood)	09064B5
43	126 Pape Ave	W/side Pape just N/O Queen	09063E4
45	135 Davenport Rd	on New St. E/O Avenue Rd. off Davenport	09062D5
46	105 Cedarvale Ave	on Cedarvale N/O Danforth Av. (E/O Woodbine)	09064B1
47	3600 St Clair Ave E	N/side St Clair E/O Kennedy (at Linden)	09265C2

TORONTO POLICE SERVICES

N/W Quadrant

Division	Address	GeoCode
12	200 Trethewey Dr	09061B3
13	1435 Eglinton Av. W. (at Allen)	09062A2
23	5230 Finch Av	09259A5
31	40 Norfinch Dr. (N/O Finch)	09460E4
53	75 Eglinton Av. W. (at Duplex)	09262E4

N/E Quadrant

Division	Address	GeoCode
32	30 Ellerslie Av. (just W/O Yonge)	09462C3
33	50 Upjohn Rd. (Don Mills/York Mills)	09463E3
41	2222 Eglinton AV. E. (at Birchmount)	09264B4
42	242 Milner Av. (just E/O Markham)	09465A2
43	4331 Lawrence Av. E (E/O Morningside)	09466C3
54	41 Cranfield (just E/O Bermondsey	09264D2

S/W Quadrant

Division	Address	GeoCode
11	2054 Davenport Dr. (E/O Old Weston)	09061D5
14	150 Harrison (Dovercourt/Dundas)	08862A3
22	3699 Bloor St. W. (at Kipling)	08860B4
52	255 Dundas St. W. (E/O Spadina)	08862A5

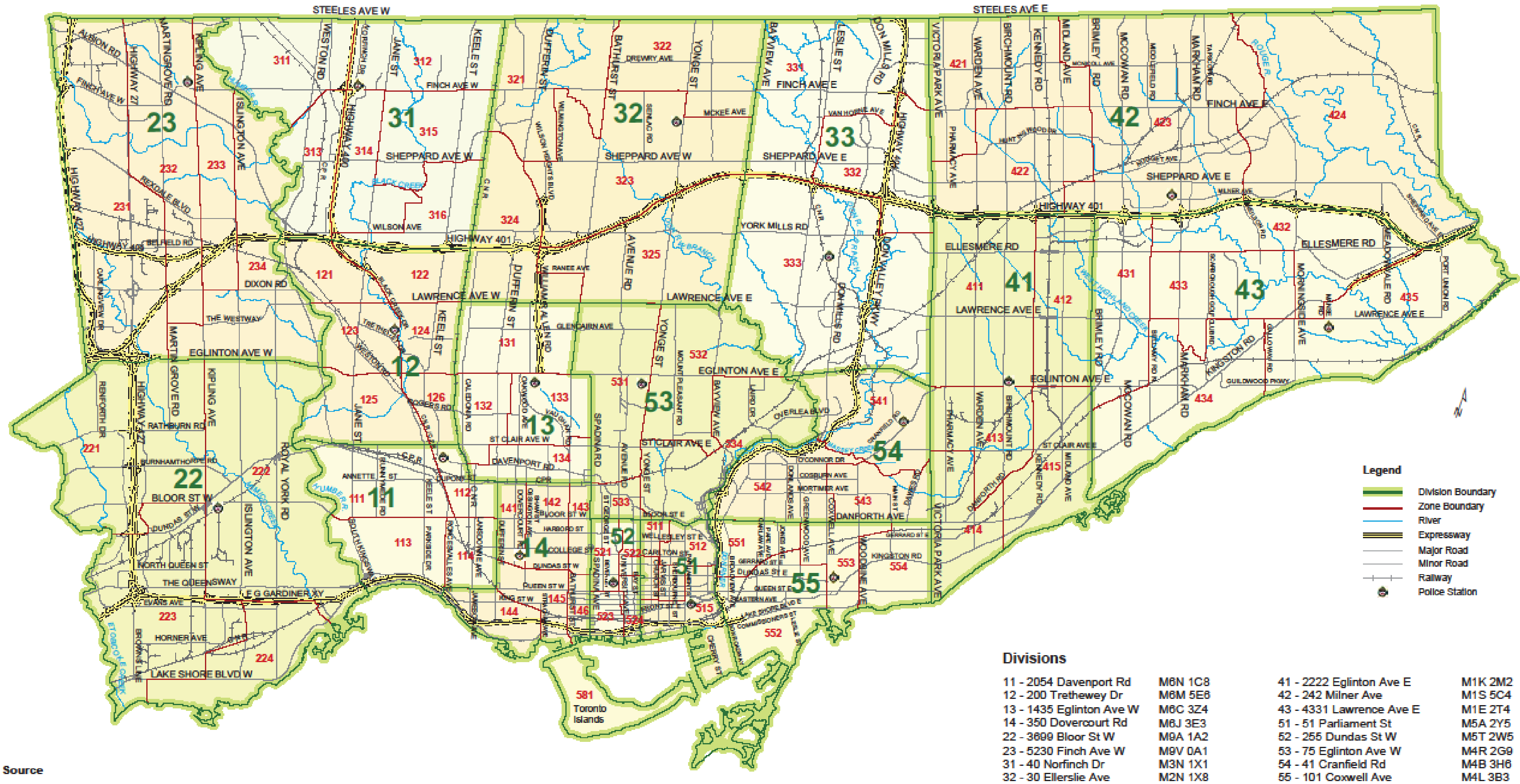
S/E Quadrant

Division	Address	GeoCode
51	51 Parliament St	08863A3
52	255 Dundas St. W. (E/O Spadina)	08862A5
55	101 Coxwell Av. (at Dundas)	09064D1

MISCELLANEOUS POLICE INDEX

Quadrant	Location Name	Address	GeoCode
N/W Quadrant	West Detention Centre	111 Disco Rd.	09059A3
N/W Quadrant	F.I.S.	2050 Jane St	09264C4
N/E Quadrant	East Detention Centre	55 Civic Rd.	09264C4
N/E Quadrant	ETF Headquarters	300 Lesmill Rd.	09463D2
S/W Quadrant	Marine Unit	259 Queens Quay W.	08863C1
S/W Quadrant	Traffic Services	9 Hanna Av	08862C3
S/W Quadrant	Mimico Corrections	60 Horner Av.	08660A5
S/E Quadrant	Toronto Don Jail	550 Gerrard Av. E.	09063E5

TORONTO POLICE SERVICE
Division and Zone Boundaries



Divisions

11 - 2054 Davenport Rd	M6N 1C8	41 - 2222 Eglinton Ave E	M1K 2M2
12 - 200 Trethewey Dr	M6M 5E6	42 - 242 Milner Ave	M1S 5C4
13 - 1435 Eglinton Ave W	M6C 3Z4	43 - 4331 Lawrence Ave E	M1E 2T4
14 - 350 Dovercourt Rd	M6J 3E3	51 - 51 Parliament St	M5A 2Y5
22 - 3699 Bloor St W	M9A 1A2	52 - 255 Dundas St W	M5T 2W5
23 - 5230 Finch Ave W	M9V 0A1	53 - 75 Eglinton Ave W	M4R 2G9
31 - 40 Norfinch Dr	M3N 1X1	54 - 41 Cranfield Rd	M4B 3H6
32 - 30 Ellerslie Ave	M2N 1X8	55 - 101 Coxwell Ave	M4L 3B3
33 - 50 Upjohn Rd	M3B 2W1		

Source

Base Geographic Data: City of Toronto, 2012
Produced by: Communications Services, Rev. 2012

HOSPITAL LOCATIONS
(See Map at end of Manual under "Geography" tab)

Northwest (N/W) Quadrant					
	Abbreviation	**Hospital**	**Address**	**Major Intersection**	**GeoCode**
	EGH	William Osler Health - Etobicoke Site	101 Humber College Bv.	Hwy 27/Finch	09259C3
	HRH	Humber Regional Hospital	1235 Wilson Av	Wilson/Keele	09261C2.4

Northeast (N/E) Quadrant					
	Abbreviation	**Hospital**	**Address**	**Major Intersection**	**GeoCode**
	NYG	North York General	4001 Leslie St.	Leslie/Sheppard	09463C3
	SCH	Scarborough Centenary -Rouge Valley Health	2867 Ellesmere Rd.	Neilson/Ellesmere	09465B5
	SGH	Scarborough Hospital – General Site	3050 Lawrence Av E.	McCowan/Lawrence	09465E1
	SGR	Scarborough Hospital – Grace Site (formerly Scarborough Grace)	3030 Birchmount Rd.	Finch/Birchmount	09664D2
	SUN	Sunnybrook Health Sciences Centre	2075 Bayview Av.	Bayview/Lawrence	09263D1

Southwest (S/W) Quadrant					
	Abbreviation	**Hospital**	**Address**	**Major Intersection**	**GeoCode**
	STJ	St. Josephs Health Centre	30 The Queensway	Queensway/Roncesvalles	08862C1
	TWH	University Health Network - Western Div.	399 Bathurst St.	Bathurst/Dundas	08862A4

Southeast (S/E) Quadrant					
	Abbreviation	**Hospital**	**Address**	**Major Intersection**	**GeoCode**
	HSC	The Hospital for Sick Children	555 University Av.	Gerrard/University	08862A5
	MTS	Mt. Sinai Hospital	600 University Av.	Gerrard/University	08862A5
	PMH	Princess Margaret Hospital	610 University Av	Gerrard/University	09063D1
	TEG	Michael Garron Hospital (Toronto East Gen.)	825 Coxwell Av.	Coxwell/Mortimer	09063B5
	TGH	University Health Network - General Div.	101 College St.	Gerrard/University	08862A5
	STM	St. Michaels Health Centre	30 Bond St.	Queen/Church	08863A1

OUT of TOWN (Peripheral) Hospitals					
	Abbreviation	**Hospital**	**Address**	**Major Intersection**	**GeoCode**
	CRE	Mississauga Credit Valley Hospital	2200 Eglinton Av. W. (Mississauga)	Erin Mills/Eglinton Ave W	08457B5
	AJA	Ajax Pickering - Rouge Valley Hospital	580 Harwood Av. S.	Harwood/Bayly	09868E5
	MISS	Mississauga Trillium – General Site	100 Queensway W.	Hurontario/Queensway	08659E5
	MARK	Markham Stouffville	381 Church St.	9th Line/Hwy 7	10065E2
	YORK	Mackenzie Vaughan (York Central)	10 Trench St.	Yonge St./Major Mackenzie Dr.	09861B5
	BRAMP	William Osler – Brampton Site	2100 Bovaird Dr. E.	Bovaird Dr. E/Bramalea Rd.	09257A2
	CVH	Cortellucci Vaughan Hospital – Mackenzie Health	3200 Major Mackenzie Dr.	Jane & Major Mackenzie	09860E3

Alternate Level Care (ALC) Facility					
	Abbreviation	**Hospital**	**Address**	**Major Intersection**	**GeoCode**
	ALC HRF	Humber River Finch Site	2111 Finch Av W	Jane / Finch	09460E4
	ALC HRC	Humber River Church Site	200 Church St.	Jane / Lawrence	09261E1

Non-Emergency Facility

Hospital	Address	GeoCode
Orthopaedic and Arthritic Hospital	43 Wellesley St. E.	09063E1

LONG TERM CARE AND DETOX FACILITIES

Northwest - Nursing Homes/Retirement Homes

HOME	ADDRESS	MAJOR INTERSECTION
Advent Valleyview Residence	541 Finch Av. W.	Bathurst St.
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.
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
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.

Convalescent Hospitals Northwest

NAME	ADDRESS	MAJOR INTERSECTION
Baycrest Centre	3560 Bathurst St.	Hwy. 401
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 - 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

Convalescent Hospitals Northeast

NAME	ADDRESS	MAJOR INTERSECTION
Holland Bloorview Kids Rehabilitation	150 Kilgour Rd.	Leslie & Sheppard
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 - 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.
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.
Bloor Street West Village Retirement Residence	1926 Bloor St. W.	Clendennan Av.
Wesburn Manor	400 The West Mall	Burnhamthorpe Rd.

Convalescent Hospitals *Southwest*

NAME	ADDRESS	MAJOR INTERSECTION
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

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
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 Southeast

NAME	ADDRESS	MAJOR INTERSECTION
Bridgepoint Active Healthcare	14 St. Matthews Rd.	Broadview & Gerrard
Providence Healthcare	3276 St. Clair Av. E.	Warden Av.
Toronto Rehab - University Centre	550 University Av.	Elm St.

Mental Health Facilities

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

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

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
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	Park Lawn & Lakeshore	08861E3
Marie Curtis Park	Forty Second & Lakeshore	08660D3
Ontario Place	Strachan & Lakeshore	08862D3
Rogers Centre	Front & Blue Jays Way	08862B5
Royal Canadian Yacht Club (RCYC)	North Chippewa Island	08863D2
Sherway Gardens	The West Mall & Evans	08660A2
Scotiabank Arena	Bay & Bremner	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
CN Tower	Front & John	08863B1
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
Scotiabank Arena	Bay & Bremner	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

FUEL LOCATIONS

N/W Quadrant

Location	Address
PD 12 Division	200 Trethewey Dr
PD 13 Division	1435 Eglinton Av. W. (at Allen)
PD 23 Division	5230 Finch Av
PD 31 Division	40 Norfinch Dr. (N/O Finch)
PD 53 Division	75 Eglinton Av. W. (at Duplex)
PD Garage/F.I.S Building	2050 Jane St
City Works Yard	150 Disco Rd
City Works Yard	1401 Castlefield Av
City Works Yard	1026 Finch Av W
City Works Yard	61 Toryork Rd

N/E Quadrant

Location	Address
PD 32 Division	30 Ellerslie Av. (just W/O Yonge)
PD 33 Division	50 Upjohn Rd. (Don Mills/York Mills)
PD 41 Division	2222 Eglinton AV. E. (at Birchmount)
PD 42 Division	242 Milner Av. (just E/O Markham)
PD 43 Division	4331 Lawrence Av. E (E/O Morningside)
PD 54 Division	41 Cranfield (just E/O Bermondsey
PD ETF	300 Lesmill Rd
City Works Yard	30 Northline Rd
City Works Yard	2751 Old Leslie Street (Oriole Garage)
City Works Yard	1050 Ellesmere Rd
City Works Yard	891 Morningside Av
City Works Yard	70 Nashdene Rd

S/W Quadrant

Location	Address
PD 11 Division	209 Mavety St. (S/O Annette)
PD 14 Division	150 Harrison (Dovercourt/Dundas)
PD 15 Division	3699 Bloor St. W. (at Kipling)
PD 52 Division	255 Dundas St. W. (E/O Spadina)
PD Traffic	9 Hanna Av
City Works Yard	1873 Bloor St W (High Park)
City Works Yard	2 Manitoba Dr (Exhibition Place)
City Works Yard	320 Bering Av
City Works Yard	435 Kipling Av

S/E Quadrant

Location	Address
PD 51 Division	51 Parliament St
PD 52 Division	255 Dundas St. W. (E/O Spadina)
PD 55 Division	101 Coxwell Av. (at Dundas)
City Works Yard	50 Booth Av
City Works Yard	1008 Yonge St
City Works Yard	545 Commissioner's St

Ride the Rocket.

THE BETTER WAY

TORONTO TRANSIT COMMISION (TTC) SUBWAY/RT

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 1
Yonge - University - Spadina Line
(From north to south)

Spadina - University Line

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
Queens Park
St. Patrick
Osgoode
St. Andrew
Union

Yonge - University Line

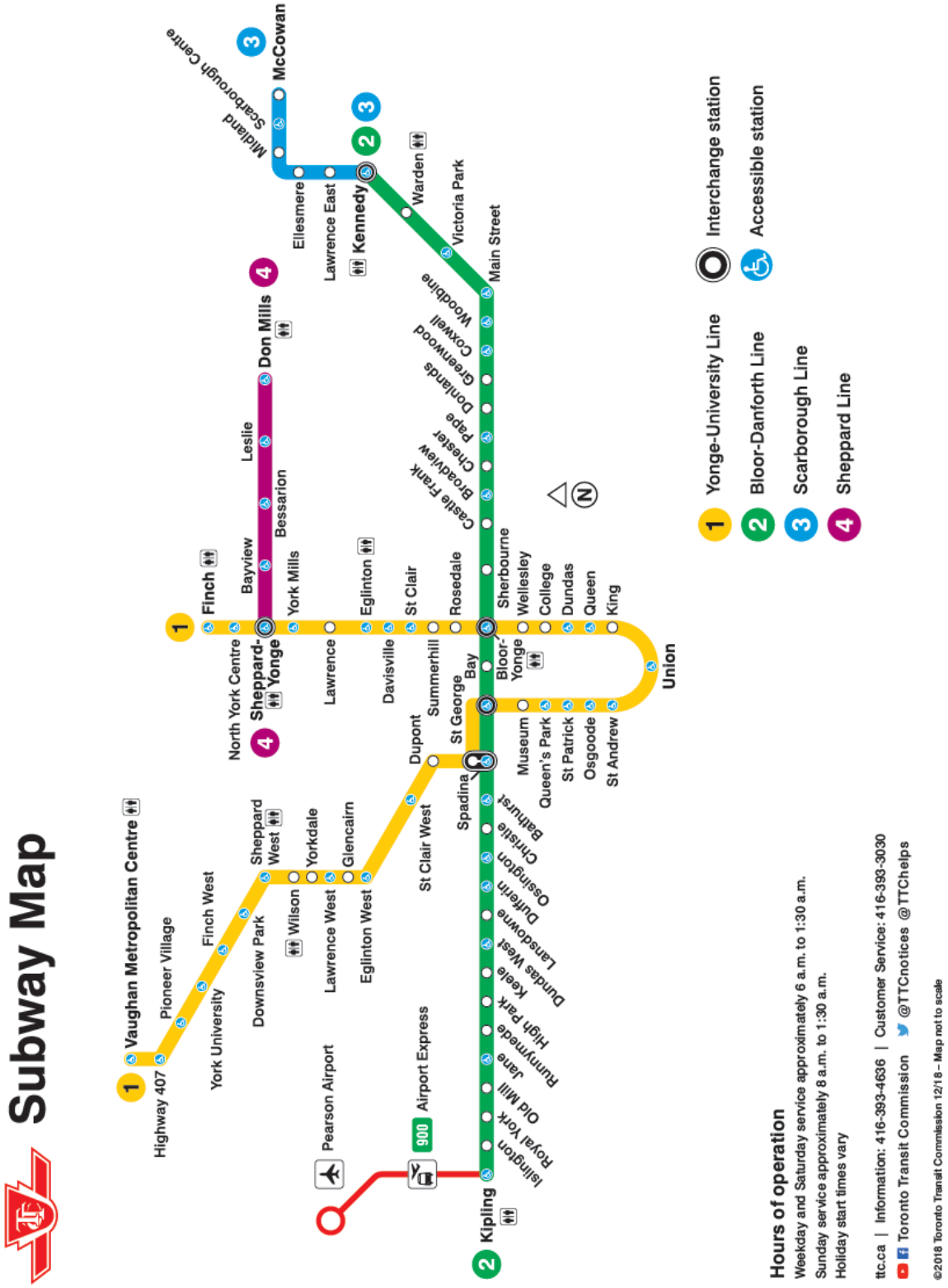
Finch
North York Centre
Sheppard
York Mills
Lawrence
Eglinton
Davisville
St. Clair
Summerhill
Rosedale
Yonge
Wellesley
College
Dundas
Queen
King
Union

LINE 3
Scarborough R/T
(From southwest to northeast)

Kennedy
Lawrence East
Ellesmere
Midland
Scarborough Centre
McCowan

LINE 4
Sheppard Line
(From west to east)

Sheppard
Bayview
Bessarion
Leslie
Don Mills


Subway Map
Vaughan Metropolitan Centre
Pioneer Village
Finch West
York University
Highway 407
Pearson Airport
Airport Express
900
Sheppard West
Downsview Park
Wilson
Yorkdale
Lawrence West
Glencairn
Eglinton West
St Clair West
Dupont
Spadina
St George
Bay
Bloor-Yonge
Museum
Queen's Park
St Patrick
Osgoode
St Andrew
Union
Sherbourne
Wellesley
College
Dundas
Queen
King
Castle Frank
Broadview
Chester
Pape
Donlands
Greenwood
Coxwell
Woodbine
Main Street
Victoria Park
Warden
Kennedy
Lawrence East
Ellesmere
McCowan
Midland
Scarborough Centre
Finch
Bayview
Bessarion
Leslie
Don Mills
North York Centre
Sheppard-Yonge
Lawrence
York Mills
Eglinton
Davisville
St Clair
Rosedale
Summerhill
Chaplin
Ossington
Dufferin
Lansdowne
Dundas West
Keele
High Park
Runnymede
Jane
Old Mill
Royal York
Islington
Kipling
Bathurst
Interchange station
Accessible station
Yonge-University Line
Bloor-Danforth Line
Scarborough Line
Sheppard Line
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
ttc.ca | Information: 416-393-4636 | Customer Service: 416-393-3030
Toronto Transit Commission @TTCnotices @TTChelps
©2018 Toronto Transit Commission 12/18 – Map not to scale

Orientation

Section 1.7
Radio Codes

Toronto Paramedic Services Dispatch Manual

10 CODES

10-4	-	Message received and understood (acknowledgement)
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	-	En-route with patient/patients on board
10-12	-	Can't explain, e.g., relatives on board
10-19	-	Return to base
10-20	-	Report present location
10-21	-	Call by landline (telephone)
10-23	-	Stand by
10-26	-	Cancel detail
10-32	**-**	**Paramedic down**
10-33	**-**	**Emergency message**
10-90	-	Lunch break
10-200	-	Police
10-2000	**-**	**Urgent Police assistance required by ambulance crew**

It is imperative for each EMD to be familiar with the 10-codes.

10-32, 10-33 and 10-2000 are emergent 10-codes and every EMD must respond to these immediately and appropriately.

EMERGENCY RADIO MESSAGES (SOP 09.08.27)

The use of 10-32, 10-33 and 10-2000 is restricted to emergency messages. These messages must be responded to immediately. On occasion, Paramedics may use these emergency messages interchangeably.

10 – 33 (Emergency message)

Upon receipt of 10-33, the EMD will acknowledge the message immediately and act upon the message as required. If necessary, the Superintendent and/or Senior EMD will ensure the appropriate actions are taken and will notify Senior staff as required.

10 – 32 (Paramedic down)

The radio code 10-32 is used exclusively to alert the Communications Centre to the fact that either one or both Paramedics of a unit urgently require medical attention due to a sudden acute onset of illness or injury.

The Paramedic shall, at the minimum, provide the code “10-32” and their location. It is preferred that the Paramedic provide as many pertinent details as possible to enable the EMD to build a response tailored to the information provided. This may also indicate the need for allied agency response (police, fire, electrical or gas utility) or other EMS units.

10 – 2000 (Urgent police assistance is required)

The radio code 10-2000 is used exclusively to alert the Communications Centre to the fact that immediate police assistance is required due to an immediate threat to Paramedic safety.

The Paramedic shall, at the minimum provide the code "10-2000" and their location.

PROCEDURES FOR 10-32 & 10-2000

1. Upon receipt of a 10-2000 message or a 10-32 message, the EMD will acknowledge the message immediately by broadcasting "AMBULANCE/ERU XXXX, 10-2000/10-32, 10-20"
2. Generate a new Emergency Call form for the location of the crew. The nature/problem of "10-2000" or "10-32" must be selected and will have an "Echo" priority. This can be done by opening a new Emergency Call form and selecting the appropriate Nature/Problem or using the appropriate Powerline command ("E2000 <space> Unit#" or "E32 <space> Unit#)
3. The EMD will immediately respond the two closest units to the location provided. If the two closest units are Primary Care, the closest available Advance Care unit will be dispatched as a third unit.
4. The closest District Operations Superintendent (DOS) is to be notified. Direct all responding units to switch to the radio channel of the unit with the 10-2000 or 10-32
5. Notify One Desk and any additional allied agencies required (Police, Fire, Gas, Electric, etc.)
6. Request the police attend the location by using **"Assist our crew"**.

7. It is important that the originating Paramedics be notified that the message was received and the appropriate assistance has been dispatched. The Superintendent or Senior EMD will, upon notification of a 10-2000 or 10-32 ensure the appropriate actions are taken and will notify senior staff as required.

An EMD's prompt response to these calls is imperative for the safety of the ambulance crews and must be the highest priority at all times.

Non-Verbal Emergency Messages

Whenever the <EMRG> button on a unit's truck or portable radio is depressed, every position logged on to Inform CAD with the "PTT CLIENT" application running will hear an alarm and see a flashing alert message. The message identifies the unit's "radio name" as indicated in Inform CAD and the text "EMERGENCY". This type of incident is to be considered the same as a 10-2000. All EMDs will voice on their selected radio channel "AMBULANCE/ERU XXXX, 10-2000, 10-20".

When the emergency button is pressed, the Paramedic's radio will transmit on the "EMERGENCY" channel for 20 seconds. During this 20 second period, their radio will be an "open carrier" and will broadcast continuously. Paramedics are unable to receive any incoming transmissions during this time. As soon as the 20 seconds of transmitting is over, the EMD will attempt to contact the unit again by depressing the "EMERGENCY" button on AVTEC and transmitting "AMBULANCE/ERU XXXX, 10-2000, 10-20".

EMDs are able to have the "EMERGENCY" channel transmit through their headset by "selecting" it on their AVTEC screen.

This inquiry will be met with one of several possible responses:

No Response

The EMD will:

1. Attempt to contact the unit again by repeating the above message.
2. If, after two attempts there is no reply, the EMD will immediately generate a new Emergency Call form for the last known location as per the AVL display of the ambulance in distress. The nature/problem of "10-2000" should be selected and will have an "Echo" priority. Assign units to the new Emergency Call.
3. Contact the appropriate Police service and ask them to "Assist our Crew"
4. The two closest units will be assigned to the call. If the two closest available crews are Primary Care, the closest available Advance Care unit will be dispatched as a third unit. Direct all responding units to switch to the radio channel of the unit in distress.
5. Notify One Desk and the closest DOS immediately (preferably by phone or pager).
6. Attempt to contact the unit's last known location.
7. Page the Paramedic crew.

Response Confirming an Emergency Situation

1. Depending on what information is contained in the Paramedic crew's response, additional details may be required. The most important information is their location. If their initial response does not contain their location, the EMD will ask their 10-20.
2. The EMD receiving the emergency message will generate a new Emergency Call form for the location the unit in distress has provided. The nature/problem of "10-2000" with "Echo" priority will be selected.
3. Contact the appropriate Police service and ask them to "Assist our Crew".
4. The two closest units will be assigned to the call. If the two closest units are Primary Care, the closest available Advance Care unit will be dispatched as a third unit. Direct all responding units to switch to the radio channel of the crew in distress.
5. Notify One Desk and the closest DOS immediately (preferably by phone or pager).

Response Denying an Emergency Situation

In the event that an alarm is activated inadvertently, Paramedics will transmit the following message to the Communications Centre: "**Ambulance/ERU _____ (unit #), 10-2000 Alpha Charlie".** This phraseology is intended to safeguard against the possibility that someone other than a paramedic may attempt to cancel an emergency response. It is in use throughout the Province and all CACCs will recognize it as a standard phrase for cancelling a false alarm. The EMD will acknowledge their transmission and advise them to carry on. The Emergency Message alert on the "PTT Client" application can then be cleared.

EMDs are to document and time stamp all information into both the original ECT form and on the new ECT form.

10-33	**Emergency Message**	Indicates paramedic crew has an emergency message. It is defined as 'any situation where a paramedic feels an emergency message is necessary and requires a clear radio frequency'	▪ Acknowledge receipt of message & confirm location & pertinent details (i.e. Ambulance 4952 10-33, 10-20) ▪ Notify appropriate allied agency (if required based on details) ▪ Notify the closest DOS (if required) ▪ Notify 1 Desk ▪ Notify originator that assistance has been dispatched
10-2000 & 10-32	**Urgent Police Assistance & Paramedic Down**	Used to alert dispatcher of immediate safety concern of one or both paramedics One or both paramedics require immediate medical attention due to sudden acute illness or injury.	▪ Acknowledge receipt of message & confirm location & pertinent details ▪ **10-2000 only:** Notify PD: *"this is Toronto Paramedic Services, Assist our crew at ……"* give specific location, cross street & brief explanation if and when known ▪ Notify all appropriate allied agencies (if required) ▪ Send 2 closest ambulances, if the two closest are PCP send an ACP as a third unit ▪ Notify the closest DOS and Notify 1 Desk ▪ Notify originator (if possible) that assistance has been sent
Mobi-CAD 10-33	**MobiCAD Generated Emergency Message (Response Confirming an Emergency Situation)**	Same As Above	▪ EMD will attempt to contact the crew via radios, portables & pager to determine the nature of the emergency & the ambulance's location. ▪ *"Ambulance XXXX, 10-2000, 10-20"* is used for the purpose of acknowledgement of such a message. ▪ Acknowledge receipt of message & confirm location & pertinent details ▪ Notify PD: *"This is Toronto Paramedic Services, Assist our crew at ……"* give specific location, cross street & brief explanation if and when known ▪ Send 2 closest ambulances, if the two closest are PCP send an ACP as a third unit ▪ Notify the closest DOS ▪ Notify 1 Desk ▪ Notify originator (if possible) that assistance has been sent ▪ Direct all responding crews to switch to another radio group prior to notification
Mobi-CAD 10-33	**MobiCAD Generated Emergency Message (NO Response)**	Same As Above	▪ EMD will attempt to contact the crew via radio(s), portable(s) & pager to determine the nature of the emergency & the ambulance's location. ▪ *"Ambulance XXXX, 10-2000, 10-20"* is used for the purpose of acknowledgement of such a message. ▪ Other dispatchers will attempt to contact the same crew on their frequencies using the 10-code format. ▪ The EMD will attempt to contact the crew again by repeating the above message. ▪ If after 2 attempts there is no response, contact the crew's last known location (if possible) & their station. ▪ Notify PD: *"This is Toronto Paramedic Services, Assist our crew at ……"* give specific location as per the AVL display of the ambulance in distress. ▪ Send 2 closest ambulances, if the two closest are PCP send an ACP as a third unit ▪ Notify the closest DOS ▪ Notify 1 Desk ▪ Notify originator (if possible) that assistance has been sent ▪ Direct all responding crews to switch to another radio group prior to notification
Mobi-CAD 10-33	**MobiCAD Generated Emergency Message (Response Denying an Emergency Situation)**	Intended use of MobiCAD <EMRG> button is as a back up to normal radio communications should 2 attempts to contact the CACC fail to receive an acknowledgement. May be used in situations where a crew's safety may be threatened & the depressing of <EMRG> is the only available option to request help.	▪ EMD will attempt to contact the crew via radios, portables & pager to determine the nature of the emergency & the ambulance's location. ▪ *"Ambulance XXXX, 10-2000, 10-20"* is used for the purpose of acknowledgement of such a message. ▪ In the event that an alarm is activated inadvertently, Paramedics will transmit the following message to the Communications Centre: "Ambulance/ERU _____ (unit #), 10-2000 Alpha Charlie". Acknowledge crew's response and advise them to carry on; reset emergency button by depressing for 3 seconds. ▪ Clear the Emergency Message splash screen

HOTEL SIERRA

Hotel Sierra is to be used by an EMD speaking over the radio to alert Paramedic(s) when they are out of the vehicle and may be in proximity to a person or situation that could pose a health & safety risk. The phonetic alphabet "H S ", denoting a Health & Safety risk or threat.

The EMD will use a short, simple phrase to alert the crew:

<Unit #> HOTEL SIERRA. Acknowledge.

e.g. "5-7-6-3 Alpha, HOTEL SIERRA. Acknowledge"

The use of "HOTEL SIERRA" is to be limited to those occasions when the Paramedic crew is assumed to be out of the vehicle OR are in their vehicle but may be in proximity to the person(s) who are the threat, and where an urgent update message must be given to those paramedics.

- If the crew does not respond to the "HOTEL SIERRA" message within 20 seconds, the EMD will repeat the message.

- If the crew does not respond to the 2nd "HOTEL SIERRA" message within 20 seconds, the crew is assumed to be in distress. The EMD will initiate and follow the 10-2000 protocol.

Expectations for Paramedics:

Upon hearing this message directed to a specific unit, that crew is to acknowledge the message via radio, then withdraw from the location (leaving equipment behind if necessary), and retreat to the safety of the vehicle if possible or practical. Further details will be visible via the MobiCAD screen. The crew must indicate by radio when all crew members are safe, and must confirm that they can speak and receive messages freely via the radio.

Orientation

Section 1.8
Divisional Emergency Procedures

Toronto Paramedic Services Dispatch Manual

DIVISIONAL EMERGENCY PROCEDURES

SAFETY CHECKS

EMDs will conduct safety checks for paramedic crews that have been on scene for thirty (30) minutes or longer. The EMD will attempt a verbal contact with the crew and follow up with a page to call the Sector with a status and safety check.

For example, while acting as the SW dispatcher: /CSW STATUS AND SAFETY CHECK

If the EMD does not receive a response from the crew in a reasonable time frame, they will follow the "Loss of Communication" procedures listed below.

Note: The EMD should always check the Comments/Notes tab of the incident to ensure that there aren't any extenuating circumstances which would prevent the crew from calling in a timely manner. i.e. cardiac arrest patient, marine unit incident, etc.

LOSS OF COMMUNICATION

When on a Call

If a unit has lost communication when responding to a call and the EMD is unable to contact them, the EMD will:

- Attempt to contact the Paramedic crew via all communications methods (i.e. radio, pager, other radio channels, call-back number for last known location – scene or destination)
- Assign the next closest and most appropriate unit to the call if the crew has not arrived on scene based on the AVL (using the current dispatch support software)
- Have the other unit respond to the unit's last known location based on AVL if they have already departed scene
- Notify the closest DOS
- Notify One Desk

When Not on a Call

If a unit has lost communication when not responding to a call, the EMD will:

- Attempt to contact the Paramedic crew via all communications methods (i.e. radio, pager, other radio channels, call-back number for last known location – scene or destination)
- Post the unit to its present location
- Add the appropriate out-of-service (OOS) status
- Notify the closest DOS
- Notify One Desk
- If appropriate, start another close vehicle to the last known AVL location

DIVISIONAL ACCIDENTS

EMDs receiving information regarding divisional accidents will first ascertain the location of the accident and subsequently determine whether personal injury or property damage is involved. When advised of injuries, the EMD will immediately respond additional units as necessary. Depending on the severity of the injuries, the Paramedics may call a "10-32".

It is important that EMDs respond quickly and effectively to all requests for assistance. Not only must the requested assistance be responded to, but the Paramedic crews must also be assured that their request has been received and acted upon.

The subsequent appropriate response taken by an EMD will be dependent upon information received from the Paramedic crew:

- Are there any injures, either in the unit or other involved vehicles or pedestrians?
- Was there a patient on board the unit prior to the accident?
- Is the unit operational?

In every occurrence of an accident involving a unit owned by the City of Toronto, a District Operations Superintendent and the police are required to be notified. Depending on the extent of damage and/or injuries, the crew may be able to attend the Collision reporting Centre without police attending the scene.

Information relayed accurately to the responding District Operations Superintendent (DOS) will assist in returning an uninjured Paramedic crew to service quickly. It is the EMDs responsibility to notify (or ensure notification) of both the police and the DOS.

When a unit is involved in a motor vehicle accident en route to service a call or with a patient on board, the EMD will:

- Determine from the Paramedic crew their location
- Determine if there are any injuries
- If so, respond assistance as required to the location (PTU, ATU, police & fire services as required)
- Respond another unit to cover the now un-serviced emergency call
- If there is a patient already on board, respond another unit to transport the patient
    - Create a new Emergency Call form with the address being the location of the MVC
    - Evaluate the new emergency call using the dispatch support software and assign the next closest/most appropriate unit to the call
    - Once assigned, link (NOT append) the new emergency call with the emergency call that the broken down unit was assigned to (to be able to cross-reference calls)
    - Once the new emergency call has been assigned, cancel the MVC unit from their emergency call
- Cancel the unit off its assigned call, create a new Emergency Call form for the current divisional accident location and put the involved crew(s) at scene on the new call
    - This can be done one of two ways:
        - Open a blank Emergency Call form and enter the location provided by the Paramedic crew
        - Use the PowerLine command "MVC" and fill in the unit number and location (this will create an Emergency Call form, automatically assign it to the identified unit and mark them "At Scene")

- Assign any additional units required (DOS, extra transport units, etc.) to the new emergency call
- Notify One Desk, police and the closest DOS

When a unit is involved in a motor vehicle accident when not en route to service a call or without a patient on board, the EMD will follow the same procedure as outlined above (except no original call to cover).

UNIT BREAKDOWNS

When on a Call

If a Paramedic crew notifies the EMD that their unit has broken down while responding to a call, the EMD will:

- Reassign the original unit off the call (this will cause the call to repopulate in the Pending Calls queue)
- Re-evaluate the emergency call using the dispatch support software and assign the recommended unit to the call
- Post the broken down unit to its current location
- Place the unit out-of-service (OOS) mechanical
- Notify the closest DOS and wait for his/her instructions
- Notify One Desk

When Transporting a Patient

If a Paramedic crew notifies the EMD that their unit has broken down while 10-9 with a patient, the EMD will:

- Create a new Emergency Call form with the address being the location of the broken down unit
- Evaluate the new emergency call using the dispatch support software and assign the next closest/most appropriate unit to the call
- Once assigned, link (NOT append) the new emergency call with the emergency call that the broken down unit was assigned to (to be able to cross-reference calls)
- Once the new emergency call has been assigned, cancel the broken down unit from their emergency call
- Post the unit to its current location
- Place the broken down unit out-of-service (OOS) mechanical
- Notify the closest DOS and wait for their instructions for the out-of-service vehicle
- Notify One Desk
- Provide a hospital destination using the PDS software (should override if necessary to have patient transported to original hospital destination)

When Not on a Call

If a Paramedic crew notifies the EMD that their vehicle has broken down while not responding to a call, the EMD will:

- Post the unit to its current location
- Place the original unit out-of-service (OOS) mechanical
- Notify the closest DOS and wait for their instructions for the out-of-service vehicle
- Notify One Desk

Orientation

Section 1.9
Allied Agency Notification

Toronto Paramedic Services Dispatch Manual

ALLIED AGENCY NOTIFICATION

PARAMEDIC CREW REQUEST FOR POLICE

The request for Police by a Paramedic crew is to be accomplished as soon as practical by the quadrant dispatcher receiving the request.

The Toronto Police Service uses the term ***ASSIST*** to indicate an urgent request and the term ***SEE*** to indicate a routine response. They have requested that we incorporate these specific terms when requesting their attendance.

The EMD is to contact the desired police department and advise of either:

1. In 10-33, 10-2000 or instances of jeopardy to ambulance crew safety, "This is Toronto Paramedic Services, **ASSIST** our crew at, <give the specific location, cross streets and a brief explanation of the reason when known.>"

2. In instances other than the previous example, the dispatcher will contact the police Radio Room and say, "This is Toronto Paramedic Services requesting the police to **SEE** our crew at, <give a specific location, cross streets and a brief explanation of the reason.>"

Toronto Police Services implemented a routine order prohibiting police officers from escorting non-violent psychiatric patients in order to protect the Paramedic crew from unfounded complaints of misconduct. Should this situation arise and paramedics are insisting that a police escort be provided, police officers are directed to contact their superior to attend the scene. Every effort to provide an alternative escort (family member, facility staff, etc.) must be made by the Paramedics. Failing this, the DOS must be contacted to attend the scene and assist with the decision.

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. The EMD may also create a time entry stamp in the User Data Tab.

The CAD Card file feature contains a list of all phone numbers for the necessary police services in the Greater Toronto Area.

CANCELLING POLICE

"Are we still required?" Inquiries

When receiving the above inquiry from Radio Room, 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 Radio Room of this fact, including the ambulance number and the destination hospital and cancel the police response to the call scene. The EMD will record the following note in the Comments/Notes area of the call:

/CP = "Call Police if needed."

If the call required police attendance for any other reason than the one indicated above, the EMD will provide Radio Room with the ambulance number and destination hospital, but not commit to cancelling police response. If further clarification is required, the call should be forwarded to One Desk.

TORONTO FIRE SERVICE NOTIFICATION (SOP 09.08.21) (MEMO 2019-12-05 TFS Attendance at MVCs)

There are six types of service requests for the fire department to attend:

1. **Tiered Response**
   This is typically achieved by the interface while the Call Receiver is processing the call.

2. **Environmental Response**
   The EMD will contact the applicable fire service if a unit on scene of a call requests fire for environmental reasons not mentioned during the initial Call Receiver interrogation.

3. **Highway Calls (400 series, DVP, Gardiner and Allen Rd) and all MVCs**
   This is typically achieved by the Call Receiver when processing the initial call.

4. **Lift Assist**
   When possible, other units should be sent when requests are made for additional personnel for a lift assist. If not available, the EMD will contact the applicable fire service to request their assistance.

5. **Delayed Responses (at the discretion of One Desk or the SCS)**
   If the EMD anticipates a response time over the response time goals, they may inquire with One Desk or the SCS if the fire service should be requested to attend the call as a first response. This may be before or after dispatching a divisional vehicle, depending on the circumstances.

   It is preferred that the scene be contacted to get a patient condition update prior to assigning the fire service. If the patient's condition has not changed, the fire service should not attend in most cases.

6. **Access Problem**
   The EMD will contact the applicable fire service, if a unit on scene of a call requests fire for access reasons not mentioned during the initial Call Receiver interrogation.

The CAD Card file feature contains a list of all phone numbers for the necessary fire services in the Greater Toronto Area.

TORONTO

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

Orientation

Section 1.10
Cancellations

Toronto Paramedic Services Dispatch Manual

CANCELLATIONS

It is the responsibility of the EMD to verify the reason for any cancellation request. The expectation is that the EMD will properly document the reasons for cancellation in the Emergency Call form.

Cancelling Additional Resources

Any Communications Centre Staff who receive information from a Paramedic crew that a responding back-up unit 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 back-up unit and cancel their response.

It is the responsibility of the attending Paramedics to advise if allied agencies are not required on scene. This includes notifying the EMD whether allied agencies arrived on scene prior to the cancellation. The EMD will ensure that any responding allied agencies are cancelled when notified. If not mentioned by the Paramedics, the EMD should inquire if allied agencies attended the scene and if not, if they are still required.

Patient Refusal Cancellations

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, DOS, 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 DOS will be requested to attend at the scene, assess the situation and take appropriate action where possible.

Call Received from Third Party Caller

If an emergency call request originates from a third party caller, Toronto Paramedic Services will respond to the scene unless scene contact is made and the call is an appropriate Telehealth referral. Even if contact is made with the patient (or someone with the patient on scene) and there is a refusal over the phone, paramedics will continue to respond. Patient refusal should only be accepted once the Paramedics have arrived on scene. (refer to SOP 09.08.16)

Cancellations from Allied Agencies

Cancellations received from allied agencies (police and fire departments) are to be accepted only when they pertain to "no patient" situations. The EMD will continue an ambulance response to a call unless an allied agency advises that there is no patient on scene (gone on arrival – GOA) or there is no one ill or injured on scene (car accident is actually a property-damage only).

When on-scene paramedics are cancelled by a police officer or fire fighter, the EMD will record the rank, number and/or name of that person in the Comments/Notes tab of the Emergency Call form.

False Alarms

Before any call is cancelled as a false alarm, the correct address must be confirmed. The call receiving information must be verified that the correct location is showing in the Emergency Call form. If this information is correct, the EMD will verify with the Paramedic crew that they are at the correct location (including correct apartment number if applicable). The EMD will attempt to call the scene using any phone number(s) provided during the initial call taking process. This task may be delegated (if too busy on the Quadrant desk). If every effort has been made to locate the call and/or patient, any attending allied agencies will be contacted to inquire about possible further information. If nothing is found and no further information is available, the call may be cancelled as a false alarm.

Coroner Calls

Paramedics are required to contact the Coroners' office through the Communication Centre. Any Paramedic calling in for the Coroner's office should be transferred to One Desk. 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 Paramedic to contact the Coroners' office, but in most cases, police will have to be on the scene before the unit can clear. When the Paramedic crew advises they are clear, the EMD will record the police badge number of the police officer attending at the scene along with any appropriate remarks in regards to the coroner attending (if not already done by One Desk).

Nursing Home DNR

Toronto Paramedic Services response to a nursing home for cardiac arrest patients can be cancelled when a valid DNR orders exists. DNR orders are only an acceptable cancellation reason within nursing homes. This does NOT apply to private residences.

Impeded Access/Unable to Contact Patient

In some cases, responding units will advise the EMD that there is impeded access to a patient. The EMD will confirm the ambulance crew is at the correct location indicated on the Emergency Call form. If they are, any call back number(s) available will be contacted for further information. If appropriate, allied agencies will be contacted to assist with gaining access to the patient. One Desk and the closest DOS must be notified. All pertinent details will be recorded in the Comments/Notes tab.

Any updates provided by the Paramedics on scene (including making patient contact) will be recorded in the Comments/Notes tab.

If no patient is found, the paramedics will not be cancelled from the call until the name, rank, or badge number of members of the responding allied agencies has been recorded in the Comments/Notes tab of the Emergency Call form. The DOS, after assessing the scene, may cancel the paramedics at their discretion.

TeleHealth Time Expired

A TeleHealth referral will remain in the appropriate sector's PIQ until the controlling sector EMD cancels the incident. The ticket itself will begin the flash at the 60 minute mark as the "readiness" warning becomes active. At this point, the EMD may enter "/THO" into the Comments/Notes generating the comment "TeleHealth Time Expired" and cancel the ticket.

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.

Orientation

Section 1.11
Out of Service
(Conditional Availability)

Toronto Paramedic Services Dispatch Manual

OUT OF SERVICE (Conditional Availability)

In the Inform CAD system, the term out of service (OOS) in reality means that the unit may be available under certain circumstances. Each OOS reason will identify if a unit is capable of responding or not.

1. Authorization to place an ambulance crew OOS for reasons other than injury to a Paramedic, accidents or mechanical failure must come from either a Superintendent or their designate. All such requests should be reported immediately to the Senior EMD and/or Communication Centre Superintendent for their action.

2. Once authorization has been received, EMDs will post the unit as required and put them OOS as per Inform CAD requirements.

3. At no time will an EMD insist on a crew using a vehicle which is alleged to have malfunctions of a safety feature.

4. '**.OOS**' code must be added along with any other OOS reasons that require that unit to be out of service.

There are three ways to put a unit out of service:

1. Right mouse click on the vehicle in the Unit Status Queue (USQ)
2. PowerLine (OOS vehicle# <ENTER>)
3. Toolbar at the bottom of the USQ

The following is a list of currently used OOS reasons along with their associated "code number" that can be applied when using PowerLine.

OUT OF SERVICE	CODE
.OOS	00
.MB	01
.MB-P/U	45
.MB-W/U	33
.Need Lunch	22
.Offload Delay	23
.OT-OOS	16
.Single Medic-FR	12
Administrative-OOS	53
CCTU-FR	21
Cleanup-Hospital	07
Cleanup-Station	08
Do NOT Deploy	47
EOS Wash-up	31
Equip Problem-In Ser	49
Equip Problem-F/R	48

OUT OF SERVICE	CODE
Equip Problem-OOS	26
Mechanical-OOS	17
No AVL	06
No Divert D/E	99
NO STR-FR	13
Refuel – 1/2	18
Refuel – ¼	19
Restock-In Ser	52
Restock-F/R	51
Restock-OOS	04
Sick	10
Split Crew	25
TOC Start	46
Unattended	50
Uniform Change	09
WSIB	11

Inform CAD will display a "**Readiness**" warning in the Warning column of the USQ when an OOS has been applied for a pre-determined amount of time (each OOS has a different time associated with it). Included with the definitions below is the follow-up action required by the EMD prior to removing the OOS.

Definitions:

.OOS (Out of Service Status Change) –This OOS Code when added to the vehicle will ensure that your vehicle shows as grey in CAD, indicating that the vehicle is indeed out-of-service. Optima will only pick up the unit as it does now, adding an extra 60 minutes to the ETA. All other Out of Service reasons will be attached on the vehicle as a "reminder". The EMD will now have the ability to attach both the OOS Code with an OOS Reason to the vehicle. Doing this will ensure that the reason as to why that unit is not a full functioning available crew will not get removed with a status change when dispatched.

.Meal break – 30 minutes in duration. To be used when a Paramedic crew has been in station for at least 3 minutes and is in the meal break window. It can also be used when it is established that a cleanup has already been completed. Automatically applied four (4) hours into their shift when In Quarters status. When "Readiness" is displayed: Remove OOS.

.MB-W/U (Meal break requiring wash-up time) – allows for 3 minutes of clean-up and 30 minutes of meal break. To be used when a Paramedic crew has reached their meal break facility and they are starting their meal break. When "Readiness" is displayed: Remove OOS.

.MB-P/U (Meal break requiring pick-up time) – allows for 12 minutes of travel time, 3 minutes of wash up and 30 minutes of meal break. This is used when a Paramedic crew is in the station area of their assigned meal break facility. This must be changed to a MB-W/U if the travel time to the station is less than 12 minutes when the unit arrives back at station. When "Readiness" is displayed: Remove OOS.

.MB Need Lunch – to be used when a Paramedic crew requires a meal break but have not yet reached the station area of the assigned meal break facility. When "Readiness" is displayed: Check if unit is able to be placed on lunch.

.Offload Delay – applied when a Paramedic crew updates their status to Offload Delay. **When "Readiness" is displayed: Disregard warning and follow Clearing Coordinator Roles & Responsibilities timeline.**

.OT-OOS (Overtime – Out of Service) – applied when a unit on the way to the home station and at least one paramedic crew member on board is past the end time of their scheduled shift. The unit is not available for call assignment. **"Readiness" does not display for this OOS**

.Single Medic-FR – applied to a unit when it is staffed by only one Paramedic. Can be used as first response to emergency calls, but must be backed up with a transport vehicle. **When "Readiness" is displayed: If expecting a partner, check to see if full Paramedic crew – otherwise disregard.**

Administrative – use in conjunction with an Emergency Call form with an Administration Nature/Priority. To be used when the unit is completely out of service and no other out of service options apply. **"Readiness" does not display for this OOS**

CCTU-FR (Critical Care Transport Unit – First Response) – applied on any dedicated CCTU unit. Can be used as first response to high priority emergency calls but must be backed up with an ACP transport vehicle or ARU plus PTU transport. Permission to use these units for first response must be obtained from One Desk. **"Readiness" does not display for this OOS**

Cleanup-OOS (Hospital, Station or Uniform Change) – Any request from a Paramedic crew to be placed OOS (unable to service an emergency call) due to a cleanup requirement must be approved by the Deputy Commander, DOS or SCS. Once approval has been given, the approximate time of clean up must be entered into the Comments/Notes field of the Emergency Call form. The unit is OOS and will not be considered for emergency calls until the out-of-service has been removed. **When "Readiness" is displayed: Check with Paramedic crew if they are done clean-up and back in service.**

EOS Wash up – applied when a Paramedic crew has received approval from the Deputy Commander to complete their wash up prior to the end of their shift. PCP crews are entitled to 10 minutes and ACP crews are entitled to 20 minutes wash up at the end of their shift. The Paramedic crew will not be considered for emergency calls. **When "Readiness" is displayed: Check to see if Paramedic crew is off duty.**

Equip Problem-In Service – applied when a Paramedic crew has reported an equipment problem. Consideration will be given but they are not out-of-service and are fully available for emergency calls. **When "Readiness" is displayed: Confirm if issue has been resolved (new equipment received, etc.)**

Equip Problem-F/R – applied when a Paramedic crew has reported an equipment problem that prevents them from being able to transport a patient. The unit is able to provide First Response to an emergency call but must be backed up with a transport unit. **When "Readiness" is displayed: Confirm if issue has been resolved (new equipment received, etc.)**

Equip Problem-OOS – to be used when a Paramedic crew has reported an equipment problem that makes them unable to service an emergency call. Must be approved by the Deputy Commander, DOS or SCS and the unit will not be considered for emergency calls. **When "Readiness" is displayed: Confirm if issue has been resolved (new equipment received, etc).**

Mechanical – applied when a Paramedic crew is unable to service an emergency call due to a mechanical failure. Deputy Commander and DOS must be notified and the unit will not be considered for emergency calls. **When "Readiness" is displayed: Confirm if issue has been resolved (unit has been fixed or Paramedic crew swapped to new unit).**

No AVL – applied when a units' AVL is either not working or working intermittently. The Paramedic crew will be given consideration if they are on the way to have the problem fixed but are otherwise fully available to service emergency calls. **When "Readiness" is displayed: Confirm with Paramedic crew if issue has resolved (started working properly on its own – update unit location if still not working).**

No Divert D/E – applied by either the Senior Dispatcher or EMD in communication with the Senior Dispatcher or SCS to a late, low priority call. This prevents the unit from being recommended for reassignments for calls that are lower than a Delta or Echo priority. Only able to apply using the PowerLine command **OOS <unit> 99**.

No STR-FR – applied when a unit has no stretcher. They can be used as First Response to an emergency call but must be backed up with a transport unit. **When "Readiness" is displayed: Check if the Paramedic crew has either retrieved their stretcher or gotten a new one.**

Refuel ½ – applied when a unit is on the way to or in the process of refueling when at or just under half a tank. The unit will be given consideration but is not out-of-service and is fully available for emergency calls. **When "Readiness" is displayed: Remove when completed refueling.**

Refuel ¼ – applied when a unit is on the way to or in the process of refueling when the vehicle is at one quarter tank. The unit will be given consideration but is not out-of-service and is fully available for emergency calls. The EMD will notify the Deputy Commander, SCS or DOS for follow-up. The vehicle will not be available for emergency or standby assignments except for Delta or Echo calls, until refueling is complete. The Deputy Commander, SCS or DOS must authorize the vehicle to be place in this status. In these situations, the EMD will make every effort to back up the responding crew with a transport unit. **When "Readiness" is displayed: Remove when completed refueling.**

Restock In-Service – applied when a Paramedic crew has reported they need to restock their supplies but still have the capability to service an emergency call. The unit will be given consideration but is not out-of-service. **When "Readiness" is displayed: Check if Paramedic crew has completed restocking and is available for coverage and calls.**

Restock F/R – applied when a Paramedic crew has reported they need to restock their supplies and are only able to provide a First Response to an emergency call. They must be backed up by either a transport unit or a response car depending on the supplies that are required. **When "Readiness" is displayed: Check if Paramedic crew has completed restocking and is available for coverage & calls.**

Restock- OOS – applied when a Paramedic crew has reported they do not have enough supplies to service an emergency call and must restock. Requires approval by the Deputy Commander or DOS. The unit will not be considered for an emergency call. **When "Readiness" is displayed: Check if Paramedic crew has completed restocking and is available for coverage and calls.**

Sick – applied when a Paramedic has notified their DOS they will be going home ill. The unit will be posted back to the home station and will not be considered for emergency calls. The OOS Sick must be removed once the unit arrives back at the station and the unit status adjusted accordingly. **When "Readiness" is displayed: Check if the Paramedic crew has returned to their home station so status can be updated (single medic, etc.)**

Split Crew – applied to a unit when one Paramedic has reached the end of their shift however the second paramedic has not. The unit will not be considered for emergency calls.

TOC Start – this out of service is automatically applied by the nurse at the destination hospital. The Paramedic crew will report their status within 15 minutes of TOC being applied. **When "Readiness" is displayed: Contact Paramedic crew to update status (not offloaded yet, PTOC, etc.)**

Unattended – to be applied to any unit that is left behind on the scene of a call or that is unmanned for any other reason. **When "Readiness" is displayed: If not already done, inquire how/when Paramedic will be returned to unattended vehicle.**

WSIB – applied when notified by a DOS that a Paramedic crew is OOS due to a WSIB issue. **When "Readiness" is displayed: Update with DOS the status of crew.**

Administrative Call Forms

When additional information is required or specific details need to be available to the Paramedic crew or others in the Communication Centre, an Emergency Call form can be used.

EMDs or One Desk may open a new Emergency Call form and select a Nature/Problem of "Administrative" which will result in an "Admin" priority. All pertinent details related to the OOS reason can then be entered in the Comments/Notes field of the form.

January 29, 2021

North 7700 Air Purifying Respirator: Additional Information

This document accompanies the memorandum released on January 29, 2021, titled *North 7700 Air Purifying Respirator (APR)* and includes additional information for Communications Centre staff.

Q1. What is an APR?
A1. APR stands for Air Purifying Respirator. The North 7700 APR is a half-face mask made from medical grade silicone that, when used with the approved filter cartridge, provides respiratory protection for Paramedics. The APR is used whenever a patient requires, or is anticipated to require, an AGMP (aerosol generating medical procedure), when the Laerdal portable suction unit is used, or when attending to a patient with a known/suspected airborne disease (e.g., measles). Paramedics will be issued two (2) APR masks, and will continue to have a backup supply of disposable N95 masks.

Q2. What do I do when a crew reports they need an APR cleanup?
A2. A crew reporting that an APR cleanup is required should be directed to contact a District Superintendent for request review and approval.

Q3. What do I do when a Superintendent tells me a crew needs an APR cleanup?
A3. The EMD will do the following:

a) Assign the recently added out of service reason, 'OOS APRIS' (APR cleanup, In-Service), to the vehicle.
b) Post the vehicle to the most appropriate station for cleanup.
c) Once the crew books into the station, the EMD will generate an administrative ticket with the recently added Nature/Problem type "APR Cleanup."
d) Assign the crew to the ticket, mark the unit "At Scene", and assign 'OOS APR' (APR cleanup) for twenty (20) minutes.

Q4. Is the crew still in service when an APR cleanup required?
A4. Paramedics assigned and in transit to a station for APR cleaning are considered in-service for all calls unless otherwise determined by the Operations Superintendent. Once in-station, the crew will be out of service for twenty (20) minutes to complete APR cleaning.

Q5. Do meal breaks take priority over APR cleanup?
A5. Yes. Paramedic meal breaks will take priority over an APR cleanup. Crews are expected to proceed directly to the assigned station without delay as per the Meal Break Agreement. Once the meal break has been completed, the crew may be assigned to the APR cleaning ticket.

Q6. How do I decide what station is best to send a crew to for APR cleanup?
A6. Paramedics are able to perform APR cleaning at most stations (see memo titled *North 7700 Air Purifying Respirator (APR)*) and should be sent to the closest, most appropriate station for this procedure. When considering a station for APR cleanup, the EMD should be aware of the number of Paramedics already at, or assigned to, the

station and attempt to prevent/reduce overcrowding to support physical distancing. If the crew is within the last thirty (30) minutes of their shift, Paramedics should be sent to their home station (if APR cleaning facilities are available there).

Q7. How long does an APR cleanup take?
A7. There are 2 cleaning processes:
1) Surface Disinfection; and,
2) Two-Stage Wash and Disinfection (dunk).

Surface disinfection will be part of the normal "in hospital" time (HTOC/PTOC) and will require no additional time as there is no need to disassemble or rinse the mask during this process. A **Two-Stage Wash and Disinfection (dunk)** cleaning requires a full disassembling and soak of the mask. This process can take approximately twenty (20) minutes.

Q8. What about regular maintenance cleaning?
A8. Maintenance cleaning refers to a periodic maintenance cleaning and disinfection process (using the two-stage wash and disinfection process). It is recommended that maintenance cleaning occur once every fifteen (15) days. This additional cleaning is only recommended when the APR has been in use and two-stage disinfection process has not been completed in the previous fifteen (15) days.

If maintenance cleaning is required, this must be requested at the start of the shift. Maintenance cleaning will be permitted only when operationally feasible.

Q9. How do I know when a crew has completed their APR cleanup?
A9. At the twenty (20) minute mark the EMD will call into the station to confirm the cleanup is complete. Once confirmed, the EMD will cancel the APR Cleanup ticket using the cancellation reason "99 Other" and Response Disposition "08 Cancelled on Scene", remove the OOS, and assign the crew as appropriate.

If Paramedics state that more time is required to complete the cleaning process, they should be forwarded to the Deputy Commander for review/approval of their request.

Q10. What do I do when a crew calls in at end of shift requiring an APR cleanup?
A10. If the Paramedics state that more time is required to complete the cleaning process, they should be forwarded to the Deputy Commander for review/approval of their request. Comments are to be entered in the notes section of the APR Cleanup ticket if extended time is approved.

Paramedics must contact the Deputy Commander to request additional cleanup time beyond the normally allotted "Wash-up" and "Lock-up" time, if applicable.

Orientation

Section 1.12
Meal Break Guidelines

Toronto Paramedic Services Dispatch Manual

MEAL BREAK GUIDELINES

Meal Break Times

All Paramedics in an available status will have an out of service (OOS) reason code applied to them for their meal break following the 4 hour mark of their shift. If in quarters at any meal break facility at this time, no notification is required prior to placing the unit on lunch (.MB). Meal break wash-up OOS (.MB-W/U) may be used 3 hours, 57 minutes into their shift. Meal break pick-up OOS (.MB-P/U) may be used 3 hours, 45 minutes into their shift. If a unit arrives at the assigned station in less than the allotted 12 minutes for travel time, the EMD will remove the .MB-P/U OOS and replace it with a .MB-W/U OOS.

Within the first four (4) hours of a twelve (12) hour shift, Paramedics are in "Pending" status. Paramedics between hours four (4) and eight (8) are in "Required" status. Paramedics that have not completed their meal break by hour eight (8) are in "Critical" status.

Meal Break Facility Assignments

During the meal break time frames, Paramedic crews will be assigned to priority post station areas once cleared from an emergency call or hospital. If the Paramedic crew is in need of their meal break, they will be expected to take their meal break at the assigned priority post station.

Once the priority post station areas are covered, Paramedic crews who have not yet had their meal break or who have not completed their meal break, will be assigned to one of the two closest ambulance stations and placed on a meal break.

In an effort to ensure Paramedic crews complete their meal breaks in a timely manner, travel back to their "home station" will not be permitted unless their home station is one of the two closest stations when they clear from their assignment.

Meal Break Hotline

Paramedics requiring a meal break pick-up are required to call the meal break hotline prior to 3 hours, 45 minutes into their shift. One Desk checks this phone number and will advise the EMD of any crews that have made this request. If a crew has requested a meal break pick-up and are in an available status 3 hours, 45 minutes into their shift, the EMD will put them on a .MB-P/U.

Paramedic Expectations

All Paramedic crew members eligible for lunch on an assigned vehicle will take the opportunity at that time to have their lunch. Paramedic crews are expected to carry their lunch with them at all times (unless a pick-up has been requested). Coolers have been issued by the Division to accommodate this requirement. If a Paramedic forgets their lunch in a different station, EMDs are not obliged to send them back to that station to continue/complete their lunch.

Meal Break While in Offload Delay (Typically co-ordinated by One Desk)

Paramedics in extensive offload delay in hospitals may be assigned to lunch if other Paramedics are available in the same facility to take over patient care. This often results in the Paramedic crew leaving the hospital without a stretcher. Once patient care has been transferred to another unit the EMD will:

- Post the unit to the closest meal break facility
- Add NO STR-FR OOS (if appropriate) and add the .MB-P/U OOS
- Update the unit's status (In Quarters, .MB-W/U) as appropriate

Once the meal break is complete, the unit will be sent back to the hospital to assume responsibility for the original patient.

Standby Assignments

Once assigned to a location for lunch, new standby assignments are not permitted until the Paramedic crew has completed their lunch. It is important for the EMD to evaluate coverage prior to posting a unit once eligible for lunch.

Need Fuel (½ tank & ¼ tank)

If the crew has the ½ tank OOS reason applied, they will be assigned for their meal break before refuelling.
If the crew has the ¼ tank OOS reason applied, they will be assigned to refuel and then assigned for their meal break.

Emergency Calls

All units can be placed back in service at any time to service an emergency call. If possible, available units should be assigned to the emergency call (instead of assigning a unit that is on lunch) if they are able to arrive on scene within the time parameters for each call priority (This includes emergency transfers and Inter-facility Alpha calls).

Lunch OOS reasons are automatically removed when units are assigned to calls.

If more than one unit of the same capability (two PTUs or two ATUs) is on lunch in the same facility, the unit on lunch for the LEAST time will be given the call.

If more than one unit of different capability (one PTU and one ATU) is on lunch in the same facility, the priority of the call will indicate which unit is to be assigned to the call regardless of time already on lunch.

If a unit is assigned an emergency call prior to completing the following amount of time in each OOS, they will be provided the opportunity for a full lunch:

- .MB 20 minutes
- .MB-W/U 23 minutes
- .MB-P/U 35 minutes

If a unit is assigned an emergency call after completing the above times on their OOS, they will be provided an extra 20 minutes for lunch.

NOTE: If a unit is assigned an emergency call (not a standby) within the last 5 minutes of their lunch, they are considered complete and will not be provided with additional lunch time. This line is bolded in the section copied from the collective agreement on page 5.

Out of Town Lunch

When a unit is required to service a call (emergency or non-emergency transfer) more than thirty (30) kilometres outside of the boundaries of Toronto during the meal break period, the EMD may direct them to take their lunch "out of town". Occasionally this is not possible due to Treat & Return trips. If the unit is able to clear the destination facility, the EMD will place them OOS (.MB-P/U). Once complete, the unit will be assigned back to Toronto.

MAXIMUM NUMBER OF VEHICLES PER STATION FOR LUNCH

STATION	# UNITS	STATION	# UNITS	STATION	# UNITS	STATION	# UNITS	STATION	# UNITS
19	3	21	2	30	3	40	3	53	2
11	2	22	2	31	3	41	2	54	3
12	2	23	2	32	2	42	2	56	2
13	2	24	2	33	3	43	2	57	2
14	2	25	2	34	2	45	3	58	2
15	2	26	2	35	2	46	2		
18	3	27	2	36	2	47	2		
		28	2	37	3				
		29	2	38	2				
				39	2				

It is the responsibility of each quadrant EMD to attempt to get Paramedic crews lunches completed during the meal break period. However, due to the many obstacles the quadrant EMDs are confronted with on a daily basis such as offload delays, unit shortages and increased call volume, at times, this is not possible.

It is also the responsibility of each quadrant EMD to provide emergency coverage during lunch periods. Should a quadrants' resources be limited while units are on their lunch break (specifically 7 hours or greater into their shift) and there are calls waiting in the PIQ, EMDs are expected to not bypass units when on their lunch to service the calls specifically in the cases of Echo and Delta priority calls unless the further unit(s) can arrive on scene within the Toronto Paramedic Services response goals.

The expectation is that the CTO and the EMD Trainee will use the Optima meal monitor to manage lunch breaks.

SYNOPSIS OF PARAMEDIC MEAL BREAK GUIDELINES

The following information has been taken from the *Standard Operating Procedures - Chapter 03: Operations* and condensed for the purposes of Dispatch Training information. Some points have been re-worded to allow for clarity in an edited form.

- Any crew requiring a Meal Break pick up must declare their intention to do so prior to the 3hour and 45 minute mark of their shift. Paramedics must phone 416-392-4444 to declare this notification.
- When the Communications Centre assigns a crew their meal break, all crew members will take the opportunity at that time. Lunch breaks are to be assigned at the earliest opportunity.
- Paramedics are required to carry lunch with them at all times unless they have declared their intention to pick up their meal. Paramedics have been issued coolers by the Division to make it possible to carry lunch.
- Crews will not necessarily be assigned to their book-on station for lunch and circumstances may warrant assigning lunch in a hospital (e.g. Off-Load Delay). That said, if a Meal Break is assigned at a hospital, the crew does not necessarily have to remain at the hospital. Paramedics may, upon notification to the Communications Centre, leave the building for their meal break. Further, if requested, the EMD will approve the movement of the ambulance. The crew must be back at the patient's side at the end of 45 minutes (comprised of up to 12 minutes for the crew to pick up their meal and travel to their assigned location, 3 minute wash up and their 30 minute Meal Break) and are to maintain radio contact with the Communications Centre.
- A crew will, subject to the Meal Break Guidelines, be assigned a Meal Break when clearing a hospital or a call/standby following the 3 hour and 45 minute mark of their shift.
- A crew assigned to a Meal Break, will, upon their arrival at the assigned location, have a 3-minute wash-up time added to their 30 minute Meal Break.
- New standby assignments will not be dispatched to a crew after four hours into the shift and before the crew has had a Meal Break.
- When a crew is assigned a Meal Break, the Communications Centre shall advise the crew of the facility at which the Meal Break is to be taken, subject to the crew's option of remaining mobile during their Meal Break in a response area approved by the Communications Centre. In this circumstance, the crew will be advised that their Meal Break will begin immediately.
- In facilities where there are two or more crews assigned to Meal Breaks, the crew who is assigned a Meal Break first shall be given every opportunity to complete it. For the duration of said Meal Break, the other crew(s) may be brought back into service to respond to any call(s) that may be directed to that facility during this time before the crew assigned lunch first. (Assuming units are of the same capacity)
- Crews in a station that are not on a call or a standby will automatically be placed on Meal Break right at the 4-hour mark and this will not require notification from the Communications Centre.
- If a Meal Break has been assigned, it is not to be interrupted by a standby.

The following information is from the Local 416 Collective Agreement found here: https://local416.ca/wp-content/uploads/2017/09/Toronto_CivicEmployees_outside1.pdf

Meal Allowance

45.01 Meal allowance as provided for in the Meal Break Guidelines shall be $10.00 without receipts.

Meal Breaks

45.02 (i) Toronto EMS will provide a meal break of thirty (30) minutes for Paramedic staff during their assigned shifts. Paramedics working a twelve (12) hour shift will receive a meal break no earlier than four (4) hours into their shift and no later than seven and one half (7½) hours into their shift.

(ii) Paramedics not receiving their meal break within seven and one half (7½) hours of their shift will receive time and one half (1½) payment or lieu time, at the option of the Paramedic, for a missed meal break (45 minutes pay or time in lieu). In addition, the meal break for the shift in question will be rescheduled in accordance with the current guidelines.

(iii) If a crew is assigned a meal break while already in an ambulance station, the length of the meal break will be measured from the time crew was notified. If the crew's meal break is interrupted during the first twenty (20) minutes it shall be rescheduled. If the crew's meal break is interrupted after twenty (20) minutes have passed but before twenty-five (25) minutes have passed, another twenty (20) minutes additional meal break time shall be provided. **If the crew's meal break is interrupted after twenty-five (25) minutes have passed, no additional meal break time will be provided.**

(iv) In the event that Paramedics are assigned a late call that results in them not returning to the station until ninety (90) minutes or more have elapsed beyond the scheduled end of the shift, Toronto EMS will provide an additional thirty (30) minute meal break at the time-and-one half (1½) rate to be taken following the wash-up and lock-up (if indicated) period(s) has/have been completed. The Paramedic will not be required to remain at the station during this break.

(v) The Meal Break Guidelines as presently in existence will remain in place except as provided for above.

(vi) The parties agree to explore other supplemental shift options to improve opportunities to provide meal breaks to TEMS Paramedics.

Orientation

Section 1.13
Communication Centre Emergencies

Toronto Paramedic Services Dispatch Manual

TORONTO
Emergency Medical Services

Toronto EMS
Central Ambulance Communications Centre
(CACC)

Evacuation Protocols

Revised September 2013September 2013

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Toronto CACC Facilities

CACC **Central Ambulance Communications Centre**
The definitive Toronto EMS public-safety answering point and Emergency Medical Dispatch facility, 4330 Dufferin St, east building.

DBAC **Don Mills Backup Ambulance Communications Centre**
The definitive Toronto CACC backup facilty, 703 Don Mills Road, 8th floor.

HBAC **Headquarters Backup Ambulance Communications Centre**
Place of first refuge in an emergency evacuation of Toronto CACC. Adjacent to Toronto EMS Station 53.

TBAC **Training-Room Backup Ambulance Communications Centre**
Remote EMD site in a partial evacuation of the CACC, using the existing CACC Training-room.

Glossary

1 Desk	Toronto EMS CACC supervisory desk
2 Desk	DOC supervisory EMS dispatch desk, with VisiCAD & Avtec
4330	Emergency Services Headquarters (ES HQ), 4330 Dufferin Street
703	703 Don Mills Road. Toronto EMS DBAC. Building known as: Toronto Consolidated Communications Computer Centre (TCCC).
Advanced Party	1 Senior EMD with 2 EMDs, preparing alternate dispatch site
ANI ALI	Automatic Number Identification, Automatic Location Idendification
Avtec	Proprietary radio and telephone system in CACC, DBAC, & TBAC
CAD	Computer-Aided Dispatch
Capt	Toronto Fire Communications Captain
Crash Cabinet	Cache of emergency dispatching tools for use in CACC evacuation
DOC	**Toronto EMS Divisional Operations Centre ("Ops Ctr")** Formerly known as *Healthcare Divisional Operations Centre (HDOC)*
EMD	Emergency Medical Dispatcher
EMO	Emergency Management Ontario
EOC	City of Toronto Emergency Operations Centre
EPS	Emergency Power Supply
ERU	Emergency Response Unit
ES HQ	Emergency Services Headquarters, 4330 Dufferin Street
ESU	Toronto EMS Emergency Support Units
GMCP	Government Mobile Communications Project (Province of Ontario)
GTAA	Greater Toronto Airport Authority
IMS	Incident Management System. City of Toronto corporate standard in event/incident management
IT	Information Technology (or Technologist)
Main Party	On-duty EMDs, evacuating to alternate dispatch site
Metronet	Backup VHF Radio system, linking all City of Toronto Divisions
MAG	Ministry Action Group representing MOHLTC at the POC
MOHLTC	Ministry of Health and Long-Term Care
NCE	Non-CAD Environment Dispatching system & forms
NICE Logger	Proprietary voice-logging system in the CACC, DBAC, & TBAC
P-Comm	MOHLTC EHS Branch, Provincial Common radio channel VHF simplex radio frequency (150.100 MHz)
POC	Provincial Operations Centre, Emergency Management Ontario
ProQA	Proprietary adjunct to VisiCAD in the CACC, DBAC, & TBAC
PSAP	Public–Safety Answering Point
TFS	Toronto Fire Services
TPS	Toronto Police Services
TTC	Toronto Transit Commission
Superintendent	Toronto CACC Superintendent, Communications Centre
SMC	Bell Canada 9-1-1 Surveillance and Monitoring Centre
UPS	Uninterruptible Power Supply
VisiCAD	Computer Aided Dispatch system in the CACC, DBAC, & TBAC

Preamble

Toronto EMS has an obligation to protect the public safety; any evacuation of the CACC has the potential to compromise this mandate. Conversely, Toronto EMS must also ensure a safe and reliable work environment for the EMDs. Any consideration of evacuation must balance these two serious needs. These Evacuation Protocols will assist in determining an appropriate response under the circumstances.

The following Quick Reference Cards are intended to be issued and carried as credentials for 1 Desk staff, along with Toronto EMS identification.

CACC Evacuation Protocols

Appendix A	Notification List	
Appendix B	Site Selection	**Plan A** = HBAC + DBAC
		Plan B = ES HQ Exterior + DBAC
Appendix C	HBAC Operations	
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Quick Reference Card A

CACC Evacuation Checklist

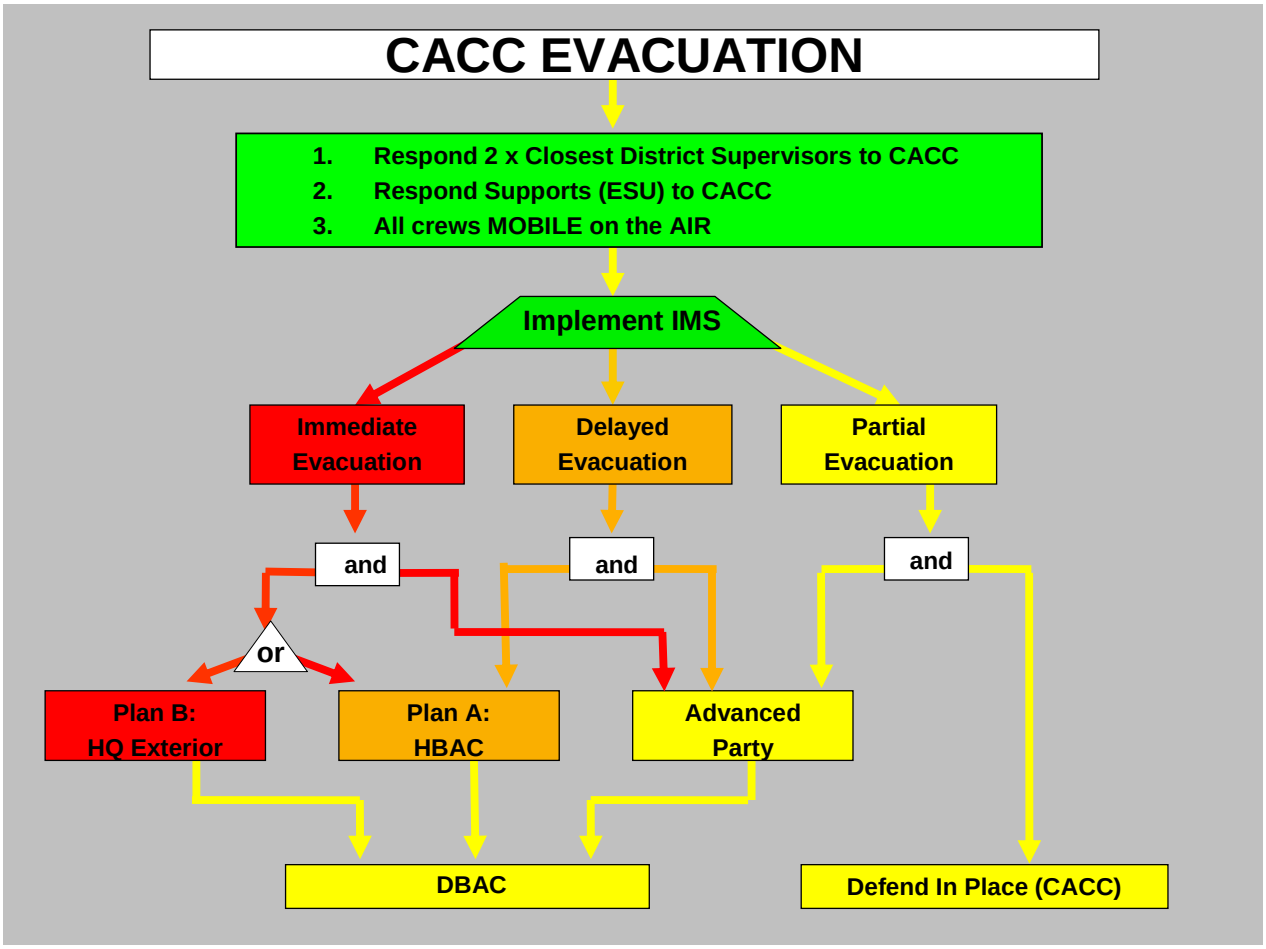
1. **IMS.** Assess threat: Immediate; Delayed; or Partial Evacuation.
2. Identify alternate site: Internal or External to ES HQ.
3. Notify appropriate staff, agencies. ESU to ES HQ.
4. Send Advanced Party to alternate site.
5. Prepare alternate site.
6. Prepare Main Party for evacuation.
7. Evacuate Main Party to alternate site.
8. Regain operational control.
9. Update appropriate staff and agencies.
10. Continuously monitor and re-assess the threat.
11. Plan de-escalation with tactical return to CACC.
12. Stand-Down notifications.

Quick Reference Card B

CACC Crash Cabinet

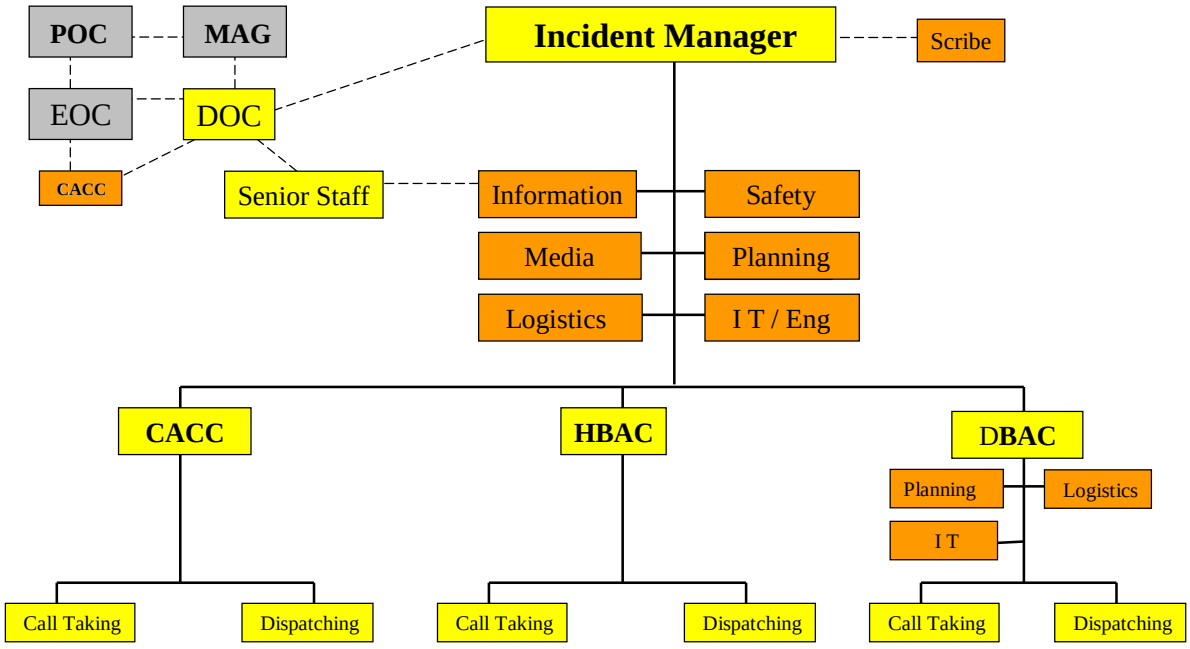
Available in the control centre for use during an evacuation:

- **Evacuation Protocols**
- 8 x Smartzone Portable Radios: 1 Desk, and Quadrant/PCTU/Coordinator EMDs
  - Spare batteries, chargers
- 4 x Cellular Telephones for Call-Taking
- Geocode books;, ditties, etc
- Pens, pencils, lined paper, paper clips, etc



CACC Evacuation Flowchart

CACC IMS Structure
Level 3 & 4 Incidents



Any event that threatens the mandate of Toronto CACC will be managed according to the Communications – Incident Management System (C-IMS) as illustrated in the above structure. The definitions are as listed below.

CACC	Central Ambulance Communications Centre
DBAC	Don Mills Backup Ambulance Communications Centre
DOC	Toronto EMS Divisional Operations Centre Formerly known as *Healthcare Divisional Operations Centre (HDOC)*
EOC	City of Toronto Emergency Operations Centre
HBAC	Headquarters Backup Ambulance Communications Centre
MAG	Ministry Action Group representing MOHLTC at the POC
POC	EMO Provincial Operations Centre

CACC Evacuation Protocols

1. Threat Assessment

Assess the threat and level of evacuation: Immediate, Delayed, or Partial.

- **Immediate Evacuation**
  Catastrophic loss of critical CACC dispatch systems; or
  Environmental conditions within the CACC that may pose a threat to EMDs.
  - May temporarily require severely restricted dispatch capabilities, in preparation for evacuation to an off-site backup facility.
- **Delayed Evacuation**
  Progressive loss of CACC dispatching systems,
  which may eventually render CACC inoperative; or
  Environmental conditions within the CACC are deteriorating,
  such that a threat to the health and safety of EMDs is developing.
  - Allows time for alternate facilities to be brought online in an organized fashion.
- **Partial Evacuation**
  Loss of specific CACC systems, with partial, but stable operations.
  - Allows time for alternate facilities and/or systems to be brought on-line in an organized fashion.

2. Identify Alternate Site

Consider facilities internal or external to ES HQ.

- **Internal**
  Only the footprint area of the CACC itself is compromised, allowing deployment to other areas within ES HQ. Note: CACC environmental and some electrical systems are independent of the rest of the building. Options:
  - CACC (defend in place); TBAC; HBAC.
- **External**
  Entire building at ES HQ is compromised. Options:
  - HBAC; Exterior grounds of ES HQ; or DBAC (703 Don Mills).

3. Notifications

Notify appropriate staff and agencies. Respond Emergency Support Units to ES HQ.

- See Appendix A

4. Advanced Party

- Identify EMDs with appropriate skills and experience to prepare an alternate site for improvised EMS dispatch operations: 1 Senior EMD & 2 EMDs.
- CACC Crash Cabinet: Issue a portable radio to each Advanced Party member, and to each Quadrant/PCTU/Coordinator EMD.
- Advanced Party gathers data and material: Staffing lists; Copy of data from CACC Status Board; CACC Crash Cart and portable radios, as assigned.
- Advanced Party proceeds to alternate site on an emergency basis. Appendix D-2.

5. Prepare Alternate Site

- Advanced Party prepares alternate site: Activate environmental controls, computers, radios, telephones; sets up quadrant maps, etc.
- Establish and maintain communications with Main Party.
- Identify incoming telephone numbers for re-directing emergency, non-emergency, and 9.1.1 lines; advise TPS Communications. See Appendix A.

6. Prepare Main Party

- Superintendent: Contact TPS on Cellular – **Keep line open** until crossover is complete.
- Senior EMDs prepare CAD worksheets.
- EMDs prepare quadrant rundown sheets.
- EMDs place crews mobile in station area to maintain radio contact.
- Superintendent or designate will arrange emergency transportation. See Appendix D-2.

7. Evacuate Main Party

- Hand-off control to Advanced Party at alternate site.
- Advise Bell Canada SMC to redirect calls to alternate site.
  - Contact Bell SMC; advise of available phone numbers. See Telephony Contingency Plan
- Evacuate Main Party using emergency transportation.
  Staff will not use own vehicles. See Appendix D-2.
- Maintain communications between alternate site and Main Party.

8. Regain Operational Control

Main Party resumes control of the fleet at the alternate site.

- Each EMD verifies status of rundown.
- Superintendent verifies with Toronto Police no calls were lost during crossover.

9. Update Staff and Agencies

Alternate site now operational; advise of any special conditions. See Appendix A.

10. Monitor & Re-assess Threat

Continuously monitor the threat with a view to maintaining alternate site operations only as long as is necessary.

- Consider redirecting incoming shift personnel to report to alternate site.

11. De-escalation & Return to CACC.

- Plan de-escalation and tactical return to CACC.
- Consider staged hand-off of operations to CACC, with incoming shifts.
- Arrange appropriate transportation to return displaced staff to ES HQ.
  - See Appendix D-2.

12. Stand Down Notification

Update appropriate staff and agencies of return to normal operations.

- See Appendix A.

Actions – On

Immediate Evacuation

Plan A = HBAC & DBAC	Plan B = Exterior & DBAC
Evacuate to HBAC, while the Advanced Party is enroute to the DBAC.	Evacuate to Exterior of ES HQ while the Advanced Party is enroute to the DBAC.

1) **CACC Keypress & Crash Cabinet**
   1 Desk LockBox: Get HBAC & Crash Cabinet Keys & DBAC Sealed Envelope
   a. Smartzone Portables to Quadrant EMDs, Coordinators, and others as required.
   b. Distribute Crash Cabinet Cellular Telephones to Call Receivers

2) **9.1.1 Lines**
   Advise TPS Communications to **direct** 9.1.1 EMS calls to
   Crash Cabinet Cell Phones, if required, using the following numbers:

416-523-2059	416-523-2086	416-523-2096	416-523-2104

3) **CAD Worksheets**
   Sr EMD to print out CAD Worksheets, and distribute to Quadrant/PCTU EMDs

4) **Notifications**
   Activate Call-Out Notification List (Appendix A)
   - Respond 2 x closest Superintendents (Operations)Superintendents (Operations) to ES HQ on emergency basis for possible EMD transportation to DBAC
   - Respond Emergency Support Units (ESU) to ES HQ
   - Advise TPS Communications that Toronto CACC is evacuating immediately
     - TPS may be required to answer 9.1.1 EMS calls until further notice
     - TPS becomes the PSAP for ambulance calls, notifies TFS of serious calls
     - Superintendent will re-establish communications with TPS, from the HBAC and/or DBAC at their earliest opportunity

5) **Implement IMS Model**
   Access CACC IMS Portable radios in CACC Manager's office
   - Use Channel B10 (or next available)

6) **Evacuate**
   Move Advanced Party to HBAC (or ES HQ Exterior as required)
   Move Main Party to DBAC

Go To Appendix B: Plan A or Plan B

Actions – On

Partial Evacuation

1) **CACC Keypress & Crash Cabinet**
   Access 1 Desk LockBox: Get Crash Cabinet Key & DBAC Sealed Envelope
   a. Smartzone Portables to Quadrant EMDs, Coordinators, and others as required.
   b. Distribute Crash Cabinet Cellular Telephones to Call Receivers, if required.

2) **9.1.1 Lines**
   Advise TPS Communications to **be prepared** to direct 9.1.1 EMS calls to Crash Cabinet Cell Phones, **if required**, using the following numbers:

416-523-2059	416-523-2086	416-523-2096	416-523-2104

3) **CAD Worksheets**
   Sr EMD to print out CAD Worksheets, and distribute to Quadrant EMDs

4) **Notifications**
   Activate Call-Out Notification List (Appendix A)
   - Respond 2 x closest Superintendents (Operations) to ES HQ on emergency basis for possible EMD transportation to DBAC
   - Respond Emergency Support Units (ESU) to ES HQ

5) **Implement IMS Model**
   Access CACC IMS Portable radios in CACC Manager's office
   - Use Channel B10 (or next available)

6) **Identify Alternate Facilities**
   Prepare alternate location(s) for specific EMD functions, as required:
   - **Call-Taking** in TBAC, HBAC, or DBAC
   - **Dispatching** in TBAC, HBAC, or DBAC
   - **Coordinators** in TBAC, HBAC, or DBAC

   Where EMDs are being migrated to the DBAC, they are transported per Appendix D-2

7) **Operational Hand-Off**
   Conduct controlled hand-off of **specific** EMD operations to designated facilities as required, and when prepared.

Follow the 12-Point Plan – Pages 1, 2.

Actions – On

Delayed Evacuation

1) **CACC Keypress & Crash Cabinet**
   Access 1 Desk LockBox: Get Crash Cabinet Key & DBAC Sealed Envelope
   a. Smartzone Portables to Quadrant EMDs, Coordinators, and others as required.
   b. Distribute Crash Cabinet Cellular Telephones to Call Receivers, if required.

2) **9.1.1 Lines**
   Advise TPS Communications to **be prepared** to direct 9.1.1 EMS calls to Crash Cabinet Cell Phones, if required, using the following numbers:

416-523-2059	416-523-2086	416-523-2096	416-523-2104

3) **CAD Worksheets**
   Sr EMD to print out CAD Worksheets, and distribute to Quadrant EMDs

4) **Notifications**
   Activate Call-Out Notification List (Appendix A)
   - Respond 2 x closest Superintendents (Operations) to ES HQ on emergency basis for possible EMD transportation to DBAC
   - Respond Emergency Support Units (ESU) to ES HQ
     - In this case, TPS Communications are NOT required to answer 9.1.1 EMS calls

5) **Implement IMS Model**
   Access CACC IMS Portable radios in CACC Manager's office
   - Use Channel B10 (or next available)

6) **Advanced Party**
   Dispatch the Advanced Party to DBAC for Activation (Appendix D-2)
   Await notification from Advanced Party that DBAC is active

7) **Operational Hand-Off**
   Conduct controlled hand-off of EMD operations to DBAC

8) **Evacuate**
   Move Main Party to DBAC (Appendix D-2)

Follow the 12-Point Plan – Pages 1, 2.

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Appendix A Notification List

AGENCY	Primary	Alternate Contacts
TPS Communications	Direct Line	416-808-9091
TFS Communications	Direct Line	416-338-9001
HQ Corporate Security	HQ Portable	416-392-1000
703 Corporate Security	Control Centre @ 703 Don Mills:	416-397-0000
ESU	Group Page	Direct Line: 01 Stn 416-397-9032 or 2-2226
	Group Page	See Weekly On-Call list
CAD Systems Support	Group Page	Weekly On-Call list
On-Call Ops Mgr	Group Page	See Weekly On-Call list
On-Call Deputy-Chief	Group Page	See Weekly On-Call list
DOC Coordinator	Group Page	See Weekly On-Call list
GTAA Operations	Note: DBAC has no GTAA Crash Alarm	416-776-3055
Commander, Communications Centre	Group Page	416-392-3700
Superintendent, Commnications Centre (Operations Support)	416-392-2171	WinPage
Superintendent, Communications Centre	416-392-2132	WinPage
Deputy Chief, Communications Centre	Group Page	416-392-1886
MOHLTC EHSB Duty Officer		Via Georgian CACC

Updated September 2013

Where no landlines, nor Cellulars can be established, consider using the satellite telephones, available from the DOC Coordinator (see CACC Status Board)

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Appendix B: Site Selection – Plan A vs. Plan B

Alternative Dispatch Sites

There are a few possible sites for improvised EMS dispatch operations. Each of these locations is dependent upon the nature of the threat to the CACC.
These include, but are **not limited to**:

- Toronto CACC itself: **Defend-In-Place**, or partial evacuation
- CACC Training Room (TBAC): **Defend-In-Place**, or partial evacuation
- Headquarters Backup Ambulance Communications Centre (HBAC)
- Exterior grounds of Emergency Services Headquarters (ES HQ)
- Don Mills Backup Ambulance Communications Centre (DBAC)

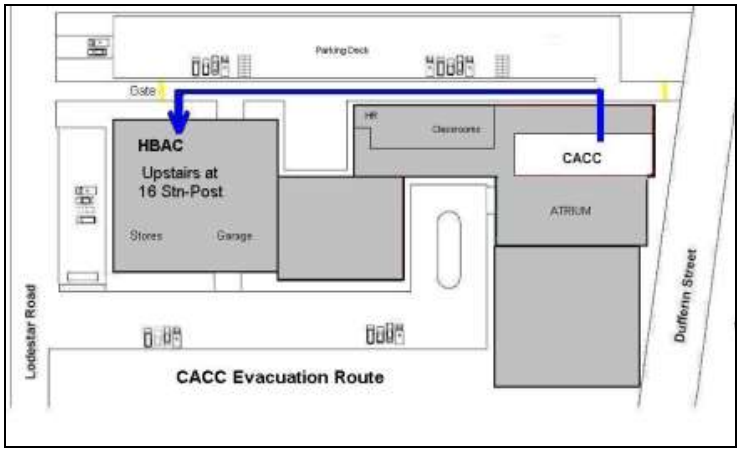
Immediate Evacuation Plan A = HBAC + DBAC

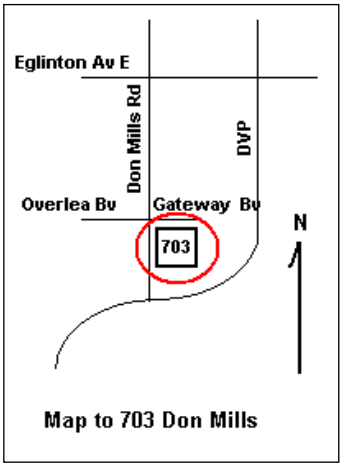
Immediate Evacuation is to the HBAC, to maintain immediate control of the fleet, while the Advanced Party makes their way to the DBAC at 703 Don Mills; when the Advanced Party is prepared to accept calls at the DBAC, the Main Party hands off control, and proceeds to the DBAC.

Immediate Evacuation Plan B = ES HQ + DBAC

Where the HBAC is not available (ie impinging flame, toxic plume, etc.), evacuate to the Exterior Grounds , to maintain immediate control of the fleet, while the Advanced Party makes their way to the DBAC at 703 Don Mills.

Below are maps indicating the relative locations of these sites.

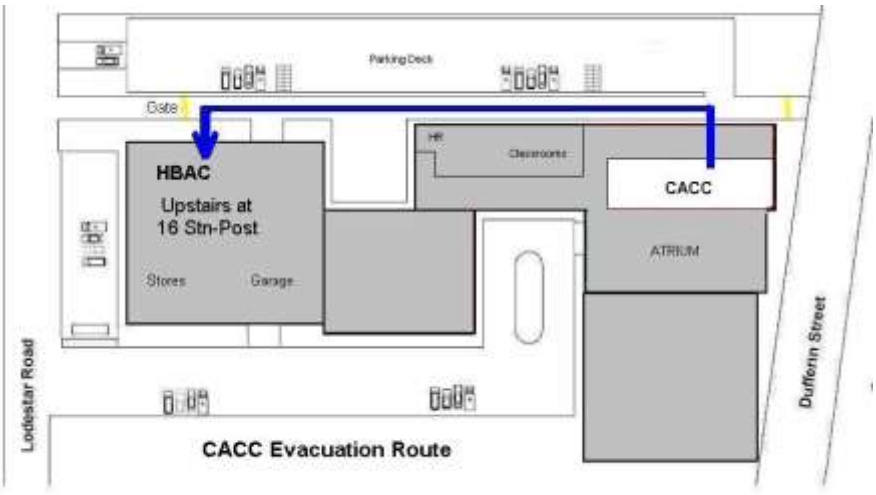




Each potential dispatch site has its own advantages and disadvantages, to varying degrees. The decision as to which evacuation site is best, depends upon the circumstances of the event that has compromised the CACC, and the environmental conditions present.

Plan A: Immediate Evacuation is to the HBAC.
This is followed by a controlled migration to the DBAC

- Respond Emergency Support Units to ES HQ.



Advanced Party
- Accesses HBAC Keys from 1 Desk Key Lockbox.
- Proceeds via north driveway to ES HQ door at Parking Lift Gate
- Activates Radio, Telephone and Cellular systems in HBAC.
- Identifies:
  - Quadrant workstation positions
  - Telephone Switchover – Contact Bell SMC
    (break open the frangible tag on the HBAC Keys for instructions)
- Verifies Quadrant Maps; NCE Totes/Zip Packs; Pencils, etc.

Main Party
- Evacuates to the HBAC.
- EMDs bring: Headsets; Rundown sheets; Portable radios, as assigned.
- Arrives in HBAC, takes assigned seating.
- Establishes emergency communications
- Verifies fleet status
- Regains operational control.

- Superintendent verifies with Toronto Police Services that no calls were lost during crossover.
- Superintendent verifies Evacuation Checklist.
- Update appropriate staff and agencies. See Appendix A.
- Prepare for secondary evacuation to the DBAC.

GO TO Appendix D1: Evacuate to DBAC

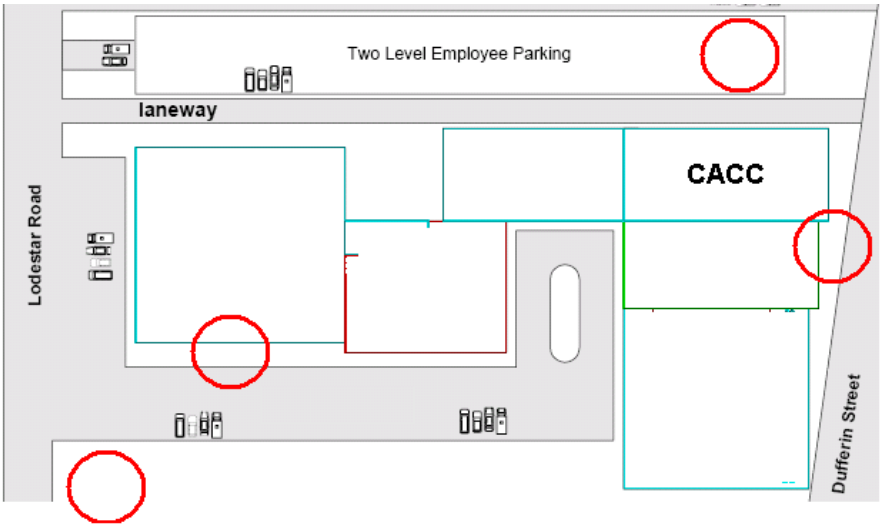
Plan B:

Evacuate to ES HQ Grounds.
Used only where HBAC facility is DISABLED or UNSAFE.
This is followed by a controlled migration to the DBAC

There are several potential locations for improvised EMS dispatch operations on the grounds surrounding the Emergency Services Headquarters (ES HQ). These will be dependent upon the nature of the emergency within the building, and the weather conditions. These include: Atrium Patio; Parking deck; benches outside the Garage.

> **Caution:**
> Evacuating to the exterior grounds severely compromises the ability of Toronto EMS to maintain its mandate. This should only be used in an **immediate evacuation** where all other possible sites at ES HQ are not available; in such a case, arrangements should be made to evacuate further, i.e. to the DBAC (703 Don Mills).

- Respond Emergency Support Units to ES HQ.
- Corporate Security to disable the magnetic lock access point(s):
  - Exterior doors, as appropriate.
- Verify that the work area is environmentally safe.



Advanced Party & Main Party move together

- Move CACC Crash Cart & all staff to selected exterior grounds area
  - Identify: Quadrant workstation positions; Cellular numbers; Portable radios.
  - EMDs bring: Headsets; Rundown sheets; NCE Totes/Zip Packs.
  - Distribute Quadrant maps, ditties, , Geocode Books, Pencils, etc.
  - Main Party establishes emergency communications.
  - Regains operational control; Verifies fleet status.
- Advise TPS of cellular numbers accepting emergency calls.
- Arrange for further evacuation i.e. DBAC. See Appendix D-1.
- Superintendent verifies that no calls were lost during crossover.
- Superintendent verifies Evacuation Checklist.
- Update appropriate staff and agencies. See Appendix A.

GO TO Appendix D1: Evacuate to DBAC

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Appendix C HBAC Operations

Instructions for Activation of the HBAC
Updated September 2013

1. Upon deciding to evacuate the CACC, the SuperintendentSuperintendent sends a team to the HBAC (minimum of one Senior EMD and 2 EMD's).

2. The SuperintendentSuperintendnet notifies the Toronto Police Communications Supervisor and EMS Senior Staff of the CACC evacuation.

3. The Senior EMD retrieves the HBAC keys from the CACC Lockbox (formerly the Telecom keys). Note the sealed instructions-tag attached to the keys.

4. The HBAC team proceeds via the north driveway to the Station 53 door, opens that door with their personal issue City of Toronto ID card, climbs the stairs, and enters the HBAC with the keys as retrieved from the Lockbox. See attached route-map.

5. The Senior EMD at the HBAC actions the appriopriate Telephony Contingency Plan

The landline numbers for the HBAC, DBAC and CACC Backup telephones are strictly **confidential** - they do not need to be given out, as the original CACC lines will be re-directed.

As new technology comes online, these instructions and the Evacuation Protocols will be updated.

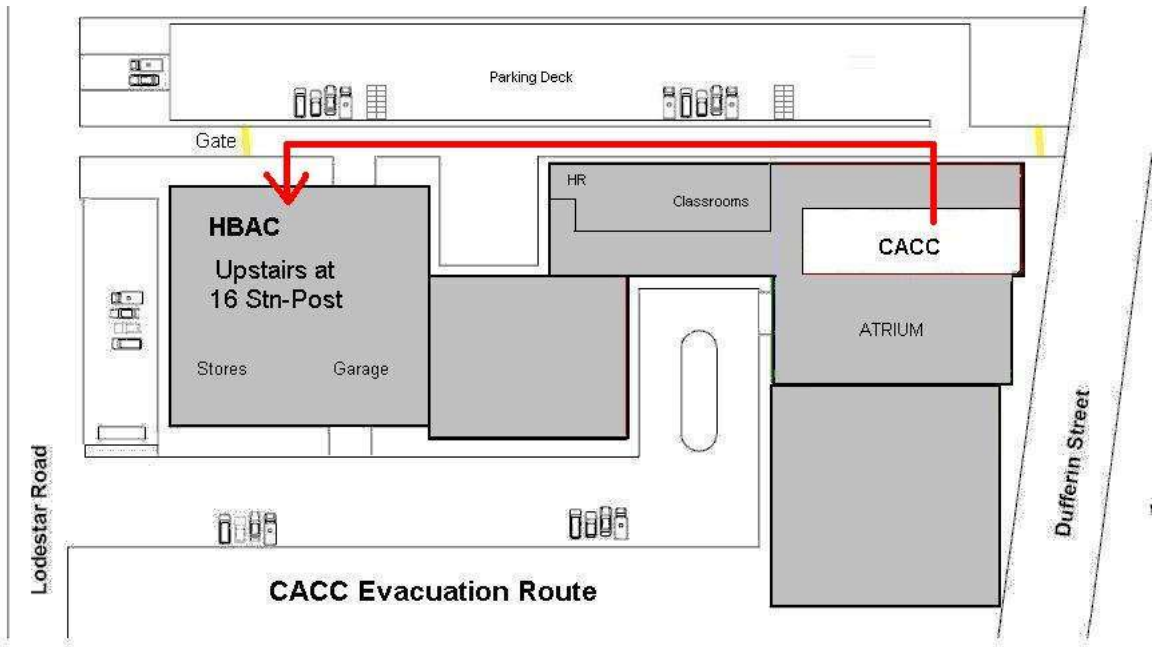
HBAC Operations

The Headquarters Backup Ambulance Communications Centre (HBAC) is a place of first refuge in the event of an emergency evacuation of the CACC. This facility is strictly a Non-CAD Environment (NCE) dispatching facility, intended for maintaining command and control of the Toronto EMS fleet. Any use of this facility in this capacity requires further migration to the definitive Toronto EMS backup centre, the Don Mills Backup Ambulance Communications Centre (DBAC).

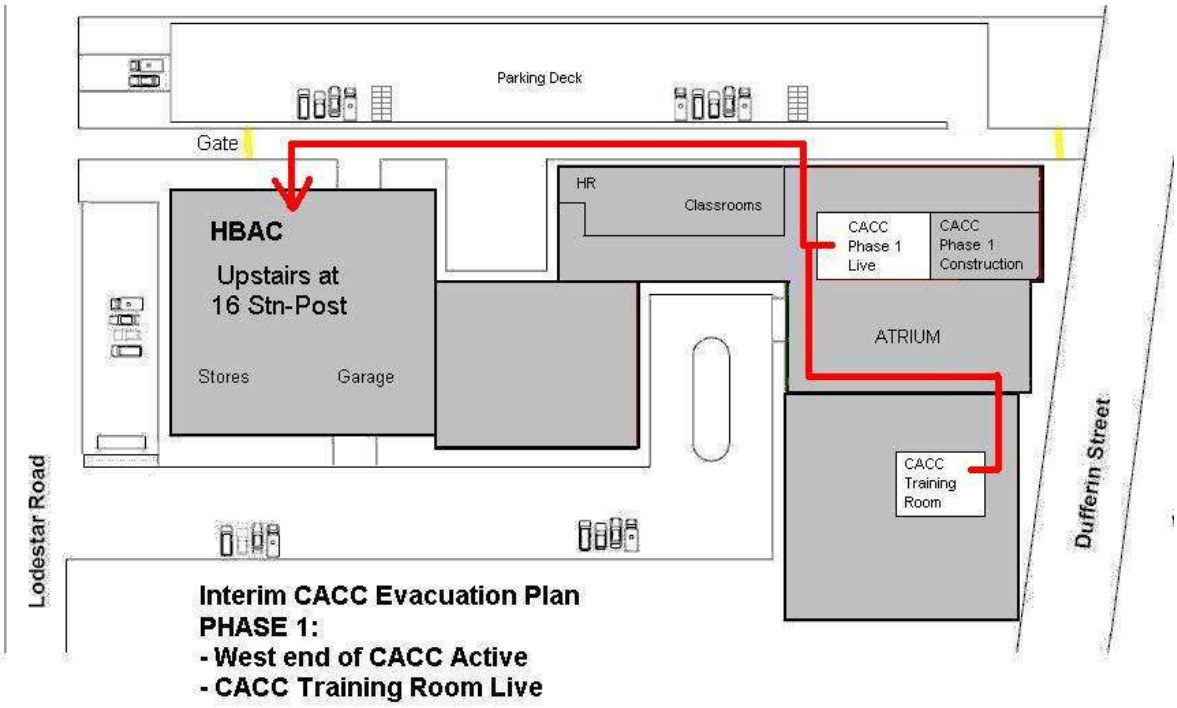
When DBAC is brought on-line, the EMDs conduct a controlled hand-off of operations to the DBAC. The EMDs at the HBAC are then evacuated to the DBAC per Appendix D-2.

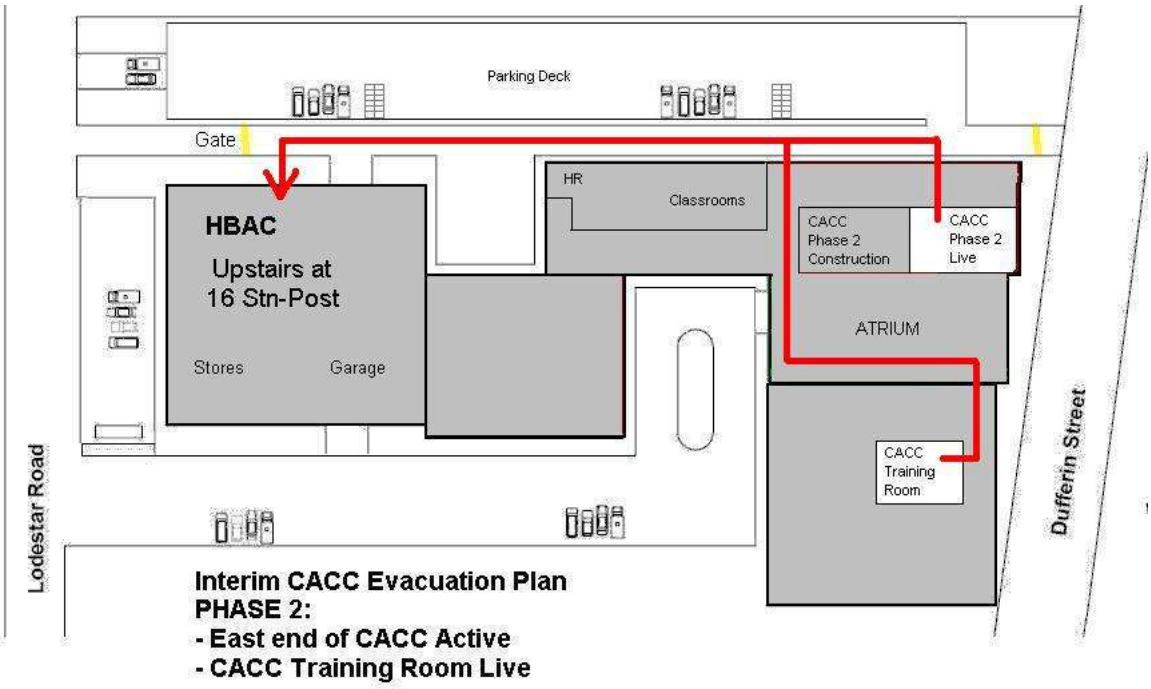
Alternate Use

The HBAC is designed to allow alternate uses such as a training classroom; boardroom; and a Divisional Operations Centre (DOC). However, its primary task is to serve as a HOT BACKUP to the CACC. As such, any alternate use of the facility is under the caveat that users may be evicted at a moment's notice for an operational deployment of the HBAC.



CACC Evacuation Route for activation of the HBAC.





CACC Evacuation Routes for use during the
"Phase 1" and "Phase 2" CACC Re-Design Construction periods.

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Appendix D-1: Evacuate to DBAC

➢ Case 1: Immediate Evacuation

- ➢ Respond the 2 closest Superintendents (Operations) to ES HQ – Emergency Basis (for EMD transportation to DBAC)
- ➢ Respond Emergency Support Units to ES HQ.

In either Plan A - Evacuation to the HBAC, or Plan B - Evacuation to the ES HQ Exterior Grounds, the EMDs will require a more definitive dispatch facility: EMD operations will need to be further evacuated to the DBAC.

Advanced Party

- o Travels with one or more Superintendents (Operations)(s) on an emergency basis to the DBAC at 703 Don Mills Road.
- o Accesses 703 Don Mills & DBAC. See Appendix D-3.
- o Activates DBAC. See Appendices D-4 & D-5.

Main Party

- o Maintains improvised CACC operations as the Advanced Party prepares DBAC.
- o EMDs bring: Headsets; Rundown sheets; Portable radios, as assigned.
- o Evacuates to HBAC or ES HQ grounds for improvised EMD operations.
- o As soon as transportation is ready:
  - Travels by emergency transportation to DBAC. See Appendix D-2.
- o **If EMD operations become impossible under these conditions:**
  - o Notify the TPS that EMS is evacuating to DBAC.
  - o TPS are to answer 9.1.1 EMS calls and take the information.
  - o TPS are to notify TFS of serious EMS calls
  - o Superintendent will advise TPS when the DBAC is prepared to accept EMS calls.
- o Notifies Corporate Security of arrival, for access purposes. Appendix D-3.
- o Arrives in DBAC, takes assigned seating
  - o Establishes emergency communications
  - o Verifies fleet status
  - o Regains operational control.

- Superintendent verifies with Toronto Police Services that no calls were lost during crossover.
- Superintendent verifies Evacuation Checklist.
- Update appropriate staff and agencies. See Appendix A.

Appendix D-1: Evacuate to DBAC

➢ Case 2: Delayed Evacuation (or Partial Evacuation)

- ➢ Respond the 2 closest Superintendents (Operations) to ES HQ – Emergency Basis (for EMD transportation to DBAC)
- ➢ Respond Emergency Support Units to ES HQ.

CACC operations may continue in the CACC for a limited time,
OR
CACC operations have been evacuated to an alternate site within ES HQ where it is anticipated that the CACC will be unavailable for an extended period (beyond one complete 12-hour shift). EMDs will require a more definitive dispatch facility:
CACC operations should be moved to the DBAC (703 Don Mills).

- o Crash Cart Cellular phone: Superintendent contacts TPS via wireless (BlackBerry).
  Keep line open until crossover is complete.
  - o In this case, TPS are **not required** to call-receive on behalf of EMS.
- o Arrange emergency transportation to DBAC. Appendix D-2.
- o Notify Corporate Security of CACC evacuation to DBAC. Appendix D-3.

Advanced Party

- o Travels with one or more Superintendents (Operations) on an emergency basis to the DBAC at 703 Don Mills Road.
- o Accesses DBAC. See Appendix D-3.
- o Activates DBAC. See Appendices D-4 & D-5.
- o Advises Main Party when the DBAC is prepared to assume control.

Main Party

- o Maintains improvised EMD operations as the Advanced Party prepares DBAC.
- o Awaits notification by Advanced Party of readiness of DBAC.
- o Hands-off control of EMD operations to the Advanced Party.
- o Travels by emergency transportation to the DBAC. See Appendix D-2.
- o Notifies Corporate Security of arrival, for access purposes. Appendix D-3.
- o Arrives in DBAC, takes assigned seating
  - o Establishes emergency communications
  - o Verifies fleet status
  - o Regains operational control.

- Superintendent verifies that no calls were lost during crossover.
- Superintendent verifies Evacuation Checklist.
- Update appropriate staff and agencies. See Appendix A.

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Appendix D-2: Transportation to DBAC

The Superintendent or designate, will arrange for **emergency transportation** of EMDs to the Don Mills Backup Ambulance Communications Centre (DBAC).

Staff will utilize emergency transportation, as arranged.
Staff will not use own vehicles.
This ensures a cohesive EMD team arriving at the DBAC at the same time, prepared to assume operational control.

The chart below lists the options in **order of preference**:

Advanced Party Transport		Rapid Emergency Transportation: 3 Persons		
	Options	Agency	Agent	Access
1	**Superintendnt (Operations**	TEMS	1 Desk	Avtec (Direct Lines, Station Lines, Radios); Portable Radio; Direct Lines; Group Page.
2	**Emergency Response Unit (ERU)**	TEMS	1 Desk	Avtec (Direct Lines, Station Lines, Radios); Portable Radio; Direct Lines; Group Page.
3	**Ambulance**	TEMS	1 Desk	Avtec (Direct Lines, Station Lines, Radios); Portable Radio; Direct Lines; Group Page.
	EMS Honour Guard Van	TEMS	1 Desk	1 Desk – Key Lock Box; Corporate Security
	Toronto Police	TPS	TPS	Avtec (Direct Line); 416-808-9091

Main Party Transport		Emergency Transportation: Approximately 6 to 20 Persons		
	Options	Agency	Agent	Access
1	**Support Bus (ESU)**	TEMS	1 Desk	Avtec (Direct Lines, Station Lines, Radios); Portable Radio; Direct Lines; Group Page.
2	**Ambulances**	TEMS	1 Desk	Avtec (Direct Lines, Station Lines, Radios); Portable Radio; Direct Lines; Group Page.
	TTC Bus with Police escort	**TTC** **TPS**	Speed-Dial TPS	TTC Control – Emergency: 416-393-3555 Avtec (Direct Line); 416-808-9091
	EMS Honour Guard Van	TEMS	1 Desk	Corporate Security

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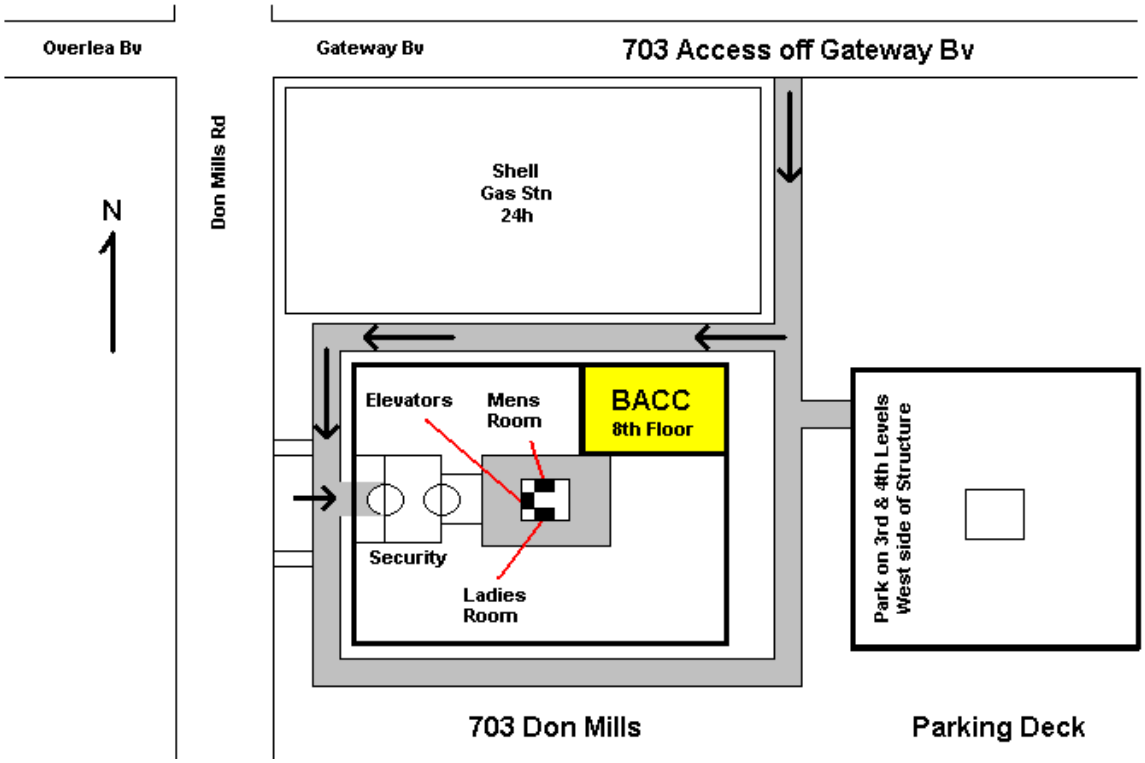
Appendix D-3: Access to 703 Don Mills and 8th floor DBAC

- All CACC Supervisors and most EMDs have Corporate ID access cards, authorizing access to 703 Don Mills and the 8th floor DBAC.
- Contact Corporate Security at 703 Don Mills. Advise:
  - Toronto EMS CACC is evacuating 4330 Dufferin
  - Enroute to DBAC at 8th floor, 703 Don Mills

Contact

703 Don Mills – Corporate Security	**(416) 397-5534**
Corporate Security Control Centre	(416) 397-0000
Failsafe:	
If unable to reach 703 Corporate Security, have TPS contact them.	



- Access to this Don Mills Road address, is via Gateway Boulevard.
- Access into the building will be through the West entrance.
- Corporate Security will arrange for elevator access to the 8th floor.

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Appendix D-4: DBAC Systems Start-up

Advanced Party

- Opens Supply Cabinet
  - Key for cabinet is inside the real estate lock, attached to the cabinet.
  - Real Estate Lock Combination: 3 – 6 – 9

Open	Sealed envelope from CACC Key lock Box
Or See	**On-Shift Superintendent;** Richard Bochenek; Mark Toman On-Call CACC Engineer; On Call CAD Systems Support

- Activates Radio, CAD, and Telephone systems in the DBAC.
  - **Avtec**
    - Avtec is always operational at the DBAC.
    - Login using Workstation position as identified on the Avtec screen
    - Select assigned position – should be noted on the monitor frame
  - **VisiCAD**
    - Verify CAD System Support technician is enroute to DBAC.
    - CAD technician requires approximately 10 minutes to switch CAD from Stand-by Mode, to Operational Mode.
    - **Do Not Touch** VisiCAD terminals in the DBAC until the CAD technician confirms that the system is operational.
  - **9.1.1 / Special Lines Reroute**
    - Advises on-duty Superintendent to intitiate 9.1.1 line reroute process. See **Superintendent** below.

- Prepares Workstations
  - Identifies:
    - Quadrant workstation positions
    - Telephone numbers – advises TPS
  - Sets up Quadrant Maps; Verifies NCE system, Pencils, etc. as required

Superintendent When appropriate, notify the Bell Canada 9.1.1 Surveillance and Monitoring Centre (SMC) to redirect Toronto EMS 9.1.1 and special lines to the DBAC at 703 Don Mills Road.

Contact	Bell Canada 9.1.1 Surveillance and Monitoring Centre (SMC)
When	24 / 7 Operations
How	1-800-263-7585
Authorized	**On-Shift Superintendent;** other CACC Supervisors;
	On-Call CACC Engineer; On Call CAD Systems Support
Password	(See any of the above) **Or: Open Sealed Envelope in DBAC Supply Cabinet**

Main Party

- Arrives in DBAC, takes assigned seating.
- Establishes emergency communications.
  - Spare headsets available in supply cabinet, as required.
- Verifies fleet status.
- Regains operational control.
- Obtains any outstanding calls from TPS.

- Superintendent verifies that no calls were lost during crossover.
- Superintendent verifies Evacuation Checklist. See ID Card.
- Superintendent verifies the NICE System is recording.
- Update appropriate staff and agencies. See Appendix A.

Appendix D-5: DBAC VisiCAD Startup (CACC Engineering)

During the hours that the DBAC is not in use (which is most of the time), the VisiCAD servers at the DBAC are configured to receive regular data updates from the CAD servers at 4330 Dufferin. VisiCAD will not operate at the DBAC until the DBAC servers are re-configured for either stand-alone DBAC operations, or remote CACC operations. CACC IT personnel are trained in the procedures for launching VisiCAD in a DBAC deployment.

CAUTION:

<u>DO NOT LAUNCH VisiCAD</u> until instructed by CACC IT personnel that the servers have been re-configured and are ready for EMD operations.

NOTE:

Where EMD operations are required in the DBAC prior to readiness of VisiCAD, use the NCE dispatching system until cleared by IT to launch VisiCAD.

Toronto EMS maintains three (3) complete set of Non-CAD Environment (NCE) Dispatching tools for manual EMD operations:

- CACC
- HBAC
- DBAC

VisiCAD Shutdown at Stand-down of DBAC Operations

The CAD Systems Support technician requires approximately 1 to 2 hours to return VisiCAD to the normal system status ie. Operational Mode in CACC, with Standby Mode at the DBAC.

- **Do Not Touch** VisiCAD terminals in the CACC until CAD technician confirms that the system is operational.
- Use NCE dispatching system until CAD changeover is complete.
- The Superintendent is responsible for the orderly shutdown of CAD at the DBAC, as instructed by the on-call CAD System Support technician.

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Appendix E TBAC Operations

The CACC Training-room is primarily designed for the purpose of training EMD skills, using the same technology as that in use in the CACC.

It can also serve as an alternate EMD facility, especially in a 'Partial Evacuation' scenario, most appropriately as a remote call-taking centre. With the help of CACC Engineering, the Avtec and CAD terminals in the room can be re-pointed to the LIVE system in a matter of minutes.

Alternate Use

In this alternate use capacity, the facility is known as the CACC Training-room Backup Ambulance Communications Centre (TBAC). Although the primary function of the CACC Training-room is as a training facility, operational needs take precedence over training needs; therefore, training in this facility may be pre-empted at any time for use as the TBAC, as required.

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Appendix Z: CACC Evacuation Protocols – Condensed Version

1. Threat Assessment

Assess the threat and level of evacuation: Immediate, Delayed, or Partial.

➢ **Immediate Evacuation**

Catastrophic loss of critical CACC dispatching systems; or Environmental conditions within the CACC that may pose a threat to EMDs.

- May temporarily require severely restricted dispatch capabilities, in preparation for evacuation to an off-site backup facility:
  - Advise TPS: Answer 9.1.1 calls until backup EMS lines are identified.

➢ **Delayed Evacuation**

Progressive loss of CACC dispatching systems, which may eventually render CACC inoperative; or Environmental conditions within the CACC are deteriorating, such that a threat to the health and safety of EMDs is developing.

- Allows time for alternate facilities to be brought online in an organized fashion.

➢ **Partial Evacuation**

Loss of specific CACC systems, with partial, but stable operations.

- Allows time for alternate facilities and/or systems to be brought on-line in an organized fashion.

2. Identify Alternate Site

Consider facilities internal or external to ES HQ.

➢ **Internal**

Only the footprint area of the CACC itself is compromised, allowing deployment to other areas within ES HQ. Note: CACC environmental and some electrical systems are independent of the rest of the building. Options:

- CACC (defend in place).
- TBAC, HBAC.

➢ **External**

Entire building at ES HQ is compromised. Options:

- HBAC;
- Exterior grounds of ES HQ; or
- DBAC (703 Don Mills).

3. Notifications

Notify appropriate staff and agencies.
Respond ESU to ES HQ. See Appendix A

4. Advanced Party

- Identify EMDs with appropriate skills and experience to prepare alternate site for improvised EMS dispatch operations: 1 Senior EMD & 2 EMDs.
- CACC Crash Cart: issue a portable radio to each Advanced Party member, and to each Quadrant/PCTU/Coordinator EMD.
- Advanced Party gathers data and material:
  - Staffing lists;
  - Copy of data from CACC Status Board;
  - CACC Crash Cart and portable radios, as assigned.
- Advanced Party proceeds to alternate site on an emergency basis. See Appendix D-2.

5. Prepare Alternate Site

- Advanced Party prepares alternate site: Activates environmental controls, computers, radios, telephones; sets up quadrant maps, etc.
- Establish and maintain communications with Main Party.
- Identify incoming telephone numbers for re-directing emergency, non-emergency, and 9.1.1 lines; advise TPS. See Appendix A.

6. Prepare Main Party

- Senior EMDs prepare CAD worksheets.
- EMDs prepare quadrant rundown sheets.
- EMDs place crews mobile in station area to maintain radio contact.
- Superintendent or designate will arrange emergency transportation. See Appendix D-2.

7. Evacuate Main Party

- Hand-off control to Advanced Party at alternate site.
- Advise TPS to redirect calls to alternate site.
  - Switch 9.1.1 Lines. Appendix D-4.
- Evacuate Main Party using emergency transportation.
  Staff will not use own vehicles. See Appendix D-2.
- Maintain communications between alternate site and Main Party.

8. Regain Operational Control

Alternate site: Main Party resumes control of fleet.

- Each EMD verifies status of rundown.
- Superintendent verifies no calls were lost during crossover.

9. Update Staff and Agencies

Alternate site now operational; advise of any special conditions. See Appendix A.

10. Monitor & Re-assess Threat

Continuously monitor the threat with a view to maintaining alternate site operations only as long as is necessary.

- Consider redirecting incoming shift personnel to report to alternate site.

11. De-escalation, Return to CACC.

- Plan de-escalation and tactical return to CACC.
- Consider staged hand-off of operations to CACC, with incoming shifts.
- Arrange appropriate transportation to return displaced staff to ES HQ.
  - See Appendix D-2.

12. Stand Down Notification

Update appropriate staff and agencies of return to normal operations.

- See Appendix A.

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Orientation

Section 1.14
Airports

Toronto Paramedic Services Dispatch Manual

AIRPORT CALLS

There are numerous airports in the Greater Toronto Area that Toronto Paramedic Services may transfer a patient to or from. The most common airports include Pearson International Airport (PIA), Billy Bishop Toronto City Airport – formerly Toronto Island Airport (TIA), Buttonville Airport and on occasion, Downsview Airport.

DEPARTURES AND ARRIVALS

The EMD will confirm the estimated time of departure (ETD) & Gate Number prior to dispatching a unit on the call. Sufficient "lead time" should be considered when selecting which vehicle will service the transfer. This includes enough time to pick up the patient at their current location and arriving at the airport prior to the ETD.

The EMD will confirm the estimated time of arrival (ETA) & Gate Number prior to dispatching a unit on the call.

When servicing calls at the Billy Bishop Toronto Island Airport, it is important to consider the time required to take the ferry across to the island. If it is an emergency transfer, One Desk should be asked to contact the Port Authority and request the ferry be waiting at the appropriate dock for the responding unit.

HELICOPTER (799)

At times, patients are flown to Toronto for emergency procedures. EMDs are expected to review any updates to pending 799 arrival transfers. When the arrival time is greater than 12 minutes, the transfer call should be a "Scheduled Code 2". When the arrival time is 12 minutes or less, the transfer call should be an "Emergency Transfer" (Bravo response).

The new 799 helicopters are equipped with stretchers that do not fit in Toronto Paramedic Services units. It is essential that any unit assigned to incoming 799 transfers have a stretcher on board.

CHANGING PRIORITY WHEN DISPATCHING

When an aircraft transfer call is ready for dispatch, the priority should be changed on pending calls that include the note "Emerg on Arrival" or "Code 4 On Arrival" to a "Bravo" response **before** the call is actually dispatched.

PICKING UP THE APPROPRIATE STRETCHER FOR THE TRANSFER (MEMO 2019-04-30 Use of # 9 Stretchers and transferring patients from aircraft)

Crews assigned the island transfer must be assigned to 36 station prior to being dropped on the transfer ticket. They will change stretchers at 36 station.

This stretcher is only to be used for transferring patients on a #9 stretcher and **not to be used for incubator transports**.

Medico-Legal

Toronto Paramedic Services Dispatch Manual

Medico-Legal

Section 2.1
Documentation

Toronto Paramedic Services Dispatch Manual

DOCUMENTATION

Electronic Patient Call Reports (EPCR)

In 2010, Toronto Paramedic Services mandated that all Paramedics will use electronic tablets to record call & patient information. These EPCRs replaced paper-based reports (ACR). This digital data is able to be "linked" with records from both the Communications Centre (Inform CAD Emergency Call forms) and hospitals. Paper-based ACRs are still available in the case that the EPCR is not working.

Ambulance Call Reports (ACR)

Paramedics are required to collect and document an accurate patient/incident history from all available information. Such information will be included in the ACR, with appropriate information to be transferred to medical personnel at the receiving institution.

Incident Reports

Incident reports should be completed in situations where there is an unusual occurrence and/or if there are suspicious circumstances or upon the request of a supervisor. EMDs will not be permitted to keep any copies of these reports due to confidentiality reasons.

Suspected Foul Play

Paramedics will make every attempt to leave the scene undisturbed, and where possible, preserve it for the police. This obligation is second only to the appropriate examination, treatment and transportation of the patient. In these cases, Paramedics will either advise the EMD or One Desk to update police if not already on scene.

Medico-Legal

Section 2.2
VSA &
Pronounced
Patients

Toronto Paramedic Services Dispatch Manual

VSA & PRONOUNCED PATIENTS

Vital Signs Absent (VSA) Patients – Definition

A patient with Vital Signs Absent (VSA) is defined as a person who is pulseless and breathless. In circumstances of sudden or unexplained absence of vital signs, Paramedics are obliged to assume the patient to be viable and will be treated as living persons. Patients will be provided with life support treatment and immediate transportation to the closest (or most appropriate) medical facility unless they are pronounced dead or are obviously dead (as per Basic Life Support Patient Care Standards). Police must be notified of ALL VSA patients.

Legal Death – Definition (CODE 6)

Legal death exists only when the physician has pronounced the patient dead. In order for a patient to be pronounced dead, Paramedics must contact a doctor at Base Hospital. Once pronounced, the Coroner's Office will be notified.

Obvious Death – Definition (CODE 5)

"Obviously dead" is defined as decapitation, transection, and visible decomposition or otherwise. Otherwise is defined as the absence of vital signs and obvious signs of death such as grossly charred body and/or gross rigor mortis. The determination that there is no doubt that death has occurred must be based on a thorough assessment of the patient and circumstances surrounding the death by the attending Paramedics. The decision to presume obvious death is based on knowledge, skill and training in emergency care.

If police have not been notified or not yet arrived on scene, the Paramedic crew will request the EMD notify police. EMDs should request One-desk contact police via the "Police SGT" line on AVTEC. One-Desk will also patch the Paramedic crew through to the Coroner's office.

Paramedics are required to remain on scene with the patient until appropriate personnel accept the responsibility for the deceased. Appropriate personnel include the police, DOS, another Paramedic and/or Coroner.

Transportation of Patients Vital Signs Absent

Legally dead persons must not be transported by ambulance, except from a public place where no body-removal service is readily available. In these circumstances, a coroner may authorize transportation of deceased persons by ambulance to the nearest hospital or morgue when an alternate ambulance is readily available to respond to emergency calls as determined by the Communications Centre. Public place in this context does not include the premises of a hospital, nursing home or similar institution or private residence. If there is any doubt that death has occurred, treatment will be provided in accordance to the procedure for V.S.A. patients contained in this policy under the heading - “Vital Signs Absent”.

An ambulance may be used to transport human remains for the purpose of organ transplantations on the order of a physician where the order is acknowledged by a physician at the hospital where the tissue is being delivered. Depending on the type of organs requiring transport and the number of people in the transport team, a response unit (PRU/ARU) may be used instead of a transport unit (PTU/ATU).

Medico-Legal

Section 2.3
Do Not Resuscitate (DNR) Confirmation Forms

Toronto Paramedic Services Dispatch Manual

DO NOT RESUSCITATE ORDERS

Paramedics will recognize and honour Do Not Resuscitate (DNR) Confirmation Forms completed on behalf of a patient on any call when a properly completed and other specific conditions have been met (below).

Ontario Ministry of Health and Long-Term Care

Office of the Fire Marshal

Serial Number _____

Do Not Resuscitate Confirmation Form

To Direct the Practice of Paramedics and Firefighters after February 1, 2008

Confidential when completed

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – *please print clearly*	
Surname	Given Name

1. **"Do Not Resuscitate"** means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
   - Chest compression;
   - Defibrillation;
   - Artificial ventilation;
   - Insertion of an oropharyngeal or nasopharyngeal airway;
   - Endotracheal intubation;
   - Transcutaneous pacing;
   - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one ☑) has been met and documented in the patient's health record.

☐ A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.

☐ The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one ☑ of the following:

☐ M.D. ☐ R.N. ☐ R.N. (EC) ☐ R.P.N.

Print name in full	
Surname	Given Name
Signature	Date (yyyy/mm/dd)

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

4519-45 (07/10) 7530-5558

DNR CONDITIONS

The following conditions must be met for Paramedics to recognize a DNR (and the following process will occur):

- A valid DNR Confirmation Form must be presented (including a valid serial number and all required fields properly filled in).
    - If the DNR Form is not properly completed, Paramedics will provide the required care
- Confirmation that the patient is also the individual named on the DNR Confirmation Form.
- If transport of a patient is required (not in cardiac/respiratory arrest), any accompanying parties will be made aware of the DNR Confirmation Form and which procedures may or may not be performed prior to arrival at the destination.
- If a patient is VSA with a valid DNR Confirmation Form, transportation will not occur.
- When ambulance service is requested and the sending institution indicates the existence of a DNR order, the EMD will record this information on the call receiving form and ensure that the responding paramedics are made aware of the order.
- Multiple patients will not be carried in a single vehicle if one of the patients has a DNR order/Validity Form during ambulance transport time.

Medico-Legal

Section 2.4
Midwives

Toronto Paramedic Services Dispatch Manual

MIDWIVES

With the inception of the *Midwifery Act of Ontario,* a Registered Midwife now holds the same standing as a physician, with regard to the following:

- On scene direction of specific areas of patient care
- The nomination of the patient's destination

Midwives in the Toronto area have formal admitting privileges at numerous hospitals. Thus, an ambulance crew attending a midwife's patient will most likely request the EMD to destinate them to a specific hospital.

When known, communications staff should ensure that notation is made in the Comments/Notes tab of the Call Taking screen indicating a midwife's attendance on scene. Such information is to be relayed to the responding unit(s).

EMDs that are aware of the attendance of a midwife on scene of a call are not required to provide Pre-Arrival Childbirth Instructions.

Medico-Legal

Section 2.5
Ambulance Act

Toronto Paramedic Services Dispatch Manual

AMBULANCE ACT OF ONTARIO

This section outlines the relevant sections of the Ambulance Act and Service Improvement Act (1997) pertaining to the operations of a C.A.C.C. (Central Ambulance Communication Centre) and the functions of an EMD.

PART I, page 1, Definitions

"Communications officer" means a person employed in a communication service who receives requests for ambulance services and other emergency and non-emergency services and causes a response to such requests to occur.
PART III, page 9, Qualifications, Communication Services

Section 10. (1)

A person who operates a communication service shall ensure that no person is employed as a communications officer in the service unless the person has the following qualifications:

- The person must be at least eighteen years of age.
- The person must hold an Ontario secondary school graduation diploma or have academic qualifications approved as equivalent by the director.
- The person must be able to read, write and speak the English language fluently.
- The person is the holder of a valid standard first aid certificate issued by a training institute approved by the director or hold qualifications approved as equivalent by the director.
- The person has successfully completed a radiotelephone operator's training course approved by the director.
- The person has been issued a photo identification card and provider number by the director.

Section 10. (2)
In addition to the qualifications set out in subsection (1), a communications officer who commences full-time or part-time employment after January 1, 1999, shall have:

- Successfully completed a communications officer training program approved by the director.
- Obtained a pass standing in an emergency communications examination set or approved by the director.

PART IV, Continuing Education and Training

Section 12. (2)

A person who operates a communication service shall ensure that every communications officer employed in the person's service is adequately trained in the use of the communications equipment.

Section 12. (4).(b).

For the purpose of this section, a person's training is adequate if in the case of a communications officer, it is sufficient to enable the officer to perform his or her responsibilities so as to ensure the efficient, accurate and timely delivery of ambulance services.

Section 14.

The director may direct any emergency medical attendant, paramedic, first response team member or communications officer to take a re-qualifying examination set by the director once every three years.

Despite subsection (1), the director may direct any emergency medical attendant, paramedic, first response team member or communications officer to take a re-qualifying examination, set out by the director, at any time if he or she has reasonable grounds to believe that the person may not be competent to perform, with reasonable skill, the duties normally required for his or her position.

The director shall give a person written notice that the person is required to take a re-qualifying examination under subsection (1) or (2) and shall specify, in the notice, the date time and location of the examination.

The notice shall be given at least 60 days before the day of the examination.

The director shall give notice of the next examination in accordance with subsection (3) and (4) to any person who makes a written request to the director that the person be given notice of the next examination date.

Every person who is directed under this section to take a re-qualifying examination shall attend at the location, and at the time, specified in the director's notice and shall take such examination.

A person who fails to take a re-qualifying examination, as directed under this section or who does not obtain a pass standing in a re-qualifying examination, shall not be qualified to be employed in an ambulance service or communication service until the person successfully completes an examination approved by the director.

PART VIII, Reports and Records

Section 24.

An operator and a person who operates a communication service shall establish and maintain a register setting out the qualifications of each emergency medical attendant, paramedic, first response team member and communications officer employed by the operator or person.
The register referred to in subsection (1) shall include:

- The driver's license number of each employee who is required to hold a valid driver's license under Part III.
- Evidence of certification from a medical director of a base hospital program where applicable.

- The Ontario Ambulance System identification number assigned to the employee by the director.

Incident Reports

Section 25.

In this section, “operator” includes a person who operates a communication service.
Every operator shall ensure that an incident report is made respecting:

- Each complaint relating to the operator’s service received by the operator or on the operator’s behalf.
- Each investigation carried out by the operator or under the operator’s authority relating to the operator’s service.
- Every unusual occurrence including:
    - Unusual response or service delays
    - Suspected criminal circumstances or events
    - Equipment deficiencies
- Interference in the performance of ambulance service encountered or experienced by the operator or any of the operator’s employees in the course of providing ambulance services.
- Any circumstance resulting in harm to a patient, ambulance crewmember 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, ambulance crew member, or any other person being transported in an ambulance or emergency response vehicle.

Every operator shall retain a copy of each incident report, whether or not it is an incident report required to be made under this section, for a period of three years after the date of the last notation made in the report.

Call Reports and Collision Reports

Section 26.

A communications officer shall, on receiving a call for ambulance services or on being notified of the movement of an ambulance or emergency response vehicle, record such information in a form approved by the director.
The operator of a communication service shall ensure that a copy of the record referred to in subsection (1) is forwarded to the director forthwith.

Section 28.
If a driver of a land ambulance or emergency response vehicle is directly or indirectly involved in a collision while in charge of the ambulance or emergency response vehicle, the driver shall immediately notify the communication service that normally directs the movements of the ambulance or emergency response vehicle.

Part XI, Management and Operation of Ambulance and Communication Service

Section 35.
The operator of a land ambulance service shall ensure that a land ambulance responds to a call for ambulance services is staffed with a crew of at least two persons, each of whom shall have the qualifications of an emergency medical attendant and,
In the case of an operator who holds a primary care paramedic license, at least one of whom is a primary care paramedic

In the case of an operator who holds an advanced care paramedic license, at least one of whom is an advanced care paramedic.

In the case of an operator who holds a critical care paramedic license, at least one of whom is a critical care paramedic.

The operator of a land ambulance service shall ensure that an emergency response vehicle that responds to a call for ambulance services is staffed with at least one emergency medical attendant.

Section 40.
An operator, emergency medical attendant or paramedic shall not transport or permit the transportation in an ambulance of the remains of any person who has been declared dead by a physician or who is obviously dead by reason of decapitation, transection, decomposition or otherwise, unless:

- The remains of the person are in a public place and it is in the public interest that the remains be removed.
- Arrangements are made to ensure that an alternative ambulance is readily available for ambulance services during the time that the remains are being transported.
- No patient is transported in the ambulance at the same time as the remains.
- Despite subsection (1), an ambulance may be used to transport human remains for the purpose of organ transplantation on the order of a physician where the order is acknowledged by a physician at the hospital and where the tissue is being delivered.
- The ambulance crew attending the human remains referred to in subsection (2) shall care for the human remains as directed by the physician who ordered the transportation.
- Subsection (1) does not apply so as to prevent the transportation of a patient who was alive when transportation began and is declared dead by a physician while the ambulance is en route.

Section 41.
No operator of an ambulance service shall use or permit the use of an ambulance or emergency response vehicle for any purpose other than:

- A purpose directly related to the provision of ambulance services.
- The transportation of the remains or a person in accordance with Section 40.

Section 45.

The operator of a land ambulance service shall not refuse, and shall not permit an employee to refuse to provide ambulance services or emergency response services unless directed or permitted to do so by a communications officer.
An operator shall ensure that every emergency medical attendant or paramedic employed by the operator shall comply with every direction and instruction issued by a communications officer with respect to the assignment of calls to ambulances and emergency response vehicles.

The operator of an ambulance service shall ensure that:

- The communication service that normally directs the movement of ambulance and emergency response vehicles in use in the ambulance service is always informed as to the availability of each ambulance and emergency response vehicle in the ambulance service
- Each movement of an ambulance or an emergency response vehicle used in an ambulance service operated by the operator is reported immediately:
- To the communication service referred to in clause (a); and
- If the ambulance or emergency response vehicle passes through a region for which a communication service other than the communication service referred to in clause (a) is designated to that communication service.
- The operator of a land ambulance service shall notify the communications service that normally directs the ambulances or emergency response vehicles used in the service.
- When a land ambulance or emergency response vehicle is removed from service for repair or maintenance or for repair or maintenance of the communications equipment installed in or assigned to the vehicle.
- When an ambulance or emergency response vehicle that was removed from service under clause (a) is returned to service.
- No operator may transmit on or otherwise use or permit the use of any frequency in connection with the ambulance services other than the frequencies assigned to the operator by director.

Section 47.

The driver of a land ambulance or the pilot of an air ambulance, in which a patient is transported, shall transport the patient to a facility directed by a communications officer ordering the movements of the ambulance.
If an ambulance is not directed to a facility by a communications officer, the driver of the land ambulance or the pilot of an air ambulance shall transport the patient to the nearest facility, which provides the type of care required for the patient.

Communication Services

Section 53.

No communications officer shall:

- While on duty, take, consume or have in his or her possession any liquor within the meaning of the Liquor Control Act, or any drug which could impair his or her ability to function as a communications officer.
- Report for duty while under the influence of any liquor within the meaning of the Liquor Control Act, or any drug, which could impair his or her ability to function as a communications officer.
- No person who operates a communication service shall permit a communications officer to receive or assign calls for ambulance services or for other emergency and non-emergency services at a communication service while the communications officer is apparently under the influence of liquor or drugs or suffering from the effects of liquor or drugs.

Section 54.

When directing the movements of an ambulance, a communications officer shall comply with any request for a patient to be transported to a specified health facility that is made by a physician or midwife unless:

- The facility cannot receive the patient
- A change in the medical condition of the patient requires that the patient be taken to a closer facility or a facility that is better able to care for the patient.
- If a communications officer directs an ambulance to a facility other than the one requested by a physician or midwife, the officer shall inform the physician or midwife of the change in the patient's destination.

Section 55.

A person who operates a communication service shall prepare written operational procedures respecting the method of assigning calls to ambulance services and of deploying ambulances and emergency response vehicles and submit the procedures, and any changes to the procedures, to the director for his or her approval.
The director shall approve the operational procedures and any changes to the procedures if the director is satisfied that the proposed procedures or changes will ensure that ambulances and emergency response vehicles respond to calls in an efficient, accurate and timely manner.
A person who operates a communication service shall, in the course of operating the service, follow the procedures approved by the director under subsection (2).

Section 56.

A communication officer who receives a priority 4 (emergency)[Echo, Delta or Charlie] call shall:

- Take no longer than 45 seconds to obtain the necessary patient information to accurately prioritize the call and, where applicable, assign it to a dispatcher.

- After obtaining the patient information under clause (a), where land ambulance services are required, take no longer than 1 minute and 15 seconds to accurately select and alert the land ambulance crew that will respond to the call.
- A person who operates a communication service shall ensure that 90 per cent of the priority 4 (emergency)[Echo, Delta or Charlie] calls that are received by the service within a 12-month period meet the response time requirements specified under subsection (1).

Medico-Legal

Section 2.6
Mental Health Act

Toronto Paramedic Services Dispatch Manual

MENTAL HEALTH ACT

This section outlines the relevant sections of the Mental Health Act (revised Statues of Ontario, 1990, Chapter M.7) pertaining to the functions and procedures of an EMD.

Part II, Hospitalization

As detailed in subsections 15, 16 and 17, a Physician, Justice of the Peace or Peace/Police Officer has the authority to detain or arrest a person, and cause that person to be admitted to a psychiatric facility for assessment, if that person:

- has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself
- has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her
- has shown or is showing a lack of competence to care for himself or herself

And if in addition, the physician, justice of the peace or police officer is of the opinion that the person is apparently suffering from a mental disorder of a nature or quality that likely will result in,

- serious bodily harm to the person
- serious bodily harm to another person
- imminent and serious physical impairment of the person

The physician, justice of the peace or police officer may make application, issue an order or take the person into custody in the prescribed form for a psychiatric assessment of the person.

All persons, regardless of mental state, have the right to transportation in an ambulance.

Form 1

A Form 1 is also referred to as an APA (Application for Psychiatric Assessment). The Form 1 allows a doctor or justice of the peace to hold you in a hospital for up to 72 hours to complete a psychiatric assessment. This assessment is to determine whether you require the care and supervision that a psychiatric hospital can provide.

A doctor may sign a Form 1, whether you are in the community or in hospital. However, the doctor must have examined you within the 7 days before he or she signs the Form 1.

Once a Form 1 is signed, it lasts for 7 days. After 7 days have expired, it is no longer in effect and a doctor would have to examine you and issue another Form 1. Within those 7 days, another person, usually a police officer has the authority to take you immediately to a psychiatric hospital. The Form 1 does not allow anyone to detain you in jail or in any other institution other than a psychiatric hospital

Form 9

A Form 9 is a certificate of re-admission. It is similar to that of initial admission.

Ministry of Health

Form 1
Mental Health Act

Application by Physician for Psychiatric Assessment

Clear Form

Name of physician _____
(print name of physician)

Physician address _____
(address of physician)

Telephone number ( ) _____ Fax number ( ) _____

On _____ (date) I personally examined _____ (print full name of person)

whose address is _____ (home address)

*You may only sign this **Form 1** if you have personally examined the person within the past seven days. In deciding if a Form 1 is appropriate, you must complete **either** Box A (serious harm test) **or** Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.*

Box A – Section 15(1) of the Mental Health Act
Serious Harm Test

The Past / Present Test *(check one or more)*

I have reasonable cause to believe that the person:

- ☐ has threatened or is threatening to cause bodily harm to himself or herself
- ☐ has attempted or is attempting to cause bodily harm to himself or herself
- ☐ has behaved or is behaving violently towards another person
- ☐ has caused or is causing another person to fear bodily harm from him or her; or
- ☐ has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:

Facts communicated to me by others:

The Future Test *(check one or more)*

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

- ☐ serious bodily harm to himself or herself,
- ☐ serious bodily harm to another person,
- ☐ serious physical impairment of himself or herself

6427–41 (00/12) *(Disponible en version française)* *See reverse* 7530–4972

Clear Form

Box A – Section 15(1) of the Mental Health Act
Serious Harm Test *(continued)*

I base this opinion on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:

Facts communicated by others:

Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria

Note: The patient *must* meet the criteria set out in *each* of the following conditions.

I have reasonable cause to believe that the person:

1. Has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in one or more of the following: *(please indicate one or more)*
   - ☐ serious bodily harm to himself or herself,
   - ☐ serious bodily harm to another person,
   - ☐ substantial mental or physical deterioration of himself or herself, or
   - ☐ serious physical impairment of himself or herself;

AND

2. Has shown clinical improvement as a result of the treatment.

AND

I am of the opinion that the person,

3. Is incapable, within the meaning of the *Health Care Consent Act, 1996*, of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained;

AND

4. Is apparently suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one;

(Disponible en version française)

6427–41 (00/12) 7530–4972

Clear Form

Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria
(continued)

AND

5. Given the person's history of mental disorder and current mental or physical condition, is likely to: *(choose one or more of the following)*

- ☐ cause serious bodily harm to himself or herself, or
- ☐ cause serious bodily harm to another person, or
- ☐ suffer substantial mental or physical deterioration, or
- ☐ suffer serious physical impairment

I base this opinion on the following information *(you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)*

My own observations:

Facts communicated by others:

I have made careful inquiry into all the facts necessary for me to form my opinion as to the nature and quality of the person's mental disorder. I hereby make application for a psychiatric assessment of the person named.

Today's date _____ Today's time _____

Examining physician's signature _____
(signature of physician)

This form authorizes, for a period of 7 days including the date of signature, the apprehension of the person named and his or her detention in a psychiatric facility for a maximum of 72 hours.

For Use at the Psychiatric Facility

Once the period of detention at the psychiatric facility begins, the attending physician should note the date and time this occurs and must promptly give the person a Form 42.

_____ _____
(Date and time detention commences) (signature of physician)

_____ _____
(Date and time Form 42 delivered) (signature of physician)

(Disponible en version française)

6427–41 (03/12) 7530–4972

Medico-Legal

Section 2.7
Privacy & Information

Toronto Paramedic Services Dispatch Manual

PRIVACY & INFORMATION

Personal Health Information Protection Act, 2004 (PHIPA)

This Act prescribes comprehensive rules for the collection, use, and disclosure of personal health information in all types of health care settings, including hospitals, psychiatric facilities, laboratories, ambulance services, and nursing homes. It applies to all regulated health professionals and to non-regulated health professionals.

The purposes of this Act are:

- to establish rules for the collection, use and disclosure of personal health information about individuals that protect the confidentiality of that information and the privacy of individuals with respect to that information, while facilitating the effective provision of health care;
- to provide individuals with a right of access to personal health information about themselves, subject to limited and specific exceptions set out in this Act;
- to provide individuals with a right to require the correction or amendment of personal health information about themselves, subject to limited and specific exceptions set out in this Act;
- to provide for independent review and resolution of complaints with respect to personal health information; and
- to provide effective remedies for contraventions of this Act. 2004, c. 3, Sched. A, s. 1.

Municipal Freedom of Information and Protection of Privacy Act (MFIPP)

This Act establishes a general right of access to records held by municipal government and local agencies, boards and commissions using these principles:

- any information held by government should, in general, be available to the public
- any exemptions from the right of access to information should be limited and specific
- any decisions relating to access to information can be reviewed by the independent Information and Privacy Commissioner/Ontario
- any person may make a request for information held by a government institution covered by the Act

Medico-Legal

Section 2.8
Other Relevant Acts & Legislation

Toronto Paramedic Services Dispatch Manual

OTHER RELEVANT ACTS & LEGISLATION

Coroners Act

The Coroner's Act governs the care, responsibility and disposition of deceased persons.
Any person who is made aware that a person has become deceased shall cause the Coroner to be notified.

The police service is empowered to act as agent for the Coroner.

The Regional Coroner for Toronto has directed that legally, obviously and presumed dead bodies are to remain undisturbed in situ to facilitate a complete coroner's investigation into the circumstances surrounding the death.

Exceptions to this are where public safety is an issue or concern or great public inconvenience will result if the body remains in the location found.

Highway Traffic Act

The Highway Traffic Act governs ambulance response to emergency requests for service. The ambulance is allowed to proceed safely through a red light provided that the vehicle is stopped and conflicting traffic stopped prior to doing so.

The Act also directs that anyone having knowledge of a traffic accident (i.e. ambulance crew) has the obligation to report the accident.

Health Protection and Promotion Act

Formerly the Public Health Act, this Act governs the reporting of infectious diseases.

Child and Family Services Act

Under this act, any person having knowledge or suspicion of child abuse has the duty to report such knowledge or suspicion to the police for investigation.

Police Act

This Act regulates the powers of the police and their respective duties.

Occupational Health and Safety Act

The Ontario Health and Safety Act provide employers and employees with the framework and the tools to achieve a safe and healthy workplace. The Act sets out the rights and duties of all parties in the workplace, establishes procedures for dealing with workplace hazards, and it provides for enforcement of the law where compliance has not been achieved voluntarily.

Human Rights Code of Ontario

The Ontario *Human Rights Code* (the "*Code*") is for everyone and it is a provincial law that gives everybody equal rights and opportunities without discrimination in specific areas such as jobs, housing and services. The *Code*'s goal is to prevent discrimination and harassment because of race, colour, sex, handicap and age, to name some of the sixteen grounds.

The *Code* was one of the first laws of its kind in Canada. Before 1962, various laws dealt with different kinds of discrimination. The *Code* brought them together into one law and added some new protections. The Ontario Human Rights Commission (the "Commission") administers and enforces the *Code*. However, an independent body separate from the Commission, called a board of inquiry, makes the ultimate decision in a complaint.

Communication Equipment and Software

Toronto Paramedic Services Dispatch Manual

Communication Equipment and Software

Section 3.1 Dispatch Desk & Equipment

Toronto Paramedic Services Dispatch Manual

DISPATCH DESK & EQUIPMENT

DISPATCH DESK

Similar to the call receiver positions, the dispatch desks are fully adjustable and have many different pieces of equipment.

A. Novell Computer with NICE
B. Inform CAD & Optima monitors
C. City-wide map (displays vehicles from all quadrants)
D. AVTEC screen
E. "Breadbox" with emergency radio & phone

Emergency Radio & Phone

The Emergency Radio & Phone can be found in the "breadbox" located on the back right side of the desk. The phone works in a similar manner as those found in the call receiving area. Along with emergency numbers, station lines are also included matching each quadrant.

The Emergency Radio works the same as a portable or trunk radio located in an ambulance. Turn the radio on, switch to the appropriate channel and use the microphone to transmit.

CRASH CABINET

The "Crash Cabinet" is located against the North wall of the Communications Centre floor, adjacent to the exterior windows. This cabinet contains equipment to be used in the case of equipment failure (radio, software, power, etc.). It contains portable radios, quadrant maps with magnets (to represent ambulances) and the papers required to document calls.

1-Desk has the access key.

Communication Equipment and Software

Section 3.2
InformCAD & Set-Up

Toronto Paramedic Services Dispatch Manual

INFORM CAD & SET-UP

The following Inform CAD applications are mandatory and are to be visible (unless stated otherwise) on the dispatcher's computer desktop at all times.

1. Inform CAD main toolbar
2. Pending Incident Queue (PIQ) – F3
3. Assigned Incident Queue (AIQ) – F5
4. Unit Status Queue (USQ) – F6
5. Advisor (Quadrant Role Selected)
6. Push to Talk (PTT) (Select appropriate Sector)
7. GEO
8. PDS (Select appropriate Sector)
9. Optima Live Main Window
10. Optima Live Dispatch Window
11. Optima Live Meal Monitor (must be launched but does not have to be visible)
12. Advisor History (must be launched but does not have to be visible)

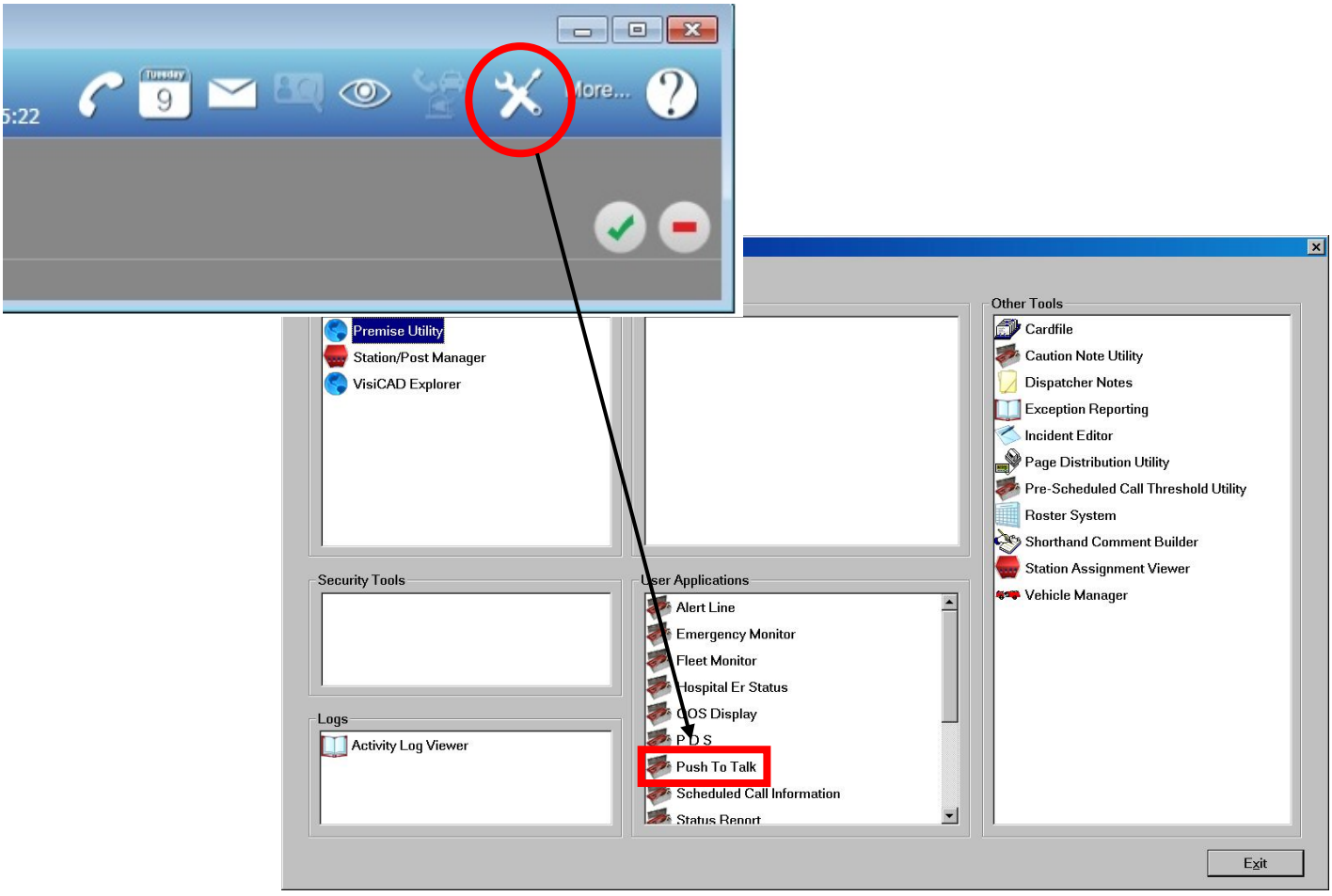
The dispatcher will sign in to AVTEC using the appropriate Sector USER ID (NW, NE, SW, SE) and will make the appropriate Territory Selection. Typically only the specific quadrant is selected, however, the option is available to cover multiple sectors.

PUSH TO TALK (PTT)

The PTT application allows the EMD to see what unit has activated their PTT on their vehicle or portable radios. When a radio is "keyed", the unit name associated with that radio is displayed. Both types of radios have the capability of notifying the Communications Centre of an emergency through the activation of the emergency button, which transmits a message from the radio to the Communication Centre through the PTT interface. It is imperative that EMDs update the crew's radio on PTT when they come on the air or do radio checks.

To access the Push to Talk application:

Click **Inform CAD Tools** icon in the middle of the Inform CAD main toolbar. Scroll down the User Applications list and double-click “Push to Talk”.

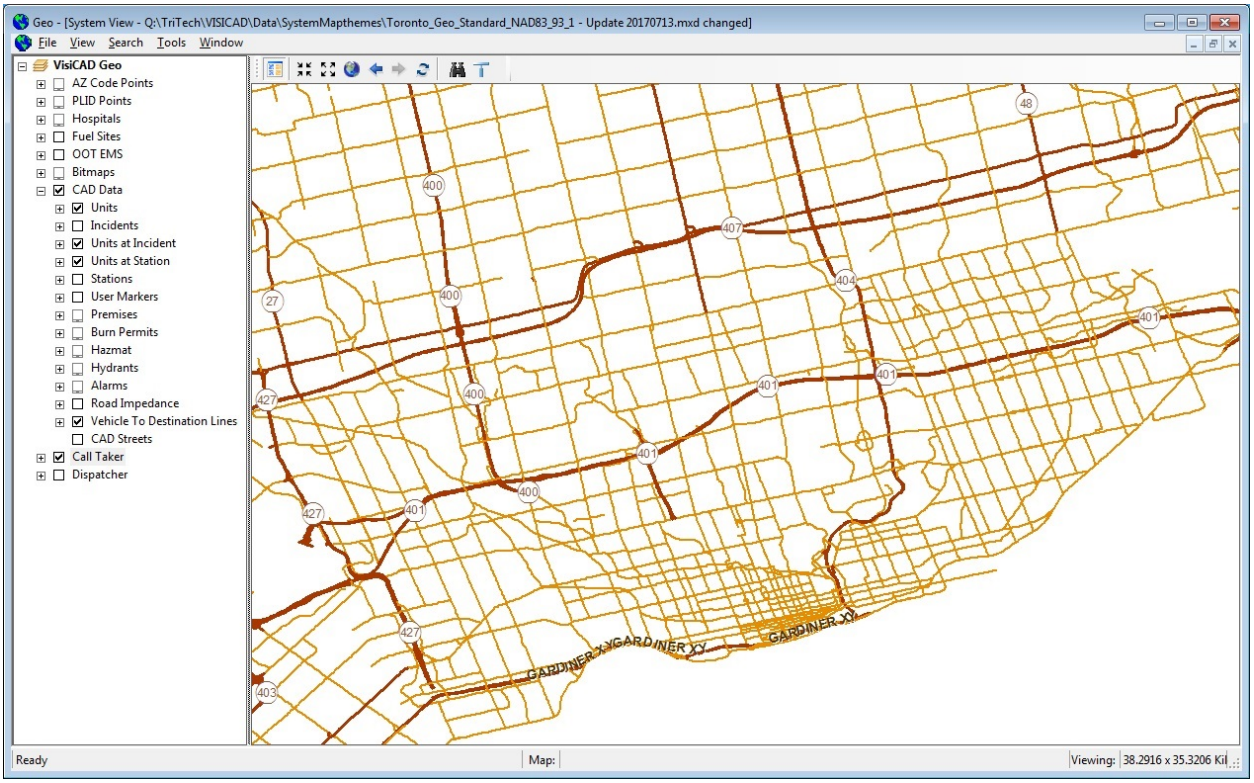


INFORM CAD GEO

Along with the main Optima window, Inform CAD has an available mapping tool known as GEO. It can be launched three different ways:

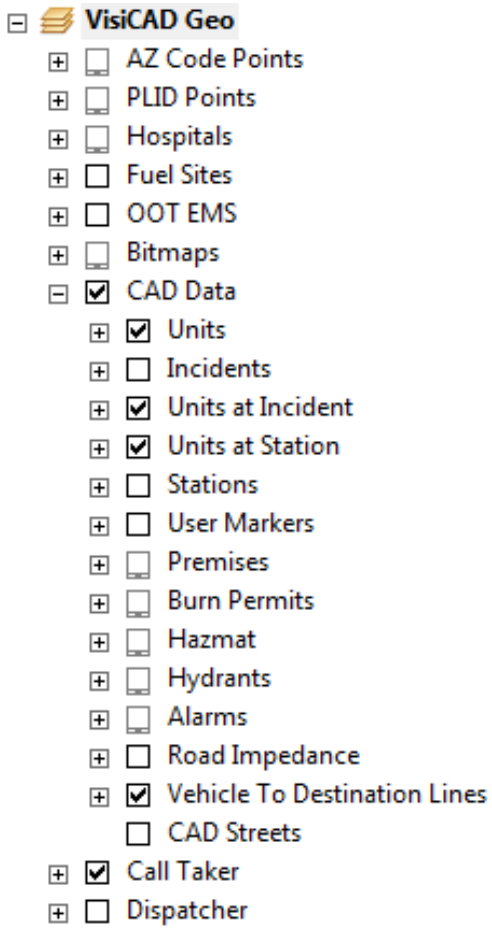
1. On the Inform CAD toolbar, click the 'Configuration and Utilities' icon and select Geo
2. Shift + F5
3. Typing "MAP" into PowerLine and hitting "ENTER"

All EMDs have the capability through GEO to select a number of mapping layers displayed at any one time. EMDs also have the ability to have multiple maps open at one time, however the system will keep using and zooming into the default map.



Occasionally EMDs may "lose" their GEO map when moving between different desks (typically this is due to the map window being left on a screen that is not available at the current desk). To retrieve/move the GEO map, select the GEO application on the Windows "Start" menu. Once GEO is selected, hold the <Alt> and <Space> keys at the same time, then press <M> then press any arrow key. This should move the map to a usable screen.

In GEO, the EMDs have the option to change the filters to better suit their role. The EMDs can easily enable and disable the appropriate filters by checking the box adjacent to the corresponding filter. This will allow the EMD to customize their map with different layers and attributes (i.e. response areas)



Fewer filters enabled in the Table of Contents is believed to increase the map speed.

Premises: When right clicking Premises in the 'table of contents', it will open the 'Premises' focus filter menu. From this menu EMDs can change what premises will display on the map based on the premises within Inform CAD. The more filters added to the map, the slower and more cluttered the map may be.

Units: When right clicking Units in the 'table of contents', it will open the 'Units' focus filter menu. In this menu EMDs can change what unit statuses they see on the map. If the EMD right clicks the ambulance icon on the map, they will see a menu of options similar to the menu when right clicking a unit in the 'Unit Status Queue'.

Incidents: When right clicking Incidents in the 'table of contents', it will open the 'Incidents' focus filter menu. From this menu the EMD's can change what Incident tags will display on the map based on Priority (i.e. Alpha-Echo).
EMDs have the choice of having no address tags on the map to having every call displayed on the map. Most EMDs only display Echo priorities. Some EMDs display every emergency call from Alpha to Echo priority (this will cause the map to be cluttered when busy). If the EMD right clicks the red telephone icon on the map, they will see a menu of options similar to the menu when right clicking an incident in the 'Assigned Incident Queue'.

Stations: The Stations layer displays a tag at each TPS station and standby post, along with the number of units marked In Quarters shown in brackets.

Response Areas: When enabling response areas, the layer displays all TPS station response areas which are displayed by coloured polygons.

GEO MAP TAGS

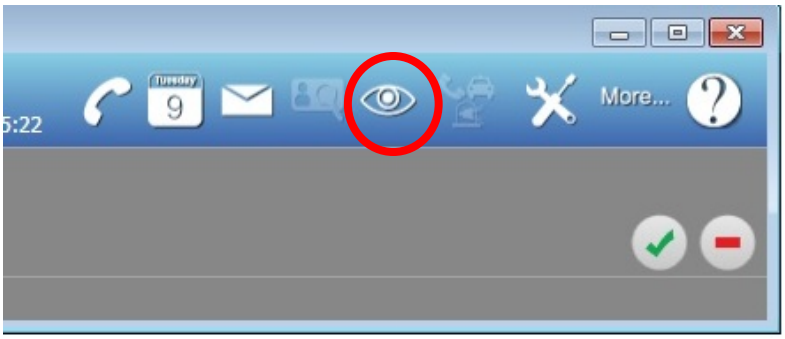
- Vehicle tags are displayed next to an ambulance icon
- Incident tags are displayed next to a red telephone icon
- Premise tags are displayed next to a pin icon
- Station tags are displayed next to a blue house icon
- Hospital tags are displayed next to blue and white 'H' icons

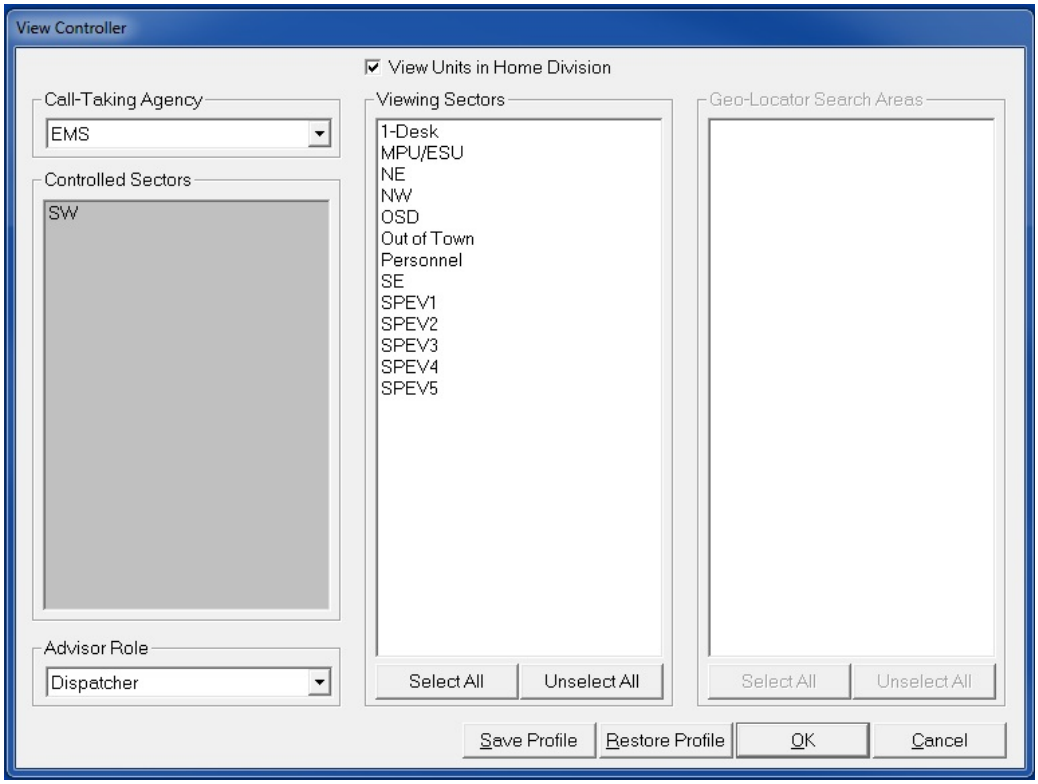
VIEW CONTROLLER

The view controller allows the dispatcher to set-up the necessary Agency, Divisions and Advisor role depending at what dispatching position the EMD is at. This can be accomplished any time while logged onto Inform CAD.

View Controller can be launched in two different ways:

1. By clicking the View Controller icon of the main toolbar. This is also known as “poking yourself in the eye”
2. Shift + F9





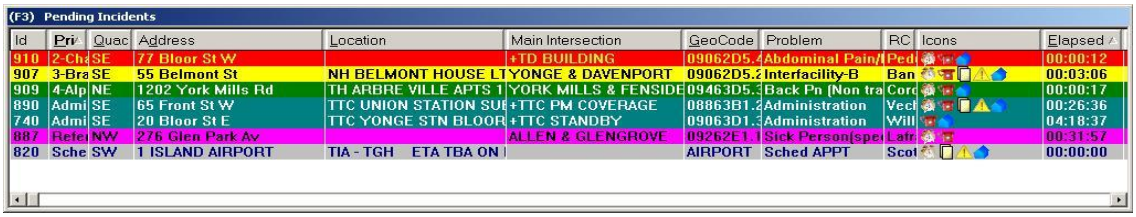
Once the View Controller has been launched, the window above will be displayed:

The **Agency** will always be **"EMS"**.

Under "Controlled Sectors" in the View Controller, it will indicate what sector is controlled by the EMD. Generally, an EMD is in control of one sector but may need to PULL another sector(s) to assist a fellow co-worker. Also, ensure that the View Units in Home Division is checked off.

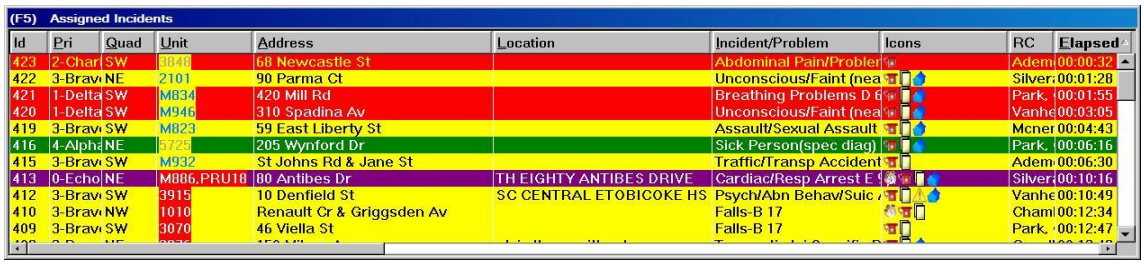
PENDING INCIDENT QUEUE – PIQ (F3) (Sorted by Priority)

The PIQ is a list of all unassigned emergency and non-emergency calls.



ASSIGNED INCIDENT QUEUE – AIQ (F5) (Sorted by Elapsed)

The AIQ is a list of all Active (assigned) emergency and non-emergency calls in each respective division.



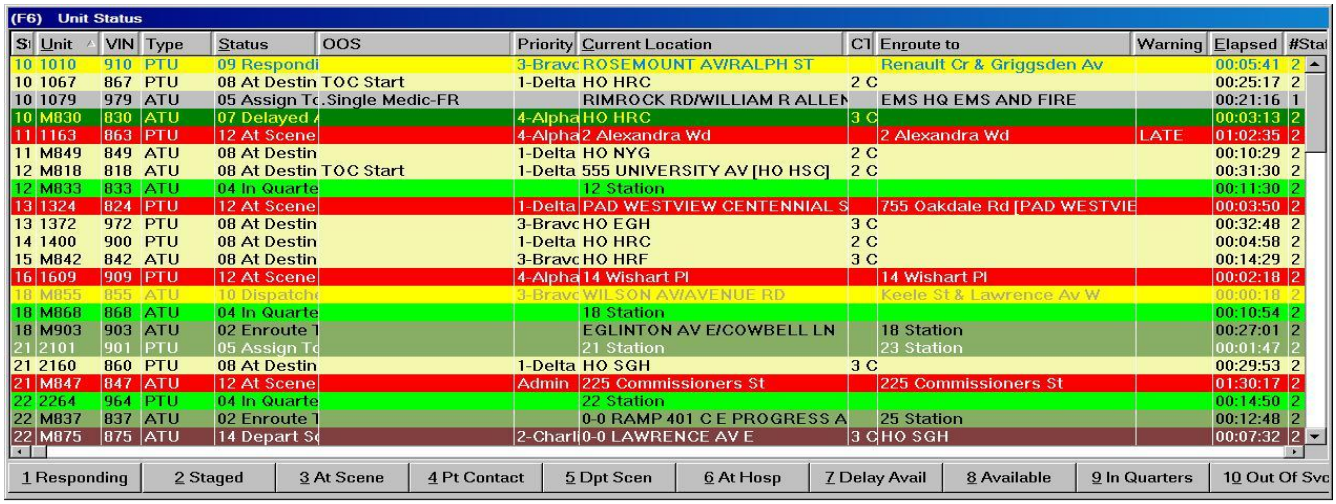
The colours of the calls in the PIQ and AIQ are correlated to the priority of the call

Green/White	-Alpha	Blue/Blue	-Inter-facility
Yellow/Black	-Bravo	Brown/Yellow	-Courtesy Code-2
Red/Yellow	-Charlie	Grey/Red	-Code-2 Transfer
Red/White	-Delta	Grey/Blue	-Scheduled Transfer
Purple/White	-Echo		

UNIT STATUS QUEUE – USQ (F6)

The USQ tracks the status of each vehicle assigned to the division. There are two common ways EMDs have this information displayed (next two diagrams):

(Sorted by Station)



(Sorted by Elapsed/OOS/Status)

The buttons at the bottom of the USQ work in a similar way to right clicking on a unit and updating its status. These buttons allow EMDs to change the status of more than one unit at the same time. If "9 In Quarters" is pressed, the EMD will be presented with a new window that shows every unit in a status that can be advanced to "In Quarters". Any number of presented units (from a single unit to all units) can be selected and have their status changed/updated.

When EMDs log onto a dispatch workstation, the filters that dictate what statuses will be viewed must be confirmed. This is accomplished by right mouse clicking anywhere in the USQ and scrolling down to “View Filters”. During normal dispatch operations, all statuses, except ‘Off Duty’ and ‘Shift Pending” should be selected.

"Off Duty” can be selected at shift change to assist the dispatcher in locating all units assigned to the division. The vehicle colours in the USQ correlate to the colour of each vehicle's current status. The colour assignments are as follows:

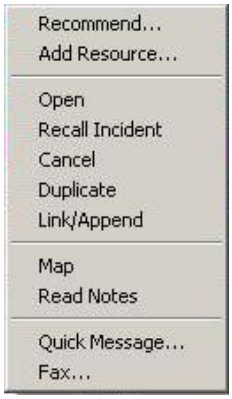
- **Lime** green background – In Quarters
- **Green** background– Available, PTOC, Assigned to Post, Enroute or Local Area.
- **Yellow** background– Dispatched, Responding or At Destination
- **Red** background– At Scene or Depart Scene
- **Grey** background – Out of Service

RIGHT MOUSE CLICK MENUS

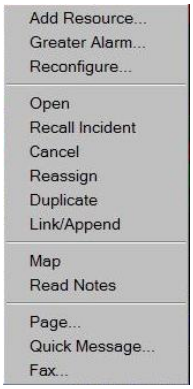
The right mouse click menus are configured differently for each queue. The following are the right mouse click menu screenshots of the PIQ, AIQ and the USQ . In the USQ, the menus displayed are dependent on the current status of each vehicle. EMDs are able to access the following menus when right clicking the unit in GEO as well as from the USQ.

When using the right mouse button menus, it is important to ensure that the mouse pointer is situated on the correct option prior to execution.

Pending Incident Queue (PIQ – F3):

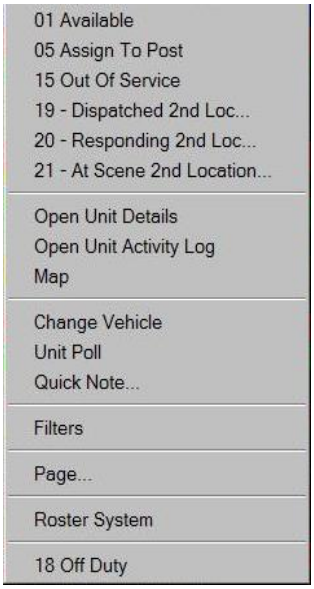


Assigned Incident Queue (AIQ – F5):

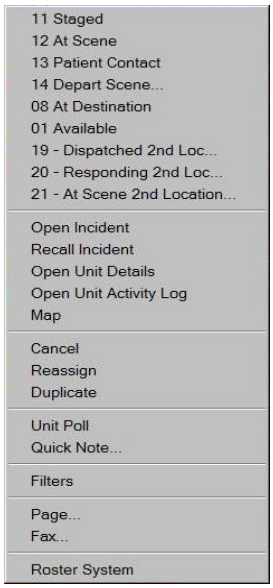


Unit Status Queue (USQ – F6):

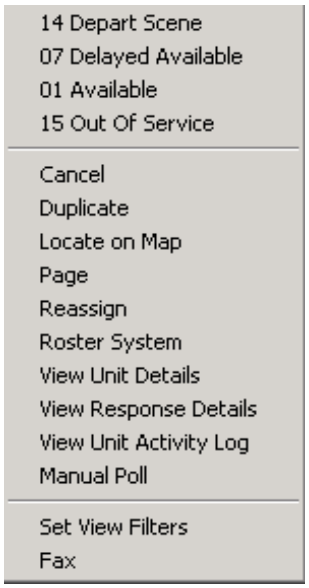
USQ - In Quarters



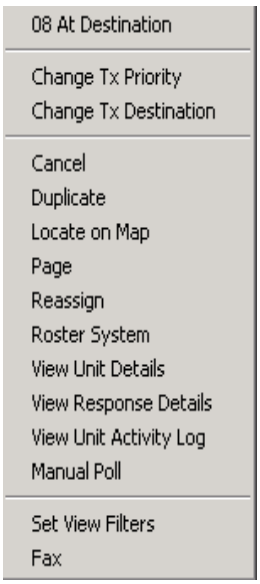
USQ – Responding



USQ - At Scene



USQ – Depart Scene



Communication Equipment and Software

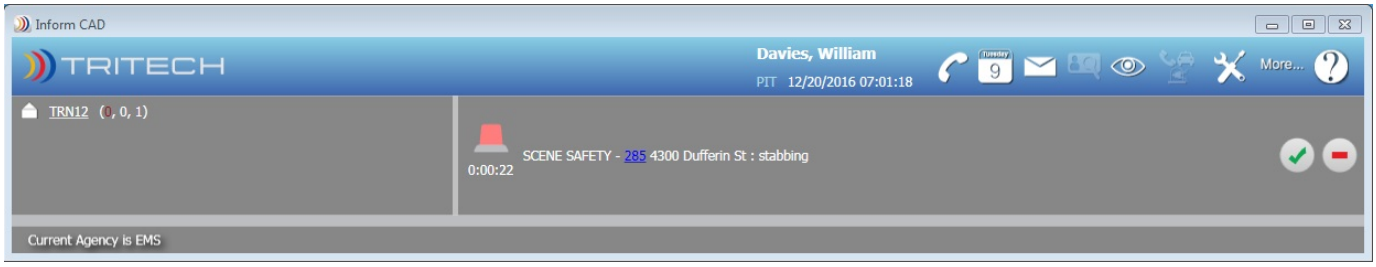
Section 3.3
Advisor

Toronto Paramedic Services Dispatch Manual

ADVISOR

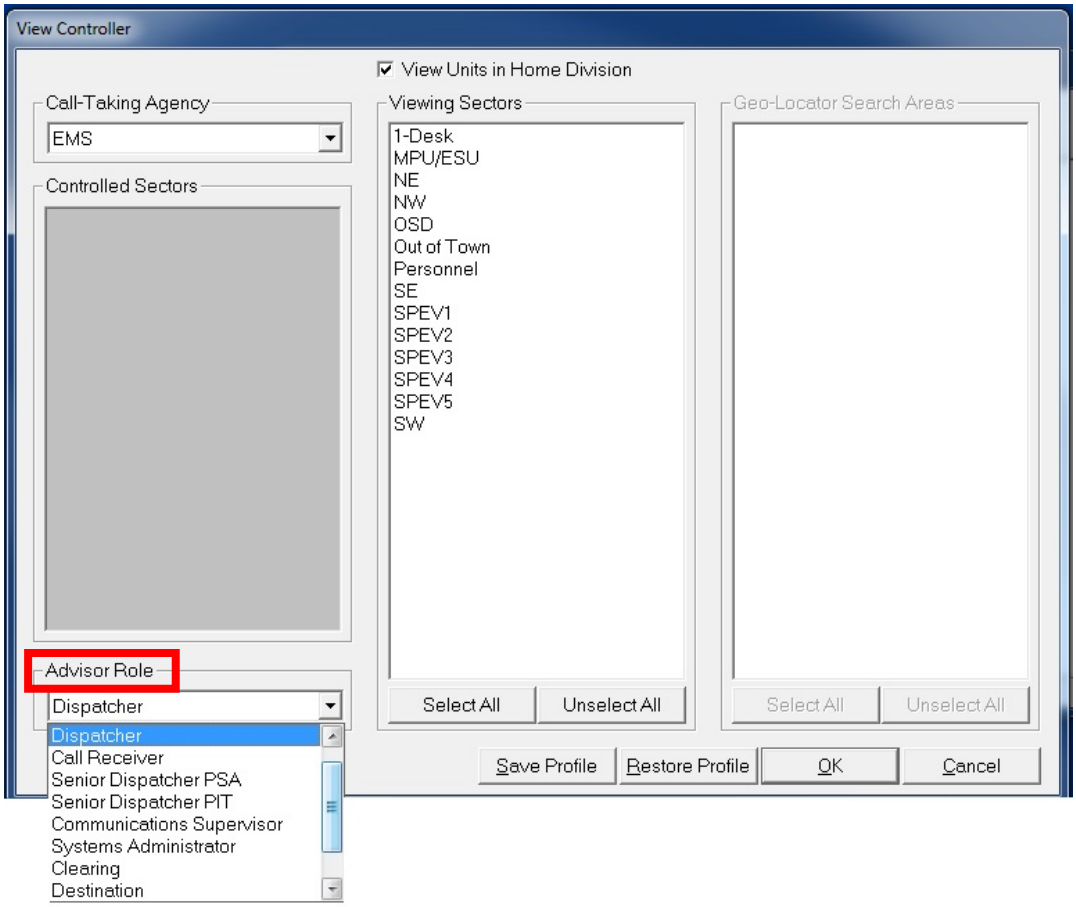
OVERVIEW

All EMDs must have Advisor operational (and visible) at all times. The Advisor application notifies the dispatcher of important details pertaining to call events including upgrades/downgrades, call status, crew safety and crew notification of calls and standbys.



SELECTING ROLES

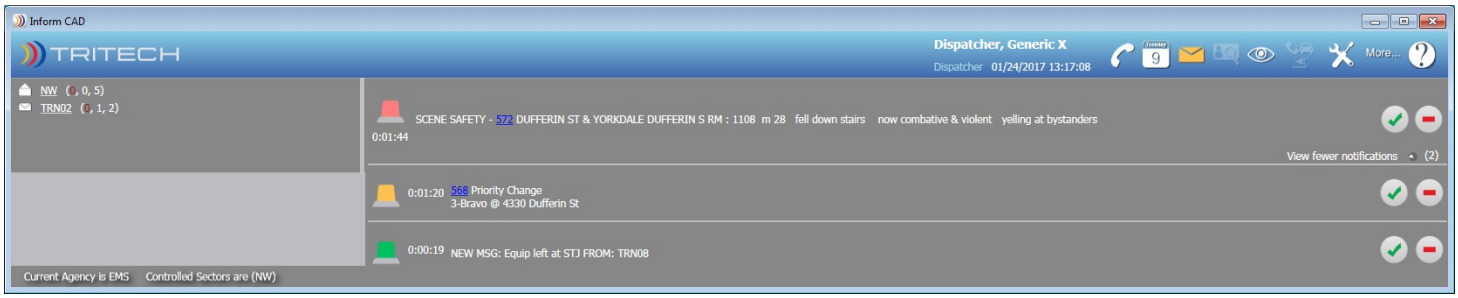
Ensure that you have selected the most appropriate Advisor role from the View Controller window.



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"
Quadrant Dispatcher:	"Dispatcher"
Pit Senior EMD:	"Senior Dispatcher PIT"
Administrative Senior EMD:	"Senior Dispatcher"
Lunch Senior EMD:	"Senior Dispatcher"
PSA Senior:	"Senior Dispatcher PSA"

The following image displays some of the notifications a quadrant EMD may be presented with:



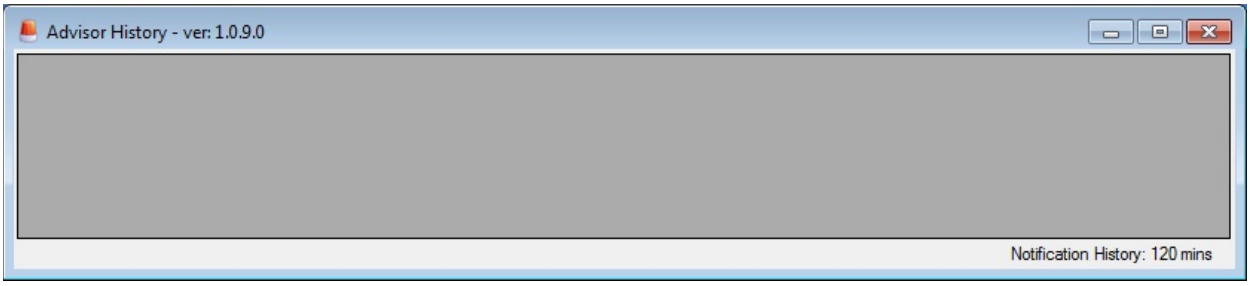
Notifications are displayed in the order of most important to least important (from top to bottom).

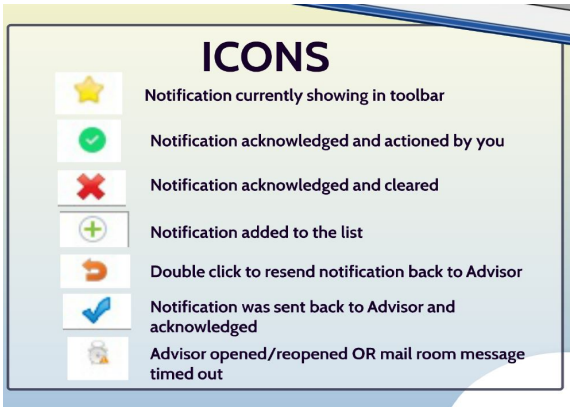
EMDs will take the appropriate action to address all notifications prior to acknowledging/clearing them and prior to logging off CAD.

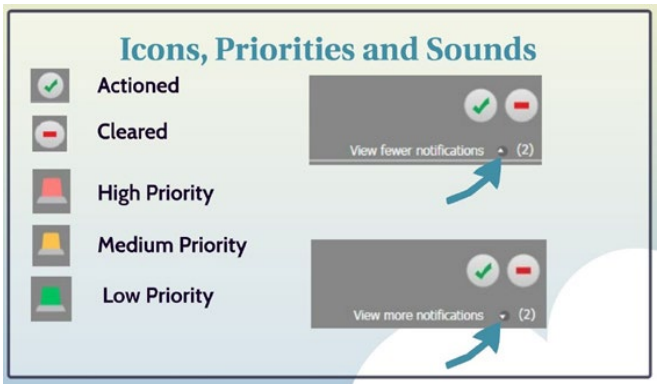
ADVISOR HISTORY

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 within 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.

ADVISOR NOTIFICATIONS

EMDs will acknowledge notifications in the order of importance (as described above). The following are notifications the EMD may receive along with a brief description and the follow-up action(s) required. They are listed in alphabetical order.

1. "ADDRESS CHANGE"

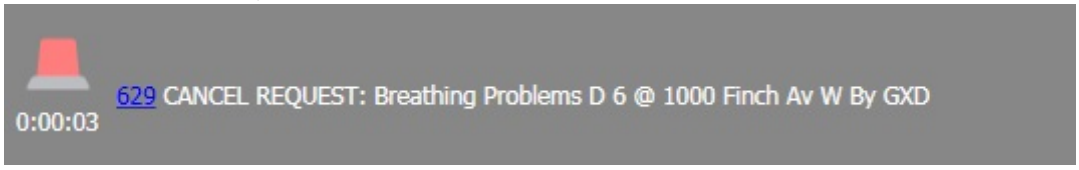
This notification launches if someone other than the quadrant EMD changes the address/location of a call.

The EMD will reassess the call using Optima Dispatch by selecting the call in the Active Calls queue and then referring to the "Add Vehicles" window. If there is a closer unit available, assign it. If a closer unit is assigned, remove the originally assigned unit if no longer required.

This notification also launches if the apartment number is changed, however, there is no longer a notification if the entry code is changed.

As this is only a minor change and the original units typically remain on the call, the EMD will verbally update responding units of the change.

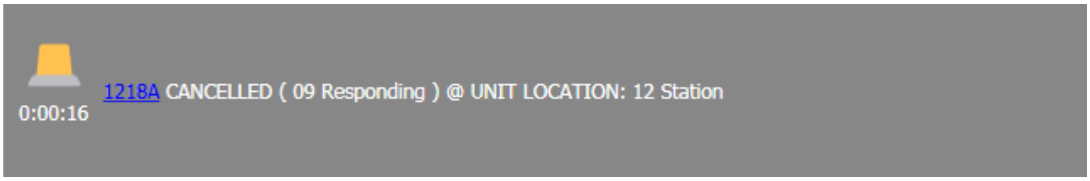
2. "CANCEL REQUEST"



This notification launches when the "/CX" shorthand comment is typed into the Comments/Notes.

The EMD will review the reason for cancellation. If appropriate for cancellation, contact the responding resources and cancel the call. If unsure of any cancellation, inquire with One-desk.

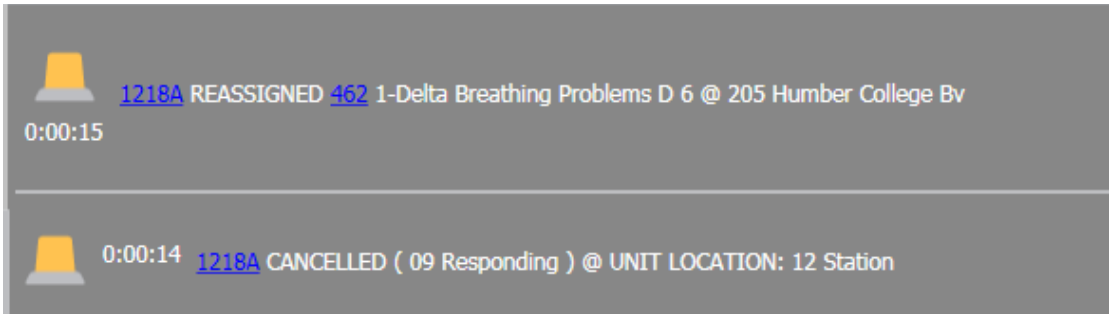
3. "CANCELLED"



This notification launches when a unit is cancelled from a call by someone other than the controlling EMD. For example, One-desk may cancel an entire Fire Standby call which would cause the quadrant EMD to receive this notification.

The EMD will confirm that the call was correctly cancelled (not in error).

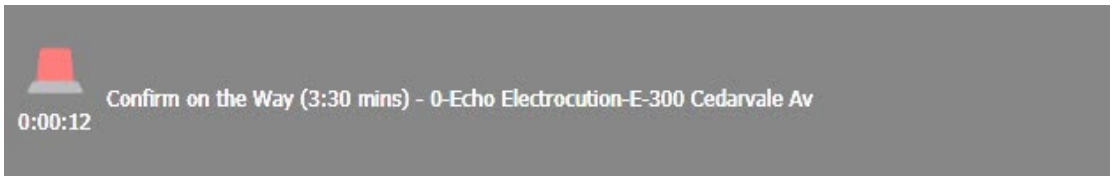
4. "CANCELLED/REASSIGNED"



These notifications launch when a unit is reassigned to a new call by someone other than the controlling EMD. For example, NW may assign a NE unit to a higher priority call in their area. The dispatcher will receive two notifications saying the unit was cancelled from one call and reassigned to another. Any time a dispatcher reassigns a unit, even if they are not being reassigned to another call, they will get both notifications.

The EMD will ensure the call is moved to their desk via CAD and Optima.

5. "CONFIRM ON THE WAY"



This notification launches when a crew has not moved towards the incident. Dispatchers will receive this notification after 2:00 minutes. Senior Dispatchers will receive this alert after 3:30 minutes. When the crew doesn't start driving towards a call, the AVL data that is sent through the Inform CAD tells us that something about this response is incorrect. The EMD should be voicing out on the air to confirm that the crew is, in fact, en route to the call.

This notification launches when a unit has been assigned to a call or standby post and has not moved within a specified time period (displayed in brackets).

The EMD will attempt to contact the unit via radio to confirm if they are on the way to the call. If unable to contact via radio, call into last known location. Document in the Callbacks tab of Emergency Call form and notify One-desk.

6. "CONTACT UNIT"

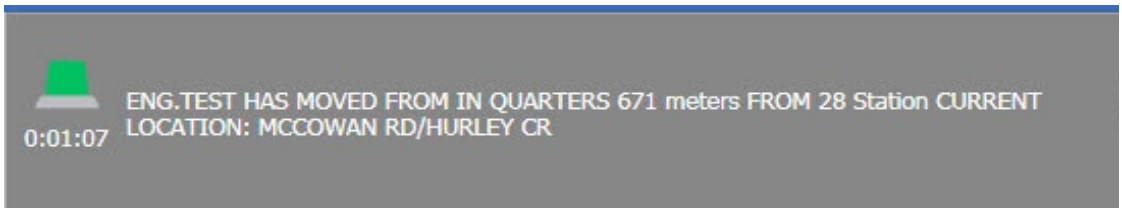
This notifications launches when there has been a failure in automated notification system when playing the call/post details in the station or on the vehicle radio(s). This notification tells the EMD that the call has not been verbalized to the assigned unit(s). This is the equivalent of the call not being dispatched at all.

The EMD will immediately contact the assigned unit(s) via phone or radio as appropriate and provide all required call details. This should be done in the order of call priority (with the oldest call within each priority being assigned first). If the notification refers to a Delta response, crew notification should happen prior to assigning any other lower priority calls in the Pending Calls queue. If the notification refers to an Alpha response, all higher priority calls in the Pending Calls queue should be assigned prior to the manual notification. If the EMD knows they have provided call details to the assigned units verbally prior to receiving this notification, no further action is required.

7. "DO NOTIFIED"

This notification launches at the Deputy Commander CAD positon whenever an EMD types in the shorthand, "/DON"

8. "INVALID VEHICLE MOVE IQ/AS/AD"



This notification launches when a unit's AVL shows the unit being more than a speficied distance from their hospital destination, in quarters, or at scene. The distance and status (i.e IQ) is displayed for the EMD.

If the EMD is aware of the movement (single Paramedic going to refuel, etc), no action is required. If the EMD is unaware of the reason for movement, they will attempt to contact the unit via radio to confirm the status (Clearing/Destination Coordinator may assist with this)

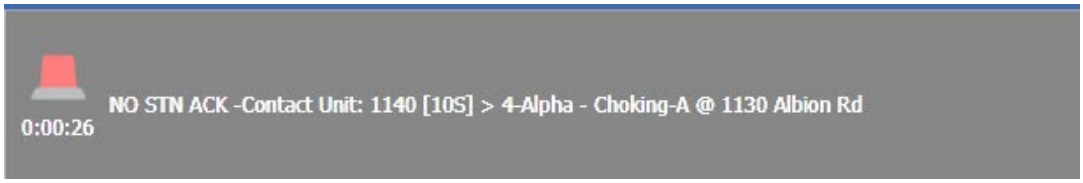
9. LOCUTION - "PORTABLE AND VEHICLE RADIO ID MISSING"

This notification launches when a crew has not done a portable radio check in the last 12 hours. The system prompts the EMD to contact the unit to confirm radio ID.

10. NEW MAIL ROOM MESSAGE"

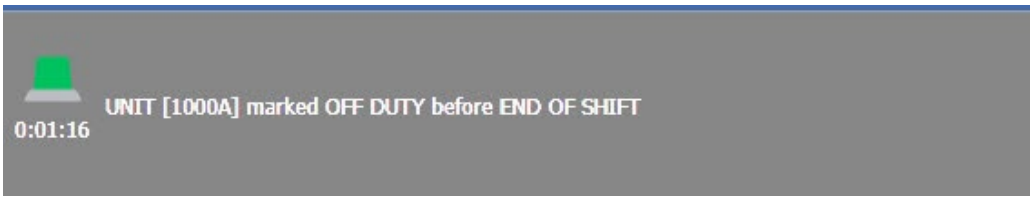
This notification launches when another staff member has sent you a mail message. Click on the mail room message icon from the main toolbar.

11. "NO STN ACK"



This notification launches when the green "Acknowledgement" button in an ambulance station has not been pressed or the radio message has not been acknowledged after being assigned a call. The EMD is expected to first attempt to contact the unit on the radio (in case they are already on the way to the call). If unable to contact via radio, attempt to call in to the station to confirm details have been received.

12. "OFF DUTY"



This notification launches when a unit has been put in Off Duty status prior to the end of shift. The EMD will confirm the unit was correctly put in Off Duty status.

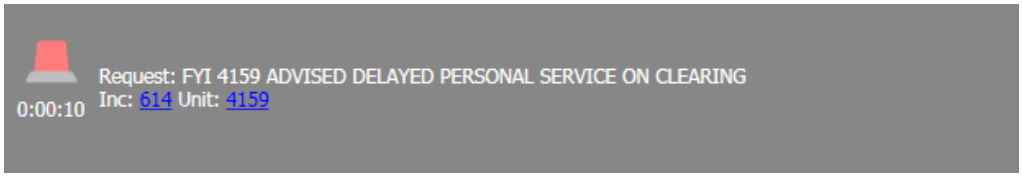
13. "PRIORITY UPGRADE/DOWNGRADE"

These notifications launch when the priority of a call has been changed.

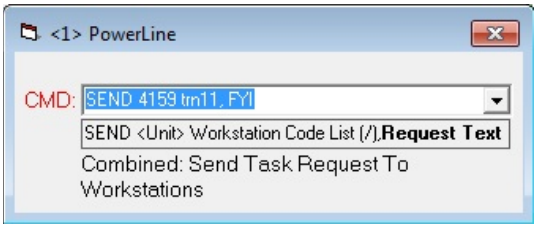
The EMD will verbally notify responding units of the priority upgrade or downgrade. They will reassess the call using Optima Dispatch by selecting the call in the Active Calls queue and then referring to the "Add Vehicles" window to see if another unit is in fact more appropriate for the call (for example: the call is now downgraded to Alpha response – PCP should be assigned as ACP is currently responding). If a more appropriate unit is assigned, remove any units that are no longer required.

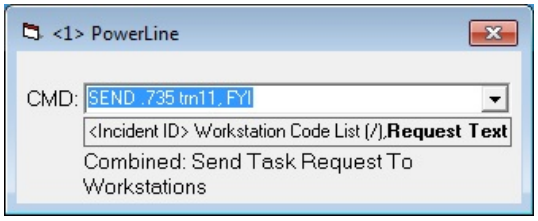
A priority upgrade will appear as a high level notification with the corresponding high audible alert. A priority downgrade will appear as a medium level notification with the corresponding medium audible alert.

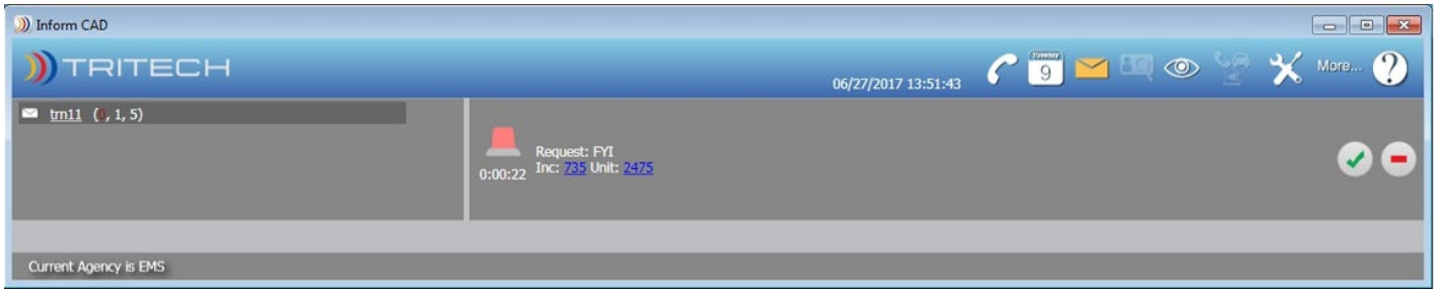
14. "SEND"



This notification has been created to notify dispatchers of important information about a call. Follow the syntax and use either the unit number (i.e. 4159) or the incident number (i.e. .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 a dot '.' followed by 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.





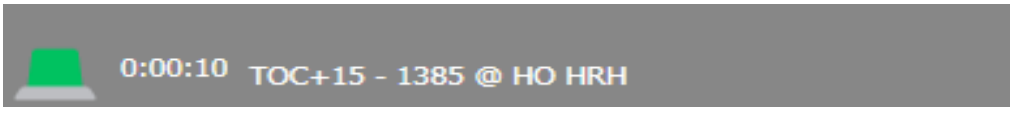


15. "SCENE SAFETY"

This notification launches when potential scene safety issues have been identified and typed in the Comments/Notes. Some key words that will trigger this notification include "violent, weapon, gun, knife, violently and shot". If these words are put in quotations "", it will NOT trigger a scene safety notification.

EMDs will confirm verbally that the responding units have acknowledged the potential scene safety issues. If applicable, the EMD will ensure any allied agencies are verbally notified as well (if not already done). Toronto Fire will receive comments saved in the Emergency Call Form via the TFS Interface, however, EMDs should confirm receipt of all new and updated scene safety comments.

16. "TOC+15"



This notification launches when 15 minutes have elapsed since the hospital identified Transfer of Care (TOC).

EMDs will attempt to contact the unit via radio, hospital medic line and by paging the crew to get an updated status.

Communication Equipment and Software

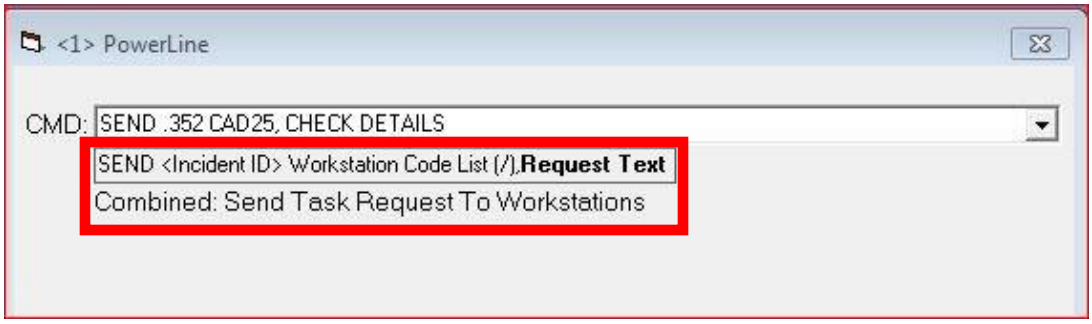
Section 3.4 PowerLine

Toronto Paramedic Services Dispatch Manual

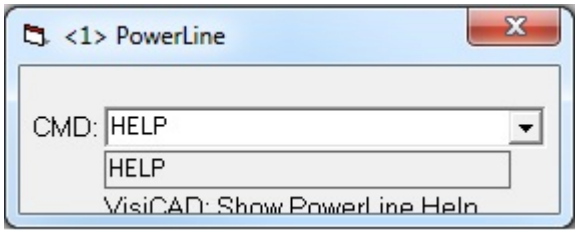
POWERLINE

OVERVIEW

PowerLine is a program available within Inform CAD that allows the user to use the keyboard instead of the mouse. It displays the syntax (instructions) required to complete the command while the command is being entered.



To start PowerLine (or to bring it to the front of the screen), press "F4". Once launched, commands can be entered. To see a full list of available commands, type "help" then click "Enter."



COMMON POWERLINE COMMANDS

The following are some of the more commonly used PowerLine commands the Sector EMD may use along with a brief description.

'MVC' and 'UNK'

These commands, combined with the required syntax, allow the user to place a unit on a new Emergency Call and place them in "At Scene" status without launching the Emergency Call form (typically due to a call originated by a Paramedic crew).

For example, a Paramedic crew may advise that they have been flagged down at a traffic accident on their way to a post for coverage.

MVC <space> Unit # <space> Location

An Emergency Call form is created with a Nature/Problem of Traffic/Transportation Incidents with a Bravo priority. The unit entered will be assigned the call and marked "At Scene." In this case, it is the responsibility of the EMD to ensure that the police are notified.

The UNK command does the same as MVC however it creates an Emergency Call form with a Nature/Problem of Unknown Problem/Man Down with a Bravo priority.

Re-Sync MobiCAD

When Paramedic crews notify Quadrant EMDS that they have received no call details on their MobiCAD, the following command in the PowerLine will resend the information.

RSM <space> Unit #

SWAP Calls

When a call needs to be swapped between 2 units (e.g. another unit is up first in a station or 2 units crossing each other). This can be done by using the following command in PowerLine:

SWAP <space> Unit # <space> Second Unit #

This will assign the available unit to the call and put the originally assigned unit in Available status.

This feature also works when the EMD needs to switch two calls between units. This may be required if two units, both assigned to calls, are going to cross each other while responding to their calls. The SWAP command will reassign each unit to the other call.

STATUS CHANGING

The EMD will need to update the status of units on a regular basis. The following commands include a brief description.

Call Assignment:

AL <space> Unit# <space> Incident #
Assigns a unit to a specified incident number

RSP <space> Unit#
Places unit in Responding status

AS <space> Unit#
Places unit in At Scene status

DPT <space> Unit#
Places unit in Depart Scene status and launches Depart Scene selection window

AD <space> Unit#
Places unit in At Destination status

PTOC <space> Unit#
Places unit in PTOC status

AV <space> Unit#
Places unit in Available status

STAGE <space> Unit#
Places unit in Staged status

Available Vehicles:

AP <space> Unit#
Launches Station Post window and assigns specified unit to the selected post

EP <space> Unit#
Places unit in Enroute to Post status

LA <space> Unit#
Places unit in Local Area status

IQ <space> Unit#
Places unit in In Quarters status

MOBICAD NOT REGISTERING STATUS CHANGES

When an EMD observes that a unit, after reporting a status change on the radio, does not change status in the Vehicle Status Queue, the EMD can correct the status and add a comment in the same command. The purpose of this command combination is twofold. It records the fact that the MobiCAD did not register and reminds the Paramedic crew that the status change time may not be available or accurate.

AS <SPACE> Unit List <SPACE> Comments

This command puts the unit At Scene and enters the corresponding comments in the call details. Anytime there is a place to put 'comments' in the PowerLine, the '/' shortcuts will work.

FULL LIST OF POWERLINE COMMANDS (in alphabetical order):

COMMAND	ACTION/USER DESCRIPTIONS
AD	UNIT: AT TRANSPORT DESTINATION
AI	INCIDENT: APPEND INCIDENT TO ANY OPEN INC (EMERG CALLS ONLY)
AL	INCIDENT: UNIT ASSIGNMENT (ALERT UNIT)
AOS	UNIT: CANCEL FROM INCIDENT
AP	UNIT: ASSIGN TO POST
AS	UNIT: AT SCENE
AV	UNITS: AVAILABLE (ASSIGNMENT COMPLETED)
CAI	INCIDENT: CANCELLATION (CANCEL AN ACTIVE INCIDENT)
CAU	UNIT: CANCEL UNIT FROM INCIDENT
CAV	UNIT: CANCEL FROM INCIDENT
CS	INCIDENT: CHANGE SECTOR (CHANGE SECTOR OF INCIDENT)
CHS	UNIT: CHANGE HOME STATION
CL	RECALL: CLOSE RECALL WINDOW
CR	INCIDENT: REQUEST TO CANCEL (CLOSE RECALL WINDOW)
CRD	RECALL: CARDFILE SEARCH
CSU	INFORM CAD: CLEAR STUCK UNIT (FIX A UNIT STUCK IN A PARTICULAR STATUS) (1 DESK OR SCS ONLY)
CVS	UNIT: CHANGE VEHICLE STATUS
CW	INCIDENT: CANCELLATION
DPT	UNIT: DEPART SCENE (TRANSPORTING)
DUP	INCIDENT: DUPLICATION
E2000	10-2000 MEDIC NEEDS ASSISTANCE (CREATES INCIDENT WITH ECHO PRIORITY BASED ON UNITS' LAST AVL)
E32	10-32 MEDIC NEEDS ASSISTANCE (CREATES INCIDENT WITH ECHO PRIORITY BASED ON UNITS' LAST AVL)

EC	UNIT: ADD INCIDENT-RELATED COMMENTS (ADD COMMENTS TO INCIDENT BASED ON VEHICLE)
EI	INCIDENT: ADD COMMENTS (ADDS COMMENTS TO INCIDENT)
EIEM	UNIT: END CRITICAL INCIDENT MODE (ENDS INCIDENT EDITING MODE)
EMOV	INFORM CAD: EMPLOYEE MOVE
EOS	UNIT: END OF SHIFT (PUTS ENTIRE CREW & VEHICLE OFF DUTY)
EP	UNIT: ENROUTE TO POST
FORCE	INFORM CAD: FORCE SHUT DOWN OF CAD EVEN IF CONTROLLING SECTOR(S)
FR	FIND RADIO
HELP	INFORM CAD: SHOW POWERLINE HELP (SHOWS LIST OF POWERLINE COMMANDS)
IA	INCIDENT: INITIAL ASSIGN (NOT CURRENTLY USED)
IEM	UNIT: CRITICAL INCIDENT MODE (INCIDENT EDITING MODE)
IQ	UNIT: IN QUARTERS/AT POST
LA	UNIT: AREA OF POST (CHANGES VEHICLE STATUS TO LOCAL AREA)
LOC	INFORM CAD: LOG OFF (LOG OFF CAD)
LOO	INFORM CAD: LOG OFF/ON (LOGS CURRENT USER OFF AND NEW USER ON)
MAIL	SEND MAIL MESSAGE TO USER (S)
MAP	INFORM CAD: SHOW MAP WINDOW (OPENS OR FOCUSES ON GEO)
MV	UNIT: MOVE DIVISION
MVC	UNIT: AT SCENE OF FIELD-INITIATED INCIDENT (CREATE BRAVO TRAFFIC EMERGENCY CALL AND PLACES UNIT AT SCENE)
NOTIFY	INFORM CAD: DISPLAYS THE NOTIFICATION POP-UP WINDOW
OFF	INFORM CAD: RELEASE CONTROLLED SECTOR
OOS	UNIT: OUT OF SERVICE/CONDITIONAL AVAILABILITY
OTF	UNIT: ON-THE-FLY SHIFT WITHOUT ADDING PERSONNEL
PAGE	UNIT: PAGE SINGLE UNIT

PH	INFORM CAD: PHONE HISTORY
PN	UNIT: ADD PATIENT NAME
PTOC	UNIT: PTOC (Paramedic Transfer of Care)
PU	UNIT: MANUAL POSITION UPDATE
PULL	INFORM CAD: PULLS CONTROL OF SECTOR(S)
QN	UNIT: ADDS QUICK NOTE TO A UNIT
RA	UNIT: REASSIGN
RAC	RECALL: RECALL ACTIVITY LOG AND COMMENTS
RAI	RECALL: RECALL ADDITIONAL INFORMATION
RAS	RECALL: RECALL ASSIGNMENTS
REL	RECALL: RECALL EDIT LOG
RETILE	INFORM CAD: RETILES THE CAD QUEUES AND TOOL BAR
RH	RECALL: RECALL UNIT HISTORY
RN	RECALL: SEARCH PERSONNEL BY NAME OR ID
RP	INFORM CAD: RESET PASSWORD (SCS & DEPUTY COMMANDER ONLY)
ROOS	UNIT: REMOVE OUT OF SERVICE (REMOVES ALL OUT OF SERVICES)
RSM	MOBICAD: RESYNC MOBICAD MESSAGES
RSP	UNIT: RESPONDING (ENROUTE TO INCIDENT)
RUP	INFORM CAD: RESET USER PROFILE (1 DESK AND SCS ONLY)
RW	RECALL: RECALL INCIDENT (OPENS RECALL WINDOW OF INCIDENT)
SEND	UNIT/INCIDENT: NOTIFIES USER OF INCIDENT OR UNIT
SS	UNIT: START SHIFT
SWAP	UNIT: SWAP UNITS (SWAPS CALLS BETWEEN VEHICLES)
STAGE	UNIT: STAGED

TD	UNIT: CHANGE TRANSPORT DESTINATION
TP	UNIT: CHANGE TRANSPORT PRIORITY
UAC	UNIT: ADD COMMENT TO UNIT ACTIVITY LOG
UBUS	UNIT: BACKUP AT SCENE (ASSIGNS A BACKUP UNIT TO THE TARGET UNIT AND PUTS IT IN AT SCENE STATUS)
UNK	UNIT: AT SCENE OF FIELD-INITIATED INCIDENT (CREATE BRAVO UKNOWN EMERGENCY CALL AND PLACES UNIT AT SCENE)
VC	UNIT: VEHICLE CHANGE
VU	UNIT: VIEW UNIT INFORMATION
VUA	UNIT: VIEW UNIT ACTIVITY
WHO	INFORM CAD: DISPLAYS WHO IS LOGGED INTO A DESK
X	EXITS CAD
ZI	INCIDENT: ZOOM GEO MAP TO INCIDENT LOCATION (ZOOM VISITRACK TO INCIDENT LOCATION
ZU	UNIT: ZOOM GEO MAP TO UNIT LOCATION

Commands highlighted in yellow will create a new Emergency Call form.

Toronto Paramedic Services
PowerLine Commands

Cancellation Reason	
02	Patient Refused
03	Higher Priority Call
11	Closer Unit
17	More Appropriate Unit
99	Other
19	Cancelled by ALS
18	Cancelled by BLS
00	Cancelled by Police/Fire
15	Cancelled by Originator
14	Duplicate Call
20	Coroner's Call
08	False Alarm
10	Vehicle Failure
05	Patient Moved by Citizen
04	Patient Moved by Police
01	Cancelled by Doctor
21	Patient Moved/Street Help
23	Referred to Telehealth
22	Transfer Care Complete
24	CX by Clinical Advisor (CA)
27	CX by Supervisor
25	Optima Dispatch Cancel
26	Optima Dispatch Divert

Response Disposition	
9	Incident Complete
00	ALS Transport
01	BLS Transport
02	ERU Transport
07	Cancelled Prior to Dispatch
06	Cancelled Prior to Enroute
05	Cancelled Enroute to Scene
04	Cancelled on Scene
10	Double Dispatched
03	First Aid Only Rendered
11	CA - Alt Transport Arranged
12	CA - Caller Declined Resp
13	CA - No Transport Req
14	Optima Dispatch

Districts	
1desk	1-Desk
NW	District 1 (NW)
NE	District 2 (NE)
SW	District 3 (SW)
SE	District 4 (SE)
OOT	OOT

Out of Service	
53	Admin
APR	APR-Cleanup
APRIS	APR required-In Service
21	CCTU - FR
07	Cleanup - Hospital
08	Cleanup - Station
47	Do Not Deploy
31	EOS Wash Up
48	Equip Problem - FR
49	Equip Problem - In Service
26	Equip Problem - OOS
01	MB
45	MB-P/U
33	MB-W/U
57	Modified
17	Mechancial - OOS
22	Need Lunch
54	No Auto MB
06	No AVL
99	No Divert (except D/E)
13	No Stretcher - FR
23	Offload Delay
00	OOS
16	OT - OOS
18	Refuel 1/2
19	Refuel 1/4
51	Restock - FR
52	Restock - In Service
04	Restock - OOS
SCRN	Screening - OOS
10	Sick
12	Single Medic - FR
25	Split Crew
46	TOC Start
50	Unattended
09	Uniform Change
11	WSIB

Hubs	
1P13	District 1 (NW)
2P16	District 2 (NE)
3P12	District 3 (SW)
4P12	District 4 (SE)
5P1	District 5 (SPEC OPS)

Priority Reason	
001	Additional Info (MPDS)
002	CTAS Change
003	Clinical Advisor Change
004	Returned from TeleHealth
005	TeleHealth Not Appropriate
006	Environmental Concern
007	Extenuating Circumstance
008	Supervisor Change

Protocol / Priorities	
18	Auto Destination
19	No PT
02	MD Ordered (transfers)
01	CTAS 1
03	CTAS 2A
12	CTAS 2B
04	CTAS 3
05	CTAS 4
06	CTAS 5
11	No Patient
07	Scheduled Transfer
10	Unknown CTAS

Change Destination Reason	
00	Condition of Pt Worsened
01	Condition of Pt Improved
02	Medical Direction
03	Patient Request
04	Diverted for Coverage
05	Hospital Refusing Pt
06	Change from Default
07	Other

Status Codes	
OD	18 Off Duty
AV	01 Available
IQ	04 In Quarters
LA	03 Local Area
AOS	06 Available On Scene
OOS	15 Out of Service
DSP	10 Dispatched
RESP	09 Responding
ENRT	02 Enroute To
STAGE	11 Staged
AS	12 At Scene
PT	13 Patient Contact
DS	14 Depart Scene
AH	08 At Destination
DA	07 PTOC
AP	05 Assign to Post
MA	10 - Multi-Assign
D2L	19 - Dispatched 2nd Loc
R2L	20 - Responding 2nd Loc
A2L	21 - At Scene 2nd Loc

NEW

06/21/2021

D1 (NW) STANDBYS	
1P4	Bathurst & Lawrence
1A119	Dufferin & Eglinton
1P3	Keele & Sheppard
1P10	Keele & Wilson
1A30	Weston & 401
1P11	Finch & Jane

D2 (NE) STANDBYS	
2P1	Bayview & Sheppard
2P8	Don Mills & Finch
2A24	Don Mills & Lawrence
2P2	Markham & Sheppard
2P13	Victoria Pk & Sheppard
2P65	Yonge & Eglinton

D3 (SW) STANDBYS	
3A9	Islington & Norseman
3P5	Bathurst & Queen
3P10	Eglinton & Scarlett
3P3	Keele & Bloor
3P9	Spadina & Bloor
3A34A	The Annex

D4 (SE) STANDBYS	
4P1	Broadview & Danforth
4A45	Midtown
4A50	Danforth & Danforth
4A90	Danforth & Greenwood
4P8	Kennedy & Eglinton
4P6	Kennedy & St Clair
4A40	The Core
4P3	Yonge & Dundas

SYSTEM FUNCTIONS	SYNTAX
Move Employee to Another Unit	EMOV [employee #] [fr unit #] [to unit #]
Inform Chat	CHAT
Close Recall Window(s)	CL < window # >
Search Card File	CRD [text]
Clear Stuck Unit	CSU [unit #] ***1-Desk Staff ONLY***
Log Off	LOC
Log Dispatcher Off / On	LOO [employee #] , [password]
Release Controlled Sector	OFF [sector] ***Non-Dispatching Sectors only***
Phone History	PH [phone #] ***- can use dashes but no spaces in #***
Send Message	MAIL [CAD # or sector] [message] , [subject line]
Show VisiCAD Explorer	MAP
Show Notification Window	NOTIFY
Sector Control	PULL [sector]
Reset Password	RP [employee #] - ***SCS ONLY***
Reset User Profile	RUP [employee #] - ***1-Desk Staff ONLY***
Retile Queues	RETILE
Search Personnel by name or ID	RN [3 characters *]
Recall: Personnel by Workstation	WHO
Exit	X

INCIDENT FUNCTIONS	SYNTAX
Add Comments	EI [inc #]
Append Incident to any Open Inc	AI •[inc # of closing call] <inc # appended to >, [comment]
Cancel Incident & all units	CAI [inc #] [reason] , [disposition]
Change Sector	CS [inc #] [sector]
Duplicate	DUP [inc #]
Recall Assignments	RAS •[inc #] < NEW >
Recall Details	RW •[inc #] < NEW >
Recall Edit Log	REL •[inc #] < NEW >
Send task request to workstations	SEND •[inc #] [CAD #] , [message]
Zoom to Location on Map	ZI [inc #]

UNIT STATUS FUNCTIONS	SYNTAX
Assign To Post	AP [unit #] [post / station]
At Destination	AD [unit #]
At Scene	AS [unit #]
Available	AV [unit #] < disposition >
Depart Scene	DPT [unit #] [dest] , , , , [protocol] ,
Dispatched (AKA Alerted)	[priority] AL [unit #] [inc #]
Enroute To Post	EP [unit #]
In Quarters	IQ [unit #] < location >
Local Area	LA [unit #]
Paramedic Transfer Of Care	PTOC [unit #]
Responding	RSP [unit #]
Stage	STAGE [unit #]

UNIT FUNCTIONS	SYNTAX
Add Comments to Incident for Unit	EC [unit #] [comment]
Add Comments to Unit Activity Log	UAC [unit #] [comment]
Append Incident to any Open Inc	AI [unit #] <inc # of appended to>, [comment]
Cancel from Incident	CAU [unit #] [reason] , [disposition]
Change Home Station	CHS [unit #] [new station #]
Change Transport Destination	TD [unit #] [destination], [reason]
Change Transport Priority	TP [unit #] [priority] , [reason]
Change Vehicle Status	CVS [unit #] , [status code]
Clear Stuck Unit *(1-Desk Staff Only)*	CSU [unit #]
EMERGENCY Assistance Neeed	E2000 [unit #]
EMERGENCY Paramedic Down	E32 [unit #]
End of Shift (Log Unit Off)	EOS [unit #]
Flagged Down for a Traffic Accident	MVC [unit #] [location] , , , , , < comment >
Flagged Down for Unknown Problem	UNK [unit #] [location] , , , , , < comment >
Move to Another Sector	MV [unit #] [sector]
On The Fly (24-hr Shift)	OTF [unit #]
On The Fly with Modified OOS	OTFM [unit #]
Out of Service	OOS [unit #] [out-of-service reason]
Position Update	PU [unit #] [location]
Quick Note	QN [unit #] [note]
Reassign	RA [unit #] [reason] , [disposition]
Recall Activity & Comments for Inc.	RAC [unit #]
Recall Additional Information	RAI [unit list]
Recall Assignments for Incident	RAS [unit #]
Recall Details of Incident	RW [unit #]
Recall Edit Log for Incident	REL [unit #]
Recall Find Radio	FR [radio ID or code]
Recall Search Personnel by Name or ID	RN [emp name or ID]
Recall Unit History	RH [unit #]
Remove ALL Out of Service Reasons	ROOS [unit #]
Re-Synchronize MobiCAD	RSM [unit #]
Send Page	PAGE [unit #]
Send task request to workstations	SEND [unit #] [CAD #] , [message]
Start Shift (pre-built shifts only)	SS [unit #]
Swap Assignments	SWAP [unit #] [unit #] , [reason] , [disposition]
Vehicle Change	VC [unit #]
View Unit Activity Log	VUA [unit #]
View Unit Information	VU [unit #]
Zoom to Unit Location on Map	ZU [unit #]

NEW

Communication Equipment and Software

Section 3.5 Establishing the Fleet of Units

Toronto Paramedic Services Dispatch Manual

ESTABLISHING THE FLEET OF UNITS

UNIT PROJECTION SHEET

The Unit Projection Sheet is delivered to the Quadrant EMDs by a Senior EMD typically between 0500-0600 for day shift and between 1700-1800 for night shift. This projection sheet will show how many units the quadrant EMD can expect to have at the start of their day/night shift. It shows the number of units expected to book on at each station along with the unit type (A – ACP or P – PCP). It also shows what stations will receive extra units at 0900 hours, 1100, 1200 and 1400 hours. The Northeast quadrant has been selected for all example forms.

North East — August 27, 2015

Need	3	2	2	2	2	3	2	2	2	3	0
+/-											
Stn Units	1atu, 1ptu	3ptu	2atu, 4ptu	2atu	2ptu	2ptu	1atu	2ptu	4atu	2etf	HUB
7:00	23	24	25	26	27	28	29	56	57	58	20
	A	P	P	A	P	A	P	P	P	ETF	
	A		P	A	P					ETF	
			P								
										CCTU	
										CCTU	
9:00	23	24	25	26	27	28	29	56	57	58	20
		A				P		P			
11:00	23	24	25	26	27	28	29	56	57	58	20
							P				
14:00	23	24	25	26	27	28	29	56	57	58	20
		P							P		

District 2 Supervisors		
D2A:	EMS XXX - NAME	416-523-1814
D2C:		416-523-4506
Office:	416-392-2127	

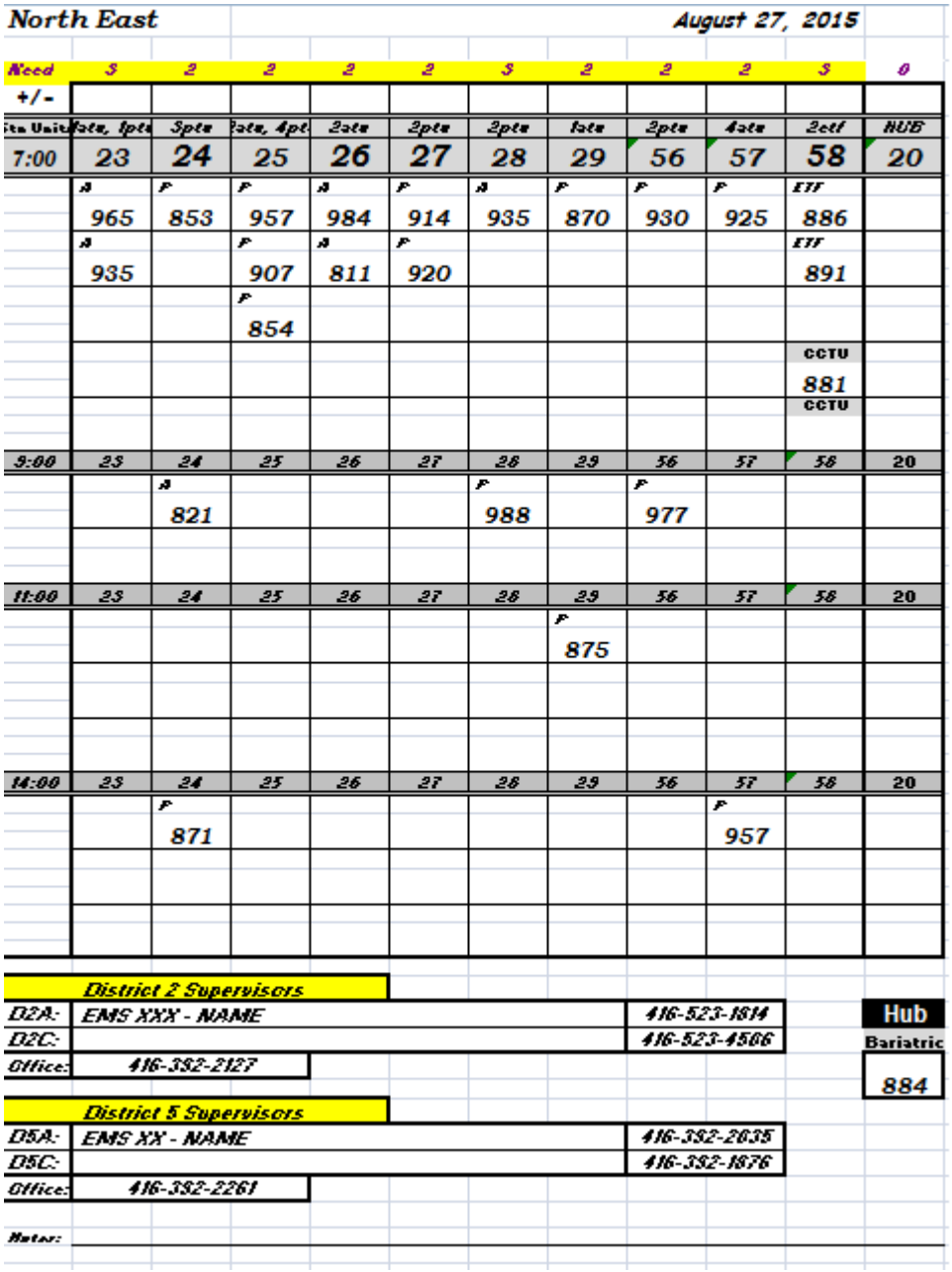
District 5 Supervisors		
D5A:	EMS XX - NAME	416-392-2035
D5C:		416-392-1876
Office:	416-392-2261	

Hub
Bariatric
884

Notes:

UNIT AVAILABILITY SHEET

The Unit Availability Sheet is given to the Quadrant EMDs when all Paramedic crews have been booked on for the start of their shift (0700 & 1900). A Senior EMD will typically deliver this sheet to the EMD between 0700-0730 for day shift and between 1900-1930 for night shift. The unit availability sheet tells the Quadrant EMD everything that the projection sheet does with the addition of the actual unit numbers they will be dispatching for that shift. The Superintendent EMS numbers and names are also included. Any additional information (including units moving stations for the day, split Paramedic crews from different stations, etc) will be recorded under each 3 digit vehicle number or in the Notes section at the bottom of the page.



North East — August 27, 2015

Need	3	2	2	2	2	3	2	2	2	3	0
+/-											
Sta Units	5pts, 1pt	3pts	3pts, 4pt	2pts	2pts	2pts	1pts	2pts	4pts	2ctf	HUB
7:00	23	24	25	26	27	28	29	56	57	58	20
	A 965	F 853	F 957	A 984	F 914	A 935	F 870	F 930	F 925	ETF 886	
	A 935		F 907	A 811	F 920					ETF 891	
			F 854								
										CCTU 881	
										CCTU	
9:00	23	24	25	26	27	28	29	56	57	58	20
		A 821				F 988		F 977			
11:00	23	24	25	26	27	28	29	56	57	58	20
							F 875				
14:00	23	24	25	26	27	28	29	56	57	58	20
		F 871							F 957		

District 2 Supervisors		
D2A:	EMS XXX - NAME	416-523-1814
D2C:		416-523-4566
Office:	416-392-2127	

District 5 Supervisors		
D5A:	EMS XX - NAME	416-392-2635
D5C:		416-392-1876
Office:	416-392-2261	

Hub Bariatric: 884

Notes:

EMERGENCY RESPONSE UNIT (ERU) AVAILABILITY SHEET

The ERU Availability Sheet is given out to all Quadrant EMDs (usually after all ERUs have booked on for the day). This sheet describes where all the ERU units book on/off at, their posting for the day, shift hours, unit numbers and Paramedic name. ERU home stations are located in areas of known high call volume. Having these locations covered will help improve response times to high priority emergency calls.

Thursday, August 27, 2015						
Div.	Unit	RESP	Medic	**ARU Home Stations**	STN	Time
Fill in any order						
N/W				Weston & 401 (1A30)		
N/E				Markham & Sheppard (2P2)		
N/E				Don Mills & Lawrence (2A24)		
S/E				Danforth & Greenwood (4A90)		
S/W				Islington & Norseman (3A9)		
Fill in any order (only if above 5 have been filled)						
N/W				Bathurst & Lawrence (1P4)		
S/W				Dufferin & St Clair (CD23)		
N/W				Keele & Wilson (1P10)		
S/E				Kennedy & Eglinton (4P8)		
S/E				Warden & St.Clair (2P15)		
Div.	Unit	RESP	Medic	**PRU Home Stations**	STN	Time
Fill in any order						
S/W				Bathurst & Queen (3P5)		
S/E				Yonge & Wellesley (4A40)		
Fill in any order (only if above 2 have been filled)						
S/W				Spadina & Bloor (3P9)		
N/E				Sherbourne & Bloor (4P10)		
N/W				Yonge & Eglinton (1A3)		
N/W				Keele & Sheppard (1A32)		
Div.	Unit	RESP	Medic	**TTC Postings**	STN	Time
AM						
N/W				Eglinton		
S/E				Bloor		
S/E				Dundas/St Patrick		
PM						
S/E				Bloor		
Div.	Unit	RESP		**Preceptors**	STN	Time
Medics						

Communication Equipment and Software

Section 3.6
Unit Rostering

Toronto Paramedic Services Dispatch Manual

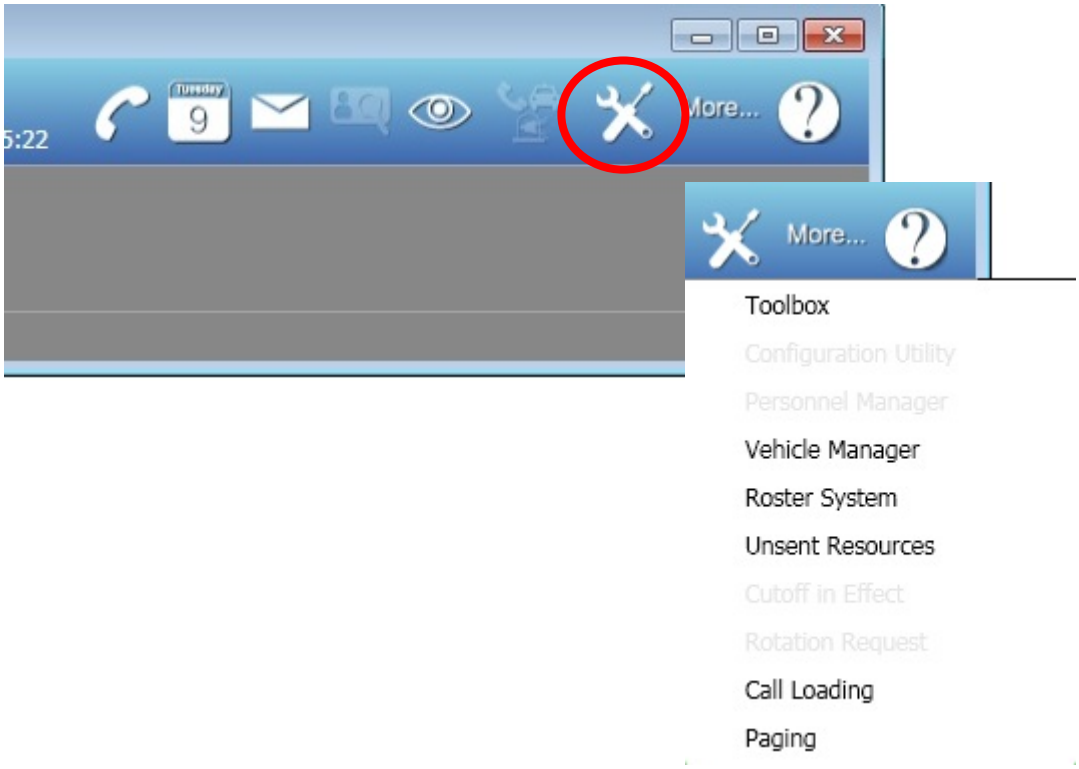
AUTO-ROSTER

Unit shifts are built automatically in the Roster System when the correct Paramedics have swiped on to the correct unit at the correct station. Two (2) Paramedics assigned to the same shift code, at the same station must swipe on to the same unit. Response & Support units only need to have a single Paramedic swipe on. For a specific unit shift to be built, that unit's home station must match the station where the Paramedics are booking on.

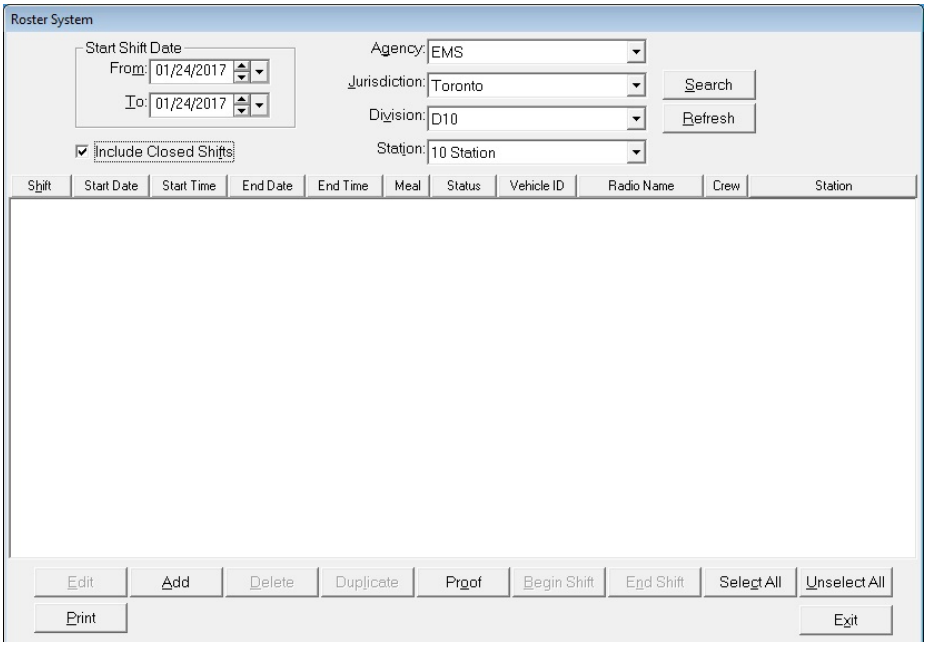
The system will auto-roster single paramedics (or medics where only one partner has badged on) with the SINGLE MEDIC-FR out of service reason attached to the unit. It is up to the EMD to check the roster sheet that the SEMD provides to confirm what has rostered in the USQ vs what is documented on the sheet itself.

ROSTER SYSTEM

To launch the Roster System, click on the Configuration and Utility Tool icon on the Inform CAD toolbar and click on Roster System. You can also press Shift + F10. This will cause the Roster System window to launch. The current date will automatically populate the Start Shift Date "From" and "To" fields. Agency will also default to "EMS"

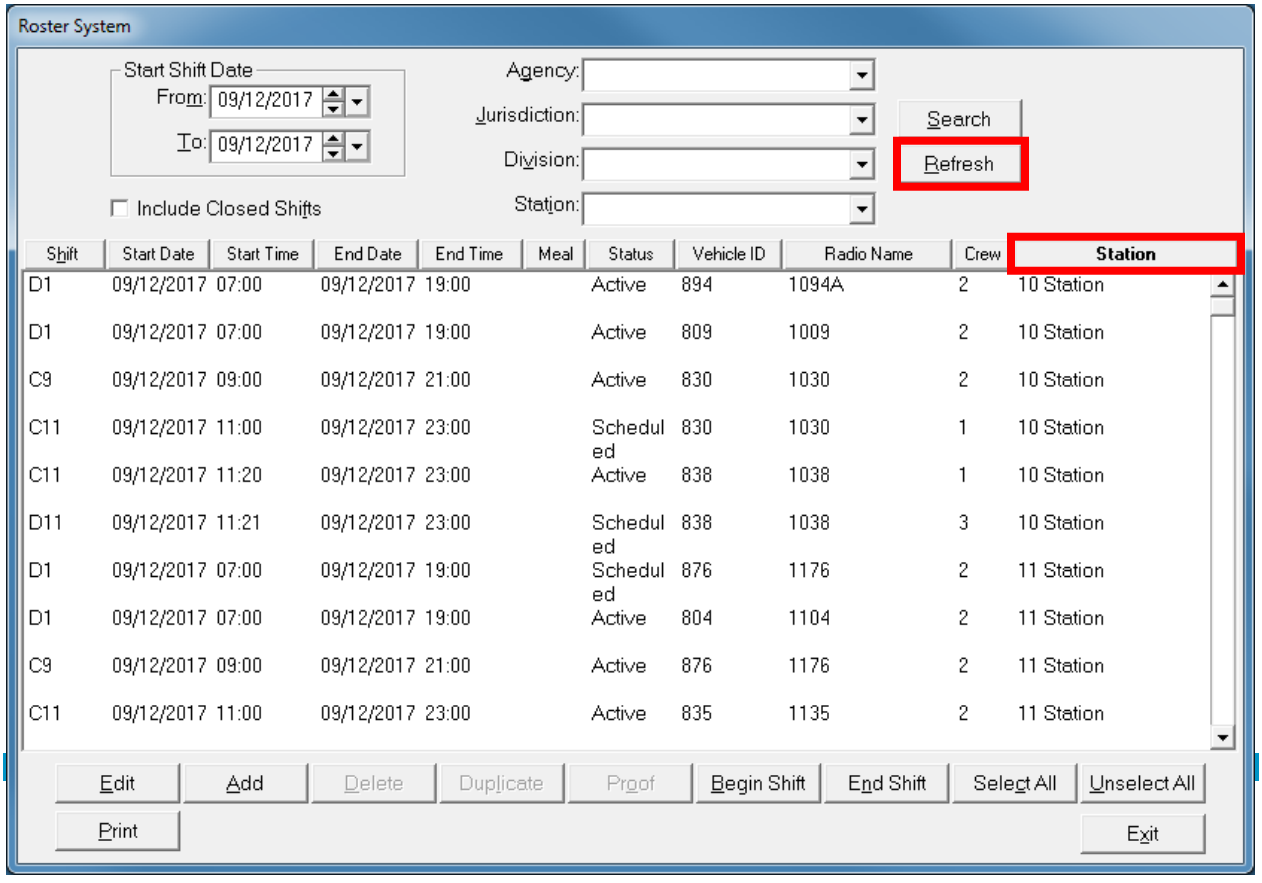


The auto-roster program uses the previous vehicle "name" when building shifts. For example, if 850 was last rostered as 1050 (PTU) but is now an ACP unit, the EMD will have to change the name to 1050A (ATU).

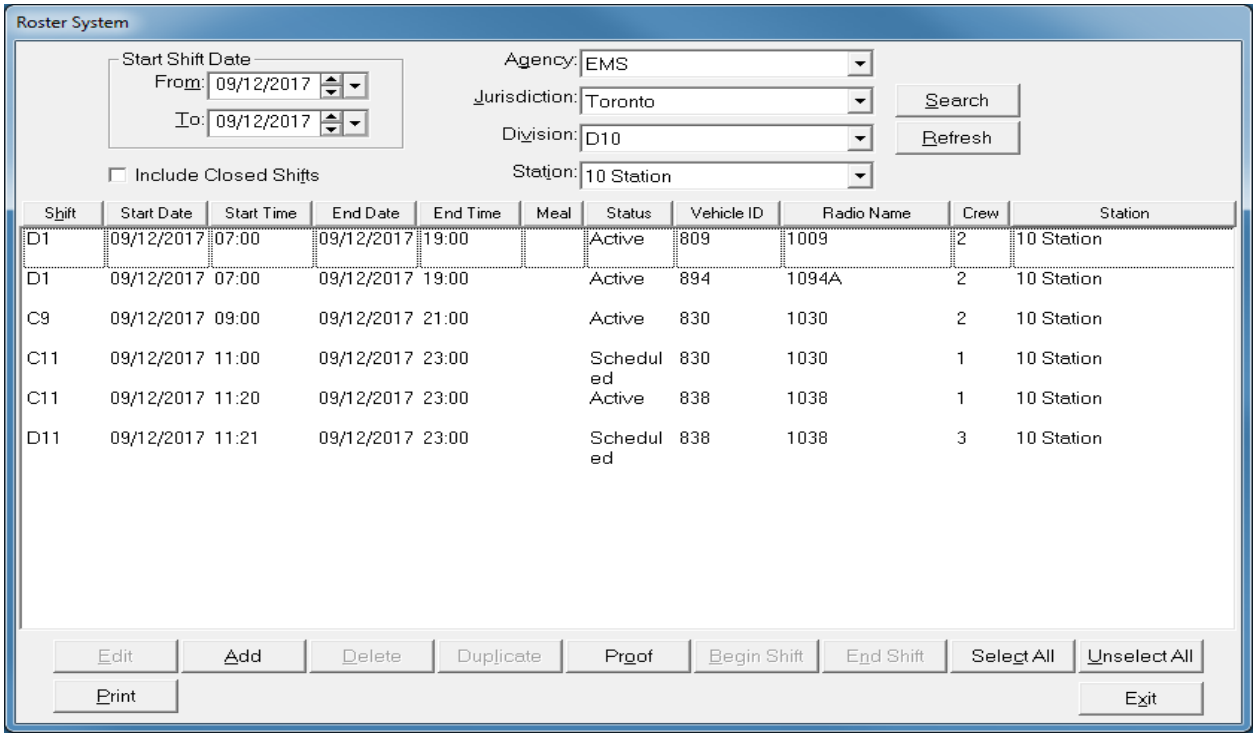


Agency: Defaults to "EMS"
Jurisdiction: Select "Toronto"
Division: Select Division Station
Station: Select station

If the EMD would like to view all shifts built for the entire city then leave all fields blank and click the "Refresh" button. As demonstrated by the diagram below, ALL built shifts will be displayed. Stations can be sorted by clicking on the 'Station' column header. This feature allows for a better sorting method.



To reduce the number of shifts displayed, select the desired station number from the Station field. For example, selecting 10 Station will display all shifts that have been built on the selected date.



When building shifts, all fields must be filled out or the Unit will not show properly in OPTIMA.

STARTING SHIFTS VIA ROSTER SYSTEM

Open Roster System as outlined above. To reduce the number of shifts offered, fill in the Jurisdiction, Division and Station fields. **All fields must be selected in order to properly Roster on vehicles.** Also ensure that the correct shift date is selected. When all information has been entered, click on the Search button to populate the main window with all built shifts matching the criteria.

Prior to selecting a shift to start, ensure that the Shift, Start Date, Start Time, End Date and End Time are correct.

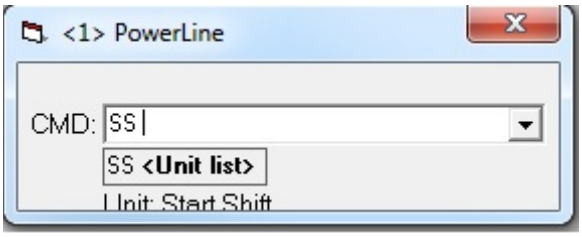
Day Shift	start shift 06:00 (current date)	end shift 18:00 (current date)
	start shift 07:00 (current date)	end shift 19:00 (current date)
C9 Shift	start shift 09:00 (current date)	end shift 21:00 (current date)
C10 Shift	start shift 10:00 (current date)	end shift 22:00 (current date)
C11 Shift	start shift 11:00 (current date)	end shift 23:00 (current date)
C2 Shift	start shift 14:00 (current date)	end shift 02:00 (next calendar date)
Night Shift	start shift 19:00 (current date)	end shift 07:00 (next calendar date)

If any changes to the Jurisdiction, Division or Station are required, click the Refresh button after making any changes.
Shifts will only appear when the auto-roster system has built them. Occasionally One-desk will build shifts that auto-roster may omit.

Individual shifts in the Roster System can only be edited or deleted when only a single shift/vehicle is selected.

STARTING SHIFTS VIA POWERLINE

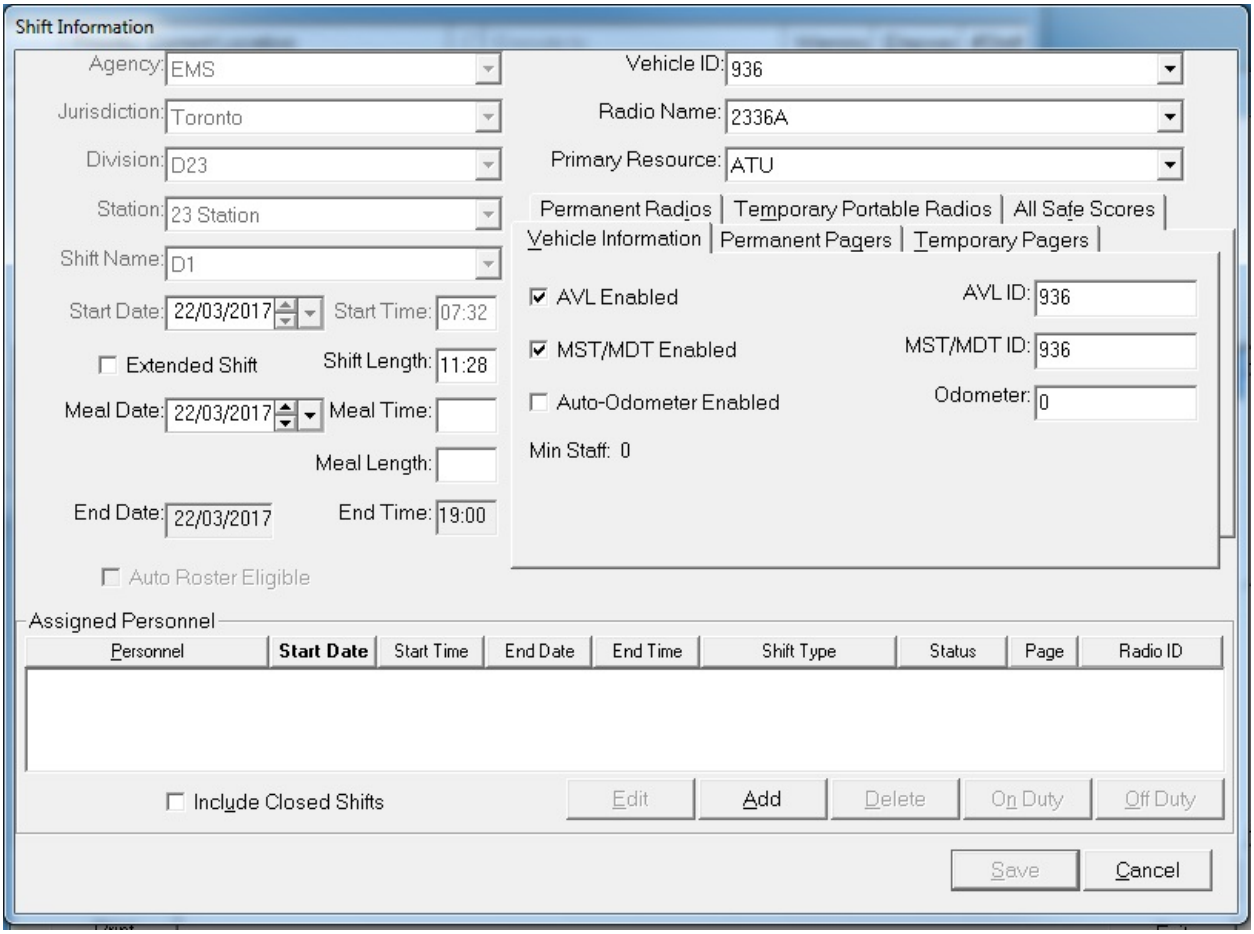
Start PowerLine by pressing "F4" and enter the following command ("SS"):



If there is only a single shift built for the selected unit, that shift will start automatically. If there is more than one shift built for the selected unit, the Roster System will launch automatically for the EMD to select the desired shift.

BUILDING SHIFTS

Shifts may need to be built when the auto-roster system does not build them. This may be for one or more reasons (as mentioned above). After filling out the Start Shift Date, Agency, Jurisdiction, Division and Station fields, click the Add button near the bottom of the window. This will cause the Shift Information window to appear.



If not filled out previously in the main Roster System window, you can fill in the Agency, Jurisdiction, Division and Station here.

Shift names (most commonly used are in bold):

A8 - special 8 hour shift
C7 - 0700 - 1900
C9 - 0900 – 2100
C10 - 1000 – 2200
C11 - 1100 – 2300
C2 - 1400 – 0200
D1 - 0700 – 1900
D8 - 8 hour day shift
N1 - 1900 – 0700
N8 - 8 hour night shift
OTF - On The Fly (used sparingly and EMDs should check with One-desk when using this)
PAID - Paid Duty

If this is a shift being built for the future, the Start Time will automatically populate with the appropriate start time.

If this is a shift being built for immediate use (after the shift has started), the Start Time will automatically populate with the **current time**. In this case, the EMD must type in a correct Shift Length time in order for the End Time to be correct for the selected shift type.

Example 1:

Day shift: The unit's shift start is logged at 07:24, but the actual start time is 07:00. The shift length must be modified to end the shift at 19:00 hours.

Start Time	07:24
Shift Length	**11:36**
End Time	19:00

Example 2:

Night shift: The unit's shift start is logged at 19:16, but the actual start time is 19:00. The shift length must be modified to end the shift at 07:00 hours.

Start Time	19:16
Shift Length	**11:44**
End Time	07:00

It is important for the correct End Time to be selected as this will ensure the correct information is displayed in the Optima Meal Monitor. The End Time also ensures the "EOS (End of Shift)" warning appears in the Warnings column in the Vehicle Status Queue to remind the dispatcher that the Paramedic crew will be ending their shift within 45 minutes

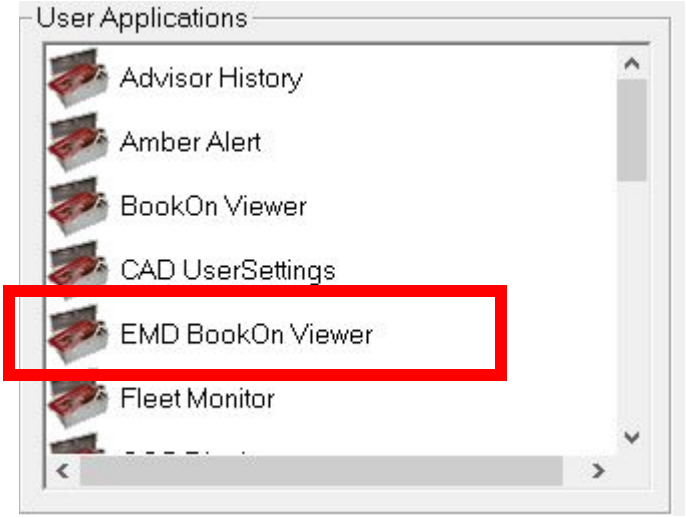
The Vehicle ID field refers to the 3 digit VIN number. This number can either be typed in or selected from the drop-down menu. Radio Name and Primary Resource will fill in automatically after tabbing off the Vehicle ID field. EMDs must check to make sure the Radio Name and Primary Resource type are both correct.

One-desk will typically add the Paramedic names to individually built shifts as the EMD does not normally have access to this information at the quadrant desk.

After clicking the Save button, the newly created shift will be available in the main Roster System window. From the main window, the newly built shift can be started.

EMD BOOK ON VIEWER

The EMD book on viewer allows the EMD to check the book on statuses of crews. This application is particularly useful prior to the start of each set of shifts (i.e. C7, C9, C11, etc.) Access to this tool is from the toolbox, under user applications.



Double click the book on viewer which will open the application as a separate window.

Once open, the main screen of the viewer looks like the screenshot to the right.

This is the display prior to any criteria being entered into the application.

EMDs may enter any of the following criteria to search:

- Employee Name or Number
- Vehicle
- Station or Division
- Shift

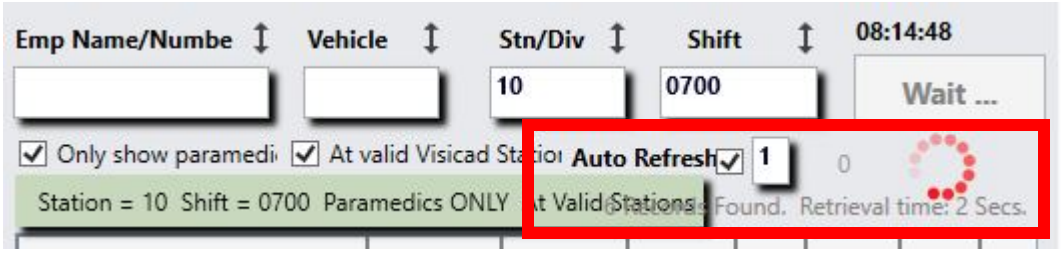
After entering the data, click the green refresh button.

This is an example of the display when searching all medics that started at 0700.

Staff are colour-coded based on their status. Each row colour will change as the application updates.

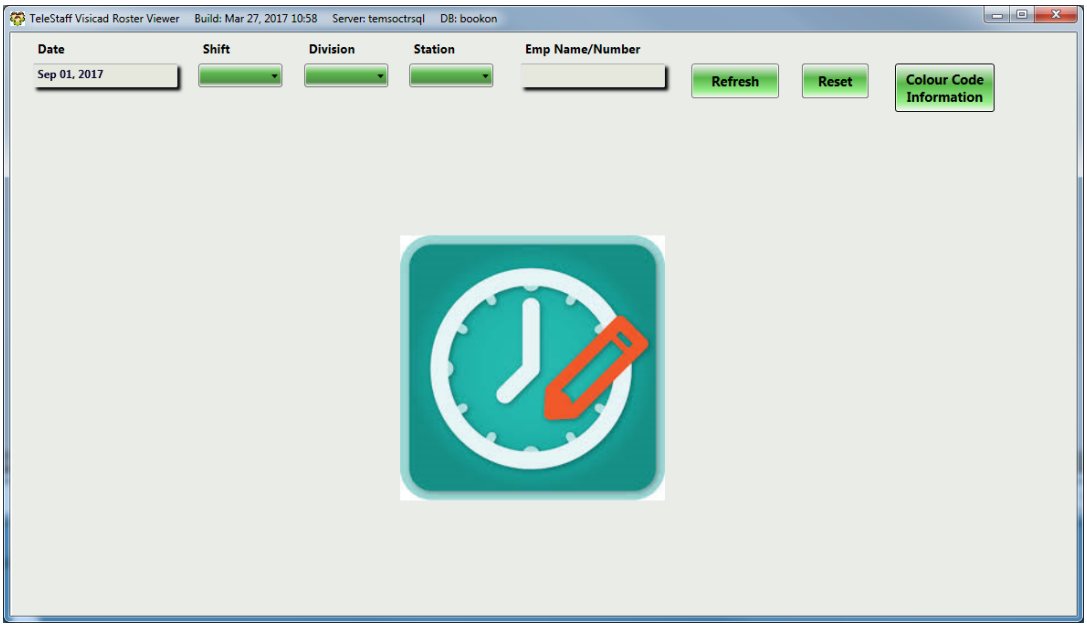
Colour	Meaning
	Paramedic has punch IN WITH a vehicle number
	Paramedic has punched IN with NO vehicle number
	Employee (non-paramedic) has punched IN
	Employee has punched IN and punched OUT
	Paramedic has not punched in
	Paramedic has punched IN, but NO TeleStaff schedule found
	Employee shift has not started

EMDs must manually refresh the viewer unless they select the "auto-refresh" button. The application will refresh every 1 minute when this is checked.



ONE DESK

One Desk has a more detailed version of the book on viewer. The auto-roster system automatically populates Paramedic names in the Shift Information. One-desk is responsible for checking the Paramedic names on all vehicles to ensure they match WFC - TeleStaff Viewer. This is also a double check to make sure that the EMD has rostered all vehicles on the Unit Availability Sheet.

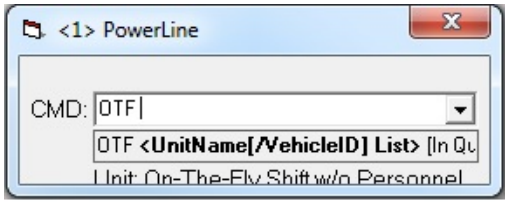


ON THE FLY (OTF)

This is the ability to quickly roster a unit that has no existing pre-scheduled shift. <u>This is only to be used for Out of Town (OUT) vehicles or when a vehicle needs to be rostered for a very short period of time</u> (e.g. single medic returning their vehicle back to their home station). Shifts created using this command will not contain Paramedic names or appropriate book-on/book-off times. Paramedics working on a unit with this type of shift will NOT receive pages. Unit MobiCADs will continue to work properly.

The OTF command can be generated in two ways.

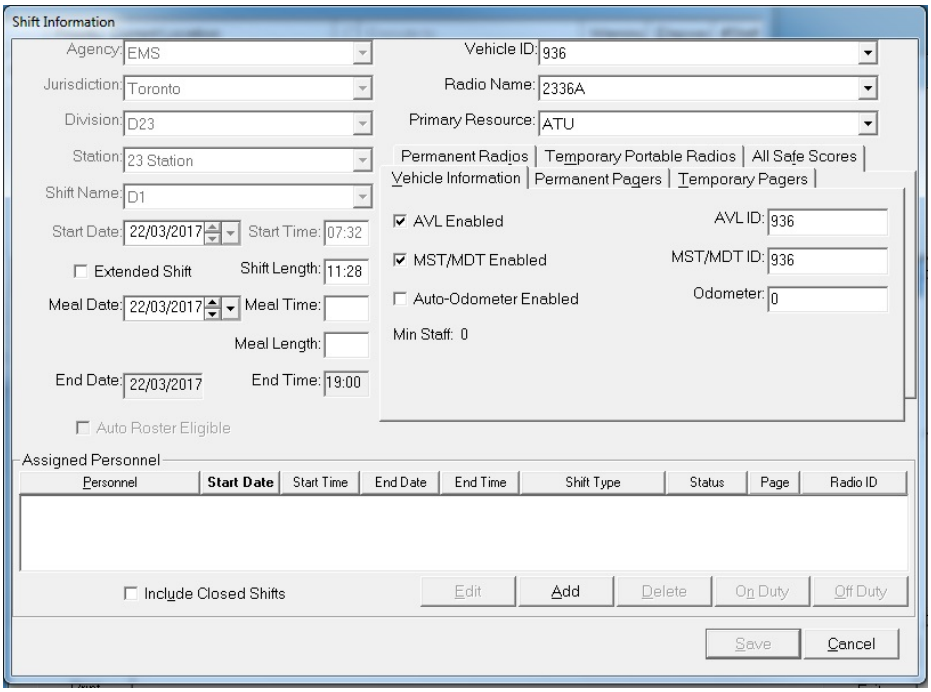
1. Start PowerLine by pressing <F4> and enter the following command ("OTF").
2. Depressing <F12> will open PowerLine and it will automatically enter "OTF"



Vehicles that are rostered using the OTF command will not show properly in the Optima program (Assign Window, Meal Monitor, etc) and will not display the appropriate EOS warning in Inform CAD.

EDITING SHIFTS

Occasionally the Quadrant EMD will have to edit a shift that has already been built. Select the single desired shift from the main Roster System window and click the Edit button near the bottom of the window. This will cause the Shift Information window to appear.



Once any required changes are made, click the Save button and the edited shift will be available in the main Roster System window.

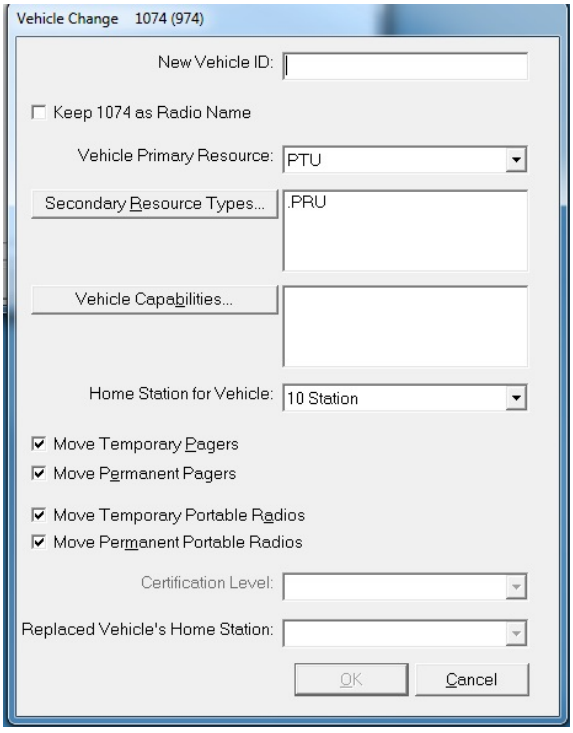
CHANGE VEHICLE

Occasionally a Paramedic crew will need to switch units during their shift. This may be due to numerous reasons such as mechanical issues or meeting with a modified Paramedic to swap units. This process will carry all information from their currently rostered unit to the new unit.

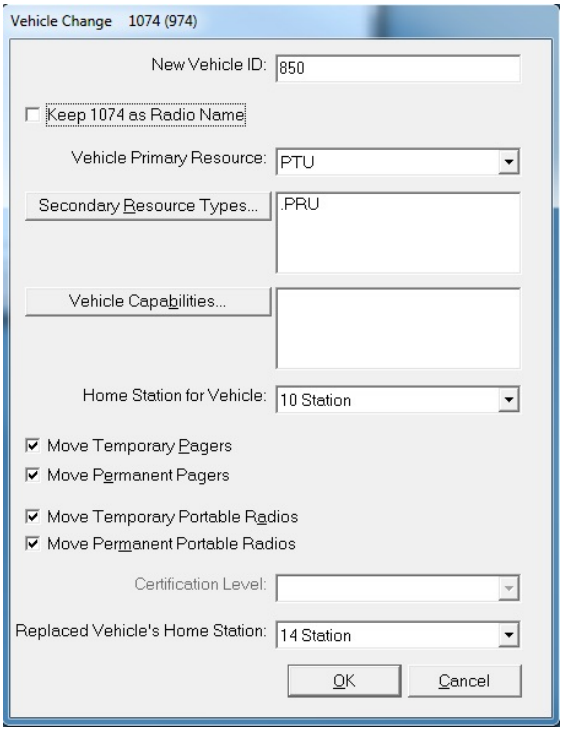
This can only be accomplished if the current 'on duty' unit is in the "In Quarters" status and the new unit is in the "Off Duty" status. This often happens at locations other than stations. EMDs may have to post a unit to a street corner or hospital, then put it "In Quarters" to allow for the unit change.

1. Using the mouse, right-click on the unit that you would like to change in the Unit Status Queue (USQ)
2. Scroll down to "change vehicle" – when clicked on, the change vehicle window will launch
3. Enter the new unit's 3 digit VIN #
4. If necessary, alter the new unit's Primary Resource (e.g. ATU, PTU, etc.)
5. Press <Enter>

Blank Vehicle Change Window



Vehicle Change Window with new Unit #



The new unit will be placed in "Available" status at its last recorded location. The original unit that was initially active will now show in the "Off Duty" status.

It is the EMDs responsibility to ensure that all units are rostered correctly. It is essential that the on-duty units in Inform CAD match those on the Unit Availability Sheet. Any time there is a change in unit numbers (vehicle change, off-duty, etc), One-desk must be notified and both Inform CAD and the Unit Availability Sheet updated.

Communication Equipment and Software

Section 3.7
Vehicle Manager

Toronto Paramedic Services Dispatch Manual

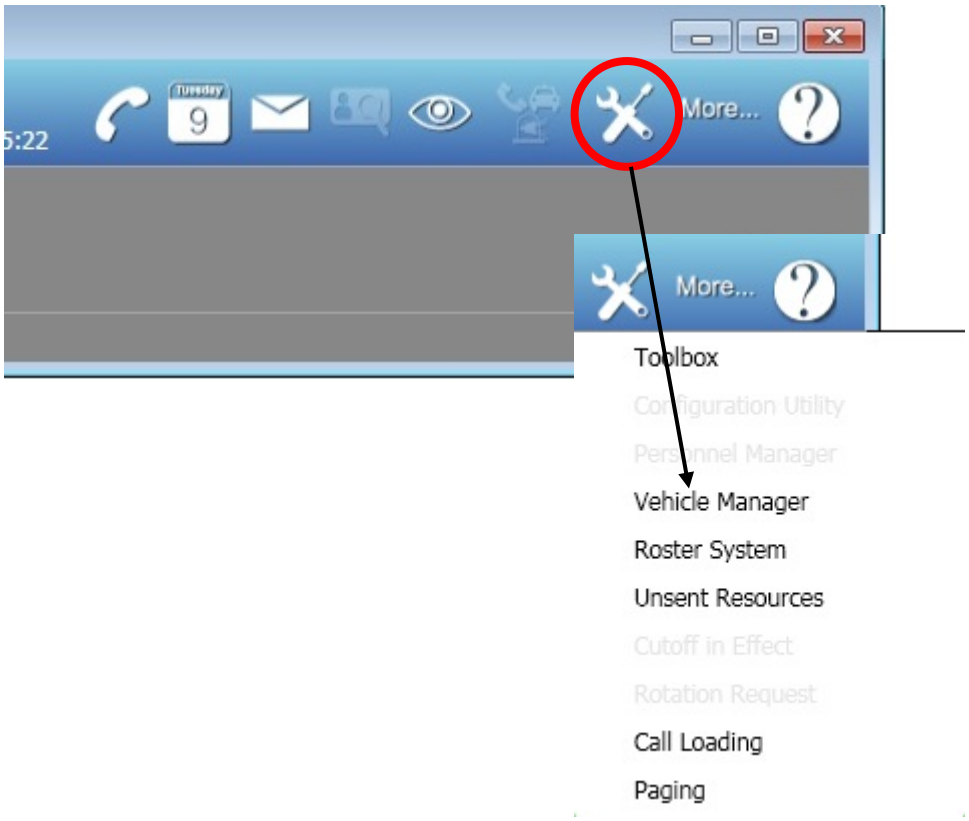
VEHICLE MANAGER

OVERVIEW

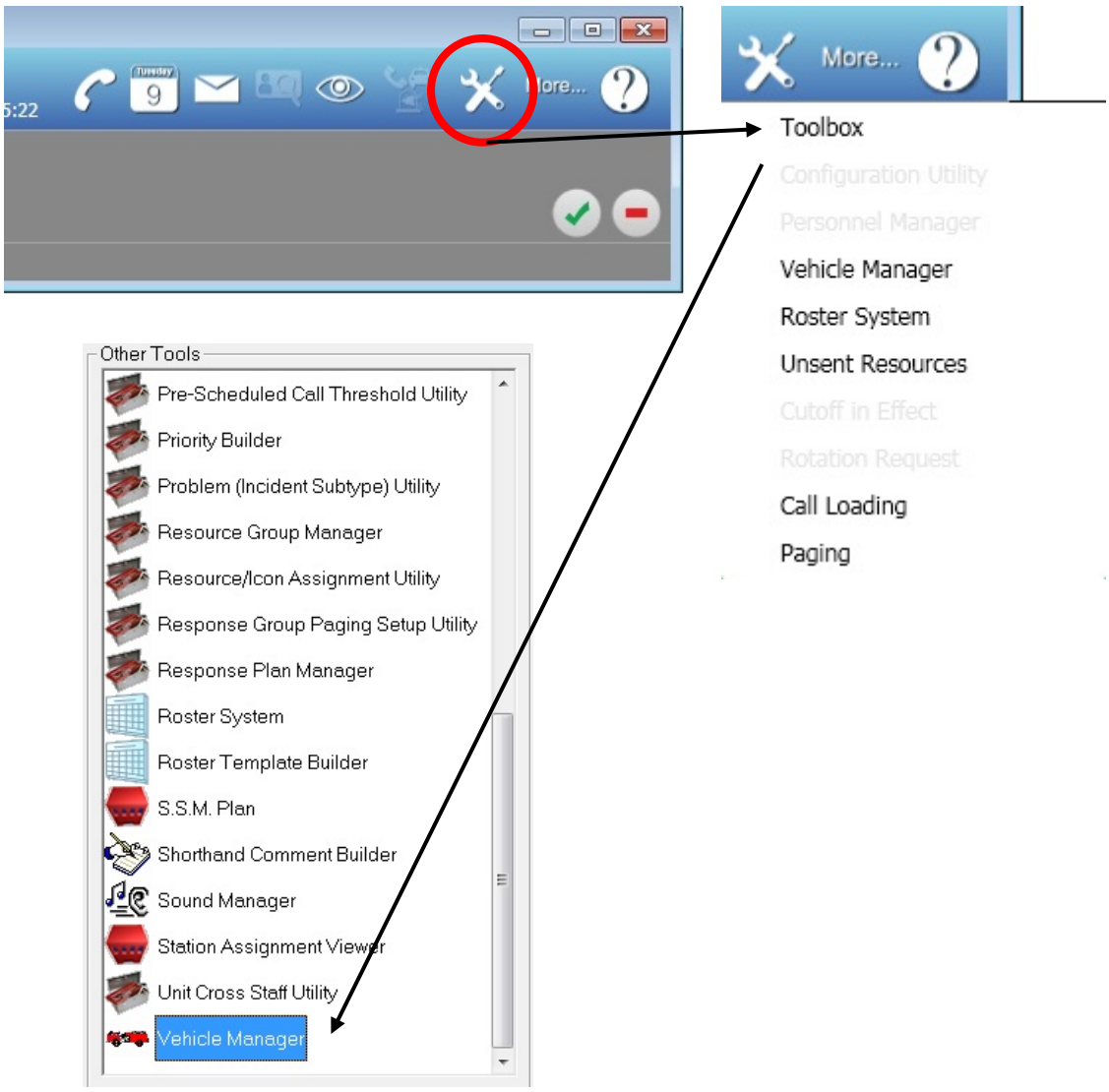
Vehicle Manager is a tool that provides access to unit information, such as unit call sign, station assignment and level of care

There are two methods to access the Vehicle Manager.

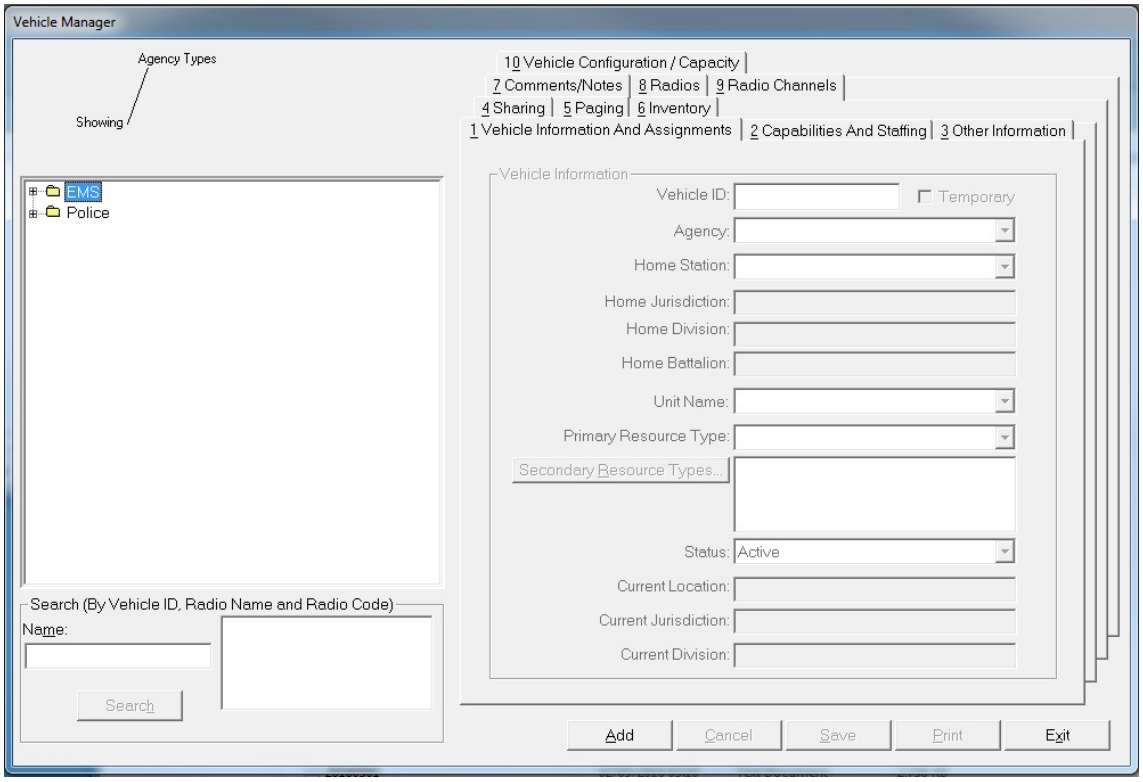
1. Click the Inform CAD Tools icon in the middle of the Inform CAD main toolbar. Click on "Vehicle Manager" from the dropdown menu.

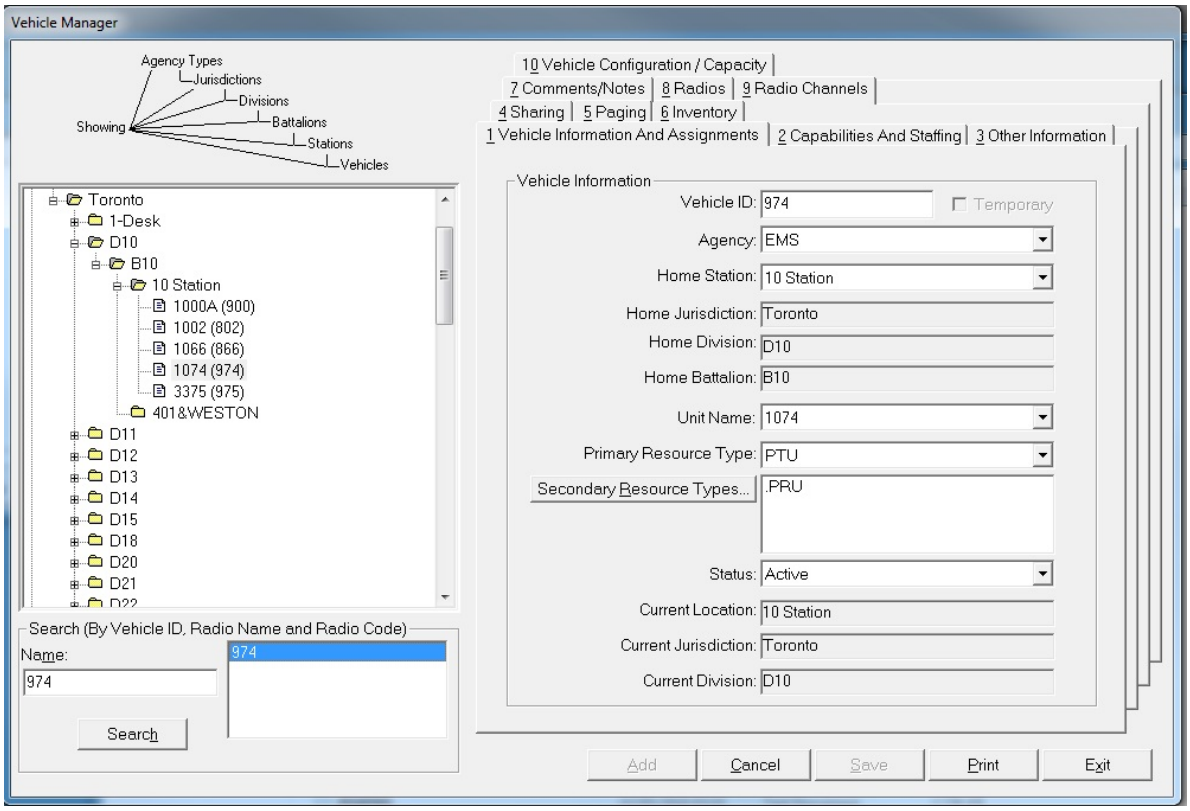


2. Click the Inform CAD Tools icon on the main toolbar. Click on "toolbox" from the dropdown menu. Under "other tools", click on Vehicle Manager to display the Vehicle Manager utility.


More...
Toolbox
Configuration Utility
Personnel Manager
Vehicle Manager
Roster System
Unsent Resources
Cutoff in Effect
Rotation Request
Call Loading
Paging
Other Tools
Pre-Scheduled Call Threshold Utility
Priority Builder
Problem (Incident Subtype) Utility
Resource Group Manager
Resource/Icon Assignment Utility
Response Group Paging Setup Utility
Response Plan Manager
Roster System
Roster Template Builder
S.S.M. Plan
Shorthand Comment Builder
Sound Manager
Station Assignment Viewer
Unit Cross Staff Utility
Vehicle Manager

Once selected, the following window will launch.





"Name:" field

Enter the 3 digit VIN number related to the desired unit. The 3 digit VIN number should be used as the 4 digit unit number can be incorrect, causing errors with other units.

Press **<Enter>** or click on the **Search** button below the Name field.

In the box to the right of the Search button, double click the 3 digit number or highlight and press **<Enter>** on the unit ID and the Vehicle Information will populate.

Vehicle ID Field:	Automatically filled in by Inform CAD
Agency Type:	EMS
Home Station:	Indicates the vehicle's station assignment. This can be changed by typing in or scrolling down to the station where that vehicle will be moved for the shift
Typical Unit or Radio Name Assignment:	Type in the vehicle 4-digit Radio or select from drop down list
Primary Resource Type	Type vehicles primary resource type (i.e., ARU, ATU, PRU, PTU, CBRN, CCTU, DOS, ESU Power Unit, ESU Bus, ESU Equipment Unit, ETF and Marine Paramedic) or select from list
Secondary Resource Type:	Type vehicles secondary resource type (i.e., ARU, ATU, PRU, PTU, CBRN, CCTU, DOS, ESU Power Unit, ESU Bus, ESU Equipment Unit, ETF, and Marine Paramedic) or select from list
Click **SAVE**	

Communication Equipment and Software

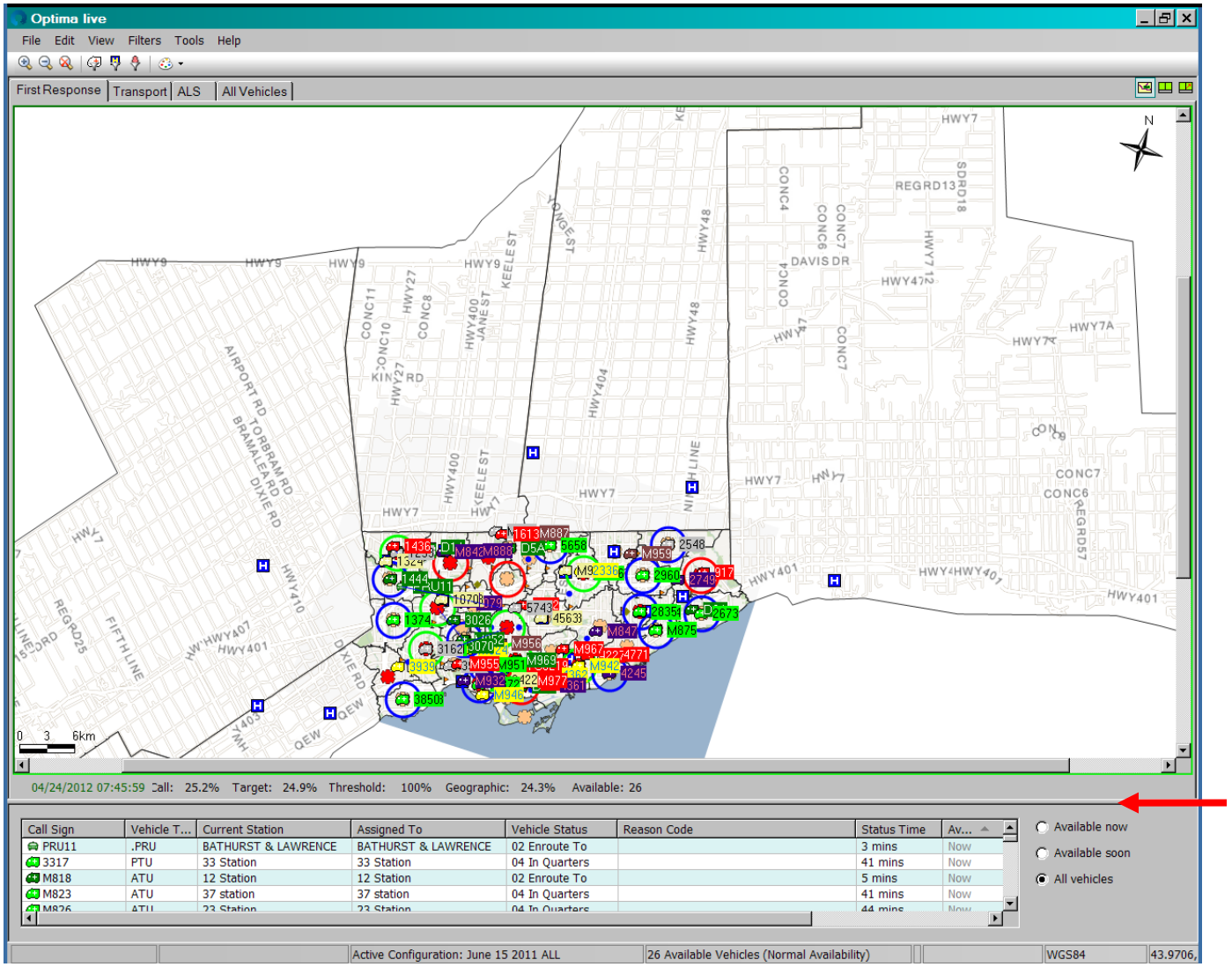
Section 3.8
Optima

Toronto Paramedic Services Dispatch Manual

OPTIMA

OPTIMA ORIENTATION & START-UP

After initiating the Optima software, it may take up to 30 seconds for the program to launch. The initial screen that will be displayed is the main Optima screen.



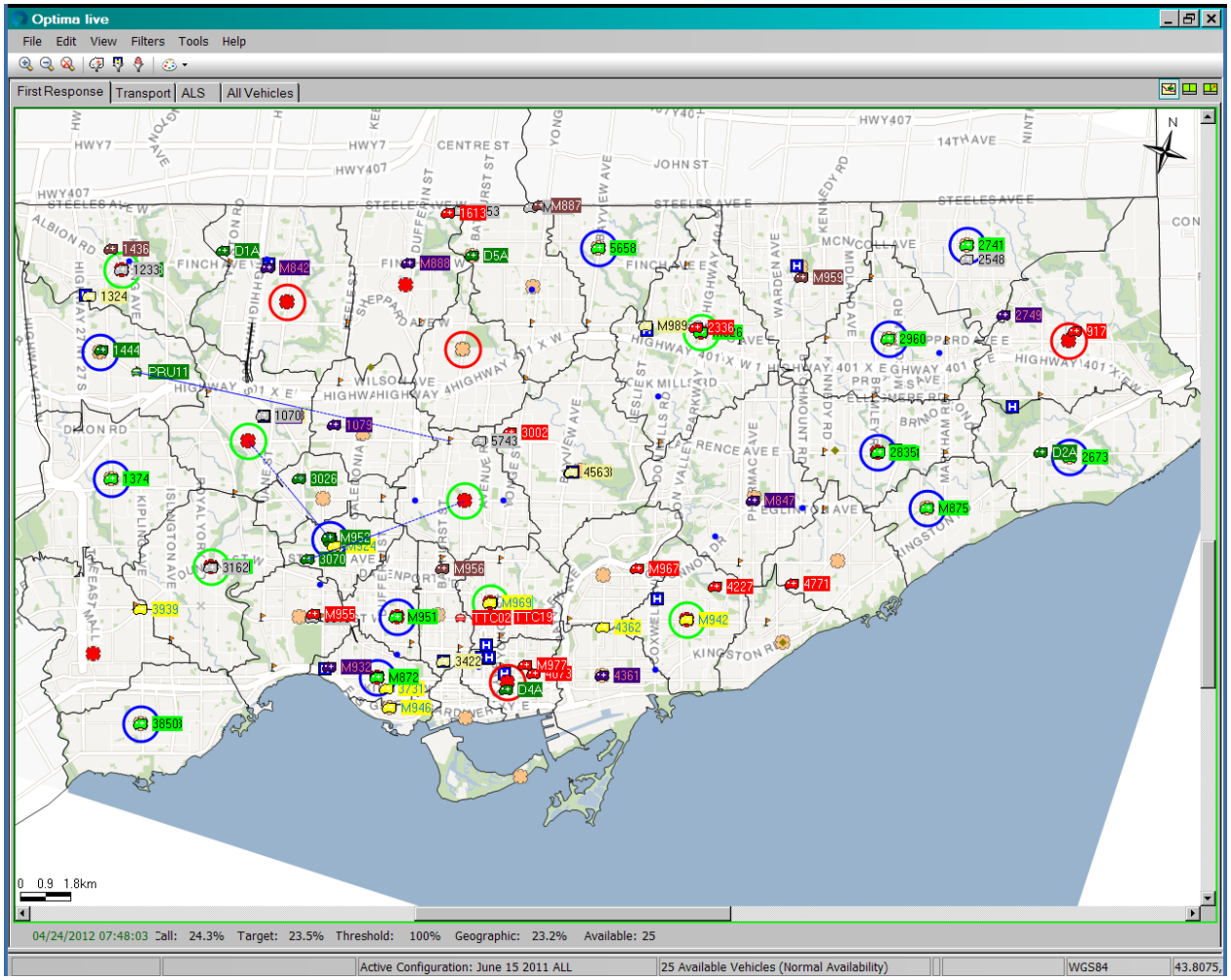
The Map can be adjusted by moving the scroll bars located on the right side and bottom of the map. Another way to "drag" the map around is to push down on the mouse scroll wheel and move the mouse around.

There are three options for zooming in & out.

1. Use the scroll wheel on the mouse
2. Use the zoom buttons (magnifying glasses) near the top left corner of the main window
3. Hold <Ctrl> and <+> to zoom in and <Ctrl> and <-> to zoom out.

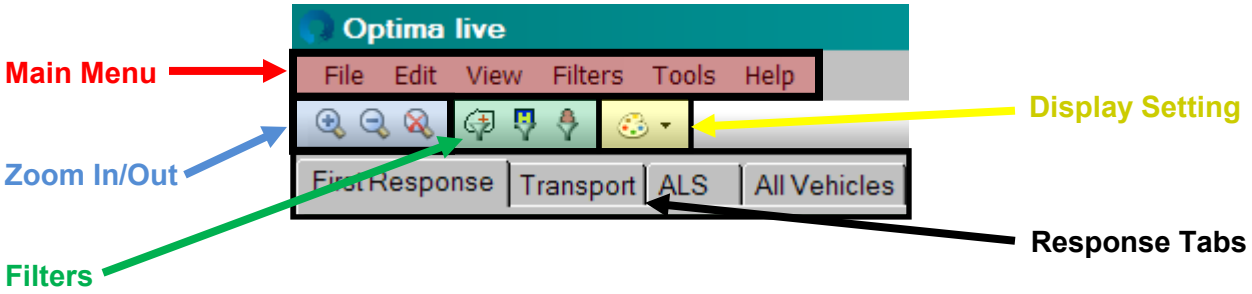
The unit list can be minimized by clicking and holding the line between the map and the vehicle list and "dragging" it all the way to the bottom (see arrow on above map).

After adjusting the main window & map settings, the main Optima window will look like this:

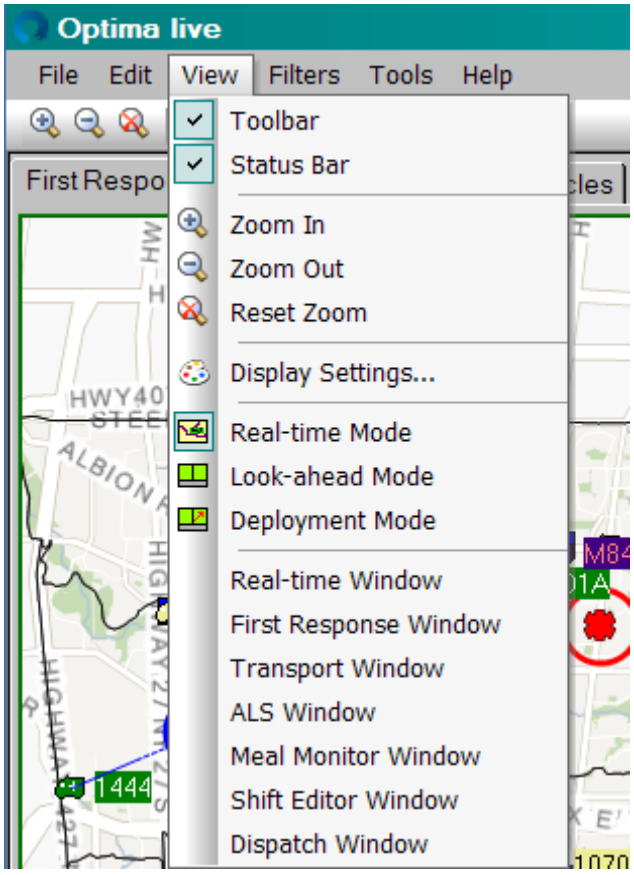


MAIN TOOLBAR

The main toolbar can be found in the upper left corner of the main Optima window. The most commonly used menu options are "View" and "Filters"

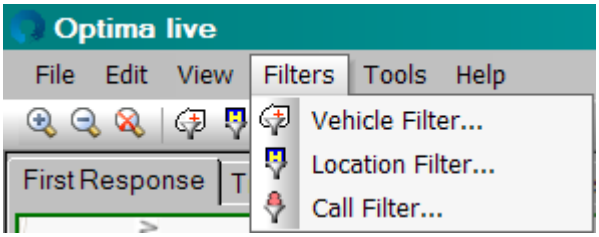


Selecting "View" from the main menu is where the EMD is able to adjust zoom, select different views and open different windows including Meal Monitor and Dispatch (explained in Section 3.10 – Optima Assign).

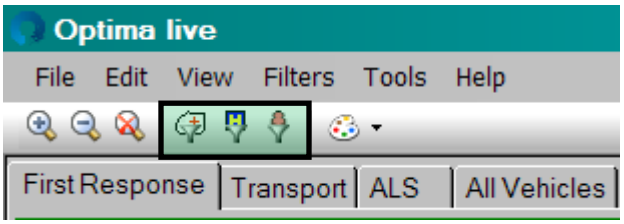


FILTERS

In order to adjust what is displayed in the main Optima window, display filters need to be applied. There are two ways to access the filter windows for Vehicles, Locations, and Calls.

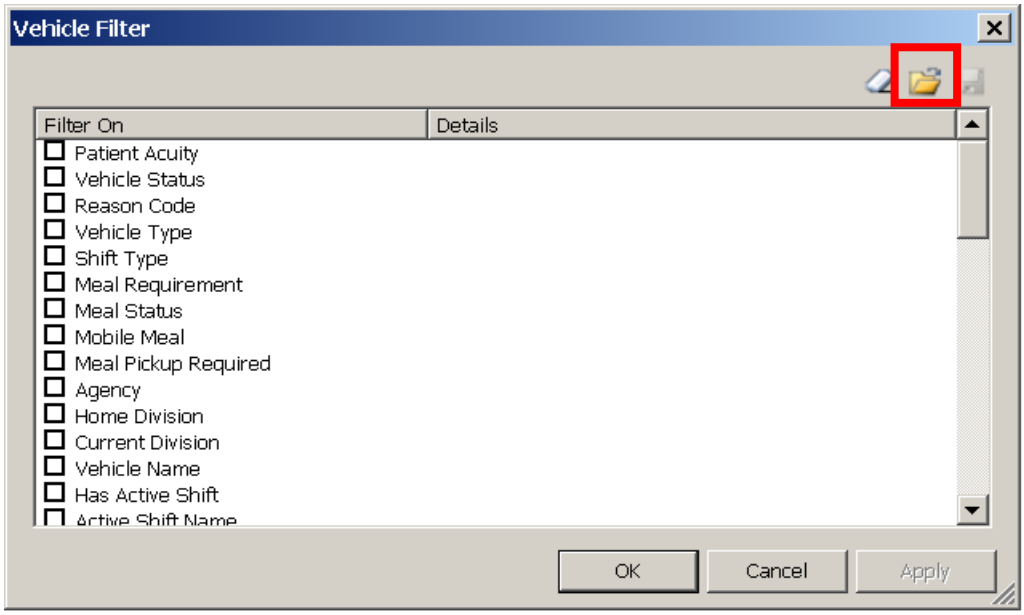


Click "Filters" on the main menu then Select the desired filter.

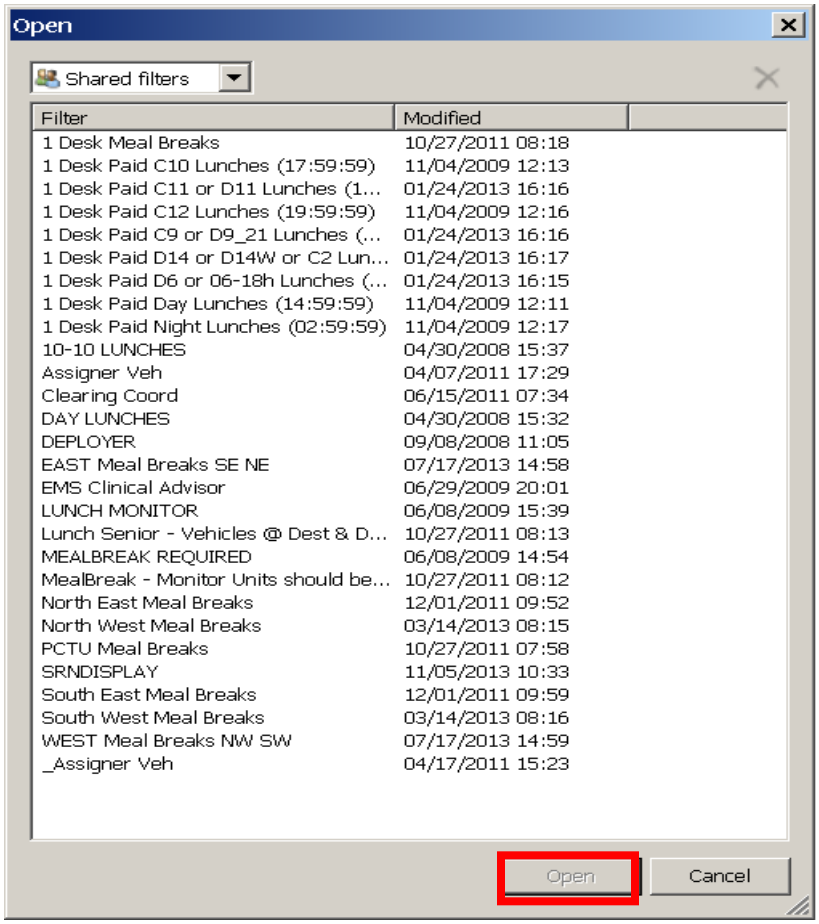


Click on one of the icon buttons with a funnel/filter (description of each icon can be seen on the diagram to the left).

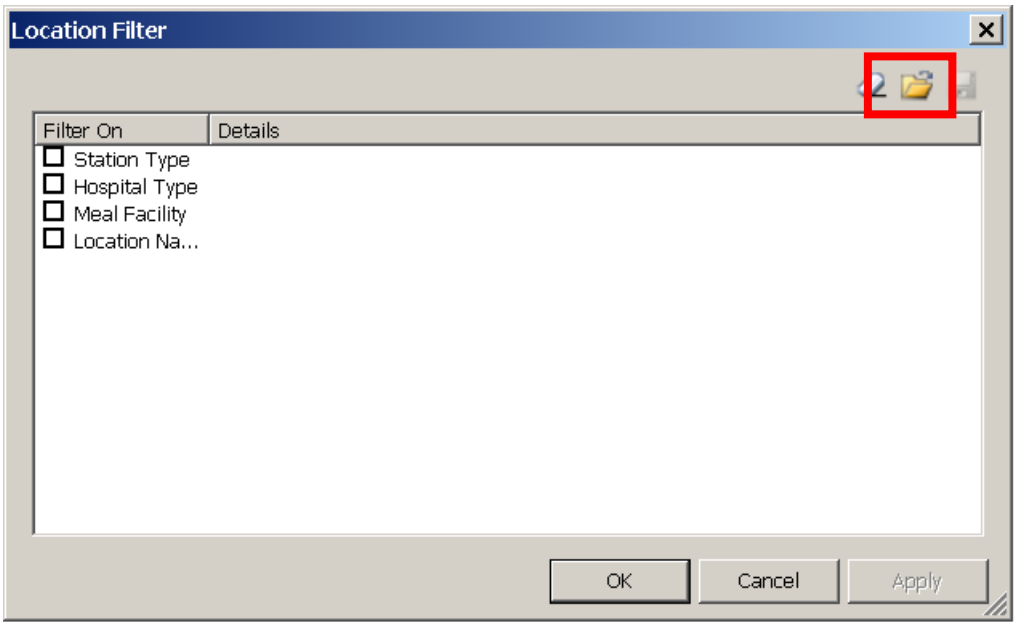
 The Vehicle Filter allows the EMD to adjust which units are visible on their Optima map. The appropriate pre-set filters can be found by opening the Vehicle Filter window. Clicking the Open file button will launch the Load Vehicle Filter window.



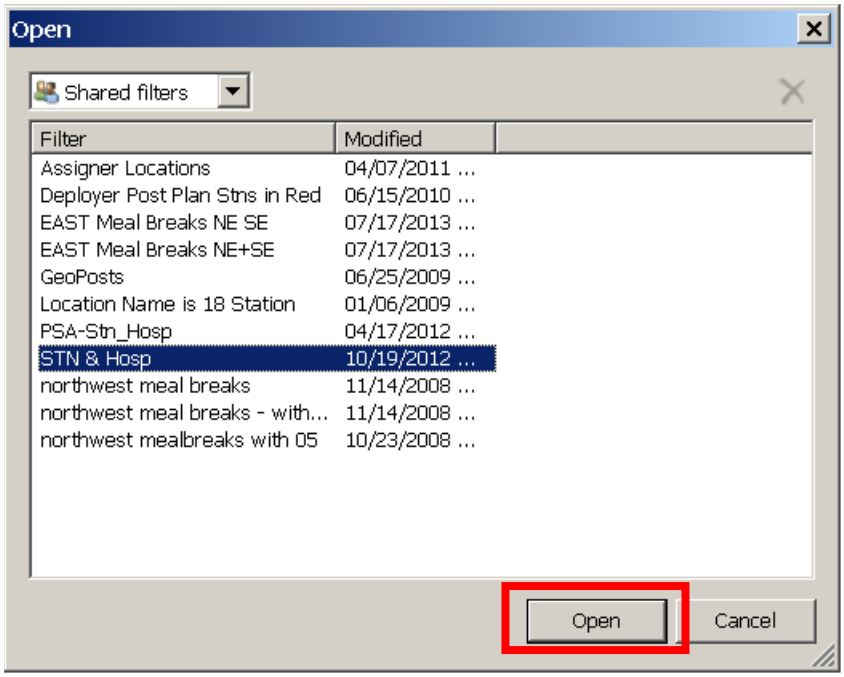
Once the Load Vehicle Filter window has launched, select the appropriate desk/position then click the Open file button.



 The Location Filter allows the EMD to adjust which location icons are visible on their Optima map. The appropriate pre-set filters can be found by opening the Location Filter window. Clicking the Open file button will launch the Load Vehicle Filter window.

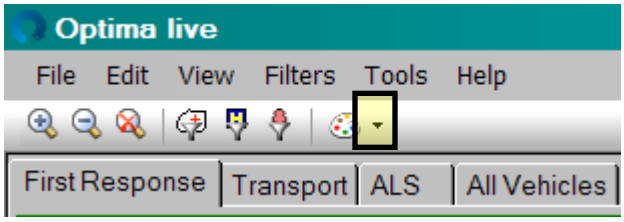


Once the Load Location Filter window has launched, select the desired setting then click the Open button.

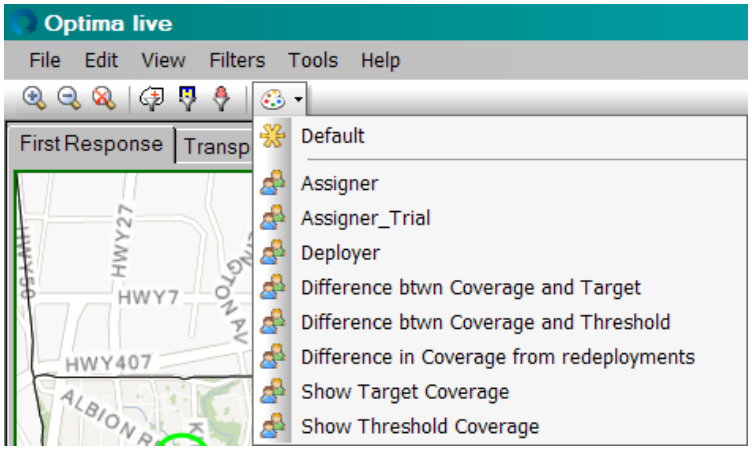


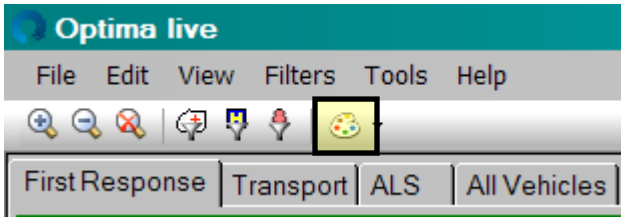
DISPLAY SETTINGS

The Display Settings are where the EMD can turn things "on" and "off". Clicking on the small black arrow to the right of the painter pallet will display some of the pre-set display options.



EMDs should be aware that selecting some of the pre-set display options may also automatically adjust some of the filter settings.

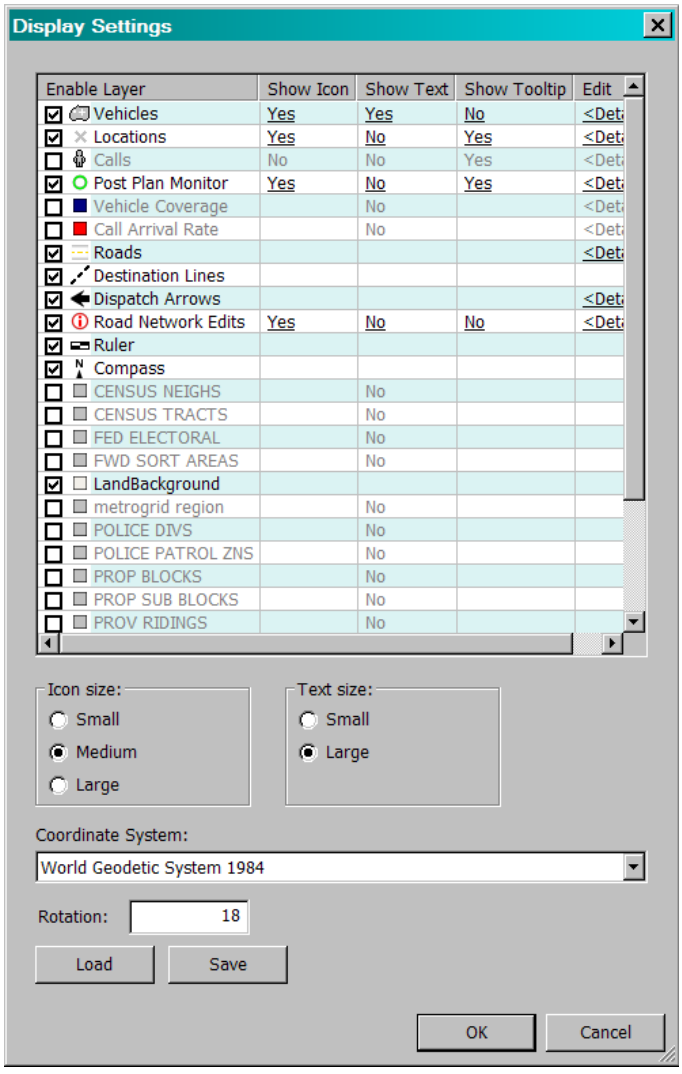




Clicking on the small painter pallet (above) will launch the Display Settings window. This is where items on the map can be turned "on" and "off". It's also where additional changes can be made to modify the way the main Optima map displays information.

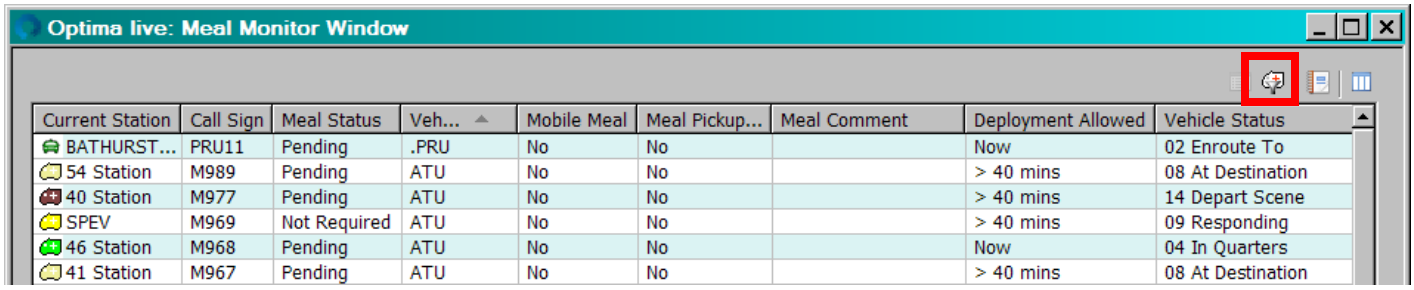
EMDs are also able to adjust the Icon size (Ambulance/ERU vehicles, Location icons, Call Icons, etc).

The Text size can also be adjusted (Vehicle numbers beside icon, Call ID numbers, etc.).

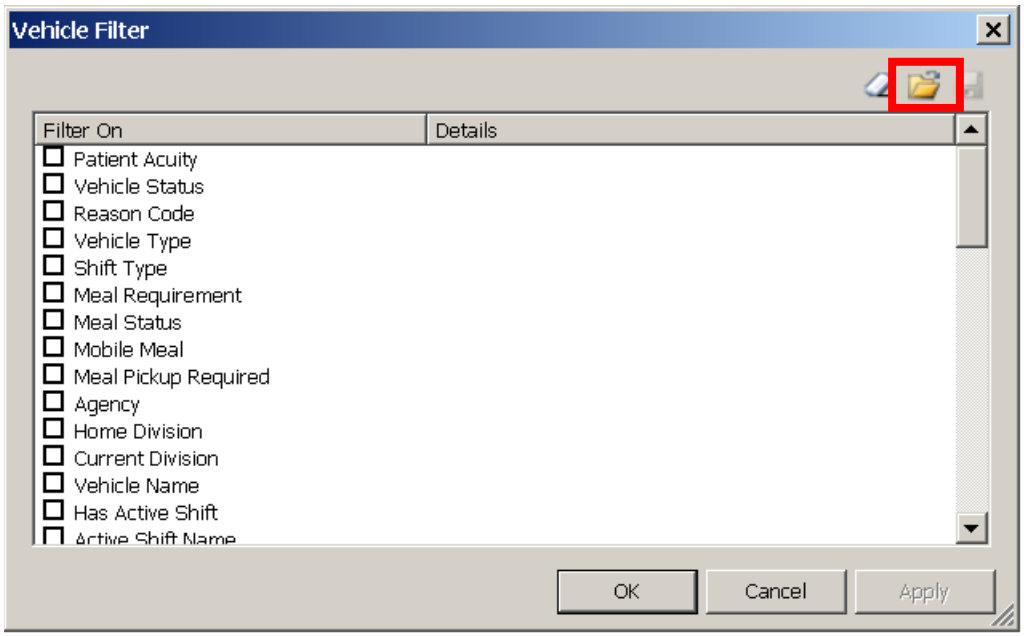


MEAL MONITOR WINDOW

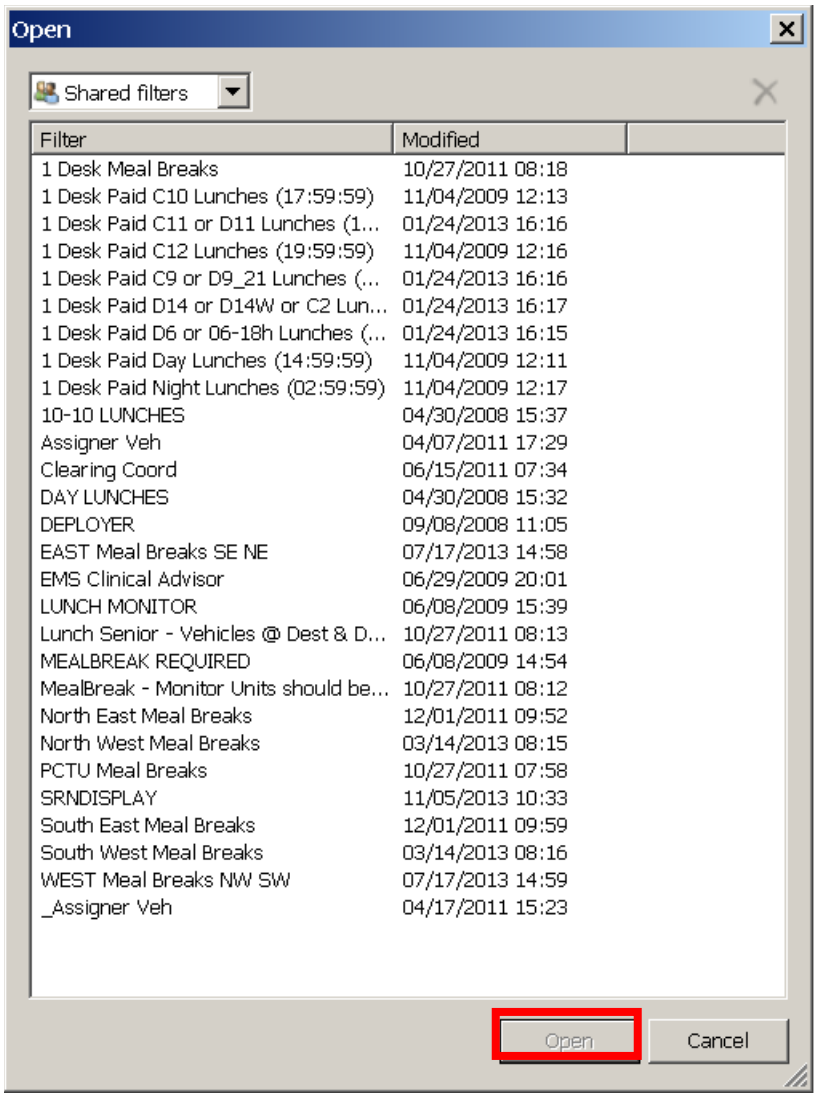
To assist the EMD with completing lunches, the Optima Meal Monitor displays which units need lunch along with other important information. To launch Meal Monitor, click "View" on the main toolbar and then select "Meal Monitor Window" from the drop-down list.



The main Meal Monitor Window will launch. It will show all units in all statuses. In order to see only a specific quadrant's units, click on the Vehicle Filter button near the top right corner. This will open the Vehicle Filter Window.



Clicking on the Open file button will launch the Load Vehicle Filter window where all the pre-set lunch settings are available.



Once the desired setting has been selected, click the Open file button. The Meal Monitor window will now only display units that match the selected pre-set filter. EMDs are also able to change which meal statuses are displayed by adjusting settings in the Vehicle Filter window (EMDs can remove Pending/Achieved lunches from displaying).

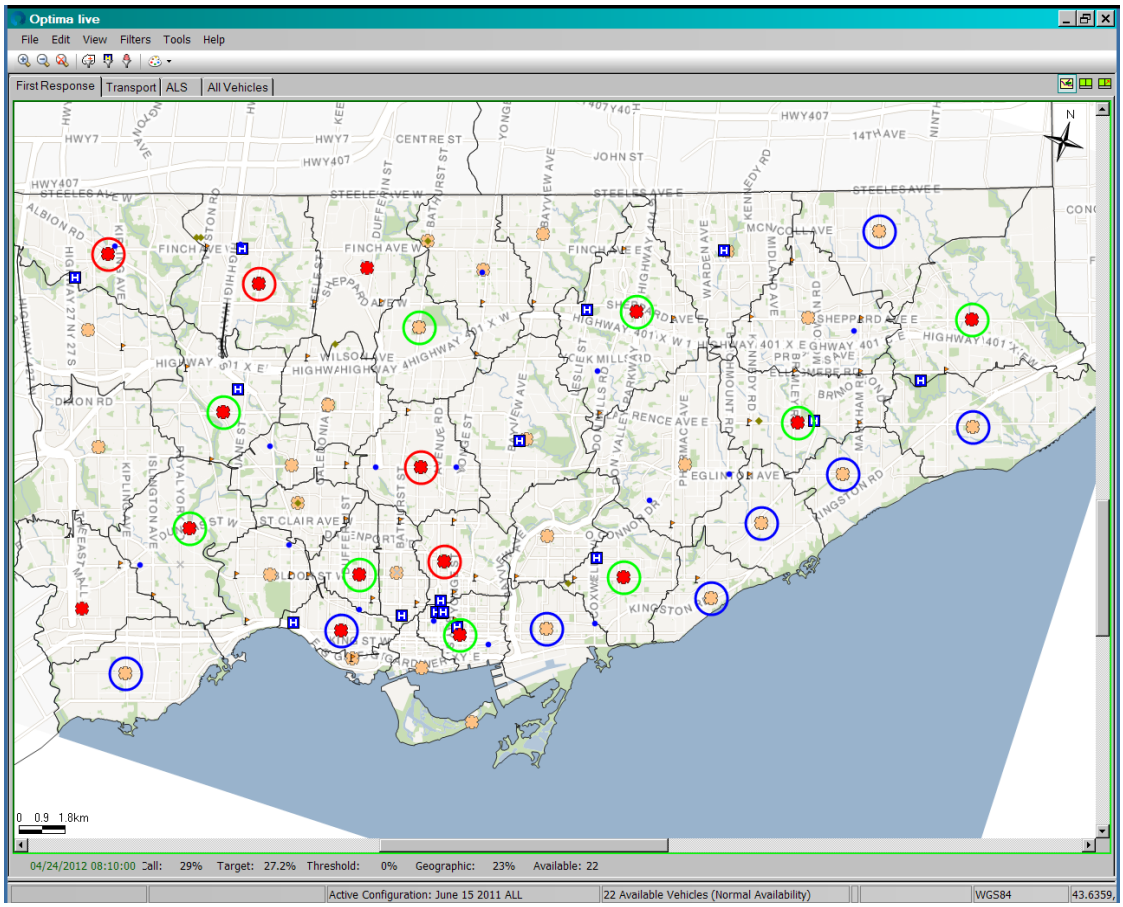
CITYWIDE COVERAGE

The Optima map can assist the EMD in determining where to send units for coverage. Priority Station coverage is defined by the circles described below.

Red Circle: Priority Station that does not have a transport unit currently assigned to it.

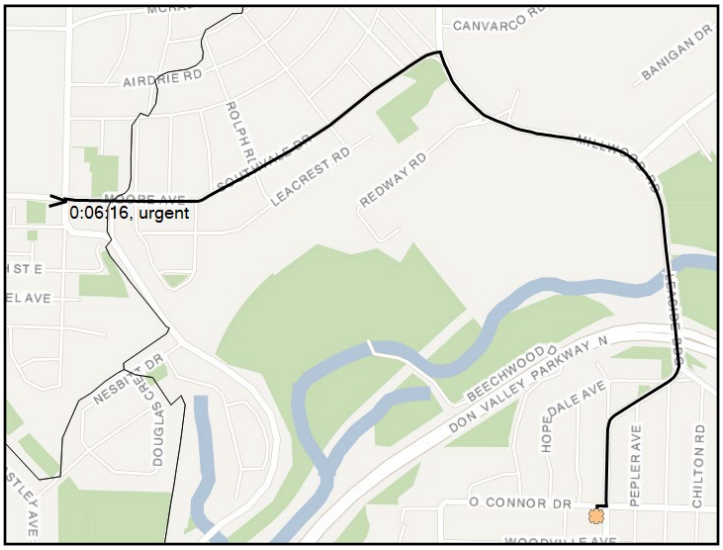
Green Circle: Priority Station that has sufficient coverage assigned to it (or In-Quarters)

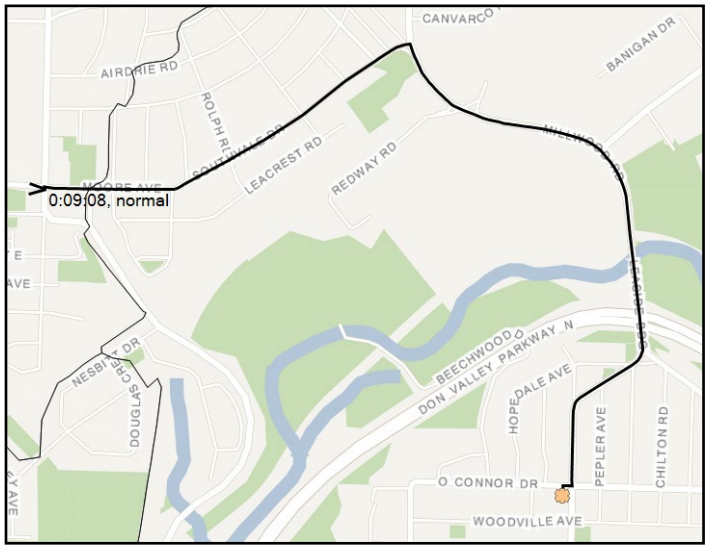
Blue Circle: Priority Station that has more than one transport unit currently assigned to it (or in quarters). Also displays around any non-Priority Post that has a transport unit assigned to it (or In-Quarters)



VEHICLE ROUTING

The Optima map is able to display anticipated travel routes and their associated estimated drive times. Click on the desired start point, hold the <Shift> button on the keyboard and then click on the desired end point. The anticipated route will be displayed. The estimated drive time defaults to "urgent." To switch to "normal," click the <Tab> key. To clear the route, hold down the <Shift> key, click once anywhere on the map, wait a second and click the same spot again.





Communication Equipment and Software

Section 3.9
Optima Assign Software

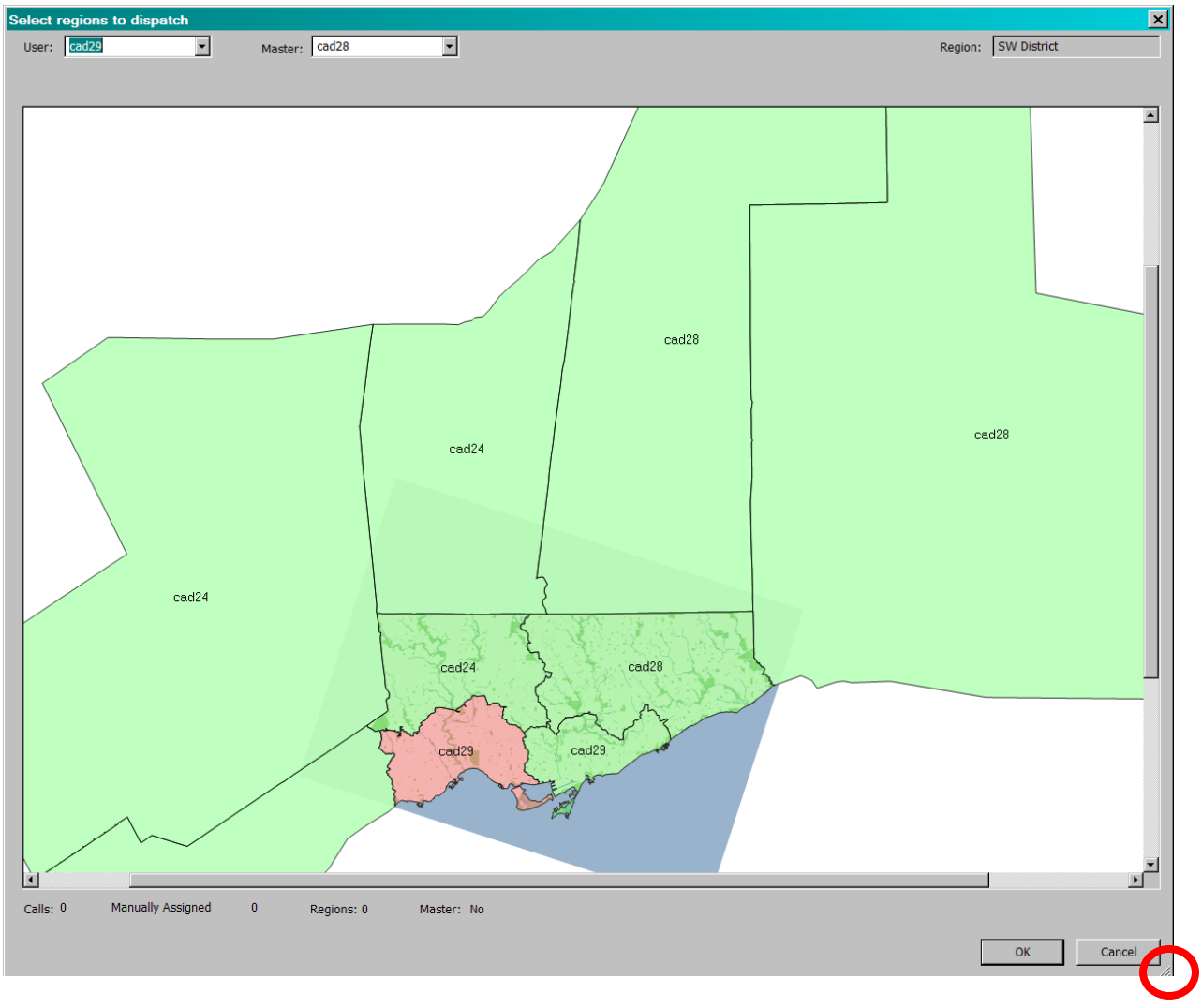
Toronto Paramedic Services Dispatch Manual

OPTIMA ASSIGN SOFTWARE

OPTIMA ASSIGN ORIENTATION & START-UP

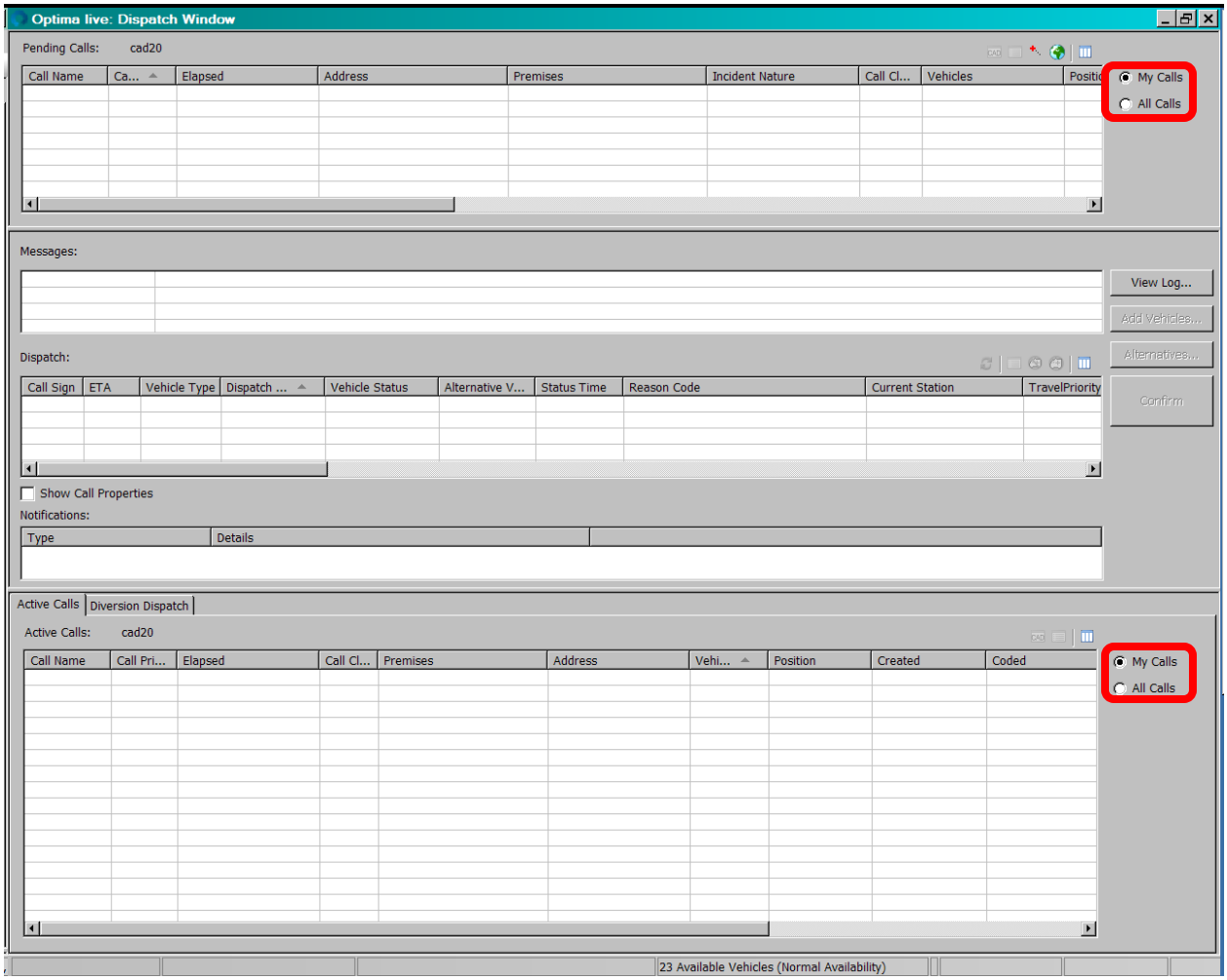
The Optima Assign Window can be launched by selecting "View" in the Optima Live main window then selecting "Dispatch Window."

Once launched, the EMD will be required to Select Regions to Dispatch. This pop-up box starts very small (often the map is not visible). The EMD must enlarge the window by clicking on the bottom right corner of the window and dragging it (see red circle below).



User: Current CAD position
Master: cad28 (NE)

To Select Regions to Dispatch, hold the <Ctrl> key and left-click the appropriate map areas using the mouse. Once all regions to dispatch are selected, click the Ok button. This will then launch the Optima Dispatch Window.



All calls matching the regions (sector) to dispatch will appear in the Pending Calls and Active Calls queues. To only see one sector's calls, select "My Calls" to the right of Pending Calls queue and "My Calls" to the right of Active Calls queue. Selecting "All Calls" will display calls from all quadrants.

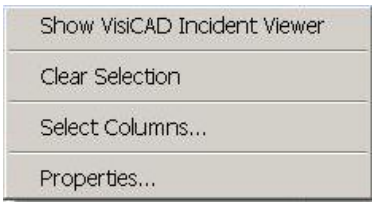
A minimum of 5 lines should be visible in the Pending Calls Queue and the Dispatch Queue.

RIGHT-CLICK MENUS

Right-clicking on a call or blank queue area will provide the EMD with a menu that has multiple options to select from.

Pending Calls Queue Menu

Dispatch Queue Menu



Active Calls Queue Menu

The following list describes the options available in different queues.

Mark As Active:
This only appears when an EMD right-clicks on a call in the Pending Calls queue. This prevents a call from going back into the Pending Calls queue after it has been assigned EVEN if the call has been reassigned. This is useful in some situations (ex: PCP on scene on an ECHO calls and says PT is CODE 5 cancel ACP.) Due to the Dispatch Insufficient failsafe, the call would normally return to the Pending Calls queue because it's an ECHO and there is no longer ACP responding. Mark As Active would prevent that from happening.

IMPORTANT NOTE: DO NOT mark any call active UNLESS at least ONE unit is on scene

Show InformCAD Incident Viewer:
This opens the emergency call form.

Clear Selection:
This gets rid of the blue line that forms when you click on a call as well as clearing the dispatch window and the Optima Map.

Select Columns:
This launches a settings area where columns can be added/removed. The columns have been preset for each position and should NOT be changed.

Properties:
This brings up Optima properties. This window should NOT be selected.

Cancel:
This allows a unit to be cancelled from a call (after it has been assigned).

Exclude:
This allows a specific unit to be excluded from a recommended dispatch.

Zoom to Vehicle:
Zooms the map on a specific unit.

Centre on Vehicle:
Adjusts the Optima Map to be centred on a specific unit.

Centre on Station:
Adjusts the Optima Map on the unit's home station.

SYMBOLS

There are a few buttons/symbols that are made available or unavailable based on what (if any) calls the EMD has selected. The following list describes the different icons:

 The "**Add or assign calls to other quadrants**" button allows the EMD to assign calls to other quadrants so the call no longer display in "My Calls" of the original dispatcher. This should be used any time another quadrant's unit has been assigned to a call. This must be done in conjunction with changing the division in the Emergency Call form.

 The "**Region Selector**" button allows the EMD to select which geographic areas they are responsible for. All calls located in the selected geographic areas will appear in that EMD's queues (see first page of this section for further detail).

 The "**Recalculate Dispatch**" button is used when the EMD wants the Optima Assign software to re-evaluate the selected call. This may be due to a different unit becoming available or the EMD excluding a recommended unit (want to get next recommendation).

 The "**Exclude or Cancel**" button is used to exclude a specific unit from a recommended dispatch. If not yet assigned, the EMD may need to use the "Recalculate Dispatch" button to get a different unit recommendation. If the selected unit has already been assigned to a call, this button will reassign them off the call.

SORTING QUEUES

All of the columns in Optima are pre-set and pre-loaded.

By left-clicking on the header of the column, the EMD is able to sort by the properties of that particular column (address, call nature, premises, elapsed time, priority, etc). Sorting of these columns is no different than how the Inform CAD columns are sorted.

The Pending Calls queue must be sorted by CALL PRIORITY so that the highest priority calls appear at the top of the list. Optima automatically sorts this by the oldest and highest priority.

The Active Calls queue should be sorted by ELAPSED time so that the newest call is at the top of the list.

SEARCHING BY CALL (INCIDENT) NUMBER

Many alerts the EMD may receive identify a call by the call number. If an EMD receives an alert requiring their attention, the easiest way to find the call in Optima is:

1. Left-click on any call in the Optima Active Calls Queue
2. Type the 3 digit call number using the keyboard

The call will then be selected (highlighted in blue) in the Optima Active Calls Queue. The Optima map will automatically zoom in to the selected call.

OPTIMA DISPLAY SETTINGS AND FILTERS

When at the Quadrant desk, the EMD needs to adjust the Display Settings and all three filters to see the necessary information for assigning calls.

Display Settings:
Click on the small, black arrow to the right of the painter's pallet. Select "Assigner."

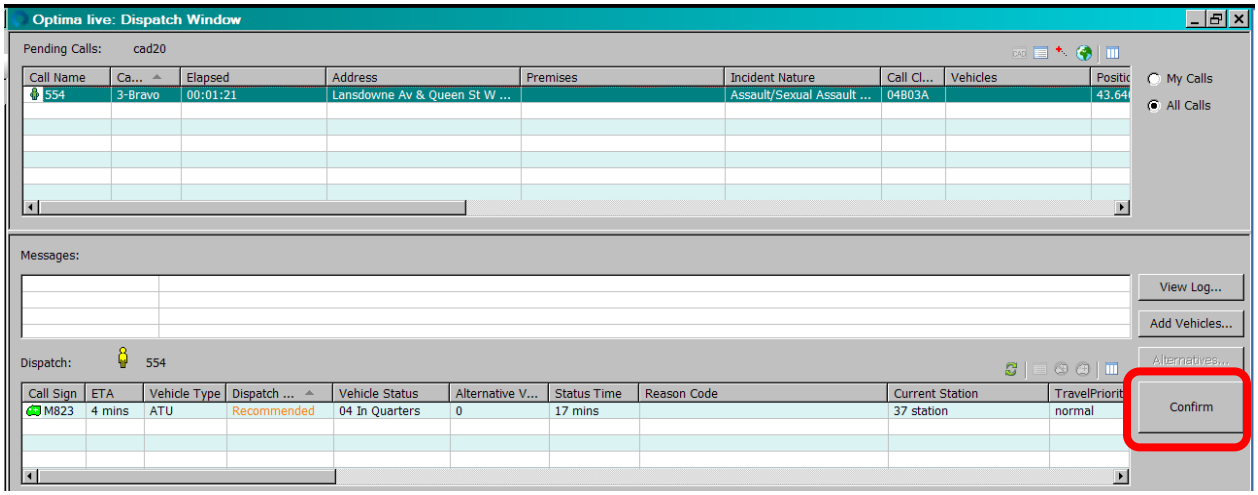
Vehicle Filter:
Click on Vehicle filter. Click the Open file button. Select "Assigner." Click the Open button. Click "OK."

Location Filter:
Click on Location filter. Click the Open file button. Select "Assigner." Click the Open button. Click "OK."

Call Filter:
Click on Call filter. Click the Open file button. Select "Assigner." Click the Open button. Click "OK."

ASSIGNMENT PROCESS

EMDs are to assign calls in accordance with S.O.P. 09.08.6 (Unit Assignment). Calls will automatically populate in the Optima Dispatch Pending Calls queue 5-10 seconds after calls have entered the Inform CAD Pending Incident Queue. To obtain a recommendation, left-click on a call. Once selected, Optima will display the recommended unit(s) in the Dispatch queue. It's important to remember that the EMD will only see the calls in their quadrant however Optima will recommend vehicles from ALL quadrants. All calls should be assigned first with notification of other Quadrant EMDs coming afterwards.



In the above case, incident #554 is a Bravo – Assault. M823 is the only unit recommended. The ETA is 4 minutes. The subsequent columns provide the EMD with further information including the units' current status, location, etc.

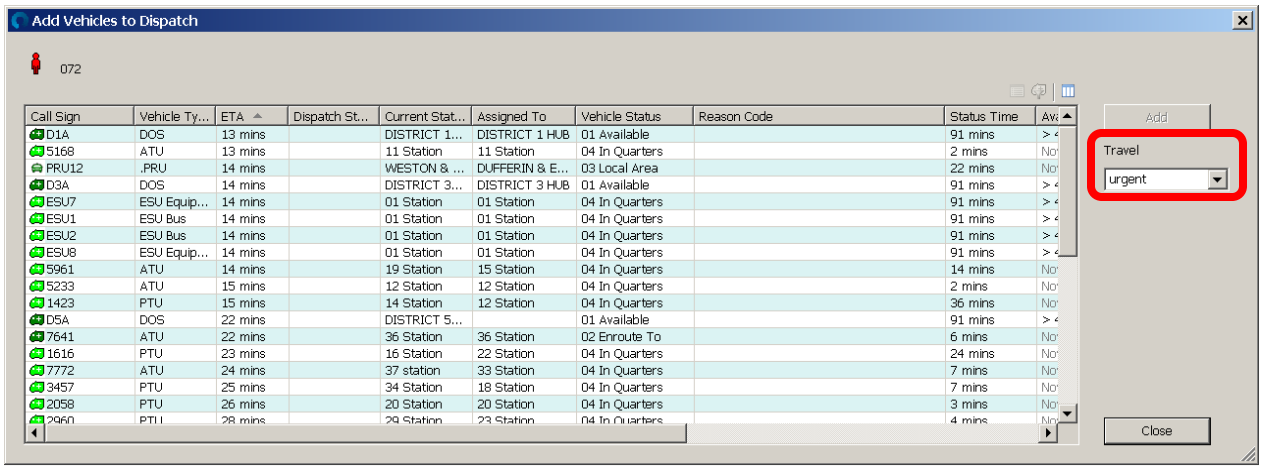
Clicking the "Confirm" button will accept and assign ALL units showing in the Dispatch queue. If there are any units in the Dispatch queue the EMD does not want to assign to the call, select the appropriate unit then click the "Exclude or Cancel" button.

Once assigned, the call will move to the Active Calls queue at the bottom of the window. If the units are reassigned off the call (for a higher priority) or the call is upgraded to a priority where additional units are required, the call will repopulate the Pending Calls queue. Even though a unit has been assigned, Optima knows that additional units are required. Once the additional units have been assigned to the call, it will once again move to the Active Calls queue.

ADDING ADDITIONAL RESOURCES

Prior to or after being assigned to a call, additional resources can be added by clicking the "Add Vehicles" button. Clicking this button will cause a new window to open.

The Add Vehicles window can be sorted by any of the available columns. Typically the EMD will want to sort by ETA or Resource Type. Note: the "Travel" tab on the right side as appropriate. Alpha and Bravo calls should be "normal" and Charlie, Delta and Echo calls should be "urgent." This will change the ETA for all units.



This queue will show all available units plus all units currently assigned to lower priority calls.

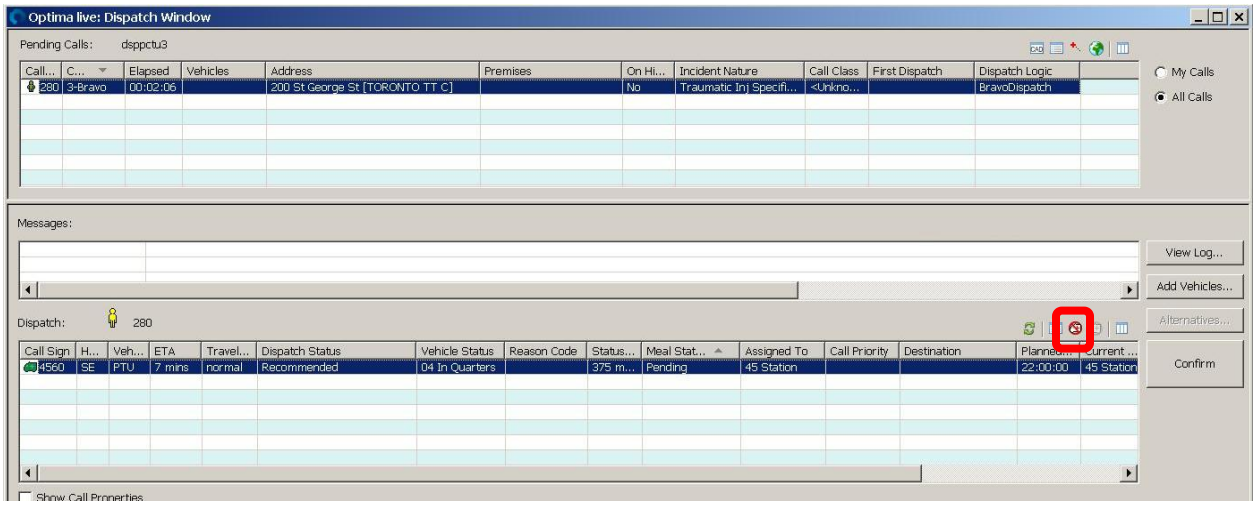
Once a unit has been selected, click the "Add" button. This will add the selected unit to the Dispatch queue in the Dispatch window. To assign the unit to the call, click "Confirm."

Many EMDs choose to keep the Add Vehicles to Dispatch window open and visible at all times. When this window is left open, it will automatically resort the queue based on the call the EMD has selected in the Dispatch window.

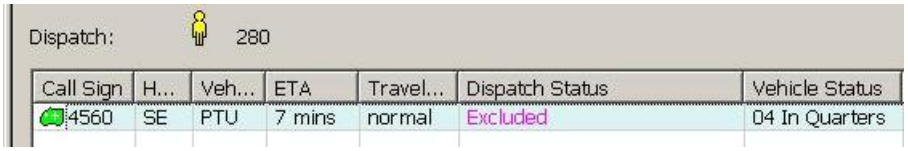
EXCLUDING RECOMMENDED UNITS

EMDs are able to exclude recommended units from being assigned to calls by following these steps.

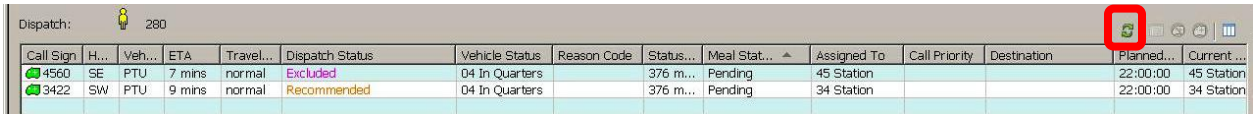
Obtain a recommendation from Optima. Left-click on the recommended unit to be excluded from assignment. Once the desired unit is highlighted in blue, click the "Exclude or Cancel" button.



The selected unit will then display "Excluded" in the Dispatch Status field.



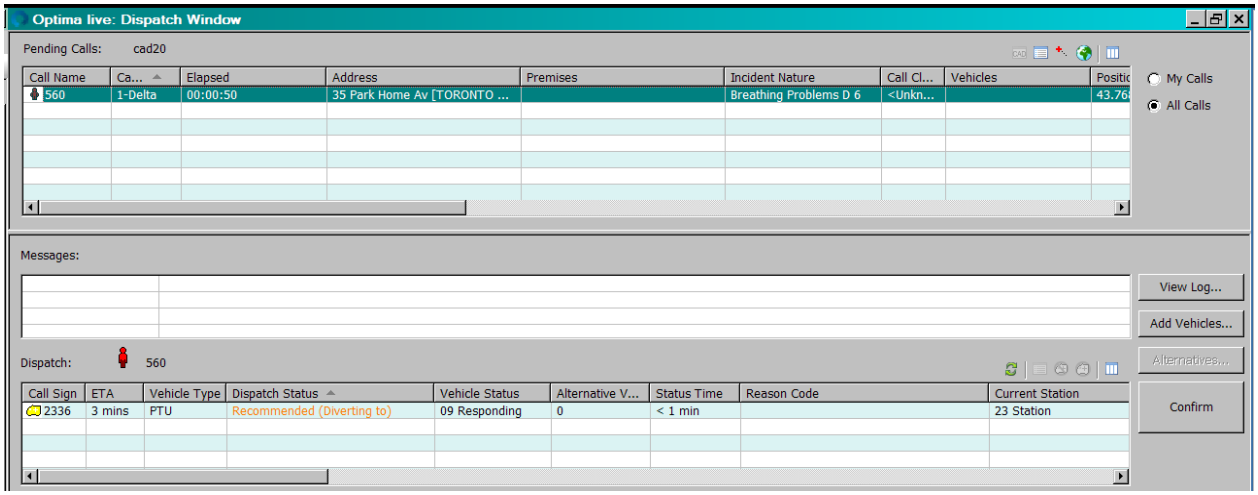
To obtain the next recommended unit, click the "Recalculate Dispatch" button. This will provide a new recommendation however the "Excluded" unit will still be displayed. Any unit that has a Dispatch Status of "Excluded" will NOT be assigned to the call if the "Confirm" button is clicked.

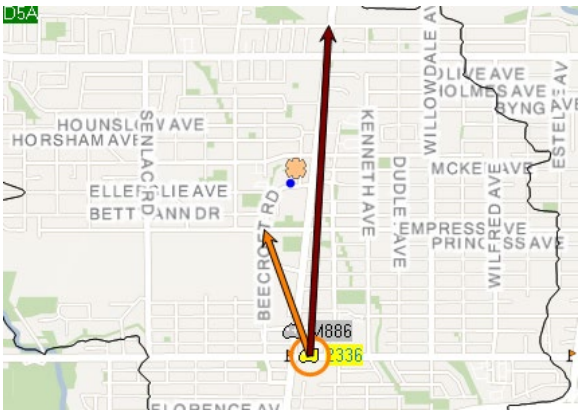


DIVERSIONS (REASSIGNMENTS)

Diversions typically refer to reassigning units to higher priority calls. When a call in the Pending Calls queue is selected, the recommended units may already be on lower priority calls. This is identified by looking in the "Dispatch Status" column. The unit that is already responding to a call will show "Recommended (Diverting to)". The "Priority" column shows the priority of the call they're being reassigned off of (the original call).

In the following example, 2336 is recommended to be reassigned from their current call to the Delta call highlighted in the Pending Calls queue.





The Optima map will also zoom-in to the recommended unit and show the recommended diversion.

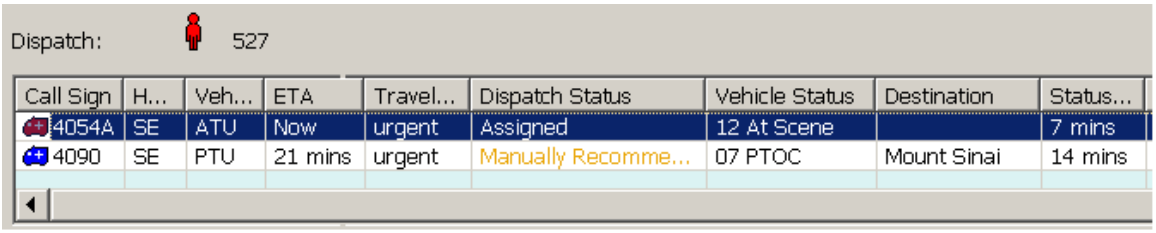
The maroon coloured line points to the location of the currently assigned call. The orange line points to the location of the Delta call 2336 are being recommended to be diverted / reassigned to.

By clicking the "Confirm" button, the unit will be assigned to the new call and the original call they are being reassigned off of will return to the Pending Calls queue.

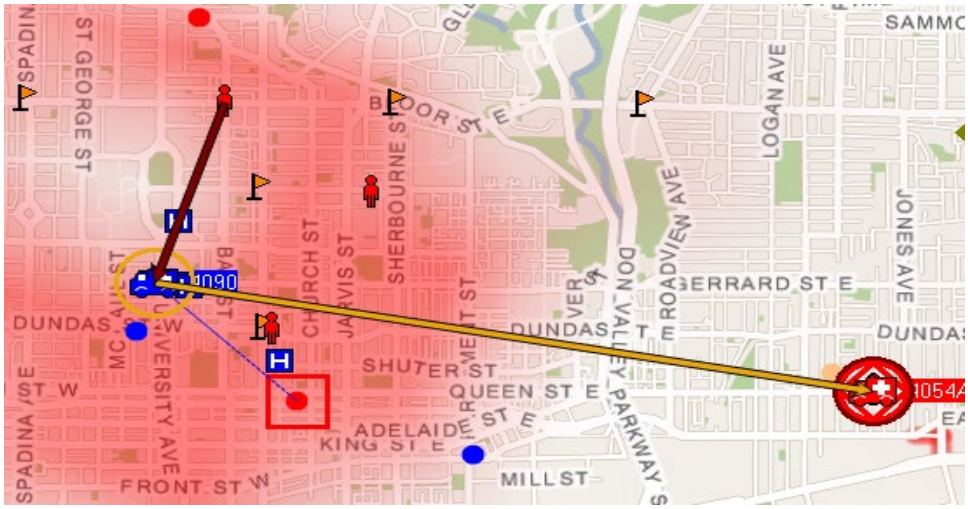
PTOC

Units in **PTOC** status that are recommended for a call will also show as "diversions". The maroon line (similar to 2336 example above) will point to the scene address of the call they are currently on with the orange line pointing to the recommended call.

In the following example, 4090 is **PTOC** at MTS. It is being recommended for a Delta emergency call. The Dispatch Status field shows 4090 is being manually recommended from their current call.



The Optima map displays a maroon-coloured line from 4090's current call to its current location (**PTOC** at MTS). The orange line points to the new call.



PTOC vehicles must be made fully Available prior to being assigned to any recommended call.

Communication Equipment and Software

Section 3.10
Radio Systems

Toronto Paramedic Services Dispatch Manual

RADIO SYSTEMS

OVERVIEW

Toronto Paramedic Services uses a Motorola trunked radio system. The hardware infrastructure of this system (towers, repeaters, etc.) is shared with Toronto Police Services (TPS) and Toronto Fire Services (TFS). This sharing presents economies of scale, but can (from time to time) lead to congestion on the system.

TRUNKED RADIOS

A trunked radio system uses a small group of radio frequencies (approximately 20) combined with a large number of talk groups (500+). Each radio is tuned to a talk group. A computer that acts as a controller matches the talk group that requires air time to transmit a message to an available radio frequency. The radio frequency is only allocated to that talk group for the duration of that conversation. When the conversation is finished, the frequency is released into the available pool.

Although you select a "Talk Group" on a radio or in AVTEC, it is common practice for Toronto Paramedic Services staff to refer to talk groups as "Channels".

Unlike VHF (or VHF repeatered) systems, a radio on a trunked radio system must be able to contact a repeater in order to initiate or hear a radio transmission on the trunked talk group.

The only exceptions to this in the Toronto Paramedic Services radio system are C14-C15-C16 (simplex channels) and B7 (TTC 2), all which can communicate with another radio in line-of-sight without their signal reaching a tower/repeater. Transmissions on these talk groups will not be heard in CACC.

The advantage of a trunked radio system is that it makes more efficient use of limited radio frequencies.

3 Beeps vs. a Long Tone – a brief explanation of how trunked radios operate.

The portable and vehicle radios share the same system. Each radio has a separate Radio ID. The Push-to-Talk (PTT) application in Inform CAD allows EMDs to see the identifier for each radio that calls in to the selected channels.

If you hear a long beep it means that the system is "busy", release the PTT button and wait approximately 5 seconds before trying again.

During the G20 Meeting in 2011 the radio system frequently returned "System Busy" long tones when users tried to transmit. This was due to the much higher than normal usage by TPS and the allied Police Agencies that were in Toronto to protect the G20 Meeting.

For any radio transmission using a portable radio, using a vehicle radio, or using the back-up radios in the CACC "breadboxes" on each desk, always wait for the 3 beeps before speaking. The other parties on your talk group will not hear anything that is said before the 3 beeps. The "breadbox" radios are identical to the radios in the ambulances – the cable that comes out the back connects to an aerial on the roof of EMS HQ.

PORTABLE RADIOS

One (1) portable radio is assigned to each paramedic who is on-duty and is deployed in the field.

Paramedics are expected to carry a portable radio with them at all times, except when they are in a radio-equipped EMS vehicle, or they are in an EMS Station (and their assigned unit has a status of In Quarters). At all other times the assigned portable radio must be with the paramedic, turned on to a volume sufficient for the paramedic to hear incoming messages, and tuned to the talk group as instructed by their controlling dispatcher in CACC.

ETF PORTABLE RADIOS

Two (2) additional portable radios have been placed in both of the 58 station ETF ambulances. This has been done to ensure operational security of the portable radios on their vehicles that have the encrypted ETF police channels**. ETF now have 2 regular ops portable radios and 2 ETF portable radios**. The ETF portable radios will only be used on ETF calls and the 2 regular portables on 911 calls. The expectation of the ETF paramedics will be to carry out 4 portable radio checks at the beginning of their shift.

PUSH TO TALK (PTT) APPLICATION IN INFORM CAD

PTT is an application that runs on Inform CAD. It appears as a small toolbar that the EMD can place anywhere that is convenient on the dispatch screens.

PTT displays the current assigned Radio Call Sign of the unit that is calling on the selected radio channel.

Blue background:	On-duty Vehicle Radios
Black background:	Off-duty Vehicle Radios
Yellow background:	Portable Radios that require a radio check
Green background:	Portable Radios that have a recent, valid radio check

The PTT radio check associates a portable radio to an on-duty EMS Unit.

If the radio has not been radio-checked within the past 14 hours, the PTT application will display the last-known Radio Call Sign assigned to that radio with a Yellow background. If that last radio check was more than 14 hours ago then the physical name assigned to the radio will display the radio 'Alias' assigned by the Radio/Engineering Department. Common 'Alias' display could be 'Event 14' or 'D2 Spare 4' to name a few.

When a crew calls in for a radio check for a portable radio, the EMD will see the current radio name displayed. The background will be yellow if the radio check is not recent. In order to update the Radio Name, the EMD will right-click on the displayed Radio Name (in yellow) then pick the correct radio name from the displayed list, then press "OK". If the displayed Radio Name (in yellow) is the correct Radio Name for this shift, then the EMD may press "OK" without opening the list.

EMDs can change a Radio Name in the middle of a shift using the same method (except that the Radio Name will have a green background indicating a valid radio check was performed during the current shift). A Radio Name may be changed if the Unit's Radio Call Sign changes, which is most commonly required when the paramedics must change vehicles in mid-shift or if a crew capability changes from ACP to PCP due to book-offs, etc.

Vehicle Radio names are governed by the Radio Call Sign assigned to that unit in Inform CAD. If the Radio Call Sign is changed in Inform CAD the PTT display of the radio name is updated automatically.

"FR" (Find Radio) is the Powerline command in Inform CAD that quickly finds the unit radio ID. The full radio ID will be shown, usually a number such as 724501.

To find the unit this radio has been assigned to, go to Inform CAD press F4 (Launch Powerline) type "**FR 24501**". ***Remember remove the leading "7"** from the radio ID on displayed on the radio console. (Radio information can also be seen from the Vehicle Manager under the Radio tab. The Description field is the last time that portable radio was radio checked)

Powerline

Inform CAD will either tell you that there was No Match found

Or display roster information, unit name, last assigned incident & location

LOCUTION AND RADIO CALL SIGNS

Locution uses both Vehicle and Portable radios to notify paramedics of assignments when the unit is in a mobile status. A current radio check is required to direct Locution to the correct portable radio when a unit is assigned to a call.

Locution notifies units of a new call using a Radio Private Call: only the unit being contacted receives the radio message. When sending a private call, Locution will notify the portable radio(s) first, and then attempt to contact the vehicle radio

If the Radio Name assigned to a portable radio does not match the Unit's Radio Name when dispatched, Locution will not attempt to contact that radio.

i.e. Unit 1874A is dispatched. Portable radio was checked with Radio Name as "1874". Locution will not attempt to contact that radio.

EMERGENCY BUTTON

Vehicle & Portable radio

Every EMS SmartZone radio has an orange Emergency Button. When pressed, this button alerts all AVTEC consoles and displays the alerting unit's Radio Name on the PTT screen. When pressed, the Emergency Button does the following:

1. Switches the radio internally to a non-trunked emergency radio channel. The SmartZone computer dedicates a radio frequency to this emergency unit until the situation is resolved. Trunking (see above) is not in effect for this unit; however the radio must still be able to make contact with a repeater tower.
2. Opens the microphone on the radio for 20-seconds of uninterrupted talk time. During this 20-second period the EMD cannot reply to the paramedic who pressed the button on his/her radio, but the EMD will hear everything that is within the vicinity of that radio.

When the 20-second period has ended, the EMD may converse with the paramedic(s) using the Emergency button. The EMD must press the EMERG channel button on the AVTEC screen (the Radio Channel box with the pink outline) in order to transmit on this channel.

Resetting the Emergency Button

A user with the radio with an activated Emergency Button must press and hold the Orange Emergency Button until the radio resets. The user will hear 3 beeps when the radio Emergency is reset. The radio will now be tuned to the last channel (talk group) that was selected prior to the Emergency Button press. Note: If the button is not held down long enough the Emergency Button alarms will sound again on all AVTEC consoles and PTT screens.

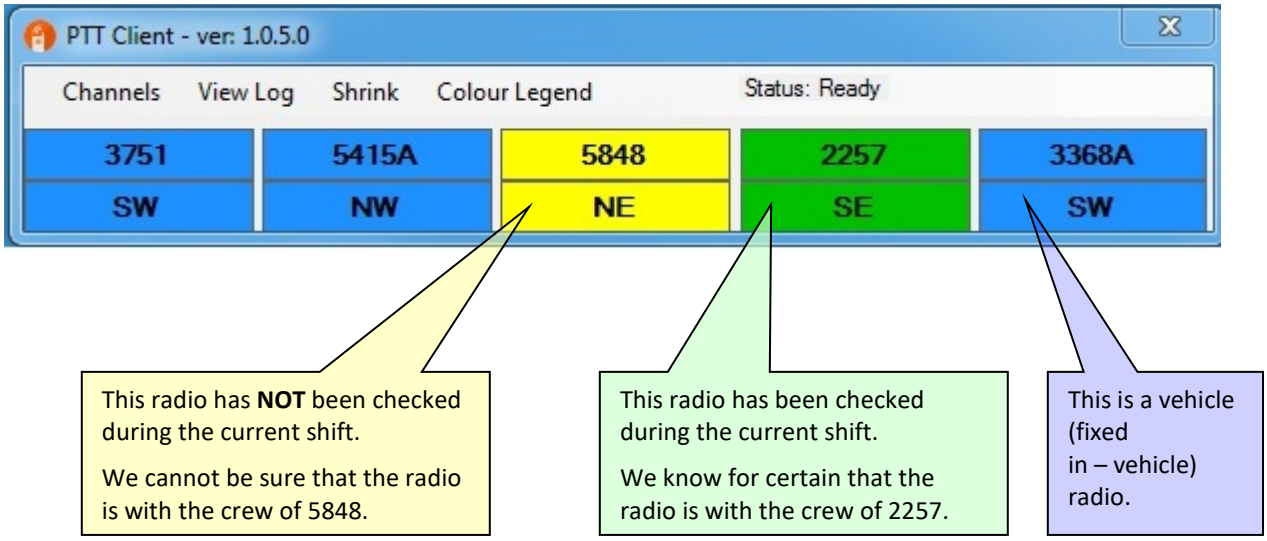
Talk Groups

Paramedics and Dispatches communicate on radio Talk Groups (known as "channels"). Regular Quadrants A1, A2, A3 and A4 also allow for users underground in the Subway system. The talk group, TTC1 is utilized as a back-up in the event of a regular talk group system failure.

1. EMD PROCEDURE FOR RADIO CHECKS:

EMDs will update radio checks in the PTT Client software within in the CAD system whenever:

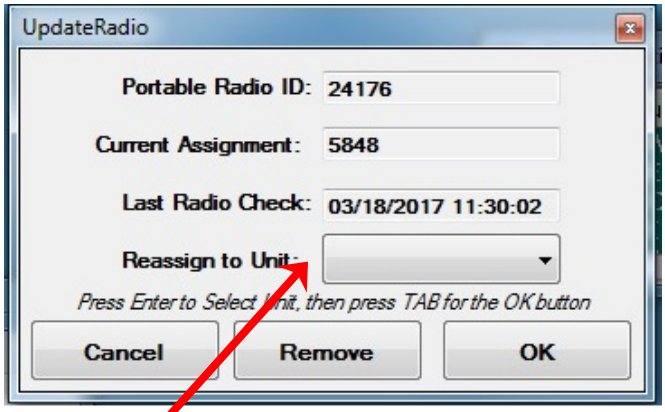
- A paramedic calls to perform a radio check.
- A portable radio transmission is received and the PTT Client displays the radio as yellow (indicating a radio check has not been completed for the current shift).



- Paramedics are required to call in on their portable to do a radio check within the first 30 minutes of each shift. EMDs should respond indicating the quality of the audio received on a scale of 0 to 5. (0 being inaudible, 5 being perfectly clear audio)

  Medic: "4050 calling for Radio Check, how do you copy?"

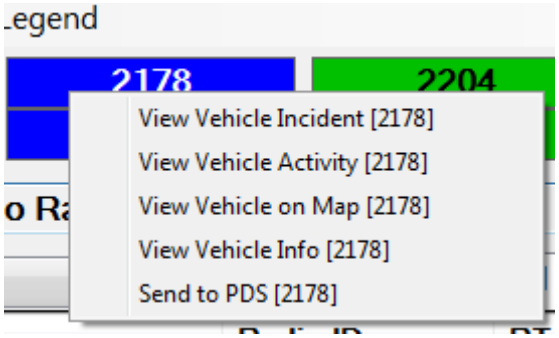
  EMD: "4050, I read you 5 by 5."



- EMDs are to visually verify that the vehicle number provided by the paramedic matches with the Unit Name displayed on the PTT Client software.
  - If the numbers match, the radio is marked as 'checked' by clicking OK.
  - If the numbers do not match, the EMD is to 'reassign' the portable on to the proper vehicle. This action will also log the radio as 'checked.'

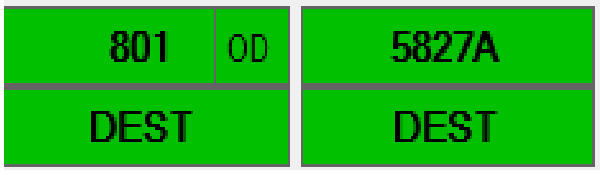
- The PTT Client software has been amended to list all unit radio names, including those that are off duty, so that radio checks can be completed even if the unit is not yet rostered on-duty. Just begin to type the Radio Name to quickly find the unit.
- Double-click to "accept-as-is" the portable radio's displayed Radio Call Sign:
    - When a portable radio appears in "Yellow" (i.e. not checked) and the displayed Radio Call Sign is correct for this unit, the EMD may double-click over the yellow Radio Call sign to accept the radio with this Radio Call Sign "as is".
    - e.g. Unit 1868A calls on an unchecked portable radio; the PTT Channel Background is Yellow;
    - The EMD wishes to authenticate this radio to Unit 1868A; the EMD double-clicks over the unit number (in Yellow);
    - The portable radio updates its background colour (status) to Green.

- Once the radio check is updated by the EMD, the time is logged into the system and any future transmissions from that portable will be colored green, indicating that the radio has been checked for the current shift.
- **Vehicle Change -** When an EMD uses the "Change Vehicle" command in Inform CAD, the portable radios assigned to the "old" vehicle will now be transferred to the "new" vehicle. The crew will not be required to perform another radio check if they are keeping the same portable radios on the new vehicle.
- View Vehicle Incident (if currently assigned to Incident)
    - View Vehicle Activity Log
    - View Vehicle on Map
    - View Vehicle Details
    - Send to PDS



The option "Send to PDS" will put the Unit number in the PDS application (if PDS is currently running on the workstation) and will either pull up the Unit's incident details ready to create a recommendation or will pull up the Unit's current destination assignment with the recommendation.

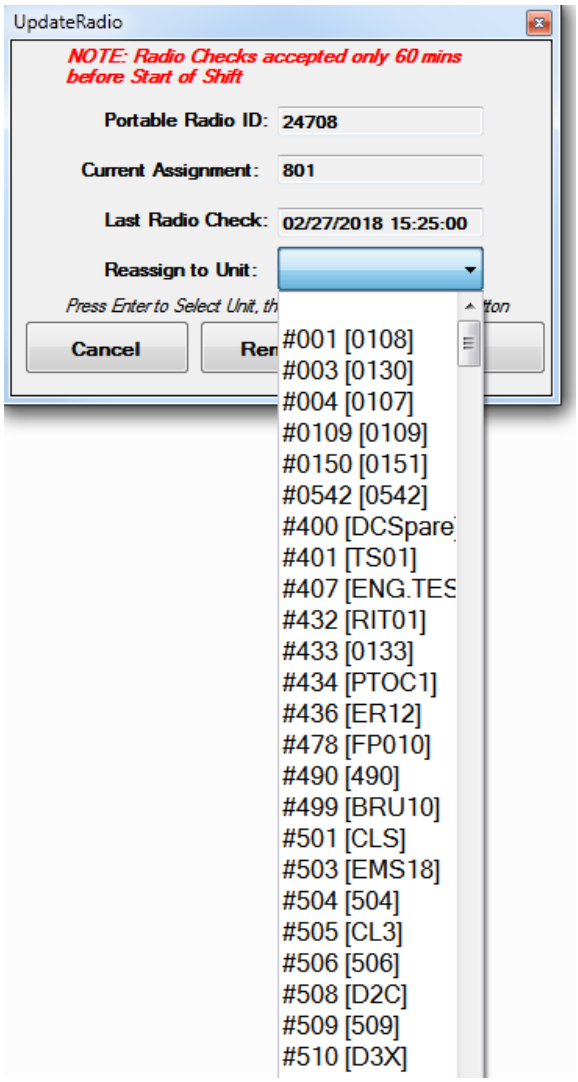
If the unit is off duty (typically before start of shift) when the paramedic is trying to perform a radio check, PTT has a visual display so that the EMD knows that the vehicle is currently off duty. If a PTT is done for a vehicle that is off duty, it will either display the radio ID (usually 24XXX) or the vehicle number with OD in the corner.



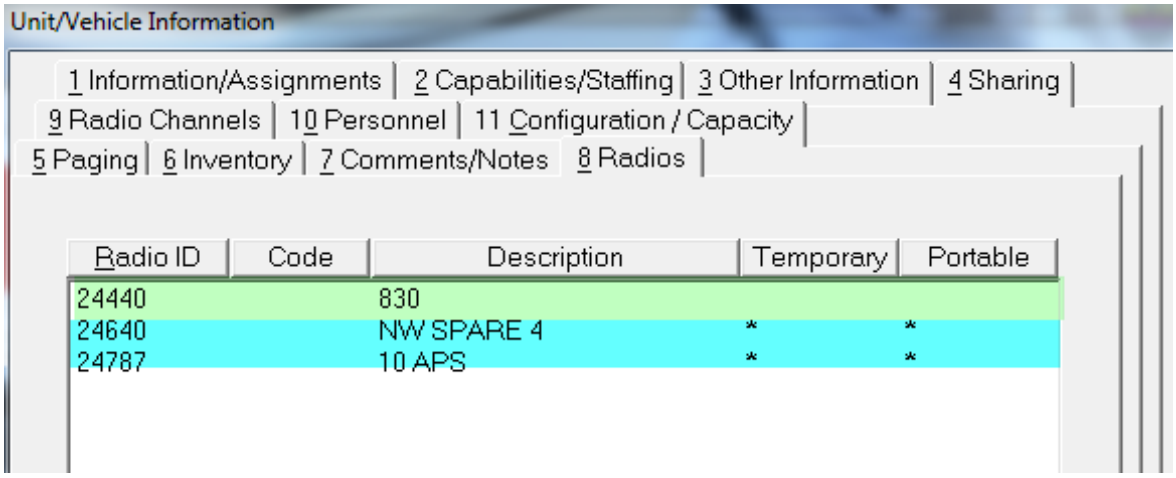
When validating a radio for a unit that is off duty, the EMD will select <# + the unit's VIN number> from the drop down menu.

The OD will be displayed up to 2 hours before the beginning of the assigned shift.

Once the vehicle's shift starts and the radio is PTT'd, the display will show the unit's assigned radio call sign/unit name.



- Radio IDs will be visible in the Unit Details (right clicking from the Vehicle List)Radio ID 24440 is the Vehicle Radio for Unit 830, while radio ids 24640 & 24787 are the Portable Radios associated to the vehicle.



PTT for Special Events, Tactical Incidents and PSU

PTT radio IDs are available when needed for special events, tactical incidents and PSU call-outs.

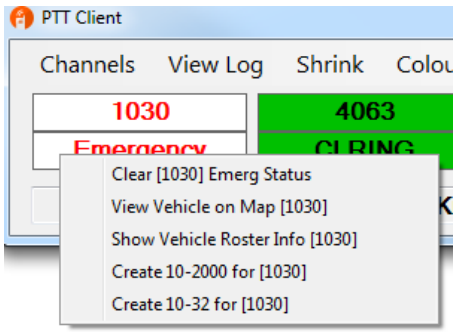
These PTT IDs will allow you to Roster on an individual as an Incident Commander (e.g. SPEV-IC) but with no physical vehicle assigned. You can then change the Radio ID to reflect their role in the event. You can use OTF (On the Fly) to quickly roster on-duty the Role, as none of these IDs (Roles) are used to Define a Shift, track Meal Breaks, or indicate pending End of Shift times. These IDs are for short-term and/or Special Event-specific use only.

All of these will use the "Resource Type" of **'Orion'**. This is a necessary data field, but by using 'Orion' we will keep the units out of Optima, and we will avoid confusion with other non-TPS units, such as St John Carts.

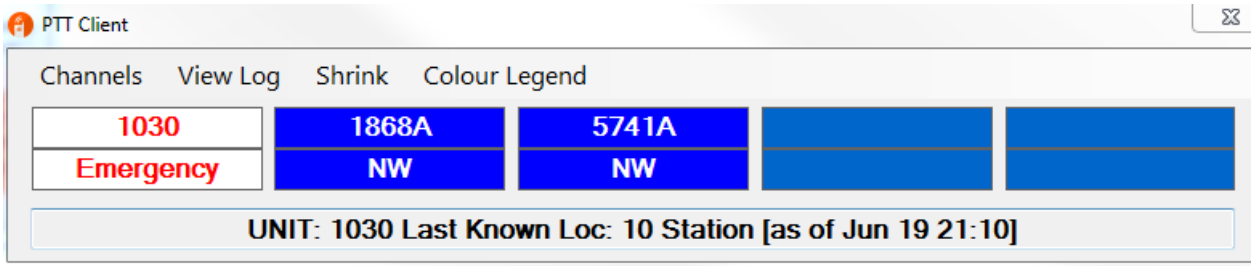
2. 10-2000/EMERGENCY BUTTON FUNCTIONALITY

When an Emergency button is pressed, the EMDs will now have the following options:

- Clear Emergency
- View Vehicle on Map (if radio id associated
- to a vehicle)
- Show Vehicle Roster Info (if radio id associated to a vehicle)
- Create 10-2000 incident for [unit] (if radio id associated to a vehicle)
- Create 10-32 incident for [unit] (if radio id associated to a vehicle)



The PTT Application will also display the last known location of the vehicle along with the date/time of the latest AVL information:



3. EMD Procedure for Booking Units 'In Quarters':

As Locution alerting is triggered based on an 'In Quarters' status, it is imperative that this status be correct to prevent delays in emergency dispatch.

- EMDs will:
  - Update unit status to 'In Quarters' whenever a paramedic calls in on the Station HotLine to book 'In Quarters'.
  - Answer your station lines promptly. AVTEC is now configured so that the Quadrant EMD will hear their own station lines ring first. If the ringing line remains unanswered for 10 seconds, it will begin ringing at all other radio positions.
    - When a station line rings unanswered, all EMDs have a responsibility to answer the line and book the crew 'In Quarters'. Only transfer the call to the controlling EMD when there is a special circumstance or request.
  - Verify that the vehicle being booked 'In Quarters' is at the correct station.
  - Only place a crew in the 'In Quarters' status once the crew has contacted you on the station hotline. Should the crew fail to do this, you may contact the crew on the Station HotLine, confirm that they are physically in the station and then place them into an 'In Quarters' status.
  - Never place a crew 'In Quarters' based solely on a radio transmission.

- Immediately following the start of shift (0700, 0900, 1100, 1400 or 1900), units are to be placed into an 'In Quarters' status at the correct station.

<u>EMDs will decide which crew is up for the next call based on:</u>

- resource type
- call priority
- Consideration of time in 'In Quarters' status. Units that have not booked 'In Quarters' are to be assigned to incidents before units that have booked 'In Quarters'.

Communication Equipment and Software

Section 3.11 Voice and Radio Etiquette

Toronto Paramedic Services Dispatch Manual

VOICE AND RADIO ETIQUETTE

OVERVIEW

EMDs are expected to act professionally in the course of their duties. Each radio transmission is to be clear and direct. Voice modulation and volume should be consistent and of moderate speed when speaking. This will assist in portraying confidence to the public, Paramedics and allied agencies.

VOICE

EMDs are responsible for relaying dispatch messages via voice whether the medium is telephone or radio when there is a failure with the Automated Station Alert, Radio Private Call or MobiCAD alerting system. The paging system will still to be used to enhance the communications network in regards to notification of crews of calls. Paramedics are responsible for asking for call updates if the information is not received or is unclear.

To be an effective communicator, emphasis is placed on voice control, which encompasses clarity and modulation. EMDs should also maintain a consistent volume and moderate speed when speaking. An EMD who is rarely requested to repeat a message has developed good voice control. One who is requested to repeat messages frequently should strive to improve his or her voice control.

RADIO ETIQUETTE

The fundamental rule of effective radio communication is to decide what is intended to be said before transmitting. Avoid thinking while on the air. Beyond this basic rule, there are several procedures designed to enhance a professional presentation.

- All radio transmissions are to be directed to a specific unit radio call sign. This procedure minimizes confusion as to whom the transmission is intended. It also removes the temptation to use names or “sir”.

- When calling a unit which is not knowingly waiting for a transmission, preface the transmission with the term “ambulance” (e.g. Ambulance 3954, 10-20?). This preface serves warning for the subsequent message.

- Keep radio transmissions as brief as possible. Use the official Ten Codes, when applicable.

- Give verbal directives concisely and explicitly. Do not ask “Would you?” or “Could you?” EMDs have been vested with the authority to direct the movement of ambulance vehicles by the Ontario Ambulance Act. Consequently, do not be apologetic, provide explanations, or engage in extraneous conversations or dialogue while performing dispatch duties. The EMD is responsible to inform ambulance crews of where and why their service is required. Their responsibility is to respond promptly and provide appropriate care.

- Be diplomatic at all times, but remain firm.

- Avoid being argumentative or surly.

- Sarcastic remarks or jokes from mobile radio operators are to be responded to with silence. Initiation of such remarks by EMDs will not be tolerated.

- 00:00 hours is “midnight”; 10 o’clock times are to be followed by the term “hours”. All other times are as the 24-hour clock shows.

- Restrict the transmission of information regarding non-emergency calls. Direct the crew to the pick-up location and have them telephone for the details, particularly during busy periods, whenever practical.

- When a mobile unit calls, respond by:
    - Repeating the unit’s radio call sign; or
    - Repeating the unit’s radio call sign followed by the term, “Go ahead”.

- The term “10-4” does not answer a question. It acknowledges the receipt of a message;
    - Yes is “Affirmative”. No is “Negative”.

- Do not ask, “Are you 10-8?” or "What is your ETA?”
    - Instead, ask for the ambulance’s 10-20; and
    - Do not offer information as to fleet status or availability such as “You are the only car in the area.” or “You are the closest car”.

EMDs are required to acknowledge ALL radio transmissions.

If an EMD is too busy to respond to a transmission
the EMD must still acknowledge they received the transmission with:

"<CALL SIGN> Stand-by"

and then respond to all pending radio transmissions as soon as practical.

Communication Equipment and Software

Section 3.12 Toronto Paramedic Services Paging System

Toronto Paramedic Services Dispatch Manual

TORONTO PARAMEDI SERVICES PAGING SYSTEM

OVERVIEW

All Paramedics and Toronto Paramedic Services Superintendents/Management are issued a pager that is linked to the Inform CAD software.

PAGING SYSTEM

The vehicle paging system operates on a separate group of radio frequencies assigned by the paging service provided. Dedicated telephone lines, which are always open, between the communications paging server and the provider ensure that all messages are expeditiously sent. EMS should be aware that delays in pages being sent or received do occur, therefore the paging system cannot be relied upon 100% of the time.

When a Paramedic is assigned to a unit in Inform CAD, their pager is also assigned to that unit. Most messages that are sent to the unit's MobiCAD are also received on the Paramedic's pager. Individual pages can be sent via the Inform CAD paging system (Pager icon in Inform CAD toolbar).

When assigned a call, the Paramedic crew receive a page that includes the current call address, major intersection and response number (including Nature/Problem and call priority).

All text entered into the Comments/Notes tab by the Call Receiver and/or Quadrant EMD will appear on the MobiCAD and pager.

It's important all Call Receivers and EMDs record clear, concise information and avoid any irrelevant/unnecessary comments.

PURPOSE

The primary purpose of the vehicle paging system is to enhance the communications component with an electronic hard copy of call information. The paging system is not to be used as a replacement for other means of communication.

SCENE SAFETY

When a Call Receiver uses the "Notify" button to enter scene safety information in the Comments/Notes tab in the Emergency Call form, a separate pager message is transmitted. This message is prefaced with "Urgent, call your dispatcher as soon as possible" to bring the Paramedic crew's attention to the importance of the message.

Communication Equipment and Software

Section 3.13 MobiCAD

Toronto Paramedic Services Dispatch Manual

MOBICAD

OVERVIEW

"MobiCAD" is a flexible and dynamic mapping and communication tool that allows Paramedic crews to view the position of their vehicle as well as the option to view the event to which they are currently assigned.

MobiCAD is compact enough to fit in the front of all transport and response units. It has a wide-angle display for viewing by both driver and attendant.

This piece of equipment allows dispatchers to notify Paramedic crews of calls, relay call information and map a route to the location of the call or post (pagers will continue to be used as a back-up). It is important to keep in mind that similar to the paging system, MobiCAD is a wireless communication device that may lose its connection resulting in missed data transmissions.

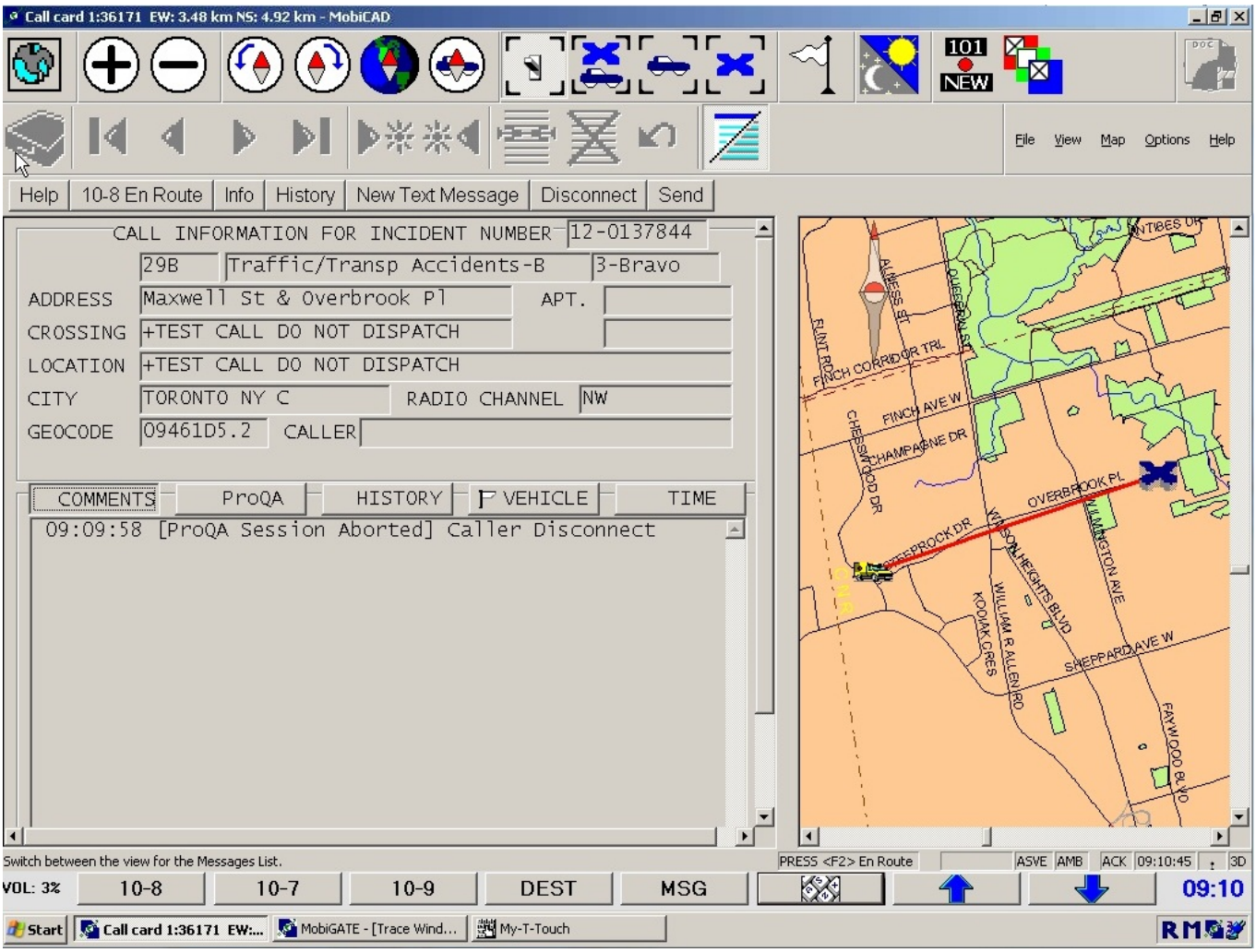
MOBICAD FEATURES

When a vehicle is assigned to a call in Inform CAD, the MobiCAD terminal issues an audible tone. When the Paramedic crew activates the "10-8" button, the tone is silenced and the vehicle's status in Inform CAD changes from "Dispatched" to "Responding".

The MobiCAD terminal displays all of the call details and a map, which identifies the call location and the responding vehicle's current location. The display feature will allow the Paramedic crew to map their access to a call and to view other EMS vehicles responding to the same call. The mapping database is updated on a regular basis.

The MobiCAD terminal is equipped with status buttons that allow the user to report the unit's status during the call cycle. When a Paramedic updates their status by pressing one of the status buttons, the unit's status is also changed in Inform CAD.

Paramedic crews are also able to access "points of interest" on their MobiCAD map which includes fuel locations.



Communication Equipment and Software

Section 3.14
Mail Room

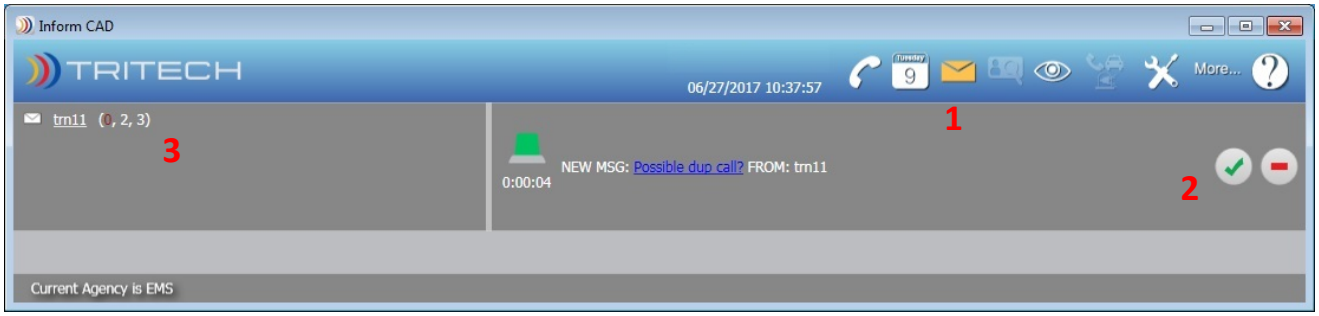
Toronto Paramedic Services Dispatch Manual

Mail Room

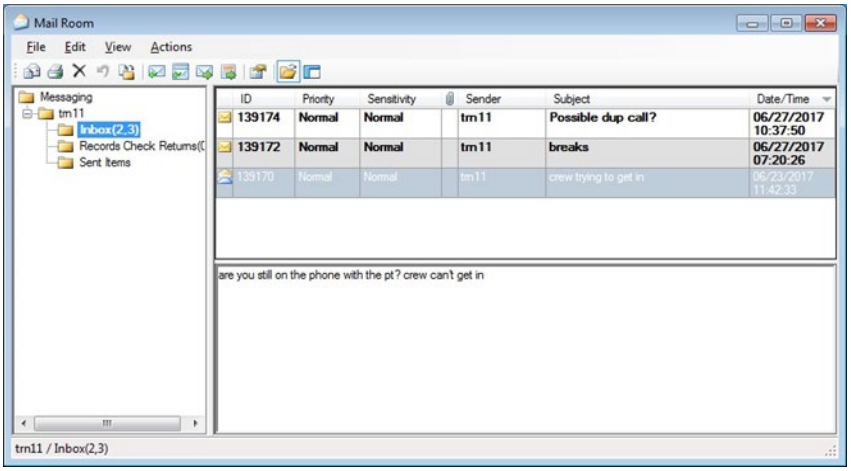
Mail Room is Inform CAD's internal messaging system. It allows dispatchers to communicate quickly and easily throughout the communications centre.

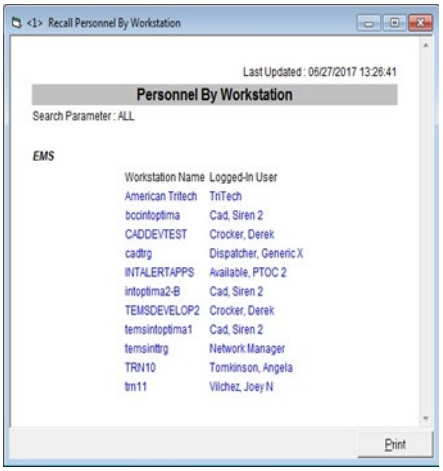
When another workstation sends a message to your workstation, an audible alert will be heard through Advisor History, a 'NEW MSG' notification will appear in Advisor, and the Mail Room icon will change colour depending on the priority of the message. There are 4 ways to open a new message in Mail Room:

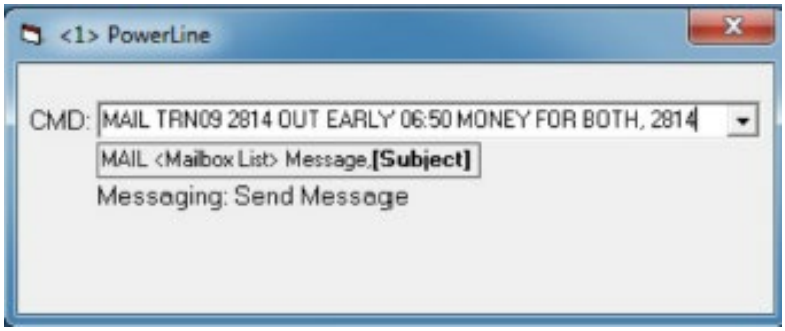
1) You can click the Mail Room envelope icon
2) You can click the green acknowledged check mark in Advisor
3) You can click the workstation Mail count on the far left of the tool bar; or
4) By pressing <shift+F12>



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







Mail Room messages can also be sent through powerline (see diagram above). A message can be sent to multiple recipients through powerline by separating the recipients with a comma ',' or semicolon ';'. When sending through powerline, the mailroom message is sent normal priority and normal sensitivity by default.

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

Call receivers have been trained to send important Mail Room messages to the Controlling Desk inbox (i.e. NW, SW, NE, SE) rather than the CAD positon inbox (i.e. CAD24, CAD 25, CAD 28, CAD 29).

Out of Town

Toronto Paramedic Services Dispatch Manual

Out of Town

Section 4.1
Roles and Responsibilites

Toronto Paramedic Services Dispatch Manual

OUT OF TOWN ROLES AND RESPONSIBILTIES

The Out Of Town (OOT) EMD is responsible for the communications with and documentation of the movements of all Provincial units that enter the Toronto Paramedic Services geographical catchment area. The OOT EMD quite often also performs the duties of the TAC Relief position. This means all OOT radio channels will need to be monitored when relieving the two Coordinator positions.

The specific roles & responsibilities include:

- OOT is the liaison between Toronto Paramedic Services Communication Centre and other Communication Centres throughout the Province.
- Provincial units, when entering the Toronto Paramedic Services capture area, are required to switch to the Provincial Common radio frequency (150.100 MHz, Channel 6 on Toronto Paramedic Services VHF radio equipment) and make contact with the OOT EMD.
- OOT continually monitors the Provincial Common radio channel (150.100 MHz). When any out of town units enter into the Toronto Paramedic Services geographical capture area, The EMD will record the unit's radio call sign, base, destination, estimated time of arrival and departure or reassignment times.
- This information is recorded on the OOT log sheet that is replaced on a daily basis. This log sheet is then filed in the tray above the backup radio box at the OOT workstation.
- OOT is responsible for tracking and assisting Provincial ambulances, notifying hospitals and liaising with the various Communication Centres when necessary. OOT will collect all Provincial Inter CACC Unit Transfer (ICUT) Forms, record the necessary information and fax them to the sending Communication Centre.
- OOT is responsible for assigning emergency calls to and tracking Provincial ambulances throughout the call process.
- OOT will inquire with other Communication Centres if OOT units will be in the Toronto area and able to take any pending non-emergency OOT transfers.
- Take overflow emergency calls (See Call Taking Hierarchy)

Screen Set-Up

The following applications are mandatory and must be visible on the OOT EMD's desktop at all times:

1. Inform CAD main toolbar
2. Pending Incident Queue (PIQ) - F3
3. Assigned Incident Queue (AIQ) - F5
4. Unit Status Queue (USQ) - F6
5. Advisor (Destination, Clearing OOT Coordinator role selected)
6. Advisor History (must be launched, does not have to be visible)
7. Push to Talk (PTT) (showing both Clearing & Destinations)
8. GEO
9. PDS
10. ANI/ALI (must be launched, does not have to be visible)
11. Active Desktop

The OOT EMD will sign in to AVTEC using their personal USER ID and will make the appropriate Territory Selection: "Out of Town". Ensure the appropriate radio channels are selected as well.

Out of Town

Section 4.2
Documentation

Toronto Paramedic Services Dispatch Manual

DOCUMENTATION

OUT OF TOWN LOG TAB IN PDS

When notified by another Communication Centre of the impending arrival of a Provincial unit, OOT EMD will record the following on the Out Of Town Log

- the patient trip number if transporting to an ER (can be found in "ED Management" tab in PDS)
- the unit's base
- the unit radio call sign
- the CTAS
- the destination
- the ETA
- the arrival time at the destination
- the time clear the destination

Normally, the Paramedic crew will contact OOT on the radio to advise their current location, transport priority and destination.

When the Paramedic crew reports a change in their status, the OOT EMD will update the log sheet with the time in the appropriate column (ON AIR, AT HOSP, CLEAR, etc.) by time stamping and clicking 'Update.'

If an OOT crew is running a call in Toronto's area, record the OUT# in the appropriate column and the address of the call in the Notes column.

Note that the paper-based form shown on the following page will be used during Non-CAD events only. All OOT documentation will be captured using the OOT tab in PDS.

OUT OF TOWN UNIT LOG **DATE:** _____ **PAGE** _____ **OF** _____

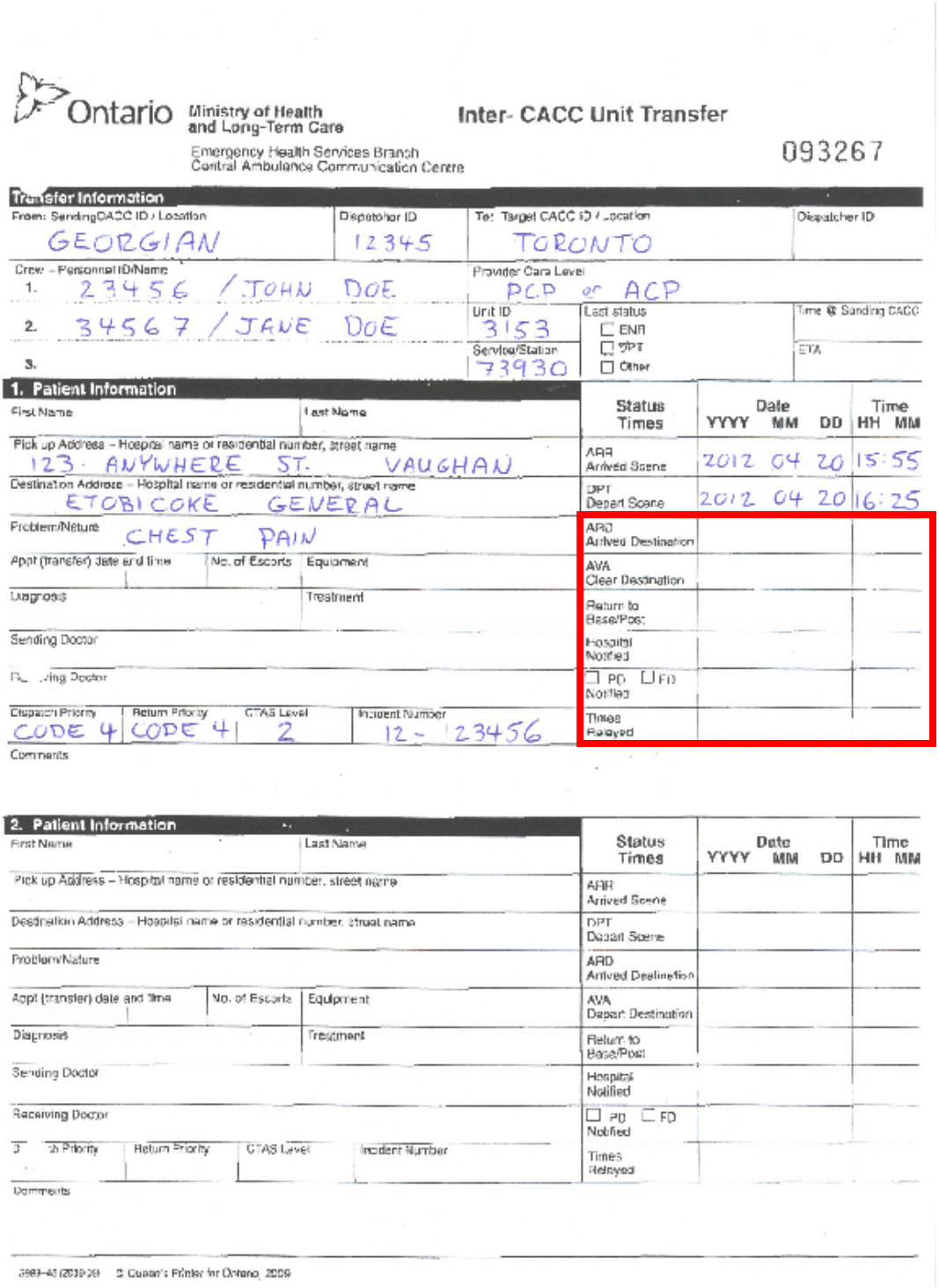
SERVICE / BASE	UNIT	OUTx	CTAS	HOSP	TRIP #	TIMES								ICUT RETURNED	REMOVED FR PDS	NOTES
						BOOKED BY CACC	ON AIR	AT SCENE	DPT SCENE	HOSP NTFD	AT HOSP	CLEAR	OFF AIR			

v1.1 Feb 26, 2016

NOTE This log is now done electronically in PDS. In the event of a CAD system crash, this form will be used to track OOT vehicles.

INTER-CACC UNIT TRANSFER (ICUT) FORM

ICUT forms are faxed when OOT units are transporting patients to a Toronto hospital. Most fields will be filled out by the OOT Communication Centre prior to being faxed to Toronto. EMDs are to fill out the appropriate times (Arrived Destination, Clear Destination, etc). Completed ICUT forms will be faxed back to the OOT Communication Centre.



Ontario Ministry of Health and Long-Term Care

Emergency Health Services Branch
Central Ambulance Communication Centre

Inter- CACC Unit Transfer

093267

Transfer Information

From: Sending CACC ID / Location	Dispatcher ID	To: Target CACC ID / Location	Dispatcher ID
GEORGIAN	12345	TORONTO	

Crew – Personnel ID/Name
1. 23456 / JOHN DOE
2. 34567 / JANE DOE
3.

Provider Care Level: PCP or ACP
Unit ID: 3153
Service/Station: 73930
Last status: ☐ ENR ☐ DPT ☐ Other
Time @ Sending CACC:
ETA:

1. Patient Information

First Name | Last Name

Pick up Address – Hospital name or residential number, street name: 123 ANYWHERE ST. VAUGHAN

Destination Address – Hospital name or residential number, street name: ETOBICOKE GENERAL

Problem/Nature: CHEST PAIN

Appt (transfer) date and time | No. of Escorts | Equipment

Diagnosis | Treatment

Sending Doctor

Receiving Doctor

Dispatch Priority: CODE 4 | Return Priority: CODE 4 | CTAS Level: 2 | Incident Number: 12 - 23456

Comments

Status Times	Date YYYY MM DD	Time HH MM
ARR Arrived Scene	2012 04 20	15:55
DPT Depart Scene	2012 04 20	16:25
ARD Arrived Destination		
AVA Clear Destination		
Return to Base/Post		
Hospital Notified		
☐ PD ☐ FD Notified		
Times Relayed		

2. Patient Information

First Name | Last Name

Pick up Address – Hospital name or residential number, street name

Destination Address – Hospital name or residential number, street name

Problem/Nature

Appt (transfer) date and time | No. of Escorts | Equipment

Diagnosis | Treatment

Sending Doctor

Receiving Doctor

Dispatch Priority | Return Priority | CTAS Level | Incident Number

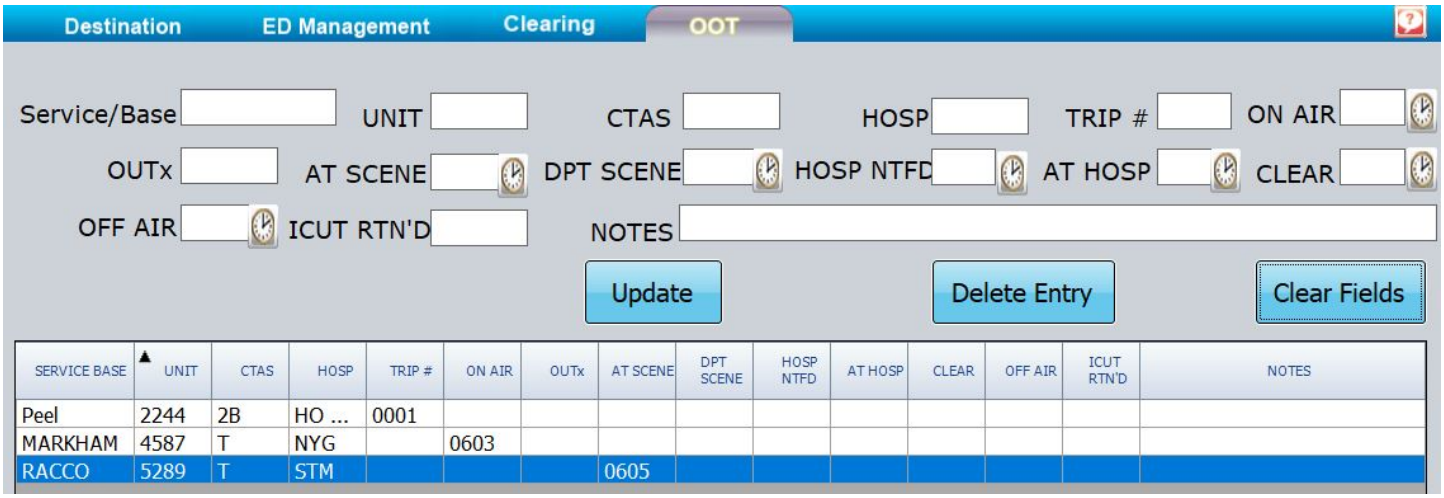
Comments

Status Times	Date YYYY MM DD	Time HH MM
ARR Arrived Scene		
DPT Depart Scene		
ARD Arrived Destination		
AVA Depart Destination		
Return to Base/Post		
Hospital Notified		
☐ PD ☐ FD Notified		
Times Relayed		

3983-40 (2009/09) © Queen's Printer for Ontario, 2009

New Out of Town Tab in PDS

We are going digital with the OOT board! We will no longer be using any paper documentation as of April 21, 2021. The information from the OOT board has been developed and implemented into a new tab in PDS called, OOT.



The fields that have been added to the tab are identical to what was on the OOT board.

Adding an OOT unit coming into a Toronto ED:

- There is NO CHANGE to the current procedure
- EMDs will **continue** to destinate the crew via the Destination tab
- The information from that entry will automatically transfer over to the OOT tab. The EMD no longer has to take this extra step!

Adding a unit to the log:

1. Enter the unit data into the appropriate fields
2. Click the 'Update' button 

3. Click the 'Clear Fields' button 

Deleting an entry:

1. Select the line to be deleted
2. Click on 'Delete Entry' button 

3. Confirm your decision

Updating an entry: 

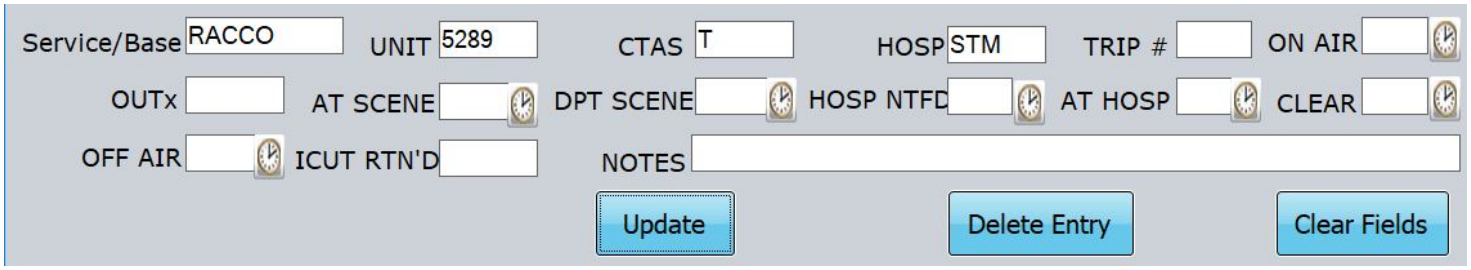
1. Select the row/unit that you want to update
2. Click the clock icon button of the field you are updating, which will automatically enter the current time **OR** manually enter the data into the appropriate field
3. Click the 'Update' button

All staff who have PDS open will be able to make changes to the new OOT log. This eliminates the need to send messages to the OOT dispatcher when dealing with OOT units! It's all right there in the log, which updates in real time.

The OOT log is a rolling 12 hours

New Out of Town Tab in PDS

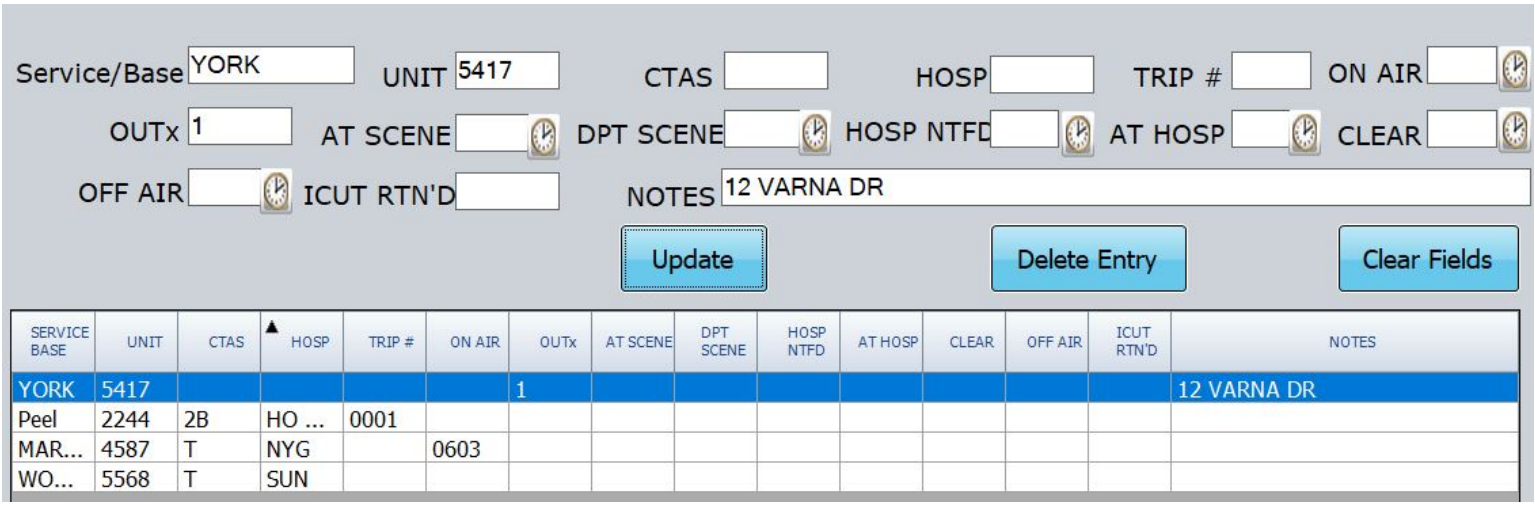
How do I add a new vehicle coming into the city (to areas other than an ED)?



Once you enter the data above, click UPDATE and PDS will create a row with your entry. When the crew comes onto Toronto's air, select the row, stamp the 'ON AIR' field (or type in the time) and click UPDATE. The row will now update with the on air time. Click CLEAR FIELDS before entering the next unit.

SERVICE BASE	UNIT	CTAS	HOSP	TRIP #	ON AIR	OUTx	AT SCENE	DPT SCENE	HOSP NTFD	AT HOSP	CLEAR	OFF AIR	ICUT RTN'D	NOTES
Peel	2244	2B	HO EGH	0001										
MARKHAM	4587	T	NYG		0603					0646	0728	0741	Y	

As the shift goes on, the log will start to look like this (a mix of crews going to EDs and transfers):



If you have any questions, please contact emscommedqi@toronto.ca or the on-duty Superintendent.

TRAINING MANUAL UPDATES

2021-2 OOT Log Updates
(QDT MANUAL: 4.2 OOT Documentation)

OOT Tab Updates

IT has made some updates to the OOT tab functionality to improve user experience. Please review the following two changes:

1. **OOT Log Time Out**
   a. The rolling log is now 4 hours. OOT units will drop off the log at that point.
   b. *Please do not delete a unit when they have completed their call/assignment as this deletes the entry from the log altogether*
   c. The information from the OOT log is stored digitally

2. **Automatic Clearing of OOT Units from the ED MGMT Tab**
   a. Using the OOT tab, when an EMD time stamps the "Off Air" field and clicks "Update," PDS will now automatically remove that same unit from the ED MGMT tab (if applicable). The EMD will no longer have to go into the ED MGMT tab and remove that particular OOT unit manually.

Out of Town

Section 4.3
Scheduled
Transfers

Toronto Paramedic Services Dispatch Manual

SCHEDULED TRANSFERS

Whenever possible, OOT will double dispatch a Provincial unit to transport patients returning to their geographical area. Permission to reassign Provincial units must be obtained from the Communication Centre normally responsible for that ambulance.

NOTE: Provincial Call Prioritization

The Ministry of Health (Provincial) ambulances services utilize a priority system that is different from that of Toronto Paramedic Service. Emergency calls are coded as priority 3 or 4, appointment calls as priority 2 and routine transfers are priority 1. A unit sent to standby for emergency coverage would be assigned a priority 8.

DOUBLE DISPATCH PROCEDURES

When notified of an incoming Provincial unit, the OOT EMD will review outstanding out of town calls in an effort to determine if any reassignment is appropriate.

The definition of an appropriate reassignment is a call originating from the Provincial unit's destination or within a ten-minute travel time from such to the reassignment's pick-up location. The destination of the reassignment must be easily accessed from the route normally used by the Provincial unit, returning to its coverage area or within the Provincial unit's coverage area.

When there is a potential reassignment, the OOT EMD will contact the Communication Centre that normally controls the unit to seek permission to reassign, share call details and receive a run number. The run number is to be recorded in the Comments/Notes tab of the call form along with the ambulance call sign, service name and normal controlling Communication Centre is to be recorded in the "Called From" field of the Inform CAD Scheduled call form.

The OOT EMD will then notify the pickup location of the expected time of arrival of the responding unit and record the notification in the Comments/Notes tab of the call form.

When the Provincial unit clears from its Toronto destination, OOT will ensure they have the call details for their transfer.

When the unit confirms they have all call details, OOT will then cancel the scheduled call using "Other" and "Double Dispatched" as the cancellation reason and call disposition.

EMDs will notify One Desk of any occurrence where a Provincial ambulance or the Communication Centre which normally controls that unit refuses a reassignment.

REASSIGNMENT (SOP 09.08.15)

If a Provincial Communication Centre requests to reassign a Toronto Paramedic Service unit to a non-emergency call returning to, or en route to Toronto, Toronto Communications Centre will accommodate the request if the following criteria are met:

- The patient's pick-up location must be within twenty minutes of the unit's current location (if clear) or destination, as determined by the Communication Centre making the request

- The above may involve the Provincial Communication Centre relaying the patient from their original point of origin to the destination of an incoming unit
- The destination must keep the unit within its service area or on a route that the unit is passing through to its service area
- In this case, the Toronto Paramedic Service response areas are Northwest, Northeast, Southwest and Southeast
- The patient must be ready to be transported within 20 minutes of Paramedic arrival.

The OOT EMD will create a scheduled call form and move the call to the appropriate quadrant desk. The appropriate Quadrant EMD will assign the unit to the call and update statuses as required.

If the patient is returning to the Toronto catchment area, but not to the unit's normal service area, the call is to be accommodated unless one or more of the following conditions apply:

- The complete trip will incur more than 2 hours of overtime, including return to base time
- The unit is from 31, 38 or 39 stations, and was forced to transport to a destination in the Mississauga Communications Centre area on an emergency call
- The unit is a dedicated Critical Care Transport Unit (CCTU)

Any request that is denied must be documented and a report sent to the Toronto Communication Centre Commander. A Toronto Paramedic crew may not refuse a non-emergency reassignment provided that none of the previous criteria exists.

If a unit is reassigned and overtime is probable, the Paramedic crew may request a rendezvous to minimize the length of overtime incurred. The Paramedic crew will make their request for rendezvous known to the local Communication Centre, who will, in turn, pass the request on to Toronto Communication Centre. This request should include the unit's ETA to the Toronto border.

Toronto Communication Centre will arrange to have a Toronto Paramedic Service unit rendezvous with the incoming unit. Once arranged, have the location of this rendezvous relayed to the returning Toronto unit by the local Communication Centre. The location of the rendezvous must be a safe location for both the crew and the patient.
Both Communication Centres may agree to a transfer being assigned even though some or none of the previous conditions exist.

At all times, the patient's wellbeing is the utmost priority. Every effort should be made to accommodate the patient's needs and transportation in a timely manner.

Out of Town

Section 4.4
Emergency Calls

Toronto Paramedic Services Dispatch Manual

EMERGENCY CALLS

OOT COMMUNICATION CENTRE QUERY FOR TORONTO'S CLOSEST UNIT

Occasionally OOT Communication Centres will contact Toronto Communication Centre to inquire the closest unit to an emergency call. The OOT EMD will open a new Emergency Call form and record the address, main intersection and call priority (Code 3 or Code 4).

Once a priority has been obtained "pre-alert" the call as a "Query- OOT Code 3" or "Query-OOT Code 4" in the Nature/Problem field. The call will then be sent to the appropriate quadrant's Pending Incident Queue. The call will be evaluated using Optima Assign software. The recommended units (any of the following statuses -- Available, PTOC, Assigned to, Dispatched (if lower priority call only), Responding (if lower priority call only), Local Area, In Quarters and En route) will be documented by the Quadrant EMD in the Comments/Notes field with the estimated mileage (right click on recommended, closest vehicle and click "Dispatch Route" . Record the distance in kilometers to the nearest tenth.) The OOT Communication Centre will advise who has the closest unit.

TORONTO CLOSEST FOR CODE 4

If it is determined Toronto has the closest unit for a Code 4, OOT will immediately change the Nature/Problem to "OOT Code 4". The Quadrant EMD is expected to then assign the recommended unit(s). OOT will then get all further details and prioritize the call by going through the appropriate MPDS protocols.

TORONTO CLOSEST FOR CODE 3

If it is determined that Toronto has the closest unit for a Code 3, the OOT EMD will leave the Nature/Problem field as a "Query-OOT Code 3" and get all further details and prioritize the call by going through the appropriate MPDS protocols. Once a determinant has been selected, the Quadrant EMD will assign the recommended unit(s).

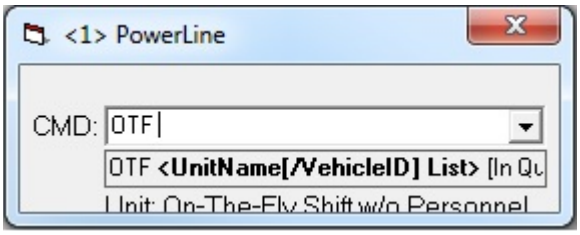
OOT will record the Communication Centre name and Run number in the "User Data" tab of the Emergency Call form for any calls received from other Communication Centres.

If Toronto is not closer, "/CX" will be denoted in the Comments/Notes field with an explanation that the originating Communication Centre is closer than Toronto.

NOTE: When Georgian Communication Centre calls to inquire Toronto's closest unit for a Code 3 at Woodbridge Vista Care Community (5400 Steeles Ave. W.), EMDs are expected to ask Georgian if they have a Woodbridge unit in that station area. If they do, EMDs will advise Georgian that Toronto will not be accepting the call.

ROSTERING OUT OF TOWN UNITS

Each time an OOT unit is assigned to a Toronto call, they need to be rostered to allow OOT to document the unit's times & provide a run number. This is done by creating a temporary shift. EMDs will use the "On The Fly" Powerline command "OTF". As OOT unit numbers are not contained in the Inform CAD database, a generic vehicle (OUT1, OUT2, etc) must be used. This process is done by typing the following into Powerline:



Once an OOT unit has been rostered in Inform CAD, it can be assigned to the appropriate call it is servicing. OOT must monitor the radios in order to manually update the unit's status throughout the call process. When using OOT units on calls, the actual unit number (Durham 3132) should be documented in the "Comments/Notes" section of the Emergency Call form and also, all applicable fields in the "Additional Information" tab.

TORONTO'S REQUEST FOR OOT COMMUNICATION CENTRE CLOSEST VEHICLE

In the event that an EMD suspects that Toronto may not have the closest unit to an emergency call, the Quadrant EMD may call the appropriate OOT Communication Centre for their closest unit. The Quadrant EMD may also delegate this task to another EMD (Pit Senior, OOT, etc). If it is decided the OOT unit is closest, that unit will often switch to the Toronto Communications radio channel. The Quadrant EMD will advise the OOT EMD which call the OOT unit will be servicing and will move the Emergency Call form to the OOT desk.

If not already done, OOT will provide all appropriate details to the Communication Centre (if not being run on Toronto's radio channel) and record the Communication Centre name and Run number in the "User Data" tab in the Emergency Call form.

If the call is going to be run on Toronto's radio channel, OOT will roster an "OUT#" unit to assign to the call. Once on Toronto's radio channel, OOT will assist the OOT unit through the stages of the call, providing geographical direction as required. The OOT EMD will manually update the status changes of the OOT unit in Inform CAD.

If a destination is required, OOT will use the PDS software to obtain the recommended hospital destination. OOT will notify the appropriate destination hospital if requested by the Paramedic crew.

When clearing the hospital, the OOT Paramedic crew will request their run number and call times. This can be provided by either the OOT EMD or the Clearing Coordinator. Once the unit has cleared the hospital (cancelled from the call) and left the Toronto boundaries, the "OUT#" unit will be marked "In Quarters" in the "OUT OF TOWN STATION," then marked "Off Duty".

NOTE: When transporting a pediatric patient under FTT guidelines, the Hospital for Sick Children (HSC) **requires a verbal notification** when a crew has an ETA of 10 minutes or less. This facilitates the hospital arranging the trauma team to be ready in the emergency department. This rule applies to units from Toronto as well as Out of Town.

OUT OF TOWN EMERGENCY CALLS RECEIVED

When a call is received for a location known to be outside the City of Toronto municipal boundaries and the location is identified in the database, the Call Receiver will process the call in the usual manner. All information will be obtained and the completed call will be forwarded to the EMD responsible for the geographic area closest to the location.

The Quadrant EMD in control of the geographical area of the call will determine which service or unit will respond.

When a call is received for a location known to be outside the Toronto municipal boundaries and the location cannot be identified in the database the Call Receiver will process the call by "forcing" the address into the Address field. The address, the city and major intersection fields must also be completed with the correct information and the Jurisdiction and Division fields designated as OOT (Out of Town).

The call will then be pre-alerted as an "Unknown Problem" with a Bravo response, to the Out of Town position.

Upon completion of the information recording and subsequent allied agency notification (if required) the Call Receiver will ensure that the position receiving the call (Out of Town) is aware of it via mail room (or the SEND PowerLine command) and intercom, as it is not common practice for this position to dispatch responses.

The OOT EMD will then contact the appropriate Communication Centre and provide all details.

ASSIGNING EMERGENCY CALLS OUTSIDE TORONTO

When an emergency call is received with a pick-up location in the buffer zone, Toronto Communication Centre will assign the Optima recommended vehicle. Once the call has been assigned, the Quadrant EMD will call the appropriate OOT Communication Centre and inquire their closest vehicle using the same process as above.

The buffer zone is defined as the two-kilometre area that extends beyond the municipal boundaries of Toronto. The boundaries area as follows: 14th Avenue / Centre St. / Hwy.7 to the north, Goreway Dr./ Dixie Rd. to the west; where Rexdale Blvd. / Derry Rd. is the north-south divider and a line following the Pickering Town border between Rosebank and Whites Rd to the east.

TRANSPORTING PATIENTS TO OOT DESTINATIONS

Paramedics requesting a hospital destination outside of the Toronto boundaries must first obtain approval from the Deputy Commander. This can be done via the Destination Co-ordinator who will relay information between the Paramedic crew and the Deputy Commander.

When a Toronto unit is assigned to a call with a destination outside the Toronto response area, the EMD will ensure that the Paramedic crew is aware of the Communication Centres they need

to contact en-route to their destination as well as what Communication Centre they need to clear with when they have completed the transport.

The Communication Centre for the destination capture area must be notified that a Toronto unit will be arriving in their area at an approximate time and if the assigned call along with any other pertinent details. The time of the Communication Centre notification will be recorded in the Comments/Notes tab (of Transfer forms) or the User Data (of Emergency Call form).

The Paramedic crew should be instructed to observe normal radio procedures for updating their status (e.g. “Georgian Control, Toronto 962 is 10-7 at Royal Victoria Hospital and will be available for reassignment”).

Hospital
Destination
Coordinator (HDC)

Toronto Paramedic Services Dispatch Manual

Hospital Destination Coordinator (HDC)

Section 5.1 Canadian Triage & Acuity Scale (CTAS)

Toronto Paramedic Services Dispatch Manual

CANADIAN TRIAGE AND ACUITY SCALE (CTAS)

Triage in the simplest term is the sorting or prioritizing of items (clients, patients, tasks etc.). Some form of triaging has been in place, formally or informally since the first emergency department (ED) opened. In some instances triage occurs prior to or at registration and in others specifically trained health care providers perform it after registration.

The Canadian Triage and Acuity Scale is a tool that enables EDs to:

- Prioritize patient care requirements and
- Examine patient care processes, workload, and resource requirements relative to case mix and community needs.

The CTAS allows ED nurses and physicians to:

- Triage patients according to the type and severity of their presenting signs and symptoms.
- Ensure that the sickest patients are seen first when ED capacity has been exceeded due to visit rates or reduced access to other services and
- Ensure that a patient's need for care is reassessed while in the ED.

The primary operational objective of the triage scale is related to the time to see a physician. This is because most decisions about investigation and initiation of treatment do not occur until the physician either sees the patient, or has the preliminary results necessary to recommend a course of action.

While triage assignment is based on the “usual presentation” this is not totally dictated by the presenting complaint. The care provider’s experience/intuition (does the patient look sick?) and other information that helps to quantify severity (vital signs, O_2 saturation, or symptoms: pain scales, associated symptoms) can also modify the triage decision.

TRIAGE GOALS

1. To rapidly identify patients with urgent, life threatening conditions.
2. To determine the most appropriate treatment area for patients presenting to the ED.
3. To decrease congestion in emergency treatment areas.
4. To provide ongoing assessment of patients.
5. To provide information to patients and families regarding services expected care and waiting times.

DETERMINING THE CTAS LEVEL

The CTAS level that a patient falls within is based on the following clinical findings:

- Patient's chief complaint
- Validation and assessment of chief complaint:
- When did it start (be exact with time)?
- What were you doing when it started?
- How long did it last?
- Does it come and go?
- Is it still present?
- Where is the problem? Description and severity of pain
- Does it radiate anywhere?
- What aggravates it or alleviates it?
- Previous history of same? If yes, what was the diagnosis?
- Physical appearance - color, skin, activities
- Degree of distress: severe distress; NAD (no acute distress)
- Emotional response: anxious, indifferent
- Vital Signs
- Physical assessment
- Allergies
- Medications:

TRIAGE IS NOT A STATIC PROCESS

It is important to remember that triage is a dynamic process and patients may move up or down on the urgency continuum while waiting for access to treatment areas, physician assessment, results of investigation or response to treatment.

TRIAGE & ACUITY SCALE CATEGORY

These lists of presenting complaints or case scenarios are not meant to be all-inclusive or absolute in their application. Triage personnel are always encouraged to use their experience and instincts to "up triage" priority, even if the patient does not seem to fit exactly with the facts or definitions on the triage scale…**"If they look sick, then they probably are".** The providers instinct should not be used to "down triage"(lower the triage level assignment), when the facts suggest there may be a problem.

CTAS SCORE	LEVEL	TIME TO DOCTOR
CTAS 1	Resuscitation	IMMEDIATE
CTAS 2	Emergent	≤15 min
CTAS 3	Urgent	≤ 30 min
CTAS 4	Less Urgent (Semi urgent)	≤ 1 hour
CTAS 5	Non Urgent	≤ 2 hours

LEVEL I - RESUSCITATION

Conditions that are a threat to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions.

Time to physician is IMMEDIATE

Patient's that fall within this category would:

- be non-responsive
- be vital signs absent/unstable
- have severe dehydration or
- have severe respiratory distress

Respiratory (RESP):
Severe airway compromise, penetrating or blunt chest trauma, obvious signs of respiratory distress or severe respiratory distress

Neurological (CNS):
Major head injury – unconscious, active seizure state

Musculo-Skeletal (MSK):
Traumatic amputation – extremity

Shock (S):
Major cold injury - hypothermia

Gastrointestinal (GI):
Difficulty swallowing with respiratory distress, abdominal trauma (penetrating/blunt) and signs/symptoms of shock

Code (C):
Code/arrest (cardiac or respiratory), major trauma, shock states

LEVEL II EMERGENT

Conditions that are a potential threat to life, limb or function and requiring rapid medical intervention or delegated acts.

Time to physician assessment/interview is ≤15 min.

Respiratory:
Foreign body aspiration with breathing difficulty, SOB, respiratory distress due to chronic cough, wheezing associated with respiratory difficulty, congested, or has a history of cardiac problems, active hemoptysis (coughing blood) with signs of hypoxia and with or without cardiac/respiratory disease, inhalation of toxic substance with distress and smoke inhalation

Central Nervous System:
Severe headache with high blood pressure, disorientation, sudden onset altered LOC, sudden onset of confusion with associated weakness or headache, sudden onset of confusion with altered LOC, hunt dysfunction – patient appears ill, severe motor weakness – sudden onset patient appears ill, sudden onset low back pain in distress; unable to move or feel extremities and head injury with altered mental state

Musculo-skeletal:
Back pain with neuro deficit, open fracture, possible femur fracture, fracture with neuro vascular impairment, extremity pain with circulatory compromise and traumatic amputation (digit)

Skin:
Bites, allergic reaction with respiratory difficulty, facial cellulitis, particularly periorbital area, laceration, severe nerve tendon or vascular injury, puncture wound, major burn, split/full thickness burn of neck, hands, feet, groin, face and inhalation or electrical burns

Gastrointestinal:
Abdominal pain - acute onset with vomiting, diarrhea, dehydration, bloody rectal mucous, > 50 with visceral symptoms, rectal bleeding or prolapse - large amount bloody or tarry stool, signs/symptoms shock, GI bleed with abnormal vital signs

Genitourinary:
Post TURP (Transurethral Resection of the Prostate) bleeding, hemodynamically unstable

Gynecology:
Vaginal bleeding/ ectopic pregnancy – patient unstable – hypotension, inability to urinate greater than 24 hours, possible sexual abuse < 2 hours, flank pain - hematuria - pale - kidney stone, acute vaginal bleeding (Pain scale > 3 ± abnormal vital signs) and possible ectopic with normal vital signs

Eyes Ears Nose and Throat:
Sudden severe eye pain with headache, vomiting, decreased visual acuity, sudden loss of vision in one or both eyes, chemical substance in eyes, direct burn to eye, hyphema, puncture wound to globe, impaled object or amputation of external ear, tinnitus with history of ingestion of ASA, nasal injury with bloody/clear drainage, uncontrolled epistaxis, sore throat with drooling, stridor and/or difficulty swallowing, hoarseness - sudden onset - history of trauma to larynx

Cardiovascular System:
Patient with sudden onset of cold, painful extremity, severe trauma and chest pain - visceral ± associated symptom

Psychiatry:
Agitated symptoms and/or depression symptoms known to require close observation, attempted suicide, history of attempted suicide, aggressive and/or violent behaviour, symptoms of instability (pacing, muttering, clenched fists, etc.) and overdose (conscious)

CTAS 2A is treated like a CTAS 1: ONE hospital choice based on distance, unless special services are required
CTAS 2B will present ONE hospital choice based on Time to Next Patient, unless special services are required

LEVEL III - URGENT

Conditions that could potentially progress to a serious problem requiring emergency intervention. May be associated with significant discomfort or affecting ability to function at work or activities of daily living.

Time to physician is ≤ 30 min.

Respiratory:
Foreign body aspiration, cough present, but no distress with swallowing, constant cough - appears distressed, known asthmatic with SOB or worsening of symptoms, inhalation of toxic substance in no distress, SOB - chronic respiratory problem - exacerbation O_2 Sats > 95%, history of coughing up pink mucous, congested with pain on deep inspiration and no history of trauma

Central Nervous System:
Headache - severe (mild-moderate distress, pain scale 8-10/10), hit head - no LOC, or vomiting, known seizure disorder - seizure prior to emergency visit, not actively seizuring and shunt dysfunction - patient irritable, not acutely ill

Musculoskeletal:
Probable extremity fracture, multiple joint pain with fever; hip pain with fever, tight cast with neuro vascular impairment

Skin:
Bites, insect - systemic minor allergic response, cellulitis - patient appears ill, Rash: 1) patient appears ill; fever 2) recent exposure to communicable disease, localized cold injury with blanching, cyanosis or pain, split and/or full thickness burns over less than 5% body surface, split thickness burns over trunk or less than 10% body surface and laceration requiring pressure to control bleeding

Gastrointestinal:
Abdominal pain, rectal bleeding with abdominal pain, no signs/symptoms of shock, difficulty swallowing; possible foreign body; no respiratory distress, abdominal trauma - complaints of mild discomfort, sign/symptoms of appendicitis, abdominal pain, ± fever, vomiting and or diarrhea ≤2 years and GI bleeding with normal vital signs

Genitourinary:
Vaginal bleed - no signs of shock, possible sexual abuse > 2 hours < 12 hours, inguinal bulge - sudden onset; patient acutely distressed, non-painful testicular swelling, inability to urinate for more than 8 hours, gross swelling of penis or unable to void

Ear Nose and Throat:
Nasal injury with some respiratory difficulty, epistaxis with trauma and/or history of high blood pressure, allergy - hay fever causing congestion with history of respiratory problems, foreign body in nose causing pain or possibility of aspiration, bloody drainage from ear, hearing problem - acute onset, foreign body in ear, cold injury- partial tear to external ear, sudden severe eye pain with no associated trauma, sudden onset or change in vision in last 24 hours, periorbital swelling with fever, burn to eye area, amputated tongue tip or large section/cheek, puncture wound soft palate, tonsil pustules - difficulty swallowing, post operative bleeding - tonsillectomy and/or adenoidectomy

Cardiovascular System:
Patient with gradual onset of cold, painful extremity, patient with gradual/acute onset/pain associated with swelling and temperature change in temp, moderate trauma and chest pain with no visceral symptoms.

Psychiatry:
Acute psychosis ± suicidal ideation.

LEVEL IV – LESS URGENT (SEMI-URGENT)

Conditions that related to patient age, distress, or potential for deterioration or complications would benefit from intervention or reassurance within 1-2 hours).

Time to physician is ≤ 1 hour

Respiratory:
Foreign body aspiration - no cough - appears well, minor chest injury without rib pain or respiratory difficulty - no SOB - may have bruising, difficulty swallowing; no respiratory difficulty

Central Nervous System:
Chronic or repeating headache (no acute distress), minor head trauma- no LOC/no vomiting

Musculoskeletal:
Back pain - minor back pain “pulled something” - muscle spasms; localized back pain (4-7/10), possible extremity fracture, swollen “hot’ joint, tight cast - no neurovascular impairment

Skin:
Localized cellulites, cold injury - no discoloration - minimal pain

Gastrointestinal:
Abdominal pain with vomiting or diarrhea(alone) - does not appear ill, no signs of dehydration, rectal bleeding - small amount ; fever and/or diarrhea, constipation; not eating and cramps

Genitourinary:
Possible sexual abuse > 12 hours, possible UTI - hematuria, frequency, burning

Eyes Ears Nose and Throat:
Corneal foreign body, nasal injury - no respiratory difficulties, periodic epistaxis with signs of infection, ear drainage - purulent – fever, tinnitus with fever, gradual change in vision, visual acuity or visual fields, crusting, matting or drainage from eye, earache

Psychiatry:
Suicidal ideation, depression

Cardiovascular System:
Chest pain, age < 30 no visceral symptoms

Miscellaneous:
Minor trauma, pain scale 4-7

LEVEL V – NON-URGENT

Conditions that may be acute but non-urgent as well as conditions that may be part of a chronic problem with or without evidence of deterioration. The investigation or interventions for some of these illnesses or injuries could be delayed or even referred to other areas of the hospital or health care system.

Time to physician is ≤ 2 hours.

Respiratory:
Nasal congestion/discharge associated with cold symptoms

Musculoskeletal:
Chronic low back pain minor discomfort (<4/10)

Skin:
Minor bites - puncture wounds, foreign body, scratches localized, localized rash, minor lacerations, abrasions, contusions

Gastrointestinal:
Vomiting/diarrhea - no pain, no dehydration - normal mental state

Genitourinary:
Discharge - penis, vaginal, urethral menses

Ear Nose Throat:
Partial tongue lacerations or cheek bite, sore throat, laryngitis, minor mouth sores possible with fever, allergy - hay fever causing nasal congestion, sinus problems, hearing loss gradual onset, vague eye pain or chronic eye pain

Psychiatry:
Chronic symptoms with no acute changes

Cardiovascular:
Minor trauma not necessarily acute

Miscellaneous:
Minor symptoms, pain scale < 4

The Canadian Association of Emergency Physicians
L'Association canadienne des médecins d'urgence

National Emergency Nurses Affiliation Inc.
L'affiliation nationale des infirmiers/infirmières d'urgence incorporée

L'association des Médecins d'urgence du Québec

The Canadian E.D. Triage and Acuity Scale

Patients should have an *INITIAL TRIAGE ASSESSMENT WITHIN 10 MINUTES** of arrival

TRIAGE LEVEL I - *RESUSCITATION*

Time to NURSE Assessment: *IMMEDIATE**
Time to PHYSICIAN Assessment: *IMMEDIATE**

USUAL PRESENTATION	SENTINEL DIAGNOSIS
Code / Arrest	Traumatic Shock
Major Trauma	Pneumothorax - Traumatic / Tension
Shock States	Facial Burns with Airway Compromise
Near Death Asthma	Severe Burns > 30% TBS
Severe Respiratory Distress	Overdose with Hypotension / Unconscious
Altered Mental State (unconscious, delerious)	AAA
Seizures	AMI with Complications / CHF / Low BP
	Status Asthmaticus
	Head Injury - Major / Unconscious
	Status Epilepticus

TRIAGE LEVEL II - *EMERGENT*

Time to NURSE Assessment: *IMMEDIATE**
Time to PHYSICIAN Assessment: *15 MINUTES**

USUAL PRESENTATION	SENTINEL DIAGNOSIS
Head Injury (Risk Features ± Altered Mental State)	Head Injury
Severe Trauma	Trauma, Multiple Sites, Multiple Rib Fracture, Neck Injury / Spinal Cord
Altered Mental State (lethargic, drowsy, agitated)	
Chemical Exposure - Eyes	Alkaline / Caustic Occular Burns
Allergic Reaction (Severe)	Anaphylaxis
Chest Pain • Visceral, Non-Traumatic	AMI, Unstable Angina, CHF, Chest Pain NOS,
• ± Associated Symptoms	Gastroesophageal Reflux
Overdose (conscious), Drug Withdrawal	Unspecified Drug / Medicinal Overdose, "d.t.'s"
ABD Pain (Age >50) with Visceral Symptoms	AAA, Appendicitis, Cholecystitis
Back Pain (Non Trauma, Not MSK)	
GI Bleed with Abnormal Vital Signs	Gastrointestinal Bleed, Hypotension
CVA with Major Deficit	CVA
Asthma Severe (PEFR <40%)	Severe Asthma
Moderate / Severe Dyspnea / Diffuculty Breathing	COPD, Croup
Vaginal Bleeding • Acute, Pain scale >5	Spontaneous Abortion
• ± Abnormal Vital Signs	Ectopic Pregnancy / Rupture
Vomiting and/or diarrhea (with suspicion of dehydration)	
Signs of serious infection (purpuric rash, toxic)	
Chemotherapy or immunocompromised	
Fever (age ≤ 3 months) Temp ≥ 38.0 (rectal)	Epiglottitis, Meningitis, Sepsis
Acute Psychotic Episode / Extreme Agitation	Acute Psychotic Episode / Agitation
Diabetes: Hypoglycemia, Hyperglycemia	Hypoglycemia, Diabetic Ketoacidosis, Hyperglycemia
Headache (Pain Scale 8 - 10/10)	Migraine
Pain Scale 8-10 (CVA, Back, Eye)	Renal Colic, LBP / Strain (Disc), Keratitis, Iritis
Sexual Assault	
Neonate (≤ 7 days old)	

TRIAGE LEVEL III - *URGENT*

Time to NURSE Assessment: *30 MINUTES**
Time to PHYSICIAN Assessment: *30 MINUTES**

USUAL PRESENTATION	SENTINEL DIAGNOSIS
Head Injury, Alert, Vomiting	Head Injury
Moderate Trauma	Anterior Dislocated Shoulder, Tibia / Fibula Fracture, Bimalleolar, Trimalleolar Ankle Fracture
Abuse / Neglect / Assault	
Vomiting and/or diarrhea (≤ 2 years)	
Dialysis problems	
Signs of Infection	Pyelonephritis
Mild / Moderate Asthma (PEFR > 40%)	Asthma without Status / COPD
Mild / Moderate Dyspnea	Bronchiolitis / Croup, Pneumonia
Chest Pain • No Visceral Symptoms (Sharp/MSK)	Chest Pain NOS (MSK, GI, Resp)
• No Previous Heart Disease	
GI Bleed with Normal Vital Signs	GI Bleed, No complications
Vaginal Bleeding Acute, Normal Vital Signs	Spontaneous Abortion
Seizure, Alert on Arrival	Seizure
Acute Psychosis ± Suicidal Ideation	Acute Psychosis ± Suicidal Ideation
Pain Scale 8 - 10 / 10 with minor injuries	
Pain Scale 4 - 7 / 10 (Headache, CVA, Back)	Migraine, Renal Colic, LBP / Strain (Disc)

TRIAGE LEVEL IV - *LESS URGENT*

Time to NURSE Assessment: *60 MINUTES**
Time to PHYSICIAN Assessment: *60 MINUTES**

USUAL PRESENTATION	SENTINEL DIAGNOSIS
Head Injury, Alert, No Vomiting	Head Injury, Alert, No Vomiting
Minor Trauma	Colles Fracture, Ankle Sprain
ABD Pain (Acute)	Appendicitis, Cholecystitis
Earache	Otitis Media / Otitis Extema
Chest Pain, Minor Trauma or MSK, No Distress	Chest Pain NOS (MSK, GI, Resp), Gastroesophageal Reflux
Vomiting and diarrhea (>2 years/no dehydration)	
Suicidal Ideation / Depression	Suicidal Ideation / Depression
Allergic Reaction (Minor)	Urticaria
Corneal Foreign Body	Corneal Foreign Body
Back Pain (Chronic)	LBP /Strain
URI Symptoms	URI
Pain Scale 4 - 7	
Headache (Non Migraine / Not Sudden)	

TRIAGE LEVEL V - *NON URGENT*

Time to NURSE Assessment: *120 MINUTES**
Time to PHYSICIAN Assessment: *120 MINUTES**

USUAL PRESENTATION	SENTINEL DIAGNOSIS
Minor Trauma, Not Necessarily Acute	LBP / Strain
Sore Throat, No Resp Symptoms	URI
Diarrhea alone (no dehydration)	Gastroenteritis
Vomiting alone normal mental status (no dehydration)	Vomiting
Menses	Disorders of Menstruation
Minor Symptoms	Dressing Changes
ABD Pain (Chronic)	Cast Changes
Psychiatric complaints	Constipation
Pain Scale < 4	Symptoms / Neurotic, Personality and Nonpsychotic Mental Disorders
	Unspecified Superficial Laceration(s)

* *TIMES TO ASSESSMENT* are operating objectives, not established standards of care. Facilities without onsite physician coverage may meet assessment objectives using delegated protocols and remote communication.

Corporate Sponsor(s) acknowledgement here.

Hospital Destination Coordinator (HDC)

Section 5.2 Roles and Responsibilities

Toronto Paramedic Services Dispatch Manual

HOSPITAL DESTINATION CO-ORDINATOR (HDC)

ROLES & RESPONSIBILITIES

The Hospital Destination Coordinator (HDC) was created in response to the ongoing hospital emergency department (ED) overcrowding situation. The ultimate goal for the HDC is to assist transported patients to receive the most appropriate care available, in the most expedient timeframes and distribute patients evenly throughout the system.

The HDC is staffed 24 hours per day, 7 days a week by a fully trained HDC EMD.

In the absence of the Hospital Clearing Coordinator (HCC), the HDC will also act as the HCC.

The HDC will monitor all radio traffic on the Destination (DEST) radio channel.

The HDC is primarily responsible for answering the "Crew Lines" 416-489-2115 through 2118 and phone lines dedicated to the position (HCOORD1 [416 338 0995] and HCOORD2 [416 338 0996]). The HCOORD phone lines are mostly used by the peripheral Out of Town Communication Centres to contact Toronto.

The HDC will answer Hospital Triage lines (they are often looking for patient updates for high acuity patients destinated to them). Assist Clearing by answering Hospital Medic Lines when clearing is busy.

The HDCs role is to help minimize the impact of Offload Delay by improving the co-ordination of patient distribution amongst all hospitals.

Paramedic crews have been directed to contact the HDC by radio to request destination direction. If radio contact cannot be made, crews will contact the HDC on the telephone.

When requesting destinations, crews will advise the HDC of their closest major intersection, CTAS level, if the patient is ambulatory or a stretcher is required, whether the patient requires a specific service, if there is a hospital request and if it is a repatriation case. The HDC will review the recommended destination as per the PDS program and will advise the crew.

Should the PDS program not be functioning and the Emergency Monitor program is available, EMDs may refer to it to help balance patient destinations. If no software is available, paper charts are available in the HDC crash bin to assist in balancing patient destinations.

CTAS 1 and 2 patients go to the closest hospitals (unless special services are required, i.e. STEMI, Pediatrics, Trauma, Stroke, etc). CTAS 3, 4 and 5 patients go to one of the four closest hospitals.

CTAS 2A is treated like a CTAS 1: ONE hospital choice based on distance, unless special services are required
CTAS 2B will present ONE hospital choice based on Time to Next Patient, unless special services are required

If the destination is outside of the normal TPS catchment area and the CTAS level is 1 or 2, the HDC will advise the Deputy Commander and direct the crew to closest hospital ED and notify the respective Communication Centre.

If the destination is outside of the normal TPS catchment area and the CTAS level is 3, 4 or 5, the HDC will call the appropriate Communication Centre and find out how many crews they have in that hospital and how many of those crews are on Offload Delay, then relay this information to the Deputy Commander to get approval, once approved the HDC will then contact the respective Communication Centre to advise them.

For any in-bound CTAS 3, 4 or 5 emergency patient(s) serviced by a GTA EMS provider, the OOT EMD or HDC will be contacted by the service provider's Communication Centre for appropriate destination direction. For CTAS 1 and 2 try to obtain notification for the receiving facility.

The HDC is expected to notify the receiving Emergency Department of any information passed on by the Paramedic crew while en route and record the notification in the Call Backs. The EMD must time stamp that the hospital has been notified either by shorthand comment /HN or by checking the 'Hospital Notified' box in the User Data tab of the ECT.

Note: EMDs are required to notify the receiving ED of an inbound Code Stroke patient. This is most often done by HDC.

It is also expected that the HDC notify the receiving facility of **ALL** in field STROKE Protocol patients, regardless of whether or not the transporting crew has patched to base hospital. The paramedics speak to a doctor who may or may not notify the triage nurse of the patient coming in.

Secondary to their primary function of coordination, the Coordinators will answer administration, station and hospital lines and also follow up on crew requests for information and/or assistance.

It is preferred that the Coordinators do not take emergency calls. If all other call receivers (which include all call receivers, One Desk staff and the OOT EMD) are busy answering other emergency lines or are engaged in other emergency matters, the Coordinators are expected to answer incoming emergency calls. Refer to the Telephone Answering Hierarchy SOP for the order in which staff are expected to answer incoming emergency calls.

SCREEN SET-UP

The following applications are mandatory and must be visible on the Destination Coordinator's desktop at all times:

1. Inform CAD main toolbar
2. Pending Incident Queue (PIQ – F3)
3. Assigned Incident Queue (AIQ – F5)
4. Unit Status Queue (USQ – F6)
5. Advisor (Dest Coordinator role selected)
6. Advisor History (must be launched, does not have to be visible)
7. Push to Talk (PTT) (showing both Clearing & Destinations)
8. GEO
9. PDS
10. ANI/ALI (must be launched, does not have to be visible)
11. Active Desktop

The Destination Coordinator will sign in to AVTEC using their personal USER ID and will make the appropriate Territory Selection: "Hospital D-Coord". Ensure appropriate radio channels are selected as well.

TORONTO

Memorandum

Gord McEachen
A/Chief

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Tarmo.Uukkivi@toronto.ca
toronto.ca/paramedic

May 15, 2018

To: All Communications Centre Staff

From: Tarmo Uukkivi, Deputy Chief, Communications Centre

Re: **CTAS 2A 2B Pilot Project – "GO LIVE"**

All communications centre staff were trained on the CTAS 2A/2B pilot project during the Fall CDE. This pilot project will "go live" on **Wednesday, May 16, 2018**.

Information was distributed to all operations staff on February 27, 2018. The majority of staff have received the follow up training with a District Operational Superintendent (DOS). Operations is working diligently to complete the training for the remaining paramedics.

On Wednesday, May 16, 2018, paramedics who ***have*** received the training with a DOS will follow all procedures related to the CTAS 2A/2B pilot project. Paramedics who ***have not*** received their follow up training will use the current standard, and transport all CTAS 2 patients to the closest facility.

PDS has been updated to incorporate the changes with the CTAS 2A/2B business rules.

When a CTAS 2A or 2B is provided:

- The EMD will select the given CTAS level to obtain the appropriate destination.

When ONLY a CTAS 2 is provided:

- The EMD will select CTAS 2A to obtain the closest destination.

Further updates regarding the pilot project will be communicated to all staff as required. Any questions or concerns are to be addressed with your Superintendent or via e-mail to CTAS2pilot@toronto.ca.

(Original signed by)

Tarmo Uukkivi
Deputy Chief, Communications Centre

c. A/Chief Gord McEachen, Deputy Chiefs, CACC Commanders

2018 TIPS SHEET #8

May 24, 2018

PDS UPDATE FOR CTAS 2A/2B

Effectively immediately the Destination Coordinator will be provided with **only one** hospital choice for a CTAS 2B patient. The hospital provided through PDS will be based on 'Time to Next Patient' (TNP) consideration and the crews current location.

CTAS 2A remains unchanged and will provide the closest hospital based on 'Estimated Travel Time' (ETT).

There is no change to the Destination Coordinator's role as the PDS business rule will be applied in the background. As current practice, any overrides must go through the Deputy Commander.

TORONTO PARAMEDIC SERVICES: INFORM CAD 5.7

TIPS - CAD 5.7 - TIPS - OPTIMA - TIPS - ProQA - TIPS - PDS - TIPS

Hospital Destination Coordinator (HDC)

Section 5.3
Field Trauma Triage (FTT) & Emergency Monitor

Toronto Paramedic Services Dispatch Manual

FIELD TRAUMA TRIAGE (FTT)

Trauma represents the third most common cause of death in Ontario. This fact prompted the Ministry of Health to sponsor the development of a trauma program as an integral component of a comprehensive Provincial Emergency Health Services System. Guidelines for Field Trauma Triage (FTT) have been developed and approved by the University of Toronto Committee on Trauma and the Toronto District Health Council.

Three hospitals in Toronto are identified as Trauma Centres:

- Sunnybrook
- St. Michael's
- Hospital for Sick Children

Sunnybrook and St. Michael's are the primary Trauma Centres, while the Hospital for Sick Children will receive paediatric trauma cases.

The Trauma Committee has requested that the north/south boundary separating the areas of responsibility for Sunnybrook and St. Michael's be a line corresponding to Bloor St., extending from the western border of Toronto, east to the Don Valley Parkway (DVP), then north on the DVP to a line corresponding with St. Clair Ave. East and eastward to Kingston Road.

The patients on the north are to be directed to Sunnybrook and those on the south to St. Michael's. Although there are numerous circumstances when this will be impractical or inappropriate, the committee is requesting that this guideline be followed as much as possible.

The FTT Guidelines provide direction for the transport of patients who meet the triage criteria directly to the nearest Trauma Centre, bypassing other medical facilities when appropriate for the patient's condition.

FTT CTAS 2 vs. CTAS 1

The adult Field Trauma Triage (FTT) boundaries are fixed by the Trauma Hospitals (SUN & STM), and are reflected in PDS.

CTAS-2 (FTT) will adhere to these boundaries.

CTAS-1 (FTT): PDS may display a 2nd option…

When a CTAS-1 (FTT) is declared by the paramedic (2) Trauma Centres **may** be presented in PDS: the closest by road, as well as the designated Trauma Centre for the incident's location.

The EMD should report both options to the crew, indicating which hospital (the Top row) is the closest. The crew (and the EMD) may select either hospital.

What is a CTAS-1 (FTT)? The paramedic has identified something (perhaps beyond the traumatic injury) which poses an immediate threat to life, such as a compromised airway.

EMERGENCY NOTIFICATION –
(See MEMO 2021-03-11 Hospital notification process for In-Field Identified Code Stroke and FTT Patients)

Emergency Departments must be notified of every FTT patient being transported to their facility. This allows the hospital to notify the Trauma Team so they are able to take over patient care as quickly as possible.

When a Paramedic crew indicates that they are transporting a patient to a Trauma Centre under Trauma Guidelines, they will call by landline to a request a patch. The HDC will patch the paramedic to the appropriate Trauma Centre and stamp "Hospital Notified" in the User data tab.

The HDC is not required to monitor the patch.

If the hospital does not respond (line goes unanswered), the Paramedic will provide the information to the HDC for relay to the appropriate **emergency department (ED)** via the direct/triage line:

- The HDC will begin the notification to the ED with "this is a failed [stroke/trauma] notification." This statement instructs the ED staff to notify the stroke team internally as the Paramedic was unable to be connected directly.

- The HDC will document the notification details in the 'Callbacks' tab and stamp 'Hospital Notified' in the 'User Data' tab.

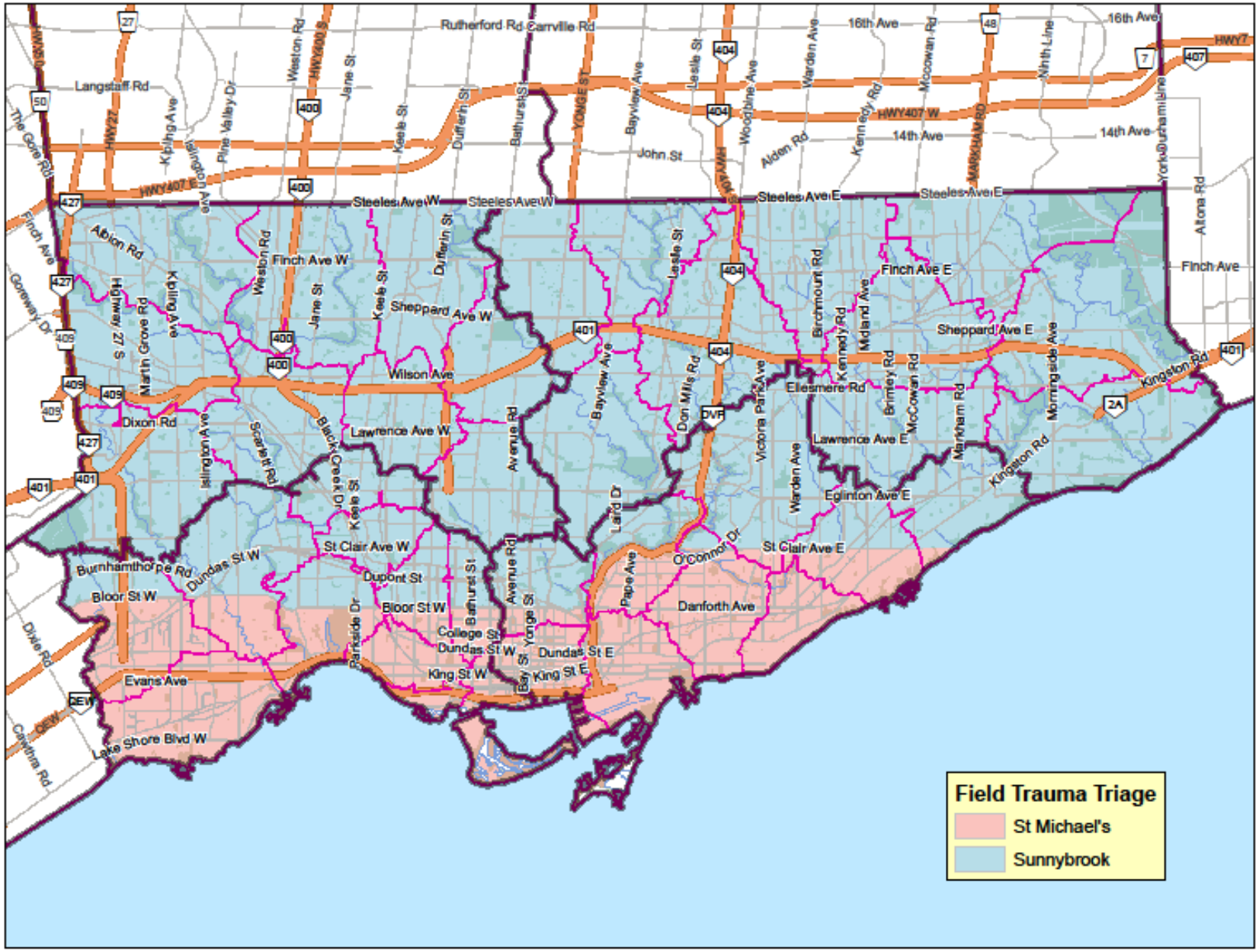
Additionally, when transporting a pediatric patient under FTT guidelines, the Hospital for Sick Children (HSC) **requires a verbal notification** when a crew has an ETA of 10 minutes or less. This facilitates the hospital arranging the trauma team to be ready in the emergency department. This rule applies to units from Toronto as well as Out of Town.

Sunnybrook may ask to be notified when the crew is at Bayview and 401 if coming from a distance.

Any update must be documented in the Call Backs section. The EMD must time stamp that the hospital has been notified either by shorthand comment /HN or by checking the 'Hospital Notified' box in the User Data tab of the ECT.

COMPLEX CARE CASES (CCC)
HDC will follow the following steps when destinating a crew with a CCC patient:

1. Destination considerations:
    a. Unresolved airway obstruction and cardiac arrest should be transported to the closest ED
    b. Paramedic crews will request the most appropriate destination for the CCC patient based on the emergency information sheet
    c. Currently, all CCC patients might request HSC PDS override "HOSPITAL FOR SICK CHILDREN", but, in the future, there may be non-paediatric cases where this will not apply.
    d. Both ACP and PCP crews must provide an update to the destination hospital


Rutherford Rd
Carrville Rd
16th Ave
HWY7
Langstaff Rd
John St
14th Ave
HWY407 W
Steeles Ave W
Steeles Ave E
Albion Rd
Finch Ave W
Finch Ave E
Finch Ave
Sheppard Ave W
Sheppard Ave E
Wilson Ave
Lawrence Ave W
Lawrence Ave E
Dixon Rd
Ellesmere Rd
Eglinton Ave E
St Clair Ave W
St Clair Ave E
Dupont St
Bloor St W
Danforth Ave
College St
Dundas St W
Dundas St E
King St W
King St E
Evans Ave
Lake Shore Blvd W
Kingston Rd
Field Trauma Triage
St Michael's
Sunnybrook

TORONTO

Memorandum

Gord McEachen
A/Chief

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toronto.ca/paramedic

March 11, 2021

To: All Communications & EDQI Staff

From: Mark Toman
A/Deputy Chief, Communications

Re: **Changes to Hospital Notification Process for In-Field Identified Code Stroke and Trauma (FTT) Patients**

In order to simplify and standardize the notification process for Regional Stroke Centres (RSC) and Regional Trauma Centres (RTC), **effective Wednesday, March 17, 2021**, Paramedics will be contacting the Communications Centre to be connected to the receiving facility for in-field identified Code Stroke and Field Trauma Triage (FTT) notifications.

In both circumstances, Paramedics are expected to contact the Hospital Destination Coordinator (HDC) and declare that they have a Code Stroke or trauma patient, as applicable. The HDC will connect the Paramedic with the appropriate receiving facility and the Paramedic will provide the relevant information as detailed below. If the hospital does not respond, the Paramedic will provide the update to the HDC who will relay the information to the appropriate emergency department.

Notification Process
Paramedics will contact the HDC and declare that they have a Code Stroke or trauma/FTT notification. The HDC will adhere to the following process:

- The HDC will patch the Paramedic to the appropriate Regional Stroke or Trauma Centre and stamp 'Hospital Notified' in the 'User Data' tab. Once connected, the HDC is not required to monitor the patch.

- If the hospital does not respond (line goes unanswered), the Paramedic will provide the information to the HDC for relay to the appropriate **emergency department (ED)** via the direct/triage line:

    - The HDC will begin the notification to the ED with "this is a failed [stroke/trauma] notification." This statement instructs the ED staff to notify the stroke team internally as the Paramedic was unable to be connected directly.

    - The HDC will document the notification details in the 'Callbacks' tab and stamp 'Hospital Notified' in the 'User Data' tab.

Additional Information
These changes now align with Code STEMI notifications, and hospitals will be notified when a failed notification occurs. In addition, any required updates after the initial notification will be provided to the HDC who will then relay the information via the direct line to the receiving hospital.

If you have any questions or concerns, please speak to the on-duty Superintendent.

Sincerely,

(Original signed by)
Mark Toman

c.: G. McEachen, Deputy Chiefs, Communications Commanders, Operations Commanders, SCS, Multimedia

TORONTO

Memorandum

Gord McEachen
A/Chief

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March 11, 2020

To: All Operations, Community Paramedic and Education & Development Staff

From: Leo Tsang
A/Deputy Chief, Operations

Re: **Changes to Hospital Notification Process for In-Field Identified Code Stroke and Trauma (FTT) Patients**

In order to simplify and standardize the notification process for Regional Stroke Centres (RSCs) and Regional Trauma Centres (RTCs), **effective Wednesday, March 17, 2021**, Paramedics will be contacting the Communications Centre to be connected to the receiving facility for in-field identified Code Stroke and Field Trauma Triage (FTT) notifications.

In both circumstances, Paramedics are expected to contact the Hospital Destination Coordinator (HDC) and declare that they have a Code Stroke or trauma patient notification, as applicable. The HDC will connect the Paramedic with the appropriate receiving facility and the Paramedic will provide the relevant information as detailed below. If the hospital does not respond, the Paramedic will provide the update to the HDC who will relay the information to the appropriate emergency department.

Code Stroke Updates
Paramedics are expected to adhere to the following process:

Information	Details
Patient ID	Name, gender, DOB (mm/dd/yy), OHIP
Time of Onset	Witnessed, or last known well
Speech	Muted, slurred, or inappropriate
Weakness	Affected body part (face, arm, and/or leg) Side (left or right) Severity (Mild/drifts, moderate/falls down, severe/unable to lift)
LAMS	Score (0-5)

Additional resources for Code Stroke patients:

- Memo re: Changes to the Paramedic Stroke Prompt Card & LAMS
- Paramedic Prompt Card for Acute Stroke Bypass Protocol (BLS PCS v3.3)

Trauma (FTT) Updates
Paramedics will be connected to the triage line at the trauma centre to speak with a Trauma Team member. Updates are expected to include all relevant history, assessment and patient care information, as well as an ETA.

Additional Information
These changes now align with Code STEMI notifications, and hospitals will be notified when a failed notification occurs. In addition, any required updates after the initial notification should be provided to the HDC who will relay the additional information to the appropriate hospital.

NOTE: This is not a validation process. Patients that meet guidelines should be transported to the appropriate Regional Stroke or Trauma Centre. This updated process will support timely and efficient notification of Stroke and Trauma teams to allow them to prepare for a patient's arrival.

If you have any questions or concerns, please speak to your Superintendent.

Sincerely,

(Original signed by)
Leo Tsang

c.: G. McEachen, Deputy Chiefs, Operations Commanders, A. Thurston, J. Burnett, Communications Commanders, SCS, One Desk, Multimedia

Hospital Destination Coordinator (HDC)

Section 5.4
Special Programs
(Stroke, Stemi,
Transfers etc.)

Toronto Paramedic Services Dispatch Manual

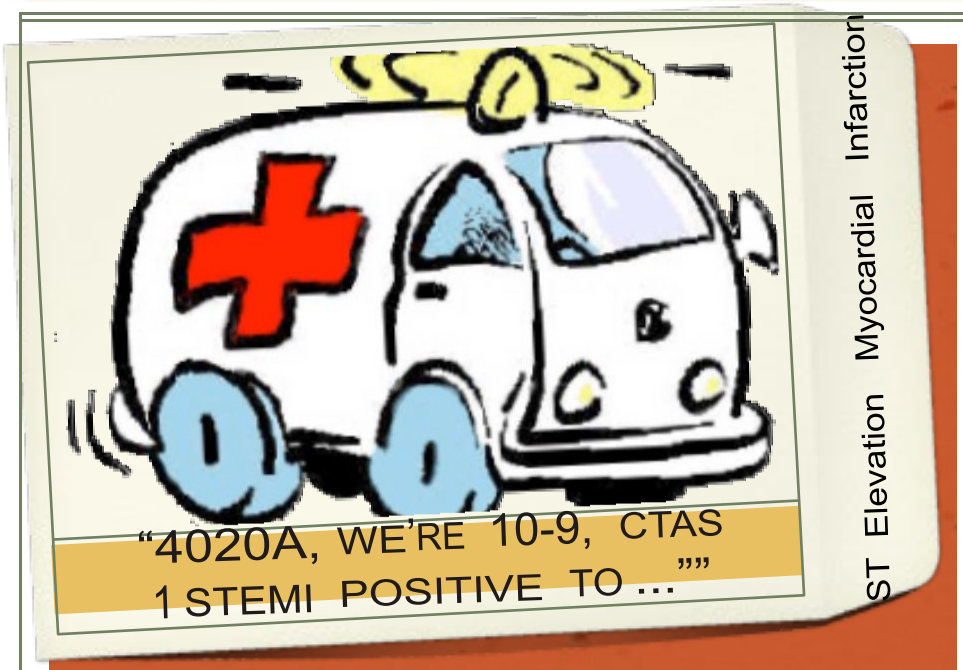
NOTIFY PCI LAB...NOTIFY PCI LAB... NOTIFY PCI LAB... NOTIFY PCI LAB...

NOTIFY PCI LAB...NOTIFY PCI LAB... NOTIFY PCI LAB... NOTIFY PCI LAB...

TORONTO PARAMEDIC SERVICES

EDUCATIONAL ALERT

S-T-E-M-I



ST Elevation Myocardial Infarction

YOU 'destinated' them...

YOU notify them

NOTIFY PCI LAB...NOTIFY PCI LAB...

Regardless of being identified in the field by an ACP or from an emergency department, STEMI + patients need to be treated at a PCI lab immediately.

It is extremely important that we know how to properly handle these situations readily and without delay as it is a time sensitive situation. The very life of a patient is depending on our skills.

EDQI encourages you to review the STEMI procedures so that when you are faced with these calls you can perform quickly and accurately and skillfully.

Seek assistance from the EDQI team, CTOs, and the training computer in the CACC whenever you are able.

Remember - if you took the update from the crew it is YOUR responsibility to ensure the PCI lab is notified.

BOOKING a STEMI transfer

CALL TAKING INFO REQUIRED

- ☑ PATIENT NAME
- ☑ STEMI STABLE or UNSTABLE?
- ☑ DELTA RESPONSE

DISPATCH procedures for STEMI transfers

STABLE STEMI...

- ☑ 1 PCP Transport unit (PTU)

UNSTABLE STEMI...

- ☑ 2 ACP providers to be in the patient compartment, and a driver (any level) (1 ATU (L3/L3 or L3/L2) and a PRU/ ARU)

or

(1 PTU and 2 ARUs)

PDS procedures

IN PDS - SELECT...

- ☑ CTAS LEVEL - 1
- ☑ SPECIAL SERVICES - STEMI
- ☑ DIRECT THE CREW TO THE HOSPITAL RECOMMENDED
- ☑ DIRECT CREW TO LANDLINE WITH PCI LAB UPDATE
- ☑ NOTIFY PCI LAB

PCI LAB UPDATE....

- ☑ PATIENT NAME
- ☑ HEALTH CARD NUMBER
- ☑ AGE AND WEIGHT OF PATIENT

HOSPITALS involved

FROM ---------> TO

- ☑ NYG/NYB/HRH -----> SUN
- ☑ SGH/SGR -----> SCH
- ☑ TEG/STJ -----> STM
- ☑ TWH/MTS -----> TGH
- ☑ UC TRILL-> MISS TRILLIUM
- ☑ EGH -----> BRAMPTON CIVIC

EDUCATION ALERT

EMS Communications, Education & QI revised July 10, 2013

On Monday, December 3, 2012 an additional Delta Transfer protocol came into effect:

Code Stroke

MT# Not Required

This is a pre-arranged transfer of an in-hospital patient to a Stroke Centre. Use a Transfer Call Form in VisiCAD.

Quadrant EMDs must notify the receiving Emergency Dept. of an inbound Code Stroke patient.

STROKE – Stable
1 x PCP crew (preferred) or 1 x ACP crew

STROKE – Unstable
2 x ALS paramedics (3/2 or 3/3) + driver

(Same Optima Response Plan as a STEMI – Unstable)

All Code Stroke Transfers are a

DELTA PRIORITY

For Stroke Patients, Time is Brain.

For more details please read the Code Stroke Emergency Transfers Memorandum

TORONTO

Memorandum

Gord McEachen
A/Chief

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Tel: 416-392-3736
David.Perschy@toronto.ca
toronto.ca/paramedic

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

TORONTO

Memorandum

Gord McEachen
A/Chief

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January 13, 2020

To: All Communications Staff

From: Joseph Moyer
Commander, Communications Centre

Re: Changes to the Acute Stroke Bypass Protocol & LAMS

The Basic Life Support Patient Care Standards (BLS PCS) were updated to version 3.3 on January 11, 2021, and included changes that will require EMD action when handling calls where the patient has experienced a cerebrovascular accident (CVA)/stroke. The Acute Stroke Bypass Protocol has been updated and now includes a secondary screening tool known as the Los Angeles Motor Scale (LAMS).

LAMS is a simple, validated assessment which quantitatively characterizes stroke severity in the field. This tool is widely used in prehospital (Paramedic/EMS) and triage settings for patients with stroke symptoms.

The Score is calculated by using the following chart:

Los Angeles Motor Scale (LAMS)

Assessment	Finding	Score
Facial Droop	Absent	0
	Present	1
Arm Drift	Absent	0
	Drifts Down	1
	Falls Rapidly	2
Grip Strength	Normal	0
	Weak Grip	1
	No Grip	2

Facial Droop + Arm Drift + Grip Strength = LAMS Score*
*4 or greater is considered 'positive' for a large vessel occlusion stroke

EMD Procedure

- Paramedics are expected to provide the LAMS score to the Hospital Destination Coordinator (HDC) EMD during their initial hospital notification.
- If a LAMS score is not reported by a Paramedic when requesting a Regional Stroke Centre (RSC) destination, the HDC EMD should prompt the Paramedic to provide one.

- The HDC EMD must include this information in the update to the appropriate RSC.

The introduction of the LAMS tool will not impact the existing stroke bypass destination selection process. Patients who meet the Acute Stroke Bypass Protocol criteria will continue to be directed to the appropriate RSC.

If you have any questions or concerns, please contact emscommedqi@toronto.ca

Sincerely

(Original signed by)
Joseph Moyer

c.: G. McEachen, Deputy Chiefs, K. O'Donnell, Deputy Commanders, Communications Review, Multimedia

Sunnybrook
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www.prehospitalmedicine.ca

MEMORANDUM

TO: Paramedics, Chief, Deputy Chiefs, District Commanders/Superintendents, EMDs, CACC Commanders/Superintendents and EMS Educators

FROM: Dr. Rick Verbeek, Medical Director, Toronto Paramedic Services

DATE: January 9, 2015

RE: **Update on PCP/L2 CODE STEMI Bypass**

1) Final preparations are underway to implement PCP/Level 2 CODE STEMI Bypass in mid-February.

2) Protocol has been updated. Paramedics should go to http://forum.prehospitalmedicine.ca/, then click "Other Clinical Questions/Toronto CODE STEMI Bypass" to review FAQs.

Now that the 2014 Fall CME has been completed and all PCPs/L2s have received training in CODE STEMI bypass, we can begin the final stages of planning our launch planned for mid-February. Many thanks to Sheree Hryhor for leading the educational program, with Shawn Staff, Martin Johnston, Heather Edward, and Bryan Rusk as pinch hitters.

We received lots of great feedback from paramedics which we incorporated into a revised, more streamlined protocol that will ensure more STEMI patients get to a PCI centre as their first destination. The enthusiasm, knowledge, and readiness that PCP and Level 2 paramedics expressed were key to making these changes.

This memo highlights the "new look" guidelines and also provides a reference for ACPs who were too busy learning about FRONTIER and TXA this Fall to be part of the PCP/L2 CODE STEMI training. The "new look" flowchart for PCPs/L2s is at the end of this memo. ALL paramedics should read these carefully.

1. PCPs/L2s will begin independent CODE STEMI bypass of stable STEMI patients beginning mid-February 2015. The exact date will be confirmed mid-January.

2. PCPs/L2s will be provided with cell phones prior to implementation.

3. PCPs/L2s will initiate transport of unstable STEMI patients (i.e. requires ventilation support, HR <50 or ≥120, BP <80) to the ED of a PCI centre but will request rendezvous with an ACP.

4. A STEMI patient who develops bailout conditions (i.e. unmanageable airway, cardiac arrest with non-shockable rhythm, cardiac arrest with shockable rhythm and no ROSC after two shocks in any episode of arrest) without an ACP rendezvous will divert to the closest ED.

5. PCPs/L2s will stop in the ED of the PCI centre and require a medical escort to the PCI lab.

   PS - ACPs will continue to do all interfacility secondary CODE STEMI transfers.

We expect PCPs/L2s to transport about 80-100 STEMI cases per year. The decision to implement PCP/L2 CODE STEMI bypass was made following two comprehensive reviews of our CODE STEMI data that verified the low risk of non-VF complications of stable STEMI patients (<10%) compared to close to sixty minutes that can be saved with direct transport to a PCI centre. Introduction of PCP/L2 CODE STEMI bypass is supported by all of our PCI cardiology groups.

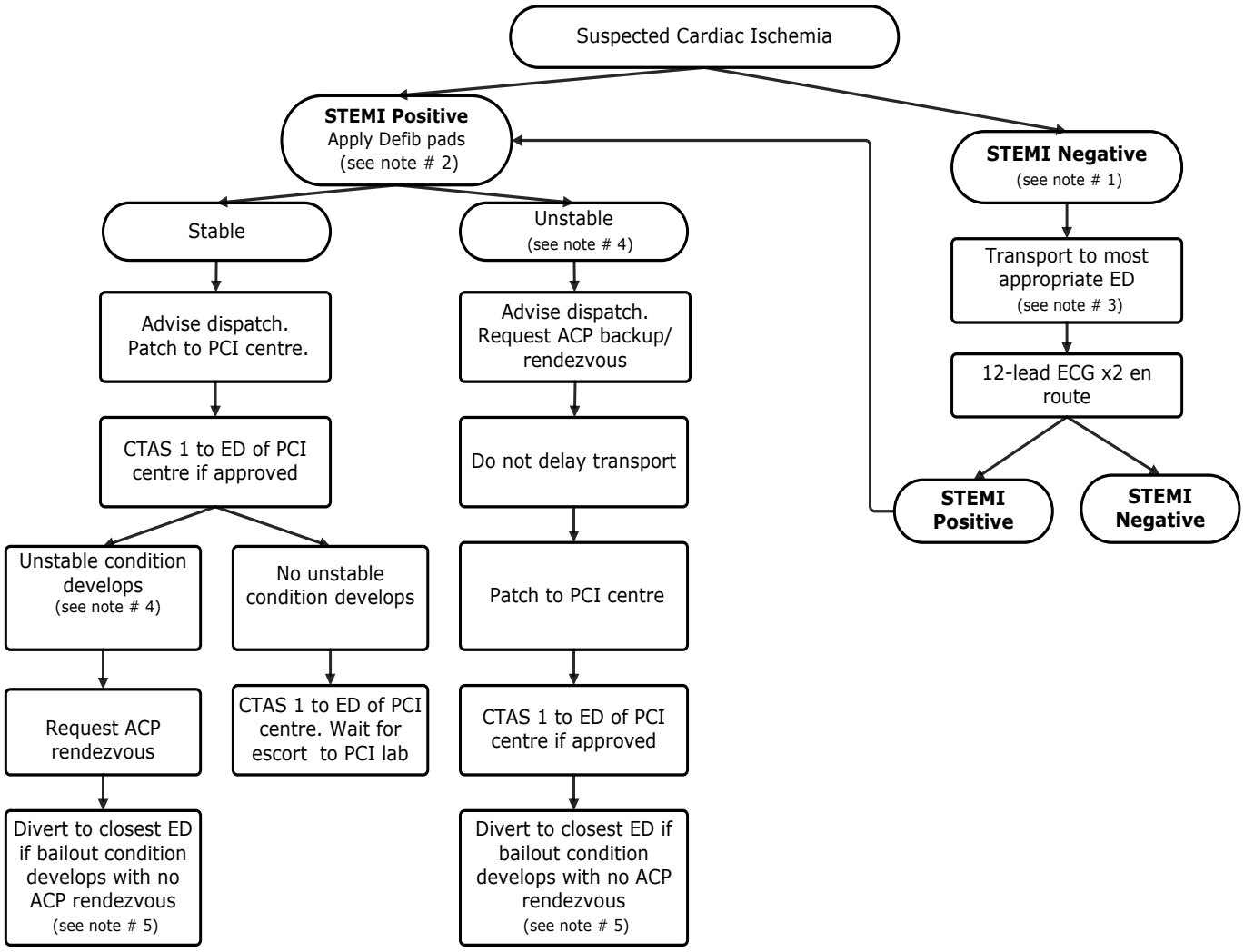
While we are almost there, much remains to be done. In no particular order of priority, the Base Hospital and Toronto Paramedic Services will be working on the following leading up to implementation:

1. Confirm launch date and communicate widely.
2. Distribute cell phones to PCP/L2 ambulances.
3. Inform PCI centres and EDs of PCI centres of launch.
4. Review and modify dispatch procedures to support program changes.
5. Circulate final updated PCP/L2 CODE STEMI flowcharts to all paramedics for pocket reference.
6. Set up a review process so we can continue to improve the program and respond quickly to any changes that may be required.

Please take the time to go to the Base Hospital Clinical Forum to review the many insightful FAQs that were asked during the training sessions. The answers to the questions reflect the updated guidelines. Below is a common FAQ. Lots more to be found on our Clinical Forum (>30 in total). Use the Forum to send us more!

> Do you want us to restrict 12-lead ECGs to patients we treat under the 'suspected cardiac ischemia medical directive' only? If so, aren't we going to miss some STEMI positive patients? Can we continue to do 12-leads for patients with pre-syncope, syncope, weakness, etc.? Should we do a 12-lead on these patients if they have no chest pain?
>
> *The vast majority of patients that present with pre-syncope, syncope, and weakness, and perhaps sometimes other suspected or atypical presentations, e.g. diabetics, may not be STEMI. These patients have a much higher rate of false positive ECGs (up to 75%) as compared with patients with chest pain where the false positive rate is much lower at about 25%. When you are looking for STEMI, reserve your 12-lead ECG for patients who have at least some chest symptoms present.*

Looking forward to the next advancement in paramedic care. Paramedics are always there when they are needed most.



NOTES SHOULD ONLY BE USED AS SHOWN IN FLOWCHART ABOVE:

1) Do not activate a CODE STEMI solely because the computer interpretation says ***ACUTE MI*** especially if you are not convinced by the ECG and in your judgment the history and current presentation is not high risk. Alternatively, do not exclude activating a CODE STEMI with a worrisome history and a convincing ECG even if ***ACUTE MI*** does not appear on the print out.
2) All patients who have been declared “STEMI Positive” will be transported with defib pads applied in the usual position. Use limb leads for monitoring en route.
3) An on-scene ACP may transfer care of a patient who is “STEMI Negative” to a PCP/Level II unless the patient requires care beyond the scope of practice of a PCP/Level II.

4) The definition of “unstable” for a CODE STEMI patient is any assessment where:
   - Pt requires ventilatory support OR
   - HR = < 50 or ≥ 120 OR
   - BP = < 80 OR
   - PCP/Level II opinion is that ACP rendezvous/backup is required for other clinical reasons.

   Even though an ACP rendezvous should be requested every time, “Unstable” patients begin/continue transport to the PCI centre whether or not an ACP rendezvous is possible.

5) Diversion to closest ED should only occur if a “bailout” condition develops.
   Bailout conditions are:
   - Unmanageable airway OR
   - Cardiac arrest with non-shockable rhythm OR
   - Cardiac arrest with shockable rhythm and no ROSC after two shocks in any episode of arrest OR
   - PCP/Level II opinion is that diversion is required for other clinical reasons.

NB: CARDIAC ARREST WITH SHOCKABLE RHYTHM AND ROSC AFTER 1 OR 2 SHOCKS WITH NO BAILOUT CONDITIONS DOES NOT REQUIRE DIVERSION.

6) All 12-lead ECGs and cardiac arrest monitor tracings shall be uploaded to the ePCR tablet so they are part of the patient record.

Flowchart dated, December 2014

Policy Number	Section 02 Training **Patient Destination**	Effective
09.08.36		October 1, 2019

POLICY:

The Patient Destination Selection Software must be utilized for every emergency patient transported by Toronto Paramedic Services to Toronto and immediately surrounding Emergency Departments (ED). In addition, every out-of-town Paramedic Service transporting to Toronto EDs must be processed through this software.

PURPOSE

- To ensure equitable distribution of patients to area hospitals; minimize patient wait times and increase ambulance availability;
- To allow for transport of patients to specialized care facilities.

PROCEDURES

In order for the Emergency Medical Dispatcher (EMD) to make an appropriate and timely decision, they require specific information via radio transmission or phone call. The EMD will enter the patients' transportation priority information as provided by the paramedics, as well as any specialized care consideration or Physician direction, into the computer to assist in the decision making. The system will determine the transport destination considering many factors.

CTAS 1 & 2 Patients:

- For CTAS 1 and 2 patients, the PDS system will determine the closest ED to the incident location. In cases where several EDs are equidistant (+/- 1km) from the incident location, the least busy ED will be the recommended choice. Paramedics may override the recommended ED under certain protocols (e.g., Field Trauma Triage, STEMI bypass, Acute Stroke Protocol). Paramedic requests to override the recommended ED outside of established protocols (as stated above) require approval from the Deputy Commander. If a delay occurs in reaching the EMD, the paramedics should initiate transport to the closest, most appropriate facility, then notify the Hospital Destination Coordinator EMD or their dispatcher as soon as possible.

Patient Repatriation

- Repatriation may be allowed if the patient meets one or more of the criteria listed below. The reason for the repatriation must be provided to the EMD by the paramedic and entered into the software. Repatriation will sometimes contribute to clumping; however, these

occurrences will be monitored closely. Caution must be taken when transporting significant distances for patient repatriation; however, this may be appropriate in certain circumstances, such as to the Hospital for Sick Children (HSC).

- Repatriation may be allowed if the **patient's current problem is, or may be related to:**
    - Recent surgery (within the past 30 days);
    - Both extensive history (or multiple admissions) **AND** recent treatment or ED visit (within the last 3 months);
    - Recent admission (within the past 30 days);
    - Renal dialysis;
    - Recent ED visit (within 72 hours); or
    - Organ transplant.

Patient Requests:

- Patient preference can only be honoured if the patient wishes to go to one of the closest 4 facilities offering the required services, and that facility is showing as the first option in PDS or the time to next patient (TNP) is ≤30 minutes from the first option. Paramedics are to notify the EMD of a patient request and the EMD will approve it if possible. If the requested hospital is not an available option, or a patient adamantly refuses to be transported to the hospital as directed by the Hospital Destination Coordinator EMD, the Deputy Commander must speak with the Paramedics and determine if an override is warranted.

Hospital for Sick Children

- The Hospital for Sick Children (HSC) provides paediatric services for much of the Greater Toronto Area. Paramedics are permitted to transport to HSC where it is medically appropriate. This is an allowable override of the PDS System.

Hospital Notification

- The EMD is to advise the emergency department of any relevant notifications pertaining to the patient's condition via the direct hospital line prior to the arrival of the unit. Notifications should also be provided for any units arriving under special circumstances (e.g., FTT, STEMI, Acute Stroke Protocol).

- EMDs are to facilitate the STEMI patch to the PCI labs when requested by the Paramedics. The EMD will continue to pass along an update to the ED if requested to by the Paramedic Crew.

Dispatch Procedures for Code STEMI and Code Stroke Transfers:

- Quadrant EMDs may use either OPTIMA or InformCAD for the assignment of resources to Code STEMI/Stroke transfers. (Per SOP 09.08.6);
- When the Nature/Problem is Code STEMI Stable or Code Stroke Stable then one (1) Transport Unit is required; a BLS unit is preferred;
- When the Nature/Problem is a Code STEMI Unstable or Code Stroke Unstable then a full ALS team (Level 3:3 or 3:2) + 1 Driver is required. Transport Units and Response Units may be used in combination to satisfy this dispatch requirement.

  NOTE: Non-ED transfers for patients with a diagnosis of STEMI or Stroke are BLS preferred. A hospital escort is required if the patient is unstable; one (1) transport unit is all that is required.

TORONTO

Memorandum

Toronto Paramedic Services
Gord McEachen, A/Chief

Toronto Paramedic Services
4330 Dufferin St.
Toronto, Ontario M4H 5R9

Darcy Brebner
Superintendent, Operations
Tel: 416-392-2197
Darcy.Brebner@toronto.ca

Date: September 8, 2017

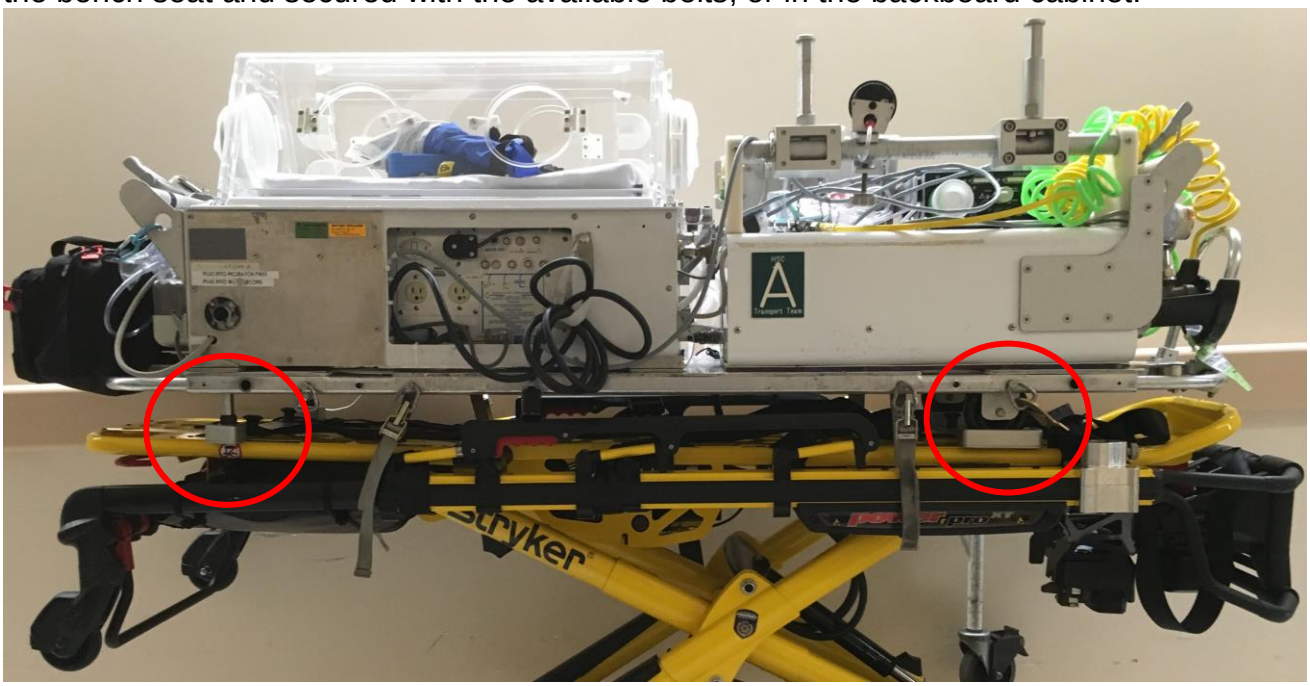
To: **All Operations Staff**

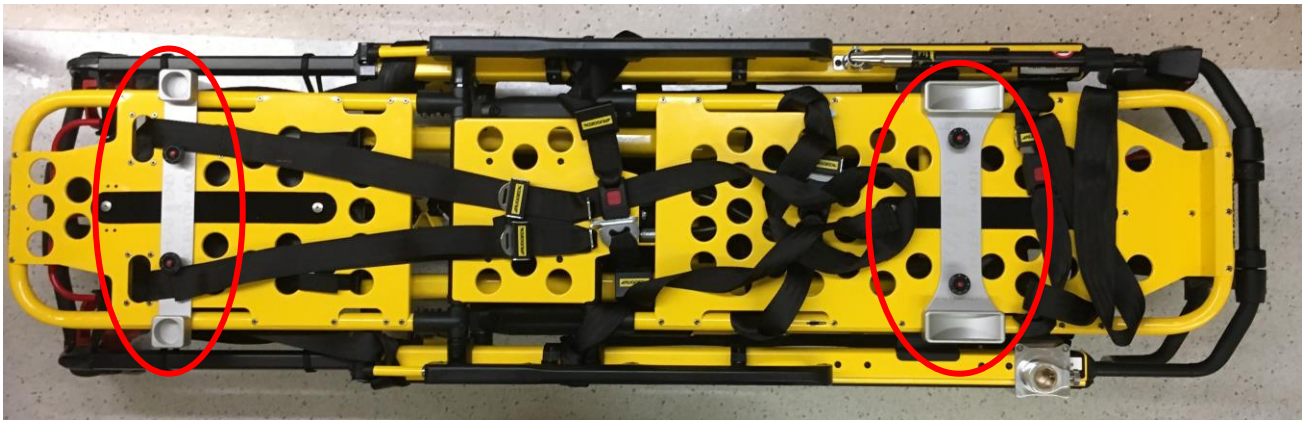
From: Darcy Brebner, Superintendent, Operations

Re: **Hospital for Sick Children Incubator Adaptor Deck Transport**

As a result of the change-over of our fleet of stretchers to the new Stryker Power-Pro with Power-Load system, there are some changes in how we will be transporting Incubator Adaptor Decks (IADs) moving forward.

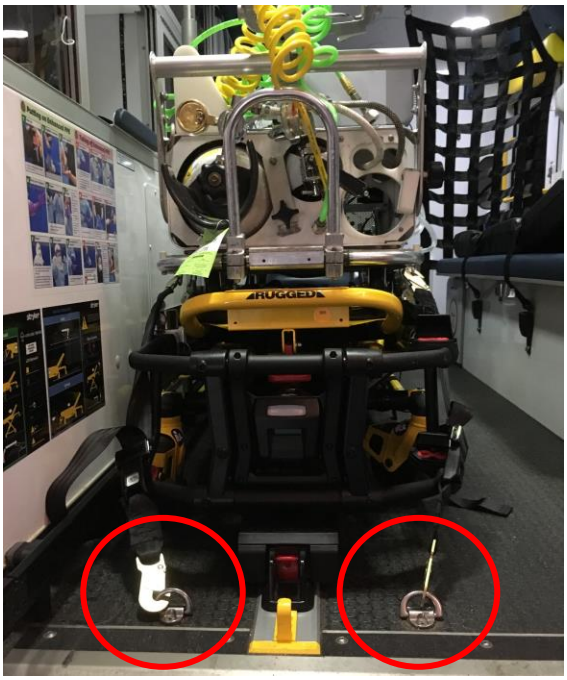
It is **safe and acceptable** to transport Hospital for Sick Children (HSC) IADs on the Stryker stretcher resting on top of the mattress (similar to the Ferno 35A). In order to improve the placement of IADs on Stryker stretchers and prevent mattress damage, TPS has worked with HSC to introduce IAD adaptor plates that provide a better means for securing the IAD to the Stryker stretcher (see pictures below). HSC will provide the plates for transport and have been trained to attach them to the stretcher. Responding crews will need to remove their mattress from the Stryker Power-Pro in order for the team to fasten the plates to the Stryker deck. Once this is complete, the stretcher is then raised so that the IAD wheels and posts rest securely in the adaptor plates. There is no change to how the IAD is secured/strapped to the stretcher. During transport the stretcher mattress may be placed on the bench seat and secured with the available belts, or in the backboard cabinet.





HSC has purchased two of their own Stryker Power-Pro stretchers to transport their IADs. When using a Sick Kids stretcher for transport please follow the previous practices for using Sick Kids Ferno power-stretcher equipped IADs (i.e. leave your stretcher in the HSC ED, attend the call and then return to HSC once off-loaded to retrieve your stretcher).

In order to better secure the IAD in the back of the ambulance HSC has purchased straps to fasten the foot end of the IAD to the D-rings on the ambulance floor (see pictures below). Hospital staff have been trained on how to fasten the straps. If requested, paramedics may be required to assist with the attachment.



Working with Local 416 Health and Safety representatives and the City Ergonomist it has been determined that when using a Stryker Power-Pro stretcher with the Power-Load system there is no longer a need to send a 2nd crew and Superintendent for a lift assist. Paramedics are reminded that if at any point they suffer a power failure while using the Stryker or Power-Load, or are transporting using a Ferno stretcher, they must call for a 2nd crew and Superintendent before attempting a manual lift with the IAD

(Original signed by)
Darcy Brebner

Pc: Gord McEachen, Deputy Chiefs, Commanders Operations, Operations Superintendents

TORONTO

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
Toronto, Ontario M3H 5R9

Tel: 416-392-0942
Darcy.Brebner@toronto.ca
toronto.ca/paramedic

Date: July 3, 2019

To: All Operations and CACC Staff

From: Darcy Brebner, Superintendent, Operations

Re: **36 Station #9 (Island) Transport Unit – Vehicle Removed now Stretcher Only**

Effective immediately, the #9 transport (Island) ambulance has been removed from 36 station and has been replaced by a stretcher with adaptor plates attached and a battery charging station to facilitate transfers to and from Billy Bishop Airport. Crews will no longer have the option to switch vehicles for these calls.

Please note that this stretcher is only to be used for transferring patients on a #9 Stretcher and not to be used for incubator transports. The adaptor plates must not be removed from, or reconfigured, on the stretcher deck.

When directed to 36 station to obtain the #9 transport stretcher crews will:

- Find the stretcher with adaptor plates located by the hotline in the area marked by caution tape (see picture below)
- Retrieve the battery from the charger located by the hotline (see picture below) and place it into the stretcher
- Swap stretchers leaving the vehicle stretcher in the designated area ensuring wheel brakes are engaged
- Complete the call per established procedures (see: USE OF #9 STRETCHERS AND TRANSFERRING PATIENTS FROM AIRCRAFT)
- Upon completion of the call, return the cleaned stretcher to the designated area ensuring wheel brakes are engaged and place the battery back on the charger.

Stryker battery charging

(Original signed by)

Darcy Brebner

C: Gord McEachen, Deputy Chiefs, Operations Commanders, CACC Commanders

TORONTO

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
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Tel: 416-397-5148
Laura.Potter@toronto.ca
toronto.ca/paramedic

April 23, 2020

To: All Communications Centre Staff

From: Laura Potter,
Superintendent, EDQI

Re: **St. Michael's Kidney Care Centre**

On Monday April 12, 2020, Unity Health Toronto – St. Michael's Hospital (SMH) opened their new Kidney Care Centre. The centre, located at 45 Overlea Blvd, Unit #2, provides off-site dialysis treatments.

The facility is categorized in CAD as a "miscellaneous heath facility" (XH) and can be searched using the premise prefix *XH STM KIDNEY CARE CENTRE*. It is important to note that there are four (4) "miscellaneous health facilities" at this address:

- XH EAST YORK DIAGN ULTRASOUND
- XH EAST YORK MEDICAL HLTH CENTRE
- XH TORONTO HEALTHCARE CENTRE
- *XH STM KIDNEY CARE CENTRE*

When the premise *XH STM KIDNEY CARE CENTRE* is selected, PDS will auto-assign the appropriate destination, depending on patient acuity. For continuity of care, patients transported from this site will be directed to one of two hospital destinations:

- STM – CTAS 2B, 3, 4 and 5
- SUN – CTAS 1 & 2A

If you have any questions or concerns, please email emscommedqi@toronto.ca or contact the on-duty Superintendent.

Sincerely,

(Original signed by)
Laura Potter

c.: G. McEachen, Deputy Chiefs, CACC Commanders, Ops Commanders, J. Chung, Deputy Commanders, Communications Review, Multimedia, DOC

TORONTO

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
Toronto, Ontario M3H 5R9

Tel: 416-392-3700
Leo.Tsang@toronto.ca
toronto.ca/paramedic

April 2, 2020

To: All Communications and Operations Staff

From: Leo Tsang
A/Deputy Chief, Operations

Mark Toman
A/Deputy Chief, Communications

Re: Changes to Stroke Protocol Patient Distribution

The list of hospitals accepting stroke patients has changed.

Regional Stroke Centres (i.e., can accommodate **all** stroke patients):

- Trillium Health Partners – Mississauga Hospital
- Unity Health Toronto – St. Michael's Hospital
- University Health Network – Toronto Western Hospital
- Sunnybrook Health Sciences Centre

Hospitals with **Generalized Stroke Units** (Can accommodate **only non-protocol** stroke patients (i.e., those that **do not** meet the current stroke bypass protocol):

- Humber River Hospital
- Unity Health Toronto – St. Joseph's Health Centre
- Scarborough Health Network – **Birchmount Site** (effective April 5, 2020)

The following hospitals **do not** have Generalized Stroke Units and therefore will not be a destination option for non-stroke protocol patients**:**

- Michael Garron Hospital
- Mount Sinai Hospital
- University Health Network – Toronto General Hospital
- William Osler Health Centre – Etobicoke Campus

*****New hospitals, effective April 5, 2020:**

- Scarborough Health Network – Centenary Site
- Scarborough Health Network – General Site

When calling for a destination for possible stroke patients, paramedics should clearly identify whether the patient is a **Protocol** or **Non-Protocol** stroke patient to ensure the most appropriate hospital is assigned. The Patient Distribution System (PDS) has been updated with these changes.

If you have any questions or concerns, please speak to your Superintendent.

Sincerely,

(Original signed by)
Leo Tsang

(Original signed by)
Mark Toman

c.: G. McEachen, Deputy Chiefs, Operations Commanders, Communications Commanders, DOC, Multimedia

Communications Education & Quality Improvement Unit

Education Bulletin

Bulletin #2019-6: Burn Centre Notification 06.06.2019

Reminder to all EMDs:

When a crew is going directly to the Sunnybrook Burn Unit the EMD who fulfills the destination request will:

1. Notify to the Sunnybrook Burn Unit directly
2. Also provide the same notification to the Sunnybrook Emergency Department

If the Burn Centre states that they are not able to accept the patient then the EMD must notify the Emergency Department.

The Sunnybrook Burn Unit is on the 7th floor of the D Wing and does not have access to PDS. If only the Emergency Department is notified, it may not be passed along to the team on the 7th floor.

The Speed Dial buttons for the Burn Unit, labelled "SUN BURNPRIM" and "SUN BURNSEC" are found in the Frequent Patches group in the AVTEC Phone Book.

If there is no answer at the Burn Unit, then it will be sufficient to notify the Emergency Department and let them know the Burn Unit did not answer.

Communications Education & Quality Improvement Unit

Education Bulletin

XH Trill Call Processing Bulletin #2021-12 11.4.2021

150 Sherway Dr. (XH TRILL) Call Processing

The Urgent Care centre at Trillium Health Partners closed March 31, 2020. Due to the closure, Toronto Paramedic Services is no longer processing any scheduled transfer calls from the 'Q' site (150 Sherway Dr., Etobicoke) to the 'M' site (100 Queensway W, Mississauga). All calls from 150 Sherway Dr. will be processed using an **Emergency Call Taking (ECT) form**.

Destination OH MIS

When paramedics pick up a patient from any department at 150 Sherway Dr., they will make a request of Mississauga Trillium when they speak with the Destination Coordinator (HDC). There is a premise note indicating that all patients from 150 Sherway Dr. will be transported to Mississauga Trillium emergency Department. TPS management has an agreement in place for this automatic destination to occur and does not require a Deputy Commander override/authorization. It is considered a valid repatriation.

PDS will recognize the pickup address and will recommend OH MIS for CTAS 1-5, with the exception of FTT and pediatric FTT.

Post-Op Unit Agreement between Sherway and OH MIS

The Post-Op unit at 150 Sherway Dr. has a direct acceptance agreement into the same unit at Mississauga Trillium. When the EMD processes a call for this request, it will be done on an ECT and the paramedics can bypass the emergency department and go direct to the Post-Op floor.

Hospital Clearing Coordinator (HCC)

Toronto Paramedic Services Dispatch Manual

Hospital Clearing Coordinator (HCC)

Section 6.1 Roles and Responsibilities

Toronto Paramedic Services Dispatch Manual

HOSPITAL CLEARING COORDINATOR (HCC)
ROLES AND RESPONSIBILITIES

The Hospital Clearing Coordinator (HCC) is responsible for all units located at hospital destinations (regardless of status).

CONTACTING UNITS

The HCC should always attempt to contact Paramedic crews by **radio** on the Clearing talk group first. If there is no response, HCC will then follow-up with a phone call via the Medic Hospital Hotline. If there is still no response, type "/UCC" (Unable to Contact Crew) in the Comments/Notes tab of the Emergency Call form to page the Paramedic crew. If after another ten (10) minutes the Paramedic crew has still not made contact, the HCC will type "/DON" (Duty Officer Notified) in the Comments/Notes tab of the Emergency Call form to notify the Deputy Commander and page the Paramedic crew again.

UNITS IN 'AT DESTINATION' STATUS

The HCC is required to contact crews in ‘At Destination’ status for **30 minutes or longer** when no status update has been provided. HCC will also verify the status of any unit that appears to have arrived at destination but has not updated their status to ‘At Destination.’ Update unit status to ‘At Destination’ if evidence indicates the unit has arrived (AVL confirmation or Quadrant EMD confirmation).

TRIAGE DELAY

When a crew reports that they are in "Triage Delay", the HCC will note in the Comments/Notes section that the crew is delayed in triage. There is no appropriate OOS reason for this status as of yet.

UNITS IN 'OFFLOAD DELAY' STATUS

The HCC is expected to apply Out of Service reasons as appropriate. This includes applying the "Offload Delay" OOS. This should only be applied when a **unit declares** this status for themselves or another unit in the ED.

HCC will continue to contact crews in ‘Offload Delay’ for a status update **every 60 minutes**. The Deputy Commander should be notified of any unit in 'Offload Delay' for longer than 60 minutes or when 3 or more units are in ‘Offload Delay’ at a single ED. The Deputy Commander will contact the ED’s Charge Nurse and document the result.

TRANSFER OF CARE (TOC) START

Inform CAD automatically adds the 'TOC Start' OOS in the USQ when the nurse marks 'TOC Start' in the hospital. If the Paramedic crew does not provide a status update within 15 minutes of 'TOC start', HCC will attempt to contact the unit as outlined above. After 30 minutes of no status update, HCC will type "/DON" (Duty Officer Notified) in the Comments/Notes tab of the Emergency Call form to notify the Deputy Commander and page the Paramedic crew again.

The HCC or Quadrant EMD should always ensure the OOS reason 'TOC Start' has been removed when the vehicle is changed to 'PTOC' or 'Available' status. This is automatically done, but occasionally will need to be updated manually.

UNITS IN 'PTOC' STATUS (Paramedic Transfer of Care)

Inform CAD will automatically change the status of units to 'Available' after being in PTOC status for 15 minutes. It is the responsibility of the Clearing Coordinator to manually change units to 'Available' status should Inform CAD not do this automatically. Any OOS reasons (ie. Equip Prob, Need Lunch, etc.) will remain with the vehicle until removed.

CLEANUP

If a Paramedic crew requests to be placed Out of Service for Cleanup (unable to service an Emergency Call) at a hospital, HCC will inquire if they have received approval by a Superintendent. If no approval has been obtained, the Paramedic crew should be transferred to the Deputy Commander.

When approval has been obtained, the Deputy Commander should notify the HCC of the OOS as well as the length of time required. If this information is provided, the HCC will document in the Comments/Notes tab of the Emergency Call form the EMS# that has been notified and the length of time required to be Out of Service and place the crew in the appropriate OOS status.

If a crew requests to be put on a cleanup but they are In Service (able to service an Emergency call), document the time required to complete the cleanup in Comments/Notes of the Emergency Call form, but leave the crew in PTOC status. **You do not need to add an OOS Reason for this situation, as the crew is NOT Out of Service**

GETTING A PARAMEDIC CREW IN A HOSPITAL FOR AN EMERGENCY CALL

The assignment of emergency calls is the responsibility of the Quadrant EMD. Should the Quadrant EMD ask the Clearing Coordinator to get a unit for an emergency call (and the Paramedic crew is in a hospital) the HCC is expected to do the following:

- Call the Paramedic crew on the Clearing Radio Channel. If they answer, inform them they have an emergency call and make them Available in Inform CAD. NOTE: Clearing will NOT drop the unit on the call (this will be done by the Quadrant EMD using the dispatch support software).
- If the Paramedic crew does not answer the radio, the HCC will then attempt to contact via the Medic Hospital Hotline and attempt to locate the crew. Once located, they will be notified that they have an emergency call then be made Available. NOTE: Clearing will NOT drop the unit on the call (this will be done by the Quadrant EMD using the dispatch support software).
- The HCC will keep the Quadrant EMD informed at all times (i.e. HCC will tell SE that the Paramedic crew has been notified of the call, or HCC will tell SE that they cannot locate them).
- Should another unit in the hospital become Available (not the unit initially recommended) consult with the Quadrant EMD prior to notifying the unit they have an emergency call as there may be another issue with that unit that only the Quadrant EMD knows about.

HCC will NOT give ADDRESS or CALL DETAILS. Paramedics will only be advised that they have an Emergency call.

ADVISOR NOTIFICATIONS

Once a crew has achieved TOC and 15 minutes has elapsed, the HCC will receive a notification in Advisor. Only the HCC will receive these alerts as it is restricted to the role in Advisor.

When the notification is received, the HCC is expected to follow the steps listed above under TRANSFER OF CARE (TOC) START.

OTHER DUTIES

Other duties the HCC may be responsible for (but not limited to) include:

- Attempt to contact units for assignment to emergency calls as requested by Quadrant EMDs and provide back up to the Destination Coordinator;
- Respond to inquiries from One Desk (including assisting with doubling-up of patients for Paramedic EOS and lunch) and the Deputy Commander regarding crew status;
- Answer Hospital Medic Lines and assisting in answering Crew Lines and Hospital Triage Lines.
- Answering any overflow 911 calls.

SCREEN SET-UP

The following applications are mandatory and must be visible on the Clearing Coordinator's desktop at all times:

1. Inform CAD main toolbar
2. Pending Incident Queue (PIQ – F3)
3. Assigned Incident Queue (AIQ – F5)
4. Unit Status Queue (USQ – F6)
5. Advisor (Clear Coordinator role selected)
6. Advisor History (must be launched, does not have to be visible)
7. Push to Talk (PTT) (showing both Clearing & Destinations)
8. GEO
9. PDS
10. ANI/ALI (must be launched, does not have to be visible)

The Clearing Coordinator will sign in to AVTEC using their personal USER ID and will make the appropriate Territory Selection: "Hospital C-Coord".

NOTE: There is a Clearing Co-ordinator filter available to be used in the Optima software. Use of Optima is optional.

PATIENT DISTRIBUTION SOFTWARE (PDS)

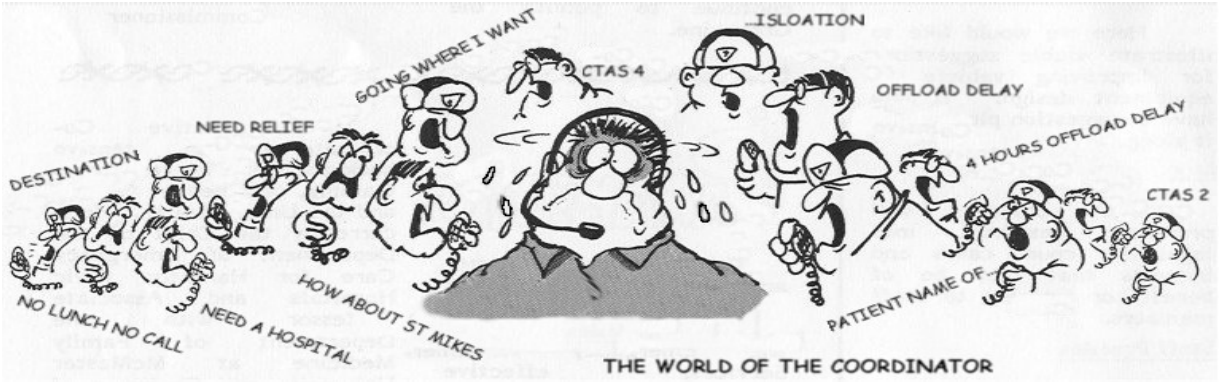
Toronto Paramedic Services Dispatch Manual

PATIENT DISTRIBUTION SOFTWARE

Section 7.0 Destination & Clearing Coordinators and Out of Town

Toronto Paramedic Services Dispatch Manual

PATIENT DISTRIBUTION SOFTWARE (PDS)



The main goal of the Patient Distribution Software (PDS) is to:

- Efficiently distribute patients to GTA hospitals
- Reduce clumping of ambulances
- Make hospital destination decisions easier for EMDs and ease the stress and strain of the Hospital Destination and Clearing Coordinator (HDC/HCC) positions.

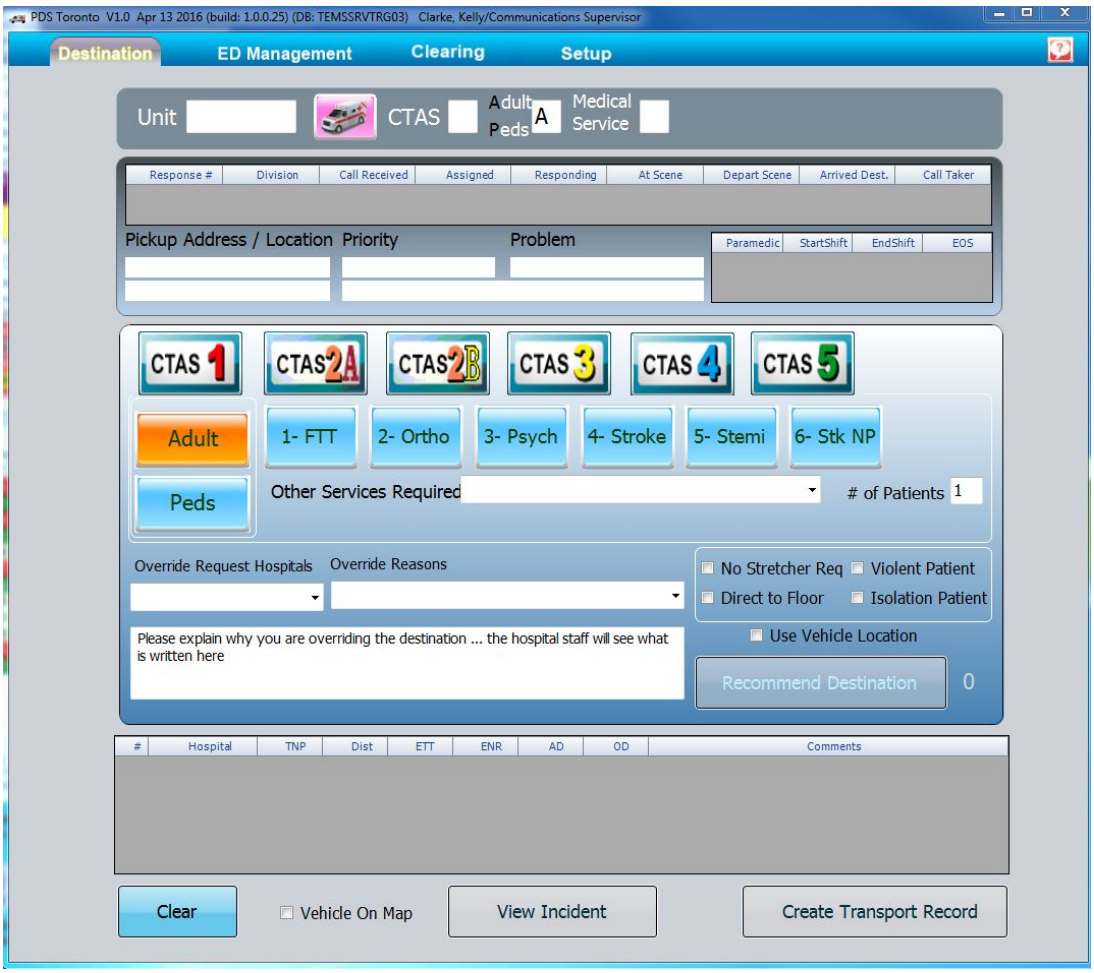
PDS works on the basis of providing each hospital with a 'time to next patient' (TNP) credit every time a patient is transported to their Emergency Department. The CTAS level given to each transported patient determines the amount of credit applied to each hospital. The 2002 pre-SARs data was used to help develop this program, and has been constantly updated since. It is this data as well as a concentrated effort from Toronto Paramedic Services staff and many hospital physicians that have developed a patient quota that has been applied to each hospital for every transported patient.

It is important that each patient transport is recorded in PDS. The statistics collected are used by the hospitals and Toronto Paramedic Service to continually make improvements to the software.

As the CTAS level is one of the most influential determinants to what hospital a patient is recommended to be transported to, factors such as distance, hospital services required, hospital preferences, hospital quota's (program runs it in the background) and repatriation issues are all taken into consideration when the software provides the coordinator with the recommended hospital for each patient.

All paramedics should provide the following information each time they contact the HDC for a patient destination, although most crews generally only give their unit # and CTAS level.

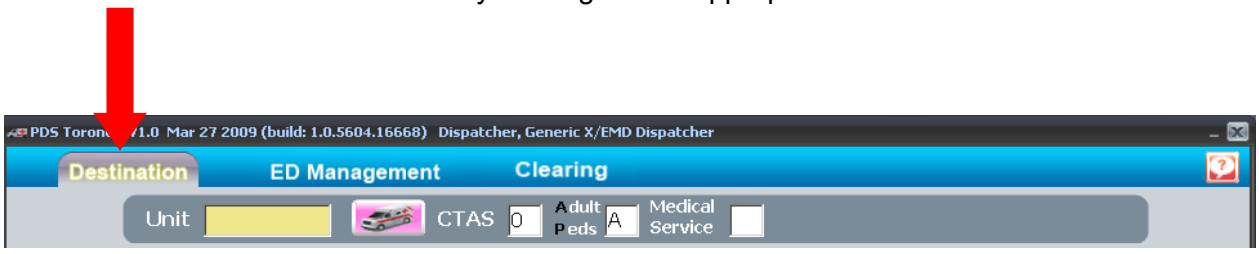
- Four-digit vehicle number
- Closest major intersection
- CTAS#
- Is it a repatriation case (with reason)?
- Ambulatory or stretcher patient
- Specific service required
- Is there a hospital request?



1 Launching PDS

To launch the PDS Application:

1. Launch Inform CAD and log in as normal
2. In the toolbar click on configuration and utilities-> Tool Box or Shift+F11
3. In the User Applications area double click on "PDS cad"
4. Choose the role for the shift by clicking on the appropriate tab



Navigation in PDS can be done using a mouse or a keyboard.

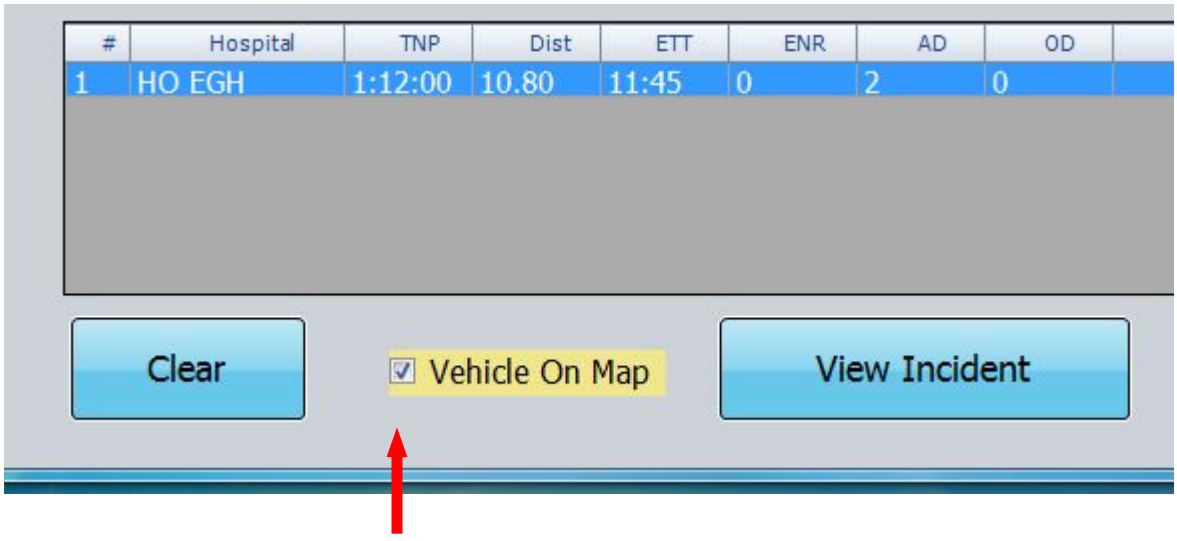
2 PDS Main Screen

The tabs across the top will move you from screen to screen, depending on the function needed.

1. **Destination Tab -** To get a hospital recommendation and create a Transport Record.
2. **ED Management Tab -** This screen allows the users to manage patients and units who are at the hospital. This tab is used to "double up" patients between units, create incidents for Paramedic crews that will need relief and remove a patient assigned to a unit, and view patient trip numbers.
3. **Clearing Tab -** The clearing page is used to clear the ambulances from the hospital. Used to clear units, change their status and add Out Of Service (OOS) reasons
4. **Information Button -** There is a red square information button in the top right hand corner of each screen (see picture above). Quick access to the PDS User Manual can be obtained by clicking on the information button.

3 Destination Tab

This screen is used for hospital Recommendations and to create a Transport Record.



3.1 How to create a Hospital recommendation:

1. Open PDS and click on the Destination tab
2. Enter the unit number and then press enter or tab or use the mouse to click on the picture of an ambulance. The call information will now be displayed, including the Paramedic names, start/end shift times and the EOS (End of service) window will have a red background when the crews are in their last hour of their shift. Also when the "Vehicle on Map" (see red arrow above) field is checked off, the map will appear, plotting the location of the unit.
3. Select the appropriate CTAS by clicking on the appropriate CTAS
4. Select the appropriate Medical Service by clicking on one of the service buttons (FTT/Ortho/Psych/Stroke/Stemi/Stk NP)

The CTAS level must be recorded prior to receiving a recommended destination. As mentioned, each hospital is credited with time for each patient transported to their facility. It is very important to properly record the CTAS level as it will make a difference in destination selection as rules are given to CTAS levels which will determine the time to the next patient.

Note: When there is more than one vehicle on scene, the EMD must ensure the transporting vehicle number is inputted into PDS. (i.e. ERU on scene is getting a destination for the transporting crew)

CTAS 1 and 2

- Closest hospital
- Hospitals are credited with 45 minutes for each CTAS 1 or 2 patient transported as these patients use more hospital resources to treat these patients. (i.e., nurses, physician, respiratory therapists etc.)

CTAS 3, 4, 5 (stretcher patient)

- Patient goes to 1 of the 4 closest hospitals
- Hospitals are credited with 30 minutes for every CTAS 3, 4, or 5 stretcher patient that is transported to their facility

CTAS 3, 4, 5 (ambulatory or wheelchair patient)

- Patient goes to 1 of the 4 closest hospitals
- Hospitals are credited with 15 minutes for every CTAS 3, 4, or 5 ambulatory or wheelchair patient that is transported to their facility

CTAS selections are made by using the CTAS box beside the ambulance icon or using a mouse and clicking on the appropriate CTAS level. PDS will not allow the EMD to tab through the selections.

If a 'Transport Record' already exists, a CTAS level and the recommended hospital will already be displayed. If the destination or CTAS level needs to be changed/updated, proceed with the recommendation and PDS will update the transport record in Inform CAD.

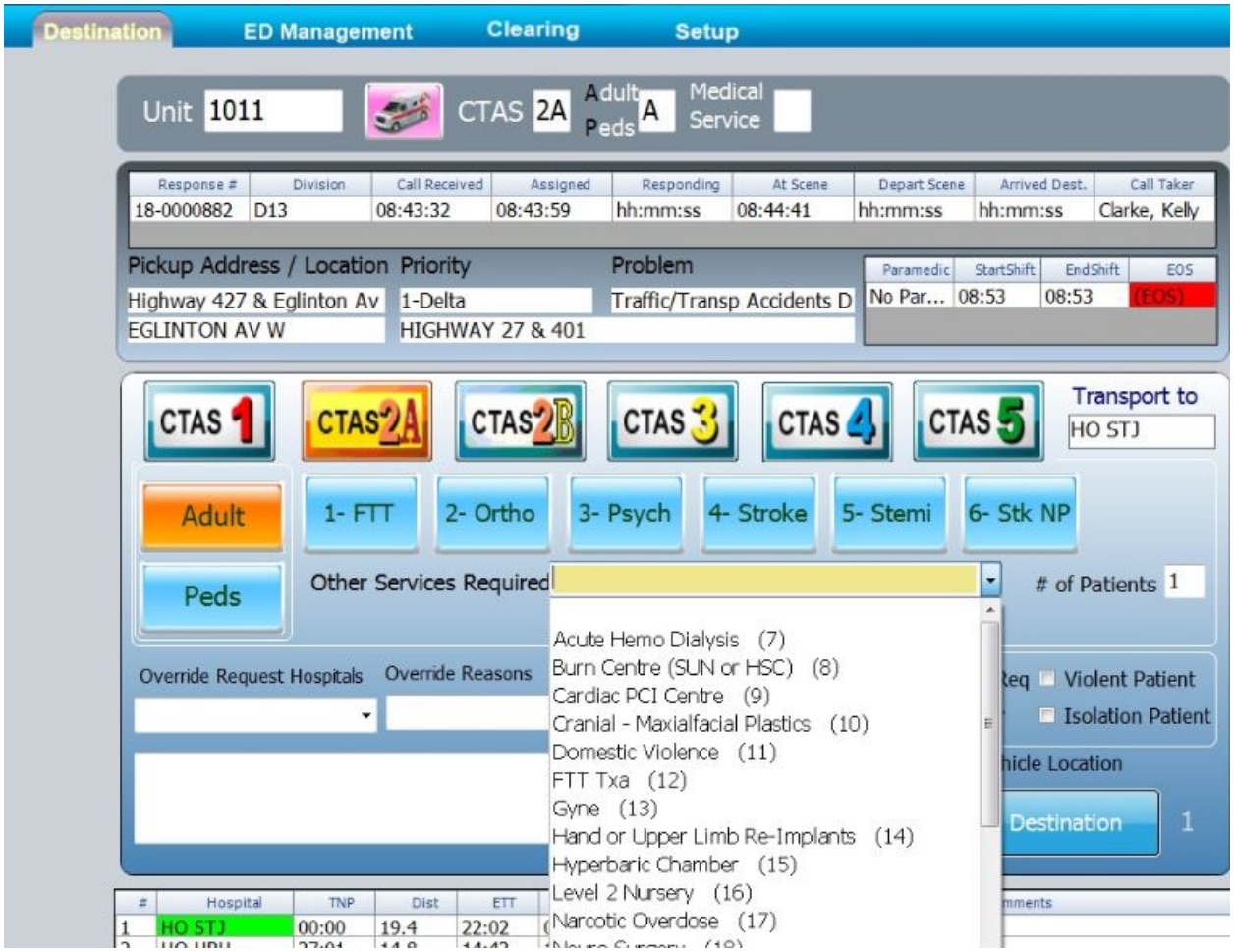
Should a unit not have a CTAS level assigned to it when it departs scene, the following 'UNKNOWN CTAS' icon will be displayed next to the CTAS 5 button. The CTAS Unknown button indicates that the unit has not been processed through PDS and needs to be properly recorded. If not done properly, the hospital will not get 'credit' for this patient. This button will also appear when a unit is following another unit to the hospital has not been properly changed in Inform CAD to a "NO PT" transport priority. (i.e. BLS single medic following ALS as his partner is the third medic assisting in the ALS vehicle)

Stroke V Stk NP(Stroke Non Protocol)

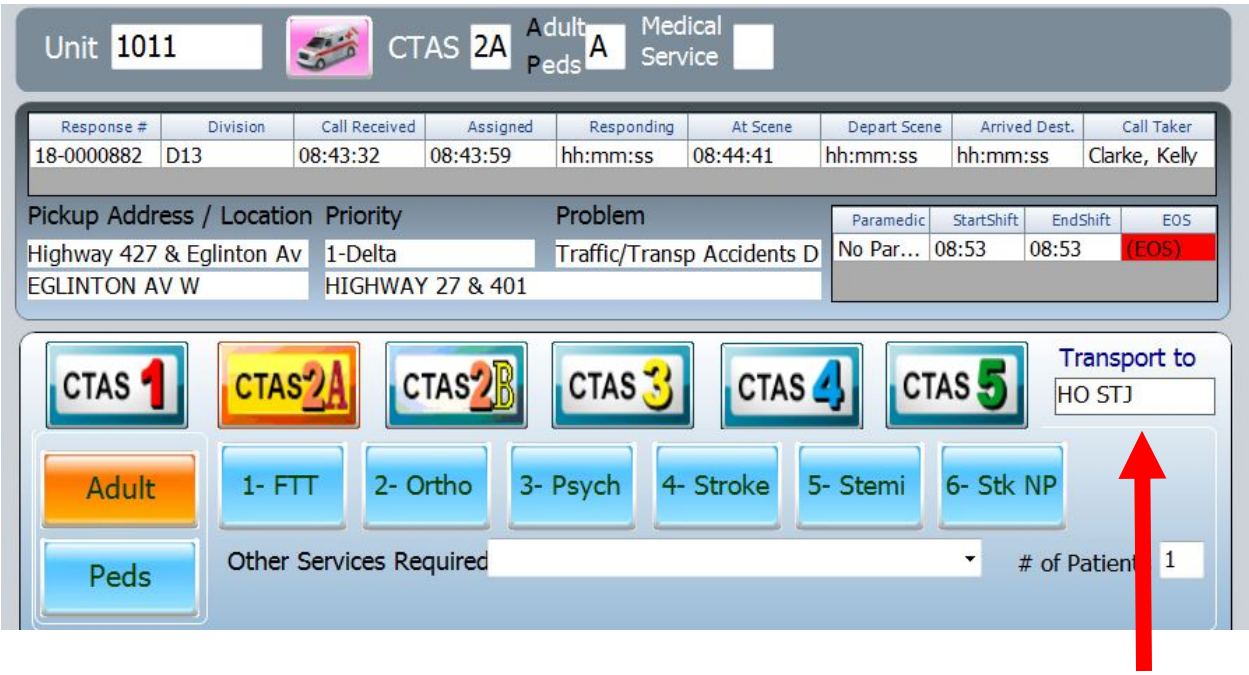
Select the Stroke button when the paramedics inform you that the patient meets the Acute Stroke Protocol Guidelines for transport to a Regional Stroke Centre.

Select the Stroke NP when paramedics advise that the patient has had a recent Stroke but does not meet the Acute Stroke Protocol Guidelines.

If the required service is not found on the visible buttons, click on the drop down box labelled "Other Services Required" and select the service required. Make yourself familiar with the services listed in the drop down menu.



1. Click on the Recommended Destination button to receive a hospital destination recommendation
2. Choose a hospital
3. Click on the "Create Transport Record" button to create a transport record
4. Once a transport record has been created, a window will appear in the Destination tab to show which hospital the unit is transporting to, see below:



5. When a transport record has been created, the hospital destination information does **not** automatically get entered into Inform CAD comments/notes until the crew goes 10-9 (Enroute with Patient on board).

3.2 Overriding a hospital recommendation:

1. If the destination hospital recommendation requires an override select the override hospital from the "Override Request Hospitals" drop down box then select the appropriate reason for the override from the "Override Reasons" drop down box:

   - Repat: Visit in the last 72 hours
   - Repat: Discharged from hospital last 30 days
   - Repat: Extensive Relevant History
   - Pre-Arranged EMERGENCY TRANSFER
   - CACC Superintendent Override
   - Deputy Commander Override
   - Operations Superintendent Override
   - Adamant Patient
   - OOT: PDS not used for destination decision
   - Written Agreement Override
   - REPAT: Recent surgery (within 30 days)
   - REPAT: Renal dialysis
   - REPAT: Organ transplant

2. Click on the "Recommended Destination" button to receive the hospital recommendation.

3. Click on the "Update Transport Record" button to create the transport record.

Any override reason not on the list must be approved by the CACC Superintendent or Deputy Commander.

3.3 Updating a transport record:

If the needs of the patient change, a new hospital recommendation can be obtained by doing the following: for example, a patient who is being transported to hospital with Chest pain and is STEMI negative now becomes STEMI positive.

1. Follow steps 1-3 as above
2. Select the new service required and new CTAS if appropriate
3. Click on the "Recommended Destination" button
4. Click on the "Update Transport Record" button

3.4 Transport of more than one patient:

If there is more than one patient being transported in the same unit, the number of patients can be recorded by clicking on the # of Patients Box and entering the number of patients. The CTAS level should represent the most acute patient, for example, if the unit is transporting two patients, one is a CTAS 2 patient and the other is a CTAS 4 patient, the CTAS recorded at time of being destinated should be CTAS 2. The CTAS for the second patient will be recorded in the ED Management tab and the hospital will be given credit for the second patient based on the patients CTAS level.

3.5 Patient does not require a stretcher:

If the patient does not require a stretcher at the hospital this information should be recorded by checking the "No Stretcher Req" check box. The hospital will be credited with different amount of time if the patient doesn't require a stretcher.

3.6 Patient violent:

If the patient is violent the EMD will give the hospital a heads up about this by checking the appropriate check box. This information will be displayed on PDS Web for the hospital staff to see.

3.7 Patient direct to floor:

If the patient is going direct to the floor and not being seen in the Emergency Department click on the Direct to Floor check box and the Emergency Department will not be credited with this patient. An example of this is the obstetrics patient going directly to the maternity ward.

3.8 Isolation Patient:

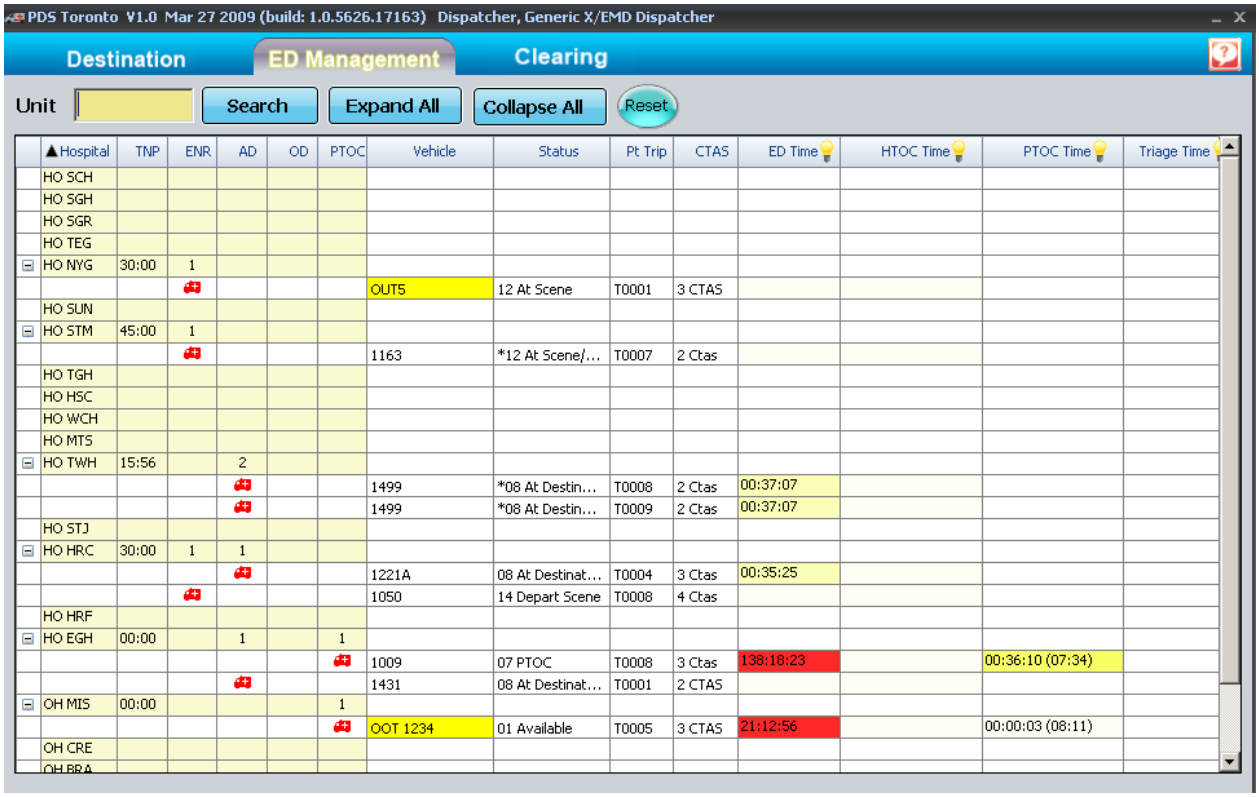
If the patient has isolation precautions, click on the Isolation Patient check box and the Emergency Department will be notified.

3.9 Opening CAD record from PDS Application:

If you wish to view the Inform CAD record, click on the View Incident button to open the CAD record.

4 ED Management Tab

This screen allows the users to manage patients and units that are at the hospital.

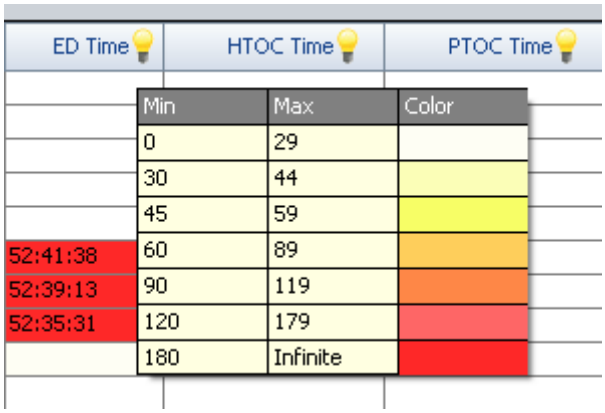


Hospital	TNP	ENR	AD	OD	PTOC	Vehicle	Status	Pt Trip	CTAS	ED Time	HTOC Time	PTOC Time	Triage Time
HO SCH													
HO SGH													
HO SGR													
HO TEG													
HO NYG	30:00	1											
						OUT5	12 At Scene	T0001	3 CTAS				
HO SUN													
HO STM	45:00	1											
						1163	*12 At Scene/...	T0007	2 Ctas				
HO TGH													
HO HSC													
HO WCH													
HO MTS													
HO TWH	15:56		2										
						1499	*08 At Destin...	T0008	2 Ctas	00:37:07			
						1499	*08 At Destin...	T0009	2 Ctas	00:37:07			
HO STJ													
HO HRC	30:00	1	1										
						1221A	08 At Destinat...	T0004	3 Ctas	00:35:25			
						1050	14 Depart Scene	T0008	4 Ctas				
HO HRF													
HO EGH	00:00		1		1								
						1009	07 PTOC	T0008	3 Ctas	138:18:23		00:36:10 (07:34)	
						1431	08 At Destinat...	T0001	2 CTAS				
OH MIS	00:00				1								
						OOT 1234	01 Available	T0005	3 CTAS	21:12:56		00:00:03 (08:11)	
OH CRE													
OH BRA													

4.1 The grid in the ED Management tab displays a list of:

1. All the hospitals
2. TNP (Time to next patient)
3. Number of ambulances enroute to hospital (ENR), including how many patients being carried
4. Number of ambulances at destination (AD) in each hospital
5. Number of ambulances in Offload delay (OD)

6. Number of ambulances in PTOC
7. Unit call sign
8. Unit status
9. Patient Trip Number
10. CTAS Level
11. Emergency Department Time = The amount of time a unit has been in the Emergency Department (At Destination to current time)
12. HTOC Time
13. PTOC Time
14. Triage Time = This time stamps when the hospital establishes the patient's CTAS level
15. The light bulbs next to ED Time, HTOC time, PTOC Time and Triage Time = Hover over the light bulb, a table will appear showing what the background colours represent



4.2 The ED management screen gives the user the ability to:

1. Change the status of a unit
2. Move the patient from one ambulance to another (Double-up)
3. Place a unit in Out of Service
4. Change the CTAS level
5. Add transfer of care (HTOC)
6. Page a crew
    a. With a preformatted message
    b. Create your own message
    c. Send crew their times
7. Create an Administrative ticket to relieve off load delay
8. Create an Administrative ticket for a stretcher pickup
9. Remove patient from the unit
10. Add patient details
11. View Incident Details

4.3 Search:

To search for a specific unit:

1. Enter the Unit number in unit No. box
2. Click on search or use the enter key
3. The unit you are searching for will be highlighted

4.3.1 Sort:

The grid can be sorted by any of the columns. Clicking on a column sorts the data AZ clicking again sorts ZA. The hospitals are in alphabetical order but can be sorted by individual preference. To do this, be in 'Collapse All' mode, click on the hospital you want to move and drag it to where you would like it.

4.4 + Sign:

Clicking on the "-"sign collapses the hospital information. Clicking the "+" sign expands the hospital information.

4.5 Expand All:

Expands all the hospitals and shows all vehicles and patients at all the hospitals. In this view each line with an ambulance beside it represents one patient.

4.6 Collapse All:

Collapses all the information displays only one line for each hospital and displays the number of ambulances in each status at the hospital.

4.7 Reset:

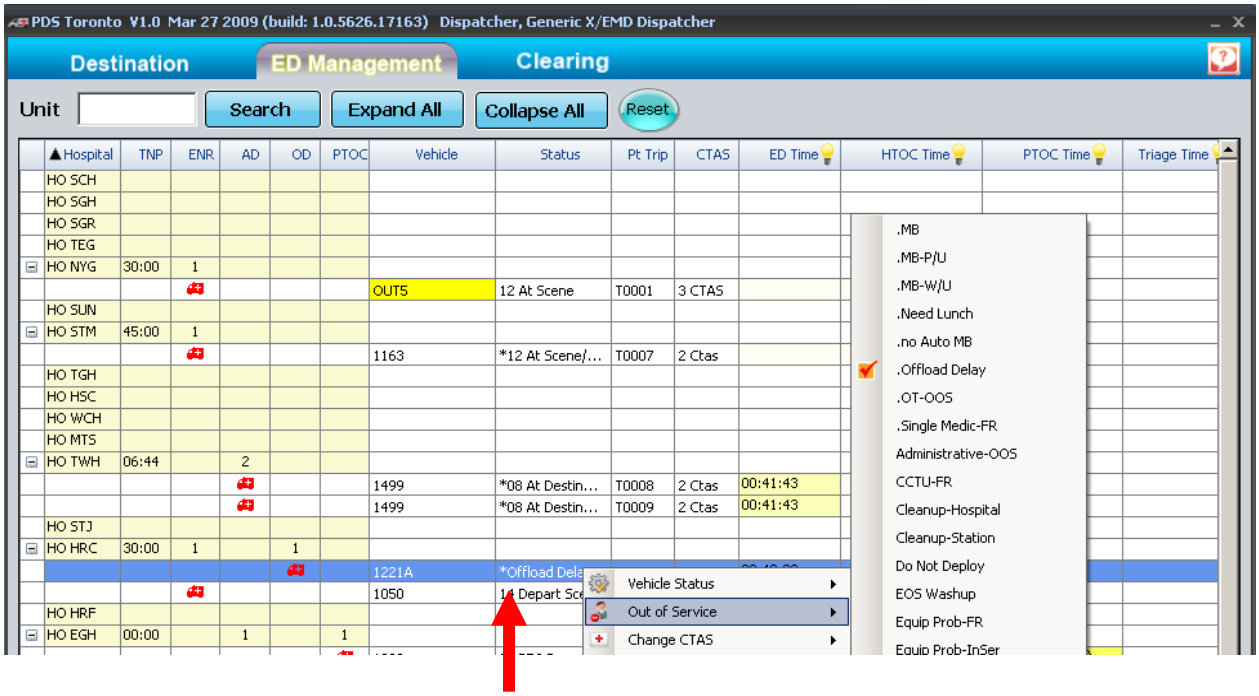
Clicking on the reset tab will reset all the grid settings back to their original state

4.8 To change the Status of a unit:

1. Right click on the line representing the unit you wish to change the status of
2. Select the appropriate status from the right click menu list by clicking on it

4.9 To place a unit Out of Service:

1. Right click on the line representing the unit you wish to put Out of Service
2. Pick the most appropriate Out of Service reason by clicking on it. A tick will appear next to the Out of Service reason, see picture below:



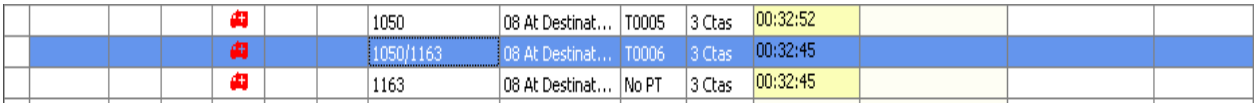
3. The unit will now have a * next to the status reason in ED Management tab, see above.
4. To see the Out of Service Reason, hover over the unit status with the * and the OOS reason will appear.

4.10 To change the CTAS level:

1. Right click on the line representing the unit you wish to change the status of
2. Select the appropriate CTAS level from the right click menu list by clicking on it

4.11 To move a patient from one unit to another unit (Double-up):

1. Select the patient you wish to move by moving the mouse over the line representing the patient this line will be highlighted
2. Hold down the left mouse button and drag the patient to the unit you now wish to look after the patient. The two units must be at the same hospital or you will receive a message indicating that this cannot be done
3. There will be a new line indicating the patient that has been moved, see example below. The first number indicates the unit that is currently looking after the patient (1050) and the second number indicates the original unit that transported the patient (1163)
4. The original unit will continue to show At Destination but will show No PT in the trip # column



5. To undo a double-up, right click on the unit call sign and select Undo Double-Up

4.12 Create Service Administrative Ticket to Send a Relief Vehicle:

To create an Administrative ticket to send a relief vehicle to take over the care of a patient from another unit:

1. Right click on the line that represents the unit you wish to relieve. This will open up a menu.
2. Select the option "Send a Relief unit"
3. A relief ticket is automatically created in the Pending queue
4. The Dispatcher will assign a unit to the Send a Relief unit ticket
5. When the unit arrives at the hospital, move the patient from the unit that needs relief to the relieving unit, using the process described in 5.9 (To move a patient from one unit to another unit)

4.13 Remove patient from a unit in ED Management:

To remove a patient from a unit right click on the patient you wish to remove and click on remove patient from the unit from the menu. This action will be required when a unit has more than one patient and the hospital takes over the care of one of the patients, so they are no longer under the care of that unit.

4.14 Create Service Administrative Ticket to pick up stretcher at hospital:

If the stretcher has been left at the hospital with a patient and you wish to create a service Admin ticket to pick up the stretcher at a hospital:

1. Right click on the unit with the patient and click on "Stretcher Pick up" from the menu
2. A box will appear, check off " Stretcher P/U Requested" and then click 'Create Stretcher P/U Ticket" button
3. Another box will appear confirming this request
4. A service admin ticket will now appear in the Pending Incidents Queue for the dispatcher

4.15 To mark Hospital Transfer of Care (HTOC) on a patient:

1. Select the line representing the patient by putting the mouse over that line
2. Right click the mouse to bring up the menu
3. Select Transfer of Care (HTOC) from the menu and click on it. You should now see a time stamp for HTOC associated with the patient

4.16 To remove a Hospital Transfer of Care (HTOC) time:

1. Right click on the line representing the patient you wish to remove the PTOC time from
2. Click on the delete Patient transfer of care

4.17 Add Patient Details:

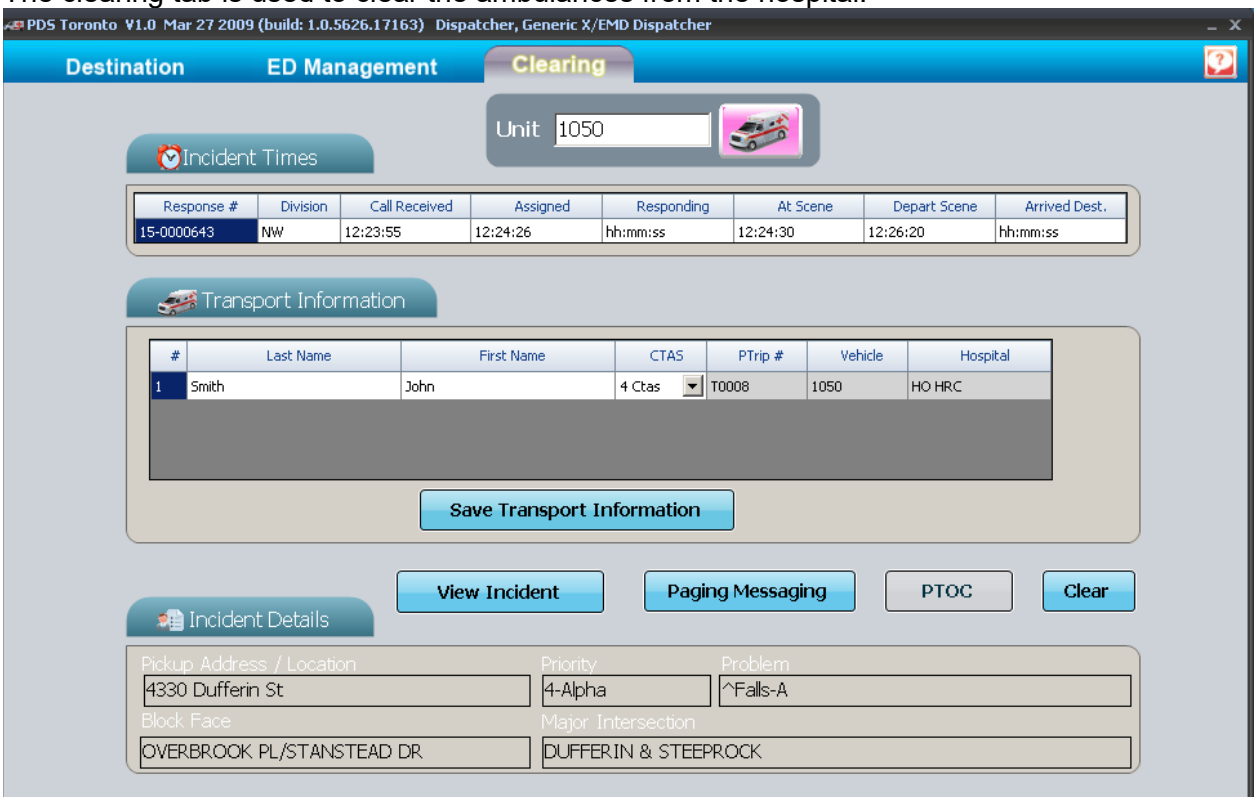
1. Right click on the line representing the patient you wish to add patient details (eg. Name)
2. Click Add patient details
3. A box appears to fill in the patient details

4.18 Page a crew:

1. Paging information can be accessed by right clicking on their unit call sign, clicking on Paging/SMS Messaging
2. Preformatted pages can be accessed and paged to crew or the user can create their own message and page this to crews assigned to the call
3. Call times can be paged to crews by clicking on the Page Call Times to Crew option
4. The record of the pager message does not automatically get transferred into the comments in Inform CAD. The record can be viewed by selecting the crew in ED Management, right click to bring down the drop down list and select paging/SMS messaging or in the Clearing tab by clicking on Paging messaging button

5 Clearing Tab

The clearing tab is used to clear the ambulances from the hospital.



5.1 The Clearing tab displays the following information:

1. Incident Times
    a. Response number
    b. Division
    c. Call Received time
    d. Call Assigned time
    e. Unit responding time
    f. Unit at scene time
    g. Unit depart scene time
    h. Unit arrived destination time
2. Transport information
    a. Patients Last name
    b. Patients First name
    c. Patients CTAS
    d. PT Trip #
    e. Vehicle Call sign
    f. Hospital

3. Incident Details
    a. Pickup Address
    b. Priority
    c. Problem
    d. Block Face
    e. Major Intersection

5.2 The following processes can be performed in the Clearing tab

1. Change the status of the unit
2. Place a unit in Out of Service
3. Add or remove a patient from the transport record
4. Record the patient's name
5. Change the patients CTAS
6. Page a crew
    a. With a preformatted message
    b. Create your own message
    c. Page call times
7. Place a crew in PTOC

5.3 View Incident information

There is a short cut on the page that allows the user to go to the incident in Inform CAD by clicking on the View Incident Information button.

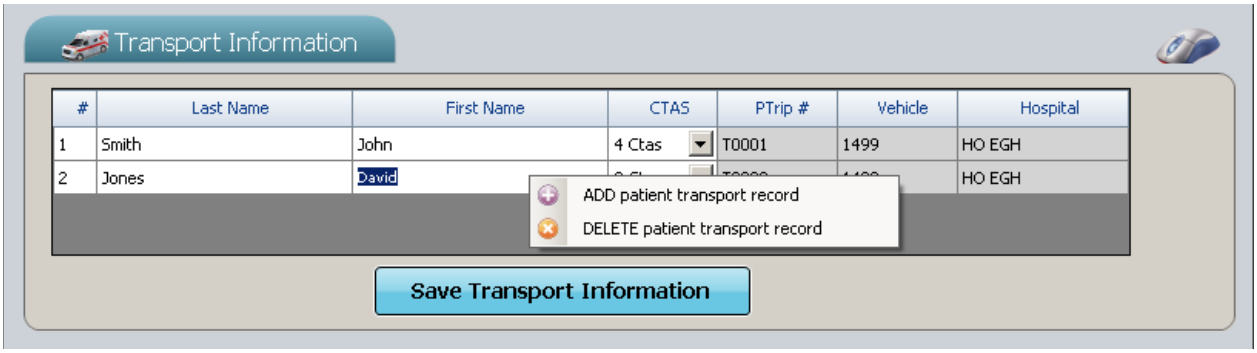
5.4 To Change the status of a unit

1. Right click on the line representing the unit you wish to change the status of
2. Select the appropriate status from the right click menu list by clicking on it

5.5 To place a unit Out of Service

1. Right click on the line representing the unit you wish to change the status of
2. Select the appropriate Out of Service reason from the right click menu list by clicking on it

5.6 Add or remove a patient from the transport record



1. To add a patient transport record, right click on the patient details, click ADD patient transport record. This will add an additional line to record a second patient
2. To delete a patient transport record, click on the patient details that you want to delete, right click and click on DELETE patient transport record

5.7 Record the patient's name

1. Type in the patient's last name and first name

5.8 Change the patients CTAS

1. Click on the line representing the patient you wish to change the CTAS
2. Click on the drop down arrow and choose the appropriate CTAS level

Once the patient details and CTAS level has been recorded, click on the Save Transport Information button.

5.9 Page a crew:

1. Paging information can be accessed by clicking on the paging messaging button.
2. Crews can also be paged using the same button. (Preformatted pages can be accessed and paged to crew or the user can create their own message and page this to crews assigned to the call)
3. Call times can be paged to crews by clicking on the Page Call Times to Crew option
4. The record of the pager message does not automatically get transferred into the comments in Inform CAD. The record can be viewed by selecting the crew in ED Management, right click to bring down the drop down list and select paging/SMS messaging or in the Clearing tab by clicking on Paging Messaging button

5.10 Place a crew in PTOC:

1. Enter the unit number, press enter or tab or use the mouse to click on the ambulance. The call information will now be displayed
2. Click on the PTOC button
3. Message will appear, "Setting PTOC status is OK", click "Yes"

4. The crew will now show in PTOC status in the ED Management Tab

6.11 Hospital Destination and Trip numbers

The hospital destination and trip number now gets entered automatically into Inform CAD, once the crew depart scene (10-9). The message that appears in Inform CAD looks like this:

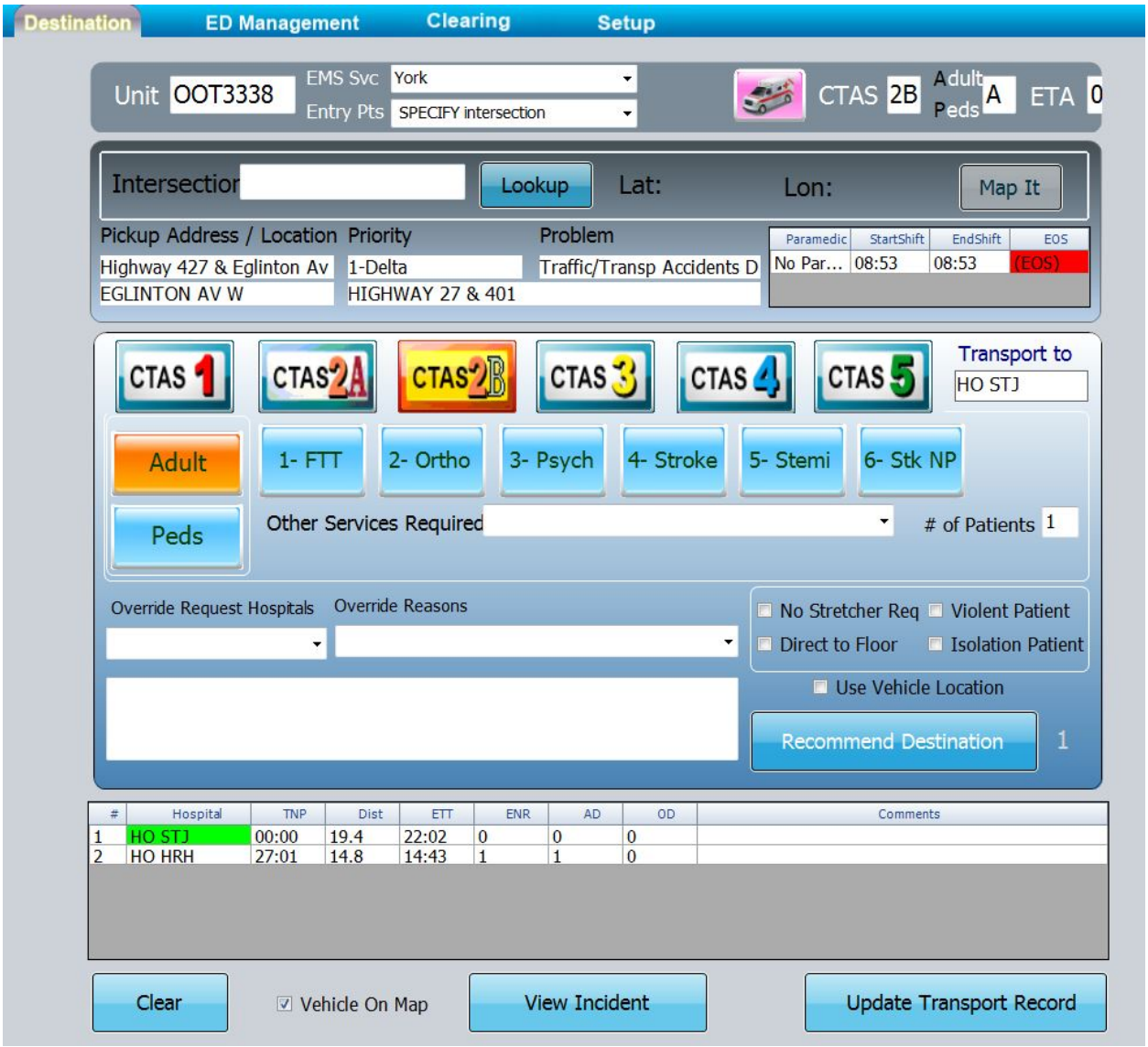
"1319:Destination: HO HRC service: Adult: pt Trip # 002. Please provide pt Trip # to triage for entry on ED chart"

*****Trip numbers automatically revert back to zero at midnight on Sunday*****

6 Managing Out of Town vehicles

Out of town vehicles can be managed in the Destination tab and ED Management tab

6.1 Destinating Out of Town Vehicles



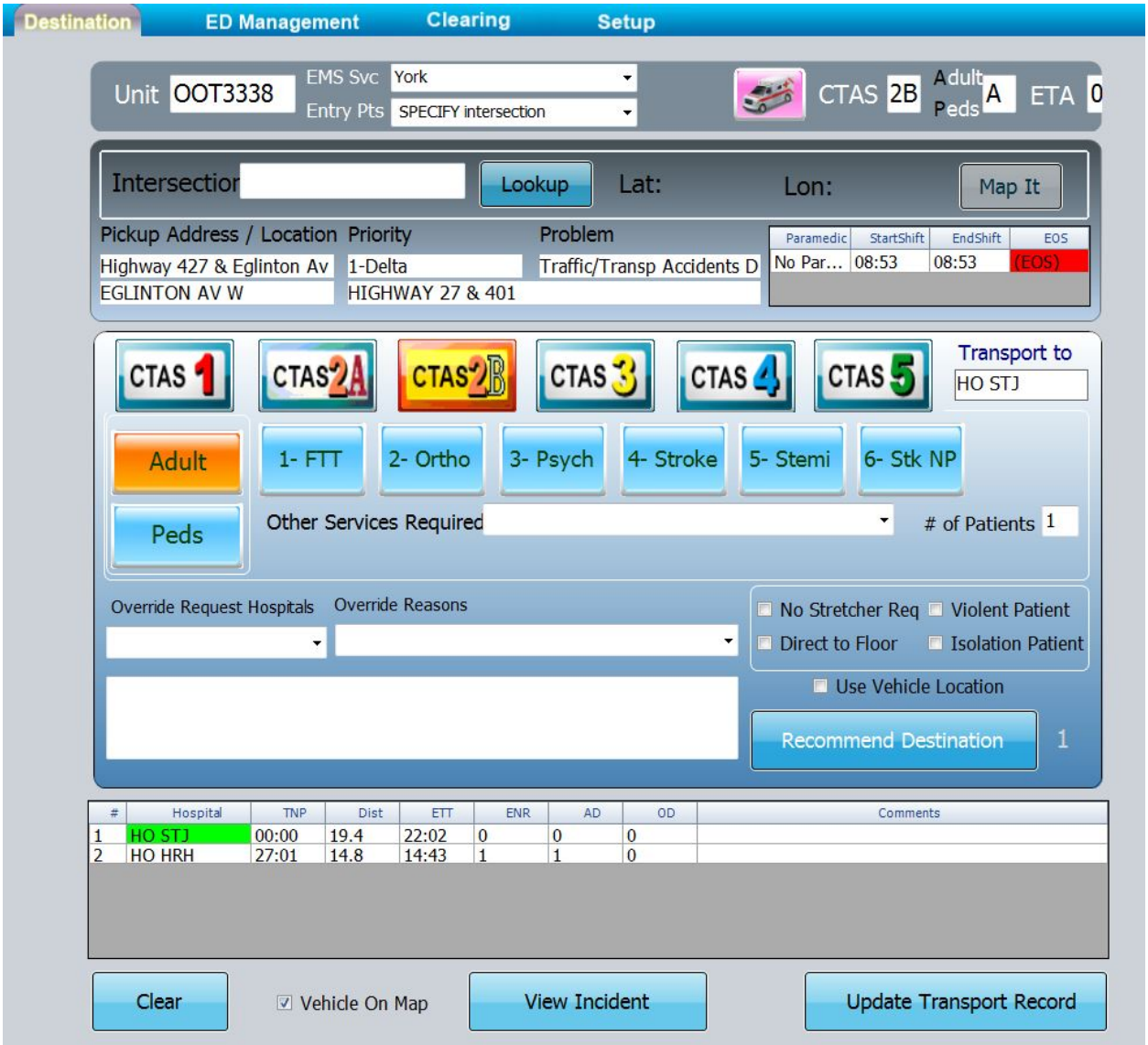
1. Open PDS and click on the Destination tab

2. When a unit is coming into Toronto with a patient on board, enter the prefix OOT followed by the unit call sign i.e. OOT1234

3. Select the EMS service by clicking on the drop down menu under EMS Svc

   Select the entry point from the drop down list. You can also manually enter an entry point by clicking SPECIFY Intersection check box, type in the cross streets by entering them in the Intersection box, as shown below.

Once a location has been entered, click Lookup, the location should be displayed including a LAT and LON. Once a LAT and LON have been found the location can be mapped by clicking on the Map it box.



4. Select the appropriate acuity by clicking on the appropriate CTAS button
5. Select "Adult" or "Peds"
6. Input the ETA if provided one. This will recalculate the automatic "At Destination" status
7. Select the appropriate Medical Service by clicking on one of the service buttons (if the required service is not found on the visible buttons click on the drop down box labelled “Other Services Required” and select the service by clicking on it)
8. Click on the "Recommended Destination" button to receive a hospital destination recommendation
9. Select a hospital

10. Click on the create transport record to create a transport record

7.2 Destinating Out of Town units that are responding to calls in Toronto

1. Open PDS and click on the Destination tab
2. Enter the unit call sign that has been assigned to them in Inform CAD i.e. OUT1
3. Continue to follow steps from 4.1

6.3 Managing Out of Town units in ED Management

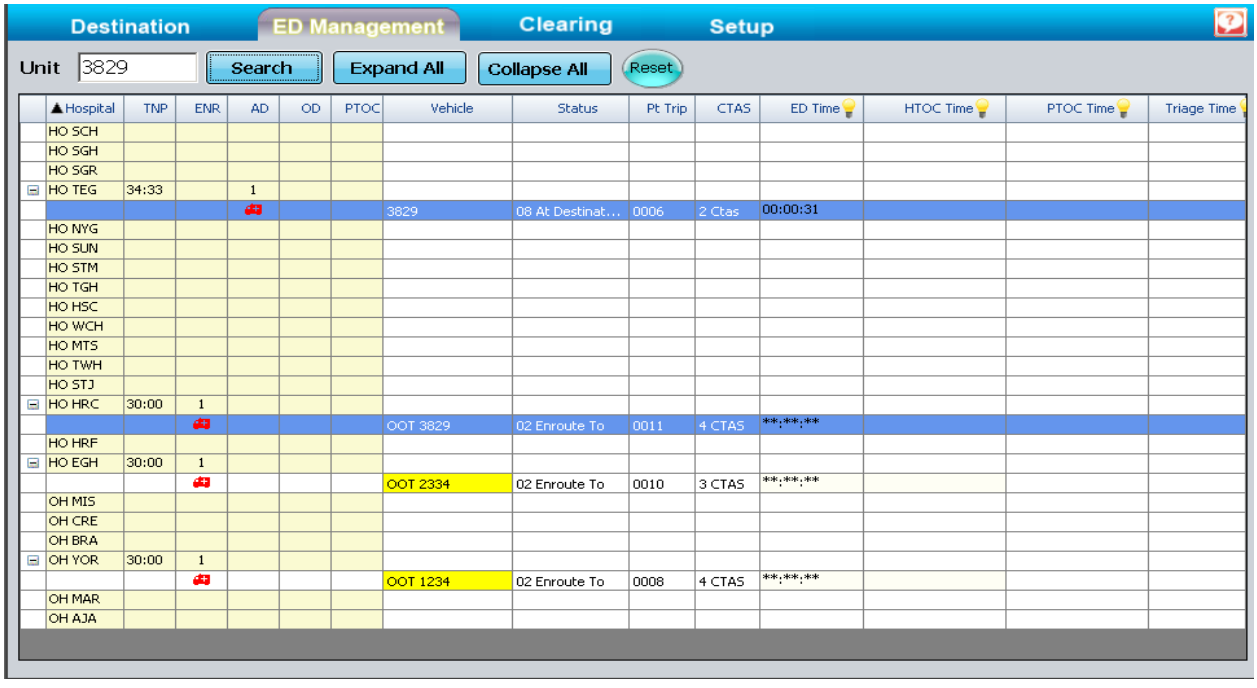
- All out of town units (OUT1/OOT1234) will have a yellow background in the ED Management tab to quickly identify between Toronto units and Out of Town units

- Statuses can be entered manually to Out of town units, but OOT units transporting patients to Toronto will automatically show "At Destination" 25 minutes after they have been destinated or if an ETA is entered into the Destination tab, the automatic "At destination" status will reflect the ETA

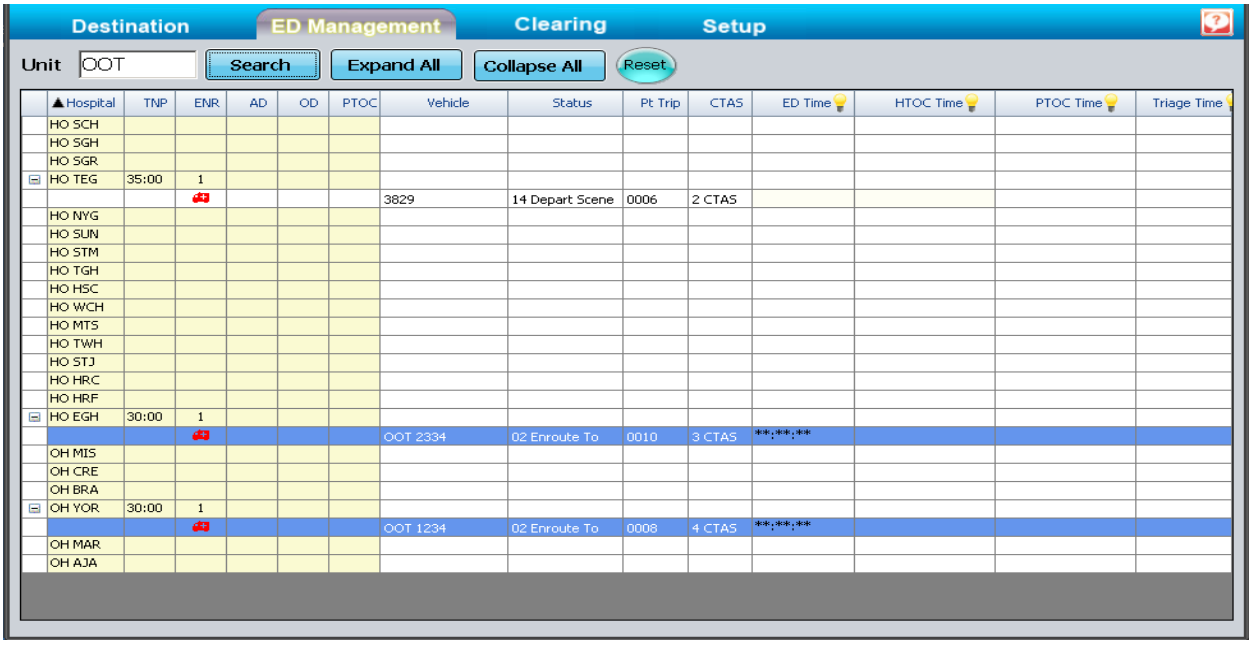
- OOT units will automatically show in "PTOC" status **and** "Available" status in ED Management when Time to next patient (TNP) becomes zero

- In ED Management tab, the quick search for Out of Town units can be performed in a few different ways

  Type in the call sign (i.e. OOT3829 can be entered into the search field as 3829). The system will highlight the OOT unit and any other units with the same call sign, see below:



Type in OOT into the search field and the system will highlight every OOT unit, see below:



Hospital	TNP	ENR	AD	OD	PTOC	Vehicle	Status	Pt Trip	CTAS	ED Time	HTOC Time	PTOC Time	Triage Time
HO SCH													
HO SGH													
HO SGR													
HO TEG	35:00	1											
						3829	14 Depart Scene	0006	2 CTAS				
HO NYG													
HO SUN													
HO STM													
HO TGH													
HO HSC													
HO WCH													
HO MTS													
HO TWH													
HO STJ													
HO HRC													
HO HRF													
HO EGH	30:00	1											
						OOT 2334	02 Enroute To	0010	3 CTAS	**:**:**			
OH MIS													
OH CRE													
OH BRA													
OH YOR	30:00	1											
						OOT 1234	02 Enroute To	0008	4 CTAS	**:**:**			
OH MAR													
OH AJA													

Or type in OOT<No Space> followed by call sign (i.e. OOT1234)

- Emergency departments have the option to put OOT units in HTOC
- Currently they cannot be placed in Out of Service

OOT unit coming into Toronto with a patient that has been destinated already and now there is an update, follow steps below:

1. Clear the OOT unit in the ED Management tab by right clicking on the unit
2. Select, 'Remove OOT vehicle' from the drop down menu. This should now remove the unit from PDS to be able to re-destinate them in the Destination tab

7 Definitions

Acute Stroke – Refers to patients who meet the Acute Stroke Protocol and should be transported to a Regional Stroke Centre.
Create Transport Record – Creates a transport record in Inform CAD with the CTAS, Hospital Destination and trip number
CTAS – (Canadian Triage Acuity Scale) - A means of qualifying the acuity of a patient that is standardized across Canada.
Direct to Floor – Refers to a patient that will not be going to the emergency department but will be going direct to a unit such as the obstetric patient who is going to the obstetrical unit. Using the direct to floor does not credit the emergency department with receiving a patient and therefore does not put any time on their clock.
Dist (Distance) - The distance between two points measured as routed.
ED Time – Is the length of time the ambulance has been at the Emergency Department.
ENR (En route) – The number of ambulances en route to a hospital.
ETT (Estimated Transport Time) – The time required to transport the patient to hospital.
FTT (Field Trauma Triage Guidelines) – Refers to a set of guidelines used to determine if a patient requires transport to a trauma centre.
Isolation Patient – A patient the paramedics believe is infectious and requires isolation at the receiving hospital.
Mkm (Mapped Distance in Kilometres) - The distance between two points using the road network to measure the distance.
No Stretcher Required – Patient does not require a stretcher at the receiving hospital and can sit in a chair or wheelchair.
OD (Off Load Delay) – Paramedics have been in the emergency department for $\geq$ 20 minutes and transfer of care has not taken place yet.
Pt trip – Is a unique identifier number for the patient.
Recommend Destination – Selects a hospital destination from the hospitals available.
PTOC– The number of ambulances at an emergency department whose stretcher is clear and they are still in the emergency department (eg. doing paper work) and will be clear shortly.
Update Transport Record – Updates the transport record to reflect a change in CTAS, number of patients or service required.
TNP (Time to Next Patient) - The time on the hospitals virtual clock used to determine the hospital destination for the ambulance patient. Ambulances are directed to the hospital with the least amount of time on their clock.
View Incident – Takes the user to Inform CAD and opens the record corresponding to this call.
Violent Patient – Patient who has the potential to be or is violent and the paramedics require assistance at the receiving hospital to deal with the patient.
 # Of Patients – The number of patients being transported on the ambulance.

TORONTO

Memorandum

Gord McEachen
A/Chief

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February, 27, 2018

To: All Communications Staff

From: David Perschy, Superintendent, Communications Centre

Re: **New PDS Process: Diversion of CTAS 3 patients from SUN to Michael Garron Hospital**

Effective today, PDS will automatically redirect new inbound CTAS 3 patients from the Sunnybrook (SUN) catchment area to Michael Garron Hospital, formerly Toronto East General (TEG) when SUN is currently busy with other patients.

The redirect process functions in the background and is not decided by the Paramedic or the EMD. Once PDS recommends a CTAS 3 patient *(with no Special Service or Repatriation listed)*, that would be destined for SUN, and requires redirection to Michael Garron Hospital, the following message will appear to inform the EMD the diversion has been utilized: "HO SUN redirect to HO TEG".

After the EMD presses "Create Destination" in PDS, the CTAS 3 destination for Michael Garron Hospital will appear in the InformCAD Incident, the Unit Status Queue, the Unit's MobiCAD, and on the PDS Board at Michael Garron Hospital. The Time-to-Next-Patient (TNP) allocation of 30 minutes will be applied to SUN; 0 minutes will be applied to the TNP for Michael Garron Hospital.

This agreement is designed to flow more patients through Michael Garron Hospital and allow SUN additional time to process high acuity patients that arrive by land and air, often from outside of Toronto.

(Original signed by)

David Perschy
Superintendent, Communications Centre

c. A/Chief G. McEachen, Deputy Chiefs, Deputy Commanders

TORONTO

Memorandum

Toronto Paramedic Services
Paul Raftis, Chief

Date: **September 1, 2016**

To: All Communications Centre Staff

From: David Perschy, Superintendent, Special Projects

Re: **PDS: Changes to TNP values for Sunnybrook (HO SUN)**

No action is required from EMDs. This memo is to provide information only.

Effective September 1, 2016, certain Time to Next Patient (TNP) values have been changed for Sunnybrook Health Sciences (HO SUN) as follows:

Hospital	Service	CTAS	Former TNP	New TNP
Sunnybrook	Trauma	1	60	120
Sunnybrook	Trauma	2	45	90
Sunnybrook	Stroke	1	45	90
Sunnybrook	Stroke	2	45	90
Sunnybrook	STEMI	1	45	90
Sunnybrook	STEMI	2	45	90
Sunnybrook	Burn	1	45	90
Sunnybrook	Burn	2	45	90

These changes are to allow Sunnybrook to focus on its unique regional role as a destination for high-acuity patients requiring specialized care.

There are no changes to the TNP values at Sunnybrook for CTAS 1 or 2 (with no Special Service) nor for CTAS 3, 4, or 5 patients.

Thank you.

(Original signed by)
David Perschy

Sector Desk

Toronto Paramedic Services Dispatch Manual

Sector Desk

Section 8.1
Roles and
Responsibilities

Toronto Paramedic Services Dispatch Manual

QUADRANT EMD

ROLES & RESPONSIBILITIES

1. The Quadrant Emergency Medical Dispatcher (QEMD) is responsible for the unit selection of all emergency and non-emergency calls.

2. The QEMD is responsible for ensuring crew notification of all emergency and non-emergency calls and standby coverage (this includes notifying DOS when appropriate)

3. The QEMD is responsible for promoting Paramedic crew safety by relaying all scene safety information to responding units and immediately responding and acting upon all emergency messages.

4. The QEMD is responsible for ensuring priority post coverage areas are covered with transport units within their own quadrant and city-wide.

5. The QEMD is responsible to ensure that the status of all units is kept up to date either by MobiCAD transmission or manual entries based on radio and telephone communication (this includes the application of any appropriate out-of-service reasons).

6. The QEMD is responsible for attempting to provide all crews a meal break after the 4th hour of a shift.

7. In the absence of the HDC/HCC, the QEMD is responsible for directing crews to the most appropriate destinations by using the PDS software and updating hospitals as required.

8. In the absence of the HCC/HDC, the QEMD is responsible for monitoring Offload Delay and ensuring units are displayed in the proper conditional availability status and closing the completed dispatch record of all vehicles under their control.

SCREEN SET-UP

The following applications are mandatory and must be visible on the Quadrant EMD's desktop at all times:

1. Inform CAD main toolbar
2. Pending Incident Queue (PIQ) – F3
3. Assigned Incident Queue (AIQ) – F5
4. Unit Status Queue (USQ) – F6
5. Advisor (Quadrant Role Selected)
6. Advisor History
7. Push to Talk (PTT) (Select appropriate Quadrant)
8. GEO
9. PDS (Select appropriate Quadrant)
10. Optima Live Main Window
11. Optima Live Dispatch Window
12. Optima Live Meal Monitor (must be launched but does not have to be visible)

The Quadrant EMD will sign in to AVTEC using the appropriate quadrant USER ID (NW, NE, SW, SE) and will make the appropriate Territory Selection. Typically only the specific quadrant will be selected however, the option is available to cover multiple quadrants.

PRIORITIZATION OF TASKS

1. The first priority of the QEMD is to ensure the safety of all Paramedic crews under their control. Any verbal and non-verbal emergency messages received from Paramedic crews must be acknowledged and acted upon immediately.

2. The assignment of emergency calls is the next most important task. Calls will be assigned in the order of priority (Echo, Delta, Charlie, Bravo, Alpha, etc.) with the oldest call of each priority being assigned first. The QEMD will evaluate each call using Optima Assign software. The recommendation will be evaluated on the map to ensure the most appropriate unit has been selected. Once assigned, the QEMD may look for a closer, more appropriate unit (if applicable).

3. All notifications received in Advisor relating to "Contact Unit" must be acted upon in the same priority as above (order of call priority). This notification conveys that the Paramedic crew(s) has not been verbally notified of the call and no units are on the way.

4. All radio traffic must be responded to as promptly as possible (especially relating to emergency calls).

5. After call assignment, city-wide coverage is the next priority. The QEMD will ensure that all priority posts are covered by transport vehicles. This will be accomplished with on-going discussion with fellow QEMDs.

6. Station phone lines must be picked up in a timely manner. Any EMD in a dispatch position (includes Coordinators and Out of Town) may answer a station phone line. If any update is required, the controlling QEMD should be notified.

7. The QEMD must also respond to all requests from other QEMDs. This includes requests for vehicles for emergency calls, stand-by coverage and other administrative tasks.

Sector Desk

Section 8.2
Establishing the
Available Fleet

Toronto Paramedic Services Dispatch Manual

ESTABLISH FLEET

ESTABLISHING THE AVAILABLE FLEET

See sections 3.4 (PowerLine) and 3.5 (establishing the Fleet of Units) for details on how to anticipate the available fleet and rostering of vehicles.

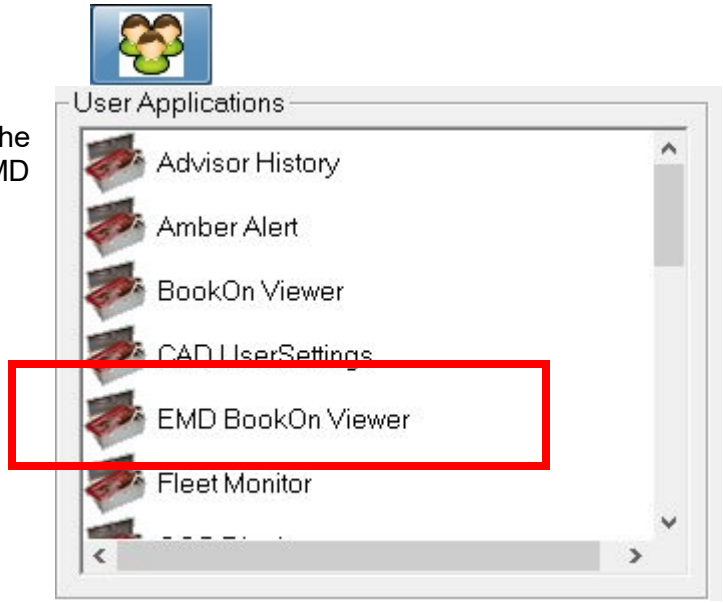
Toronto Paramedic Services currently has an auto-roster program that will automatically build and start shifts when certain criteria have been met. In order for shifts to start automatically, the QEMD must off-duty all appropriate vehicles as soon as possible after End of Shift (EOS).

NOTE: The auto-roster program uses the previous vehicle "name" when building shifts. For example, if 850 was last rostered as 1050 (PTU) but is now an ACP unit, the EMD will have to change the name to 1050A (ATU).

The QEMD will ensure that all shifts on the Unit Availability Sheet have been rostered in Inform CAD.

EMD BOOK ON VIEWER

To access the WFC-TS Viewer go into the toolbox, user applications, click on EMD book on Viewer.



Emp Name	1st Punch	Punch IN	Station	Veh	Unit	Start	E
MERCER, JESSICA		07:58	45	928	4556	0700	1
LITTLER, DAVID C		07:55	40	935	4035A	0700	1
BENEDIK, NADIA	06:49	07:10	30	877	3077	0700	1
GIOUNOUNTS, ALINA	06:37	07:05	53	872	5372	0700	1
HOOPER, GEOFFREY	06:34	07:04	45	956	4556	0700	1
CHU, SIDNEY		07:01	27	943	2743	0700	1
DURAN, NATASHA	06:54	07:01	30	896	3096	0700	1
HARRISON, CARLA	06:40	07:01	53	872	5372	0700	1
WILSON, MICHAEL	06:45	07:01	24	983	2483	0700	1
BARCLAY, CHRISTOPHER		07:00	54	000	5499A	0700	1
BIRKENHEIER, SCOTT PHILIP		07:00	MARN 3D	000	DOAT	0700	1
PHAN, CARMEN		07:00	D1	000		0700	1
CANNON, JEREMIAH	06:42	06:59	11	836	1136	0700	1
MCINTYRE, ROBERT		06:59	58	527	5827A	0700	1
STEVEN, ROBERT	06:46	06:59	11	836	1136	0700	1
BUTLER, ALICIA	06:50	06:58	38	842	3842	0700	1
FRANCISCO, ELADIO		06:58	18	863	1863A	0700	1
NGUYEN, JAMES		06:58	30	896	3096	0700	1

To assist EMDs with determining which stations have fully staffed Paramedic crews around shift change, the TS-WFC Viewer program is available on all CAD workstations. This software displays which stations have Paramedics that have booked/swiped on and the unit they have selected to work on for the shift.

When initially launched, the date will default to the current date.

The shifts available to view are all available shifts throughout the day, including but not limited to:

- All shifts
- 6 am shift
- 7 am shift
- 9 am shift
- 2 pm shift
- 6 pm shift
- 7 pm shift

Staff are colour-coded based on their status. Each row colour will change as the application updates.

Colour	Meaning
	Paramedic has punch IN WITH a vehicle number
	Paramedic has punched IN with NO vehicle number
	Employee (non-paramedic) has punched IN
	Employee has punched IN and punched OUT
	Paramedic has not punched in
	Paramedic has punched IN, but NO TeleStaff schedule found
	Employee shift has not started

Searching for a Paramedic by Name or Employee Number:

To look for a specific Paramedic, enter their name (first name OR last name) or their Employee Number: all paramedics will be listed who match the name search within the Date/Time, Quadrant, and/or Station selections.

NOTE: You can enter a partial name OR a partial Employee Number: all possible matches will be displayed within the Date/Time and other Search Criteria:

(e.g. Enter a partial Employee Number as "8165"; all Paramedics who have "8165" anywhere within their employee number will be displayed);
(e.g. Enter "Tony" as a partial name; all Paramedics named "Tony" or "Tonya" will be displayed).

REMINDER: You must press Refresh to execute a new search OR to update data that is currently displayed. The application does not 'auto-refresh' unless you check the auto refresh box.

Paramedics do not have to accept a call prior to the start of their shift. EMDs may call into stations to inquire if there are full Paramedic crews available to start early and accept an emergency call.

EMDs must remember to check the Projection Sheet / Unit Availability Sheet when assessing calls around book-on times (0600, 0700, 0900, 1100, 1200, 1400, 1800, 1900). Units may not roster if Paramedics are working different shifts, swiped on different units or have entered "000" as a unit number.

EMDs should manually phone in to stations if there is an available unit in that station (even if it is not the unit the Paramedics selected to work on for their shift). Paramedic crews can always change vehicles later in their shift if desired.

Sector Desk

Section 8.3
Unit Selection,
Assignment &
Notification

Toronto Paramedic Services Dispatch Manual

UNIT SELECTION AND PARAMEDIC NOTIFICATION

OVERVIEW

The EMD is responsible for using Optima Assign as a tool to aid in the selection of units to service emergency calls. The QEMD is also responsible for ensuring Paramedic crew notification via locution, MobiCAD or private call has been acknowledged by all responding units for emergency and non-emergency calls that fall within their geographical control. For emergency calls, the closest most appropriate available unit, ARU/PRU (if within range), PTU or ATU should be assigned within the Emergency Call Assignment Time Standard.

Policy Number	Section 8 Operations **Unit Assignment**	Effective
09.08.6	*Issued: December 2010* *Last Revision: July 13, 2012*	June 9, 2014

POLICY:
EMDs will use the tools provided and as prescribed to assign the most appropriate unit(s) to requests for service.

PURPOSE:
To provide an appropriate response to requests for service.

PROCEDURES:

EMDs will prioritize their tasks such that unit assignment for high priority emergency calls is not delayed due to lower priority tasks.

Order of Incident Assignment

- EMDs will address emergency calls in order of priority with the oldest unassigned emergency call within a priority being assigned first.
- The order of emergency call priorities is (from highest to lowest):
    - Echo, Delta, Charlie, Bravo, Alpha, non-emergency

Emergency Call Assignment Time Standards

- The following table lists the emergency call priorities and the associated time requirements for obtaining an Optima recommendation and subsequently assigning a unit to the call:

Call Priority	**Recommendation*** (when Optima is available)	**Assignment***
Echo, Delta, Charlie	Within 20 seconds	Within 40 seconds
Bravo	n/a	Within 60 seconds
Alpha	n/a	Within 5 minutes
Alpha 1	n/a	Within 10 minutes
Alpha 2	n/a	Within 40 minutes
Alpha 3	n/a	Within 100 minutes

* Times are based on those in the Inform CAD Pending Incident Queue, not those in Optima.

Optima Dispatch Unit Assignment

- EMDs will use the Optima Dispatch decision support system to assess and assign the most appropriate units for all emergency calls.

- When EMDs become aware of units which will be crossing paths during their response to calls the EMD may swap the units so long as the response times to high priority calls are not negatively impacted. EMDs may use the Inform CAD SWAP PowerLine command for this purpose.

- If the recommended assignment will result in units crossing, the EMD will ensure that the highest priority/oldest call is assigned first before any reassignments are made.

- EMDs will obtain an assignment recommendation from Optima and assign any emergency call that appears in their Optima Dispatch "Pending Calls" queue. An exception to this occurs when a "PTOC" unit under the control of another EMD is recommended, in which case the call may be moved in both Optima and Inform CAD to the other EMD for assignment.

- For Echo and Delta incidents, EMDs require the approval of the 'Pit Senior' (or One Desk) to override Optima unit recommendations. In the event the Pit Senior (or One Desk) is unavailable and the EMD needs to override the Optima recommendation, the EMD may override the recommendation and will advise the Pit Senior (or One Desk) as soon as practical.

- For other priority incidents EMDs may use their best judgement to override Optima recommendations when necessary. EMDs may consult with the 'Pit Senior' (or One Desk) if required.

Assignment Exception: EMDs may use either Optima or Inform CAD when assigning Emergency transfers/STEMI transfers or for any type of call at beginning of shift.

For Echo, Delta and Charlie Priority Emergency Calls:

- In accordance with the Emergency Call Assignment Time Standards (see table above) Echo, Delta, Charlie and Bravo priority emergency calls must not be delayed for any reason including, but not limited to, preservation of emergency coverage, paramedic meal breaks or paramedic end-of-shift book-offs.

For Alpha and Lower Priority Emergency Calls:

- Inadequate emergency coverage in the station area where the call is located
- Paramedic meal breaks
- Paramedic end of shift

If any one of these factors exists, the EMD may delay the assignment of Alpha and lower priority emergency calls following the Emergency Call Assignment Time Standards (see table above).

Exceptions to Emergency Call Assignment Time Standards

- Exceptions to the Emergency Call Assignment Time Standards are permitted without authorization due to:
  - Rostering issues at start of shift
  - Recommended unit(s) in "PTOC" or "At Destination" status
- Any other request to delay assignment of units beyond the Emergency Call Assignment Time Standards requires the notification and approval of the 'Pit Senior' (or One Desk).
- In circumstances that may result in a delayed response to the scene by a responding unit (e.g., environmental reasons, multiple re-assignments, long travel distances, etc.), the EMD should request the 'Pit Senior' (or One Desk) to review the call. One Desk staff will review the call details, consider calling back to the scene, consider the need to apply an appropriate 'No Divert' reason code to a unit responding on a low priority emergency call to prevent further delays due to possible diversion and consider the need for Fire first response.

Incident Address Change

- When alerted to any emergency call address change, the EMD will reassess the call using the Optima "Add Vehicles to Dispatch" window. If a closer, more appropriate unit is available, the EMD will add it to the emergency call.
- When additional units have been added for this reason, the EMD will remove the originally assigned unit(s) from the emergency call if they are no longer required.

Incident Priority Change

- When alerted to any emergency call priority change, the EMD will reassess the call using the Optima "Add Vehicles to Dispatch" window. If another unit is more appropriate, the EMD will add it to the emergency call.
- When additional units have been added for this reason, the EMD will remove the originally assigned unit(s) from the emergency call if they are no longer required.

Sending Additional Units

EMDs may send units in addition to those recommended by Optima Dispatch in the following circumstances:

- When the potential for multiple patients is documented in the Inform CAD call form (e.g. traffic accident, childbirth, shootings or stabbings, etc.)
- When requested by a Paramedic on scene; in this circumstance, the EMD will:
  - Determine from the Paramedic what type of unit is required;
  - Send the closest unit of the type required (based on ETA);

When an additional unit must respond on a different priority than the emergency call's original priority, the EMD must manually change the call priority in the Inform CAD Emergency Call form, convey this information to the responding unit verbally and document

in the Comments/Notes tab of the Emergency Call form and advise the on-scene paramedic of the status and location of the additional unit(s).

Any other case of additional units must be approved by the 'Pit Senior' (or One Desk)

For Non-Emergency Calls:

- Either Inform CAD or Optima may be used to assign non-emergency calls. EMDs will consider other factors before assigning units to non-emergency calls, including but not limited to: emergency coverage, response time targets, pick-up time, appointment time, optimal use of resource type, Paramedic meal breaks, Paramedic end of shift, etc.

Manual Unit Assignment

In the event of a system failure affecting unit assignment recommendations, the EMD will revert to a manual unit selection process as outlined below:

- For Bravo through Echo priority emergency calls, the EMD will assign the closest unit of any type. If the assigned unit is not a fully staffed transport unit, the EMD must add the most appropriate one.
- ALS assignment to Echo priority and entrapment emergency calls is mandatory.
- For lower priority emergency calls, the EMD will assign the most appropriate unit.

ASSIGNING UNITS TO A LOCATION WITH A BLOCK RANGE

EMDs may receive a call in their pending queue with a "block range." The Address field will show the range of addresses on road segment (4325-4340 Dufferin St.) where the wireless caller is located. The Nature/Problem will generally be a Bravo Unknown Problem due to it being sent to queue as a 'Trace Pending' call. However, there will be times when the block range will have a specific Protocol due to information being obtained (i.e. "I need an ambulance, my friend just fainted!" If the call taker has received specific patient information, then the Nature/Problem will be more specific to that complaint. These type of calls occurs most often due to a disconnect during the call taking process before an address or location has been identified.

This will be treated as an emergency call and EMDs are to follow dispatch policies outlined in the Standard Operating Procedure 09.08.6 for Unit Assignment.

HIGHER PRIORITY EMERGENCY CALLS

Both Advanced and Primary Care Paramedic units are subject to reassignment to higher priority calls.

CHANGE IN CALL NATURE/PROBLEM AND/OR PRIORITY

- When the EMD is alerted that there has been a change in Nature/Problem or the Priority of an Active Call, they will select that call from the Active Calls queue in Optima. This will cause all currently assigned vehicles to be displayed in the Dispatch queue. The QEMD will use the "Recalculate Dispatch" function to see if the Nature/Problem and/or Priority change has resulted in other vehicles being recommended for the call. If no change is recommended, the QEMD will also reassess the call using the Optima "Add Vehicles to Dispatch" window. If a closer, more appropriate unit (PCP for Alpha/Bravo or ACP for Charlie/Delta/Echo) is available, the QEMD will add it to the emergency call.

- When additional units have been added for this reason, any originally assigned units that are no longer required will be removed from the emergency call.

- When a unit on scene upgrades/downgrades a call based on patient assessment, the EMD will change the priority of the call on the Emergency Call Taking (ECT) form, verbalize this upgrade/downgrade to responding unit(s) and document in the 'Comments/Notes' section of the ECT form.

- When a call is upgraded to an Echo response in the ECT form, the EMD will document in the ticket the reason for the upgrade and notify Police and Fire of Echo Tiered.

ENCOUNTERING A PATIENT WHILE RESPONDING

- When a Paramedic crew comes across a potential emergency call while already responding to another emergency call, they are obliged to stop. Depending on the outcome of their assessment, they will either clear themselves from the scene and proceed on the original call or initiate intervention techniques and thereby commit themselves to a patient. In either case, they will inform the QEMD of their actions and status. If the Paramedic crew is delayed on scene of the call, the QEMD must re-evaluate the originally dispatched call using the Optima Assign software and assign a new unit to the call.

- To create a new call for the flagged-down Paramedic crew, EMDs should use the PowerLine command "unk" followed by the unit number and location in order to create and assign a new Emergency Call form.

UNIT NOTIFICATION OF EMERGENCY CALLS

Paramedic crews will be notified of emergency calls via station alerting, MobiCAD, or radio private call. In case of a Locution failure or for locations that do not have Locution available, the QEMD will maintain a standardized format for presenting units with call details. A consistent format of detail presentation assists Paramedic crews with recording the information.

"Contact Unit" alerts are to be treated as though no unit has been assigned to the call. In these cases, the Paramedic crew has not been notified of the call they have been assigned to. In case of station alerting, private call or MobiCAD failure the following process is to be used for notification:

- “Unit #, *specific priority (A,B,C,D,E) and chief complaint (when known).*
- Explicit pick-up location information as appropriate, after dispatch, including:
    - Address or institution name,
    - Closest main intersection or cross street as indicated

Ex: "Ambulance XXXX, Delta Chest Pain at 31 Glen Watford Dr, Agincourt Pool. Near Sheppard & Midland."

Once the call has been updated by the Call Receiver, the QEMD will review notes of the call. It's the responsibility of any responding unit(s) to ask for clarification of any notes on the call however; if any scene safety issues are present the QEMD **must** confirm details with all responding units. The following is an example of the standard broadcast to be used:

"<Ambulance XXXX>, confirming you have received the update on your <Priority>, <Chief Complaint> at <Address>".

For example,

"Ambulance XXXX, confirming you have received the update on your Delta Chest Pain at 31 Glen Watford Dr

CALL PRIORITIES UPON ASSIGNMENT

The QEMD is responsible for upgrading certain calls before assigning them to ensure that the proper response is sent. This allows for proper reassignment and for PDS to function correctly. Please refer to the following table:

Priority/Type	Dispatched Priority
Scheduled Code 2 (within 12 mins OR Code 4 on Arrival)	Bravo Emergency Transfer
Scheduled Code 2 (Life or Limb)	Delta Life or Limb

GENERAL ECHO BROADCASTS

When an Echo level response is generated, the dispatcher must assign the closest unit as well as an ALS vehicle if ALS is not the closest unit. The QEMD must also make a General Echo Broadcast in case there is a closer unit already assigned to a call but who has not yet made themselves available or can be reassigned to this higher priority. The following is an example of a General Echo Broadcast:

"Any available units for an Echo <Chief Complaint> at <Intersection>, call <Quadrant>."

This general broadcast should also be made on the Destination, Clearing or adjacent quadrant desks as applicable (ie. If the call is near a specific hospital or near the border of another quadrant).

PROVIDING DETAILED INFORMATION

Due to data communications failure or if requested to do so by the crew, the QEMD will relay the following information:

"(Ambulance call sign) *update to your* (Alpha, Bravo, Charlie, Delta or Echo) *emergency call."*

Explicit pick-up location information as appropriate including:

- Address and/or Institution name
- Closest main intersection or cross street as indicated
- Geocode

- Apartment, townhouse, or suite number of a residence or doctor's office
- Entrance for best access
- Floor number or location within office buildings, arenas, industrial locations, subway stations public locations, etc.
- Specific pertinent patient information or details of the call
- Attendance of police or fire department, if applicable for other than tiered response purposes
- "Tiered Response", if applicable
- Other resources attending, along with the applicable call sign
- Response number
- Time of update

Also, the QEMD MUST pay attention to any pre-populated premise notes. These may include:

- Scene safety issues
- Specific location notes
- PAD details
- Directional information for highway calls.

Since all relative patient information will not be available at the time of initial assignment, QEMDs will diligently review the Emergency Call form Notes/Comments tab once updated information is received and again upon receipt of the complete call information. This is to ensure that all additional information added to the call by the Call Receiver after initial activation is relayed to the Paramedic crew. This information will be provided to Paramedics when practical. The call information is transmitted to the responding vehicles MobiCAD and to the Paramedic crew's pagers. If the pagers are not operational or the message requires clarification, the Paramedic crew will be responsible for asking for the information verbally, from the QEMD.

The Inform CAD system advises the QEMD that further information has been added by displaying the "note pad" icon in the ICONS column of the Assigned Incident Queue.

It is the responsibility of all QEMDs to check their notes icon often as they may contain important information, such as a change in patient condition and/or crew safety.

QEMD RESPONSIBILITIES FOR UNIT NOTIFICATION

1. Respond to any Advisor notifications pertaining to call assignment. These notifications must be acted upon in a timely manner (depending on the priority of the call they are related to). "Contact Unit" alerts indicate the units have not received the call information.

2. When assigning calls to units, the QEMD is to ensure instructions are clear, concise, and understood (if verbal notification is required).

3. If the Paramedic crew does not give indication that they are mobile and en route to the call within two minutes, their 10-20 is to be verified via **trunk or portable** radio. The QEMD will ask if the crew has received the call and if they are 10-8. Inform CAD will provide the QEMD with a visual alert indicating this. This alert will cause the unit's row in the Unit Status Queue (USQ) to flash until the unit is shown in "Responding" status.

4. If no reply, the station or last known location is to be contacted by telephone.

5. If still no reply, a pager message will be initiated.

6. If no communication is established, the call is to be assigned to the next closest appropriate unit, the first unit put Out of Service and One Desk advised.

7. The SCS or Senior EMD will contact the appropriate DOS requesting a review as to the delay or lack of radio communication - voice or MobiCAD.

8. The unit dispatched is never to be assumed to be en route if indication to this effect is not received.

9. EMDs should always insist on a Paramedic crew's acknowledgement of receipt of an assigned call at time of assignment if manual notification is required. A phone hung up or radio silence from a mobile unit does not constitute acknowledgement. The QEMD will attempt to re-contact the Paramedic crew by phone or radio to ensure that the call details have been received.

10. If acknowledgement is not received, the call is to be assigned to the next closest appropriate unit. The first unit will be posted to its last known location, put Out of Service and One Desk is to be advised.

11. Courtesy requests made by Paramedic crews that would delay the immediate servicing of any emergency call or area coverage assignment are to be denied. This includes finishing a meal/snack, cleaning the station, etc. If there is a delay (restroom, speaking with DOS, etc.), the QEMD will document this in the Emergency Call form and notify the closest DOS (Advisory CACC # 2013-04).

12. The onus is strictly on the Paramedic crew to make courtesy requests prior to receiving a call so as not to contravene the relevant sections of the current SOPs.

13. Any dispute resulting from such denial of request is to be referred to One Desk for handling by the SCS or the Senior EMD.

14. "Are you available to service an emergency call?" is to be asked of a selected unit if that Paramedic crew is away from station, has not declared themselves in "PTOC" status at the destination and/or has not as yet cleared from their previous assignment. If the unit is available, they are to be cancelled from their current call and assigned the new call.

15. If a Paramedic crew reports they are Out of Service (without previously being marked OOS) the EMD will document the delay in the Emergency Call form in the Callbacks tab and notify One Desk. If the Paramedic crew is able to service the emergency call without further delay, they will be left assigned to the emergency call. If they are unable to service the emergency call, the EMD will remove the unit from the emergency call, post the unit to the appropriate location and place the unit in the appropriate OOS status. Optima Assign software will be used to obtain a recommendation for another vehicle to be assigned.

NOTIFICATION COMMENTS

It is the responsibility of the QEMD to confirm that the crew has received all call details and notification comments to the call.

It is imperative that the crew is verbally notified of all scene safety issues.

Prepare for Intercom or Mail Room from Call-Receiver

The quadrant QEMD must be prepared for an Intercom message or a SEND notification from the call receiver regarding the notification message.

PARAMEDIC REQUESTS FOR POLICE ACTIVITY UPDATES

Toronto Paramedic Services considers the safety of our staff the highest priority. If Paramedics request a Police activity update from the Emergency Medical Dispatcher while en route to a call, these requests will be **actioned immediately** by the appropriate Communications Centre staff. It is imperative that all staff continue to follow the current Policies, Directives and Legislation as these are intended to safeguard all parties.

NON-OPTIMA ENVIRONMENT

See section 7.12: Non-Optima and Non-CAD Environment

USE OF EMERGENCY RESPONSE UNITS (ARU/PRU)

Emergency Response Units can be a valuable resource in situations of no confirmed patients (Fire standbys, Command post incidents, etc.). The QEMD does not have to commit a transport unit to the call unless a patient is identified.

ARUs and PRUs are useful in assisting the QEMD in providing mobile coverage, ACP capture and on-time performance. For these reasons, the QEMD should constantly be aware of the status of all ERUs within their quadrant.

Throughout the shift and especially during night shift hours, EMDs should carefully consider scene safety issues after assigning an ARU, PRU, DOS or any single paramedic to calls. After assigning these units to calls, EMDs should bring any safety concerns to One Desk to determine if they should be removed from the assigned call.

If a single medic is sent after 00:00 – 06:00hrs, Toronto Fire is to be sent as well and advised we have a single paramedic attending as first response.

Non-Emergency Calls are not processed in Optima Dispatch. They will not populate the Optima Pending Calls queue. All evaluation and assignments of non-emergency calls must be done in Inform CAD by using the "drag and drop" method or Powerline ("AL").

Only PTU units will be used to service Non-Emergency calls. Any exceptions must be approved by One Desk. The effect on emergency coverage is the primary criteria with which to select a PTU for a non-emergency assignment, however, there are other considerations that should be applied depending on circumstances. These are listed as follows:

- Time factor: Can the selected unit reasonably be expected to arrive at the pick-up location with sufficient time to allow the Paramedic crew to collect and load the patient, transport the patient to the destination, unload and deliver the patient to meet a scheduled appointment, or, in the case of an air transfer, departure or arrival time?
- Equitable distribution of non-emergency workload.
- Allowance for 10-90 requests.
- The provision of temporary mobile emergency coverage through a response corridor while the unit is en route to the pick-up location or returning to station from the destination.
- End of shift (EOS) overtime

Station proximity to either the pick-up location or the destination is not to be used as the sole determinant in selecting a unit for non-emergency call assignment, but may be a factor to when considering beginning or end of shift non-emergency calls.
Enough lead-time should be allowed to have the Paramedic crew arrive at the pick-up location prior to or at the promised time booked.

Should a subsequent, alternative booking time be arranged with the pick-up location by the EMD, this new time is to be recorded in the Promised Time field of the Scheduled Call form and the same rules pertaining to lead time will apply.

The Paramedic crew will receive all call information via Locution, MobiCAD and pager, therefore, for patient confidentiality no patient or call information is to be given over the radio.

In case of Locution failure, manual notification is required. The privacy rights of the individual are not violated when the patient's name is communicated unless the name is coupled with other private information such as medical condition and/or home address, etc.

Sector Desk

Section 8.4 Posting Units in an Available Status

Toronto Paramedic Services Dispatch Manual

POSTING UNITS IN AN AVAILABLE STATUS

All units, when not assigned to a call or in a station, must be posted to record their movements. Posting units in Inform CAD also shows the Paramedics their destination location on their MobiCAD. In order to post a unit, right-click on the vehicle in the USQ and select "Assign to Post" or use the PowerLine command, **AP <space> Unit #.**

When a unit is sent to a standby station for coverage, it is assigned to a Priority Station from the Station/Post list window (or by using the PowerLine command). When a unit is returning to a station or base after completion of a response, it is assigned to post (home station or coverage station).

If a unit is required at a non-station post, the EMD will assign the unit using the same method as above. The station/post window allows for other locations and address to be selected (including all Geo prefixes).

DOS' are exempt from being posted at all times. These units can be left in "Available" status. If a DOS advises they are enroute to a specific location, it is appropriate for the EMD to assign them to that location.

It is imperative that all EMDs keep their Vehicle Status Queue up to date at all times.

Sector Desk

Section 8.5
Emergency
Coverage &
Standby Posting

Toronto Paramedic Services Dispatch Manual

EMERGENCY COVERAGE & STANDBY POSTING

When posting transport units for coverage, EMDs must select the appropriate TPS station from the list in Inform CAD. This is to ensure that the Optima software correctly recognizes the posted station. Units posted incorrectly in Inform CAD will result in the red coverage circles not turning green on the Optima map.

POSTING AND STANDBY

1. All units, when not assigned to calls or in quarters, will be posted to a specific location
2. The thirteen priority stations must be covered at all times (see map next page)
3. Priority post stations are only considered "covered" by transport units
4. Units will be posted back to their home station if all priority posts are covered (unless a closer station is more appropriate to complete their lunch break)
5. EMDs will post units to the appropriate location for service, fuel or administrative details
6. When assigned to a station for emergency area coverage, the Paramedic crew will be notified via Locution, MobiCAD or private call. If verbal notification is required it will be done in the following manner:
   - "You are required for standby coverage at (specific station)"

PRIORITY POST STATIONS

The 13 Priority Posts (must be covered first – in any order)

1. 19 Station
2. 12 Station
3. 15 Station or 53 Station
4. 18 Station
5. 23 Station
6. 25 Station
7. 28 Station or 21 Station
8. 31 Station or 39 Station
9. 33 Station or 37 Station
10. 40 Station
11. 41 Station or 46 Station
12. 45 Station
13. 54 Station or 58 Station

Where two stations are listed, either can be covered and the post will be considered filled.

ERU COVERAGE

Emergency Response Units will be assigned a "home station" (street intersection) by One Desk for the duration of their shift. ERUs will be posted to their "home station" (street intersection) any time they are not on a call or on their lunch break.

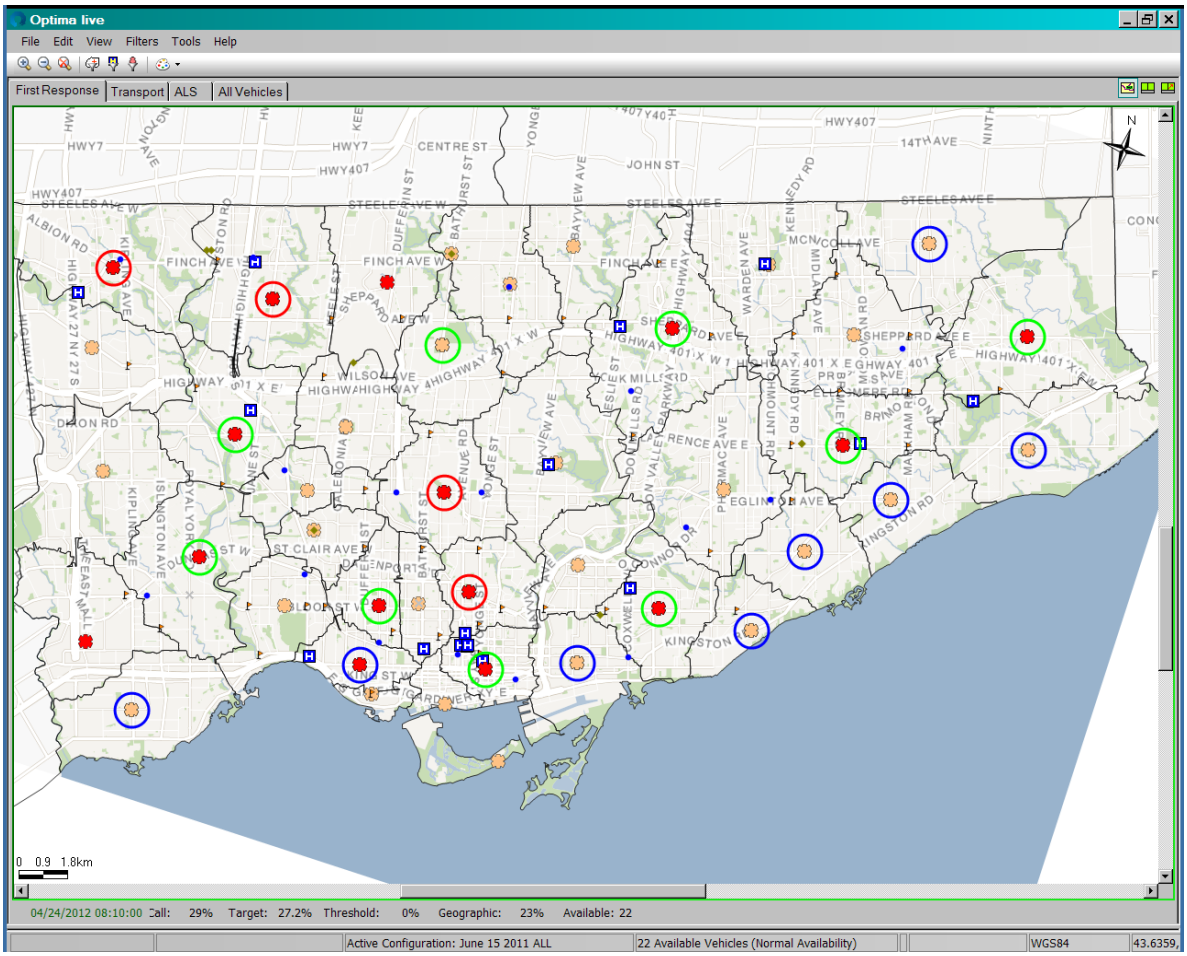
CITYWIDE COVERAGE

The Optima map can assist the EMD in determining where to send units for coverage. Priority Station coverage is defined by the circles described below.

Red Circle: Priority Station that does not have a transport unit currently assigned to it.

Green Circle: Priority Station that has sufficient coverage assigned to it (or In-Quarters)

Blue Circle: Priority Station that has more than one transport unit currently assigned to it (or in quarters). Also displays around any non-Priority Post that has a transport unit assigned to it (or In-Quarters)



OVER-COVERAGE

Priority post stations may have more than one transport unit assigned to them at any given time. For example, a 29 transport unit that has been sent to 23 station for coverage can be left there even after a 23 station transport unit has become available and has been posted back to 23 station. This practice may also assist the QEMD in completing Meal Breaks.

MEAL BREAKS

Coverage of priority posts will be considered prior to meal break assignments. Paramedic crews that require their meal break should be sent to the closest, uncovered priority post (if applicable) however, they can be sent to further stations in order to improve city-wide coverage. If all priority posts are covered, the unit must be posted to one of the two closest stations for lunch.

COVID-19 STATION OCCUPANCY LIMITS (MEMO 2021-01-26)

Effective January 27, 2021, the Communications Centre will be responsible for monitoring changes in the distribution of Paramedic staff posted to stations. Station occupancy limits have been established in consultation with City Occupational Health & Safety staff to ensure that effective physical distancing (minimum 2 metres) can be achieved while eating/drinking and resting in station.

Station Occupancy Limits

- Station occupancy limits apply any time a vehicle is posted to a station for coverage or meal break purposes.
- Paramedics who have completed their meal break may be deployed to other stations as required, to allow those who have not had a meal break to be posted as necessary.
- Emergency Medical Dispatchers shall reassess coverage requirements in combination with occupancy limits; if required, Paramedic crew(s) shall be posted elsewhere or may remain mobile if they choose to do so, to ensure station occupancy limits are not exceeded.
- Paramedics posted to stations solely for the purpose of restocking, personal service, PPE cleaning (e.g., APR cleaning/disinfection), or end of shift are not included as part of the station occupancy limits.
- Custodial and maintenance staff are also not included in station occupancy limits.

Current station occupancy limits are listed in reference material available at each work station in the Communications Centre, on the active desktop, and in G:\ems\EMD Information\RESOURCES. (A copy of the occupancy limits as of April 23, 2021 is included in the back of the manual)

The Station Occupancy Limits changes frequently, so there is no copy of the map included in this manual. Check the G-Drive or the Active Desktop for the most up to date version.

MOVEMENTS WITHIN PRIORITY POSTS

Transport units already posted to priority post stations can be assigned to others to assist in balancing city-wide coverage. For example, if all priority posts in the west end of the city are covered but none in the east, at least one transport unit should be started east.

Sector Desk

Section 8.6
Specialty
Resources &
Assignments

Toronto Paramedic Services Dispatch Manual

SPECIALTY RESOURCES & ASSIGNMENTS

EMERGENCY RESPONSE UNIT (ERU)

The prime function of ERUs is to provide rapid response to high priority emergency calls and arrive within the response time goals. Advanced Care Response Units (ARU) can also provide additional support to PTUs when treating critically ill patients.

The ARU and Primary Care Response Units (PRU) are deployed to mobile standbys at the beginning of shift by One Desk. ERUs are to be kept mobile throughout their shift except for meal breaks.

If an ERU Paramedic is required to accompany a patient in a transport unit, one of two situations will occur:

- The ERU is left on scene and all Paramedics transport the patient to the hospital in the transport unit. In this case, the ERU is to be left on the call (left in "At Scene" status) and out of service "Unattended" will be applied.
- If the ERU is driven to the hospital while the ERU Paramedic is in the transport vehicle, the ERU will be marked "Depart Scene" with a transport priority & CTAS of "No Patient." Once the ERU arrives at the hospital, their status will be updated to "At Destination." Keeping the ERU on the call in both situations will ensure they receive all pages related to the call.

TACTICAL PARAMEDICS (ETF and .TRU) (More details on Tactical incidents in Section 8.13)
See MEMO 2020-08-26 Re NEW Tactical Response Units (TRU)

"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).

When ETF units are responding to an ETF call/command post, they are re-assignable to higher priority calls. If the ETF unit is reassigned, another ETF unit will be assigned (if available) to the original call/command post. If no other ETF units are available, another ATU will be assigned to the non-Tactical call to relieve the ETF unit prior to transporting the patient if possible. If the patient is critical, the ETF crew may transport first, and then be relieved at the Hospital. (A PTU may be assigned if ETF on scene/at hospital advise that a PCP crew is sufficient).

If there are no other ATUs available to relieve the ETF unit, the EMD will inquire with One Desk if a standard PTU/ATU will be acceptable to be assigned to the original ETF call. If this is acceptable, the EMD will assign the unit recommended by the Optima Assign software. An EMS Operations Superintendent (Special Operations, if available) must be dispatched along with the non-Tactical Paramedics.

On arrival at an ETF call/command post, ETF Paramedics will switch their radios to B8 to be monitored by 1-Desk.

Secure Communications: ***At no time is the location of the briefing (usually a Police Division) nor the location of the actual Police operation to be announced over the radio by any EMD, Sr. EMD, SCS, nor Deputy Commander.***
ETF medics will communicate any confidential information, including the target address, via a secure app directly to the Deputy Commander and the CACC SCS.

Locution (in-station, and to radios) is disabled from announcing Command Post calls. A non-Tactical Paramedic crew that is "In Quarters" must be dispatched via the Station Hotline. The EMD may state the briefing location over the Station Hot Line, but not over the radio. If the unit is dispatched by radio, the EMD is to say "See your MobiCAD for location and details".

NON-TACTICAL PARAMEDICS ASSIGNED TO TACTICAL (ETF) CALLS

Ref: Ops SOP 03.06.65 (Information only for EMDs)

Non-tactical Paramedics assigned to ETF incidents will follow the procedures outlined below:

The non-Tactical Paramedic crew will proceed to the briefing location as dispatched. On arrival, the Paramedics will switch their radio channel to B8 (to be monitored by one desk).

The non-Tactical Paramedic crew must **not** enter the briefing, unless directed to do so by an ETF member or an EMS Superintendent. The crew is to advise the ETF Team that they are a non-tactical Paramedic crew.

The crew must **not** use a cell phone nor a radio to communicate target address information to CACC. The non-Tactical Paramedic crew(s) must **not** enter the target address during initial entry by the ETF. Once the ETF has entered and has declared the scene to be secure, then the non-Tactical Paramedic crew may be requested to enter and provide medical assistance as needed.

CHEMICAL BIOLOGICAL RADIOACTIVE NUCLEAR EXPLOSIVE (CBRNE) –

"Command Post – CBRNE" - When a specific request is made for CBRNE Paramedics (e.g. a Bomb Threat, or the dismantling of a drug lab).

When CBRNE units are responding to a call request for CBRNE, they are re-assignable to higher priority calls. If reassigned, another CBRNE unit should be assigned (if available). If no other CBRNE crews are available, another ATU should be assigned to the call to relieve the CBRNE crew prior to transporting the patient.

If there are no other ATUs available to relieve the CBRNE unit, the EMD will inquire with One Desk if any other units would be appropriate to send to the original CBRNE call.

Paramedics on scene of a call that request CBRNE will advise the EMD and provide an appropriate response level. If the requested response level is different from that of the original call, the EMD will change the call priority in the Emergency Call form.

Assignment of CBRNE Paramedics to emergency calls according to call details:

CBRNE Paramedics are specially trained to respond to incidents involving hazardous or unknown chemicals. Any time the incident details indicate the involvement of chemicals the CBRNE units should be dispatched along with the closest, most appropriate unit without hesitation. Examples of calls that indicate CBRNE should be dispatched include, but are not limited to:

- Chemical Suicide
- Carbon Monoxide
- Hazardous chemicals
- Unknown chemicals
- Smoke inhalation/chemical inhalation/inhalation injury
- Fire with patients
- Suspicious packages (usually a Command Post – CBRNE)
- "White Powder"
- Any incident details suggesting the presence of liquid, powder, gaseous, corrosive, caustic, toxic or unknown chemicals

Always dispatch the **closest most appropriate unit to the original incident**. Any time the call details suggest CBRNE is indicated, and the CBRNE unit is available, the EMD shall:

1. Generate a separate Command Post – CBRNE to the same address as the original ticket (See Memo Re: Use of Nature/Problems Command Post – CBRNE & Command Post – ETF from April 11, 2016)
2. Dispatch the CBRNE
3. Notify 1Desk
4. Notify the closest available DOS as well as a D5 DOS

When in doubt, consult with 1Desk on any call involving chemicals.

CRITICAL CARE TRANSPORT UNIT (CCTU)

If CCTU is used as first response, an ATU must be assigned immediately for transport. EMDs must notify One Desk immediately. These units are not considered for emergency coverage.

EMERGENCY SUPPORT UNIT (ESU)

The support bus and truck normally travel together in pairs. They are dispatched via Optima Assign along with any other appropriate units. If they are required on a call in which they were not originally recommended, the EMD may manually assign them by using the Optima "Add Vehicles" window. A Locution message will be broadcasted for them in station or via radio to their vehicle/portable.

If assigned to a fire standby, the support units will not be cancelled from the call before any other units have been cleared. The only exception to this is if a superintendent or Paramedic crew on scene of the same call advises that they will be clearing off the call shortly.

ESU BARIATRIC UNIT STAFFING

ESU will be staffing bariatric units at 51 station and District 2 Hub. If they are required for a bariatric call via notes in the ECT or requested by a crew on scene of a call, the EMD will document all relevant details and upgrade the call in the ECT form, if appropriate. The EMD will locate the closest bariatric unit and dispatch them on the call using the Optima "Add Vehicles" window. The EMD will then dispatch the closest available DOS, notify One Desk of the bariatric call and time stamp all notifications.

Ensure that the bariatric unit is destinated through PDS for all bariatric patients requiring transport to hospital. Once the bariatric unit is cleared, post them back to their home base and advise One Desk unit is cleared.

Bariatric units are similar to CCTU units in the sense that **if** they are required as first response for high priority calls, another crew must be assigned immediately for transport. EMDs must notify One Desk immediately. These units are also not to be considered for emergency coverage.

For the day shift ESU will staff the 51 station bariatric unit (564) and the District 2 bariatric unit (506)

DAYS	6 staff	5 staff	4 staff	3 staff	2 staff
ESU 1	1	1	1	1	1
ESU 2	1	1			
ESU 7	1				
ESU 9	1	1	1		
564	1	1	1	1	1
578 (D2)	1	1	1	1	

For the night shift ESU will staff the 51 station bariatric unit (564)

NIGHTS	3 staff	2 staff
ESU 1	1	1
ESU 2		
ESU 7		
ESU 9	1	
564	1	1
578 (D2)		

For instances where all ESU units are not available, the priority will be to up-staff the bariatric units with two ESU medics, when possible.

BARIATRIC PATIENT ASSIGNMENTS

- If the bariatric unit is required for a call, via notes in the Emergency Call Screen (ECT), locate the closest bariatric unit using the Optima "Add Vehicles" window.
- If requested by a crew on scene of a call, document all relevant details in the ECT and upgrade/downgrade the call as appropriate before dispatching the closest bariatric unit.
- For all bariatric calls where an ESU staffed bariatric unit is dispatched, a support unit must also be dispatched, if available
- Dispatch the closest available DOS, notify One Desk and time stamp all notifications
- When a bariatric patient is being transported to a hospital, ensure that ONLY the bariatric unit is destinated using PDS. All other unit(s) following to the hospital are to be shown as 10-9 and marked as "no pt" on board.
- Once the bariatric unit is cleared, post them back to their assigned station and advise One Desk.
- **If a bariatric unit is required as first response for high priority calls**, another crew must be assigned immediately to back them up for transport (similar to CCTU). If the bariatric unit is reassigned while on their way to a call, start the other bariatric unit to said call and advise the original crew, DOS and One Desk of the delay.

End of Shift

At 1700 hours, both ESU paramedics assigned to the District 2 Hub will take the support unit back to 51 Station for book off.

ISLAND PARAMEDIC & MARINE UNIT PARAMEDIC

When there is a call on the Toronto Islands, the EMD will assign both the Island ambulance (59 Station) and the Marine Unit Paramedic. Radio Room must be called immediately in order to notify the Toronto Police Marine Unit of the call. This is done in order to generate an Event # for the Toronto Police Marine unit. EMDs will tell Radio Room "We need our Paramedic at your Marine Unit." In parallel, the EMD will then assign the Marine Unit to the call. It is essential the EMD receive verbal confirmation from the Marine Paramedic that they have the call prior to updating their status to "En route."

Full details on how to handle island calls can be found in section 8.10.

Note: Current practice is all marine medics work on the TFS Boat. District 5 Operations is working on standardizing the marine medic procedures and arrangements with both Police and Fire. In the meantime, all marine medics (DOAT, DOAT2 & NOAT) are with the TFS Boat. Follow the direction of 1-Desk for assistance with dispatching the marine medics and current practice until further notice

PRECEPTOR UNIT

If a preceptor unit requests to attend a call that Optima did not originally recommend them for, the EMD may manually assign these units to calls even if they are responding from a further distance.

For ERUs running as Preceptors, calling the unit PRxx (e.g. PR31) is good practice. The correct Resource Type (Vehicle Type in Optima) is PrARU.

For ATUs running as Preceptors, please use their "regular" Radio Call Sign (e.g. 3187A) but direct the crews to refer to themselves (and the EMDs to answer) as "Preceptor 3-1-8-7-Alpha". For an ATU operating as a Preceptor Unit, the correct Resource Type (Vehicle Type in Optima) is PrATU.

If an ETF or CBRN crew is running as a Preceptor on Unit 547 out of 58-Station, we will have to retain their ETF or CBRN Resource Type. We don't have a PrETF or PrCBRN Resource Type available; we would need to re-write several sections of the Optima Dispatch Logic to support this. Please list them as ETF or CBRN, retain their normal Radio Call Sign, and direct them to self-identify on the radio as "Preceptor 5-8-4-7-Alpha".

HELICOPTER (799)

Requests for 799 may come from a responding unit or a unit on scene. Paramedic crews attending remote locations or major highway traffic accidents would be aware of current traffic conditions that may limit rapid transport of a patient to the trauma centre.

When receiving such requests, the EMD will:

- Notify One Desk of the request
    - One Desk will contact ORNGE to determine 799 availability and provide all pertinent call details (including address & patient information)
- Notify the closest DOS to attend the scene
    - DOS is equipped to assist with the helicopter's landing
- Notify the appropriate police service
- Notify the appropriate fire service
- Notify the OOT dispatcher as they are listening to the Provincial Common radio frequency (799 transmits on Provincial Common frequency)

CODE STROKE ASSIGNMENT

Code stroke transfers are pre-arranged movements of in-hospital patients to a stroke centre. These calls will always be booked on a Transfer Call Form in InformCAD. EMDs must notify the receiving ED of the inbound Code Stroke patient; since this is a transfer, the notification must be done by the Sector EMD as HDC will not be involved in this transaction.

<u>Dispatch requirements:</u>

- Stroke – Stable
    - 1 x PCP crew (preferred) or 1 x ACP crew
- Stroke – Unstable
    - 2 x ALS paramedics (3/2 or 3/3) + driver

COMPLEX CARE CASE ASSIGNMENT

Complex Care Cases (CCC) are patients in the City of Toronto that require additional care by family members or caregivers. These patients are cared for at home, most often, but do sometimes require medical attention at an emergency department. CCC incidents will be handled via ProQA but manually upgraded to a Delta response if the determinant code was a lower priority. The appropriate dispatch requirements for the particular patient will be listed in the automatic premise information note in the Comments/Notes of the ECT. The EMD will see **ONE** of the following dispatch requirements:

ALS Mandatory:	Must send closest ALS resource, (if not a transport, add transport unit)
ALS Preferred:	Send the closest unit, with ALS preferred
BLS Preferred:	Send the closest, most appropriate unit, with BLS preference

When the Sector EMD received a CCC incident in their PIQ, they will do the following:

1. Call enters the Pending Incident Queue (PIQ)
2. EMD receives an Advisor Notification of the CCC incident
3. Open the ECT and look at the dispatch requirements listed in the automatic premise note information in Comments/Notes
4. Dispatch the incident, as appropriate
5. Notify One Desk of the CCC incident
6. Notify the closest, available DOS of the incident; time stamp in User Data tab

NOTE: Optima will **not** recognize CCC dispatch requirements. EMDs must follow the dispatch requirements listed in the Automatic Premise notes in the ECT.

STRATEGIC STAGING LOCATION PROJECT (SSL)

On Monday January 22, 2018, the Strategic Staging Location (SSL) Project went live in Operations. The SSL Project gives all Superintendents and Deputy Commanders the ability to assign equipment to crews without the need to deliver it directly. The highlights of the project are:

- A variety of patient care and personal issue equipment is in individual lockers currently at six locations: 12 Station, 20 Station, 23 Station, 30 Station, 34 Station and 40 Station.
- SSL Lockers can be accessed via the SSL program from any computer with internet access by Superintendents and Deputy Commanders. Management authorization is required in case of needed investigation or inquiry.
- A list of all available equipment in the SSL system can be searched by individual item or station location.
- Equipment that has been assigned is tracked to who or where it was issued to and by whom. Equipment Services is automatically notified so restock can occur.
- The Equipment Truck is still available for you to contact if you require them.

HEADQUATERS EMERGENCY RESPONSE TEAM (HQER)

Sometimes referred to as the "internal response team"
See Education Bulletin 2020-6

The HQER is available to respond to any incident occurring anywhere at Headquarters (4330 Dufferin Street). The team is composed of paramedic-qualified staff members that regularly work at Headquarters.

The HQER, however, is not always staffed, especially during nights, weekends, holidays and during periods of reduced staffing. 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 for HQER attendance only and declines an ambulance.

Dispatcher Responsibilities for calls at 4330 Dufferin Street:

1. Dispatch the closest, most appropriate transport unit to the call. ARUs or PRUs may be used when appropriate.
2. Notify 1-Desk to assign the HQER unit to the call as well.

See Education Bulletin 2020-6 for additional information on the HQER.

TORONTO

Memorandum

Gord McEachen
A/Chief

Paramedic Services
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September 4, 2018

To: All Communications Centre Staff

From: Kelly Clarke, Superintendent, Communications Education & Quality Improvement

Re: **Implementation of Complex Care Cases – Go-live September 12, 2018**

As discussed in spring CDE, Community Paramedicine has implemented a Complex Care Case (CCC) program within the city of Toronto in collaboration with Toronto Local Health Integration Networks (LHINs). Families of each CCC patient have one-page documents that they present to responding paramedics, outlining patient history, interventions and destination information.

Currently, there are eleven (11) active CCCs within Toronto CACC's boundaries. These cases are managed by Community Paramedicine and a team at the Hospital for Sick Children (HSC). We anticipate that there will be more cases in the near future and as new cases are approved, they will be added to both Production (live) and Training CAD systems. All CCC care-givers have been advised of the 9-1-1 call procedures and will identify that they are a CCC care-giver upon call answer.

Premise Note Information

Automatic premise note information will drop down into the Comments/Notes that will be directly related to the specific CCC premise that is selected in the Address Field. There will be two lines: one for Operations and one for CACC. Operations will have the same note for each case whereas the CACC note will be a specific response to that particular CCC.

There will be three possible CACC-related automatic notes – only **ONE** of them will appear in the ticket. The CCC's individual dispatch requirement has been decided by our medical director, Dr. Russell MacDonald, after careful review of each case. The three possible options are displayed below:

1. CACC: CCC – Dispatch Requirements: ALS Mandatory
2. CACC: CCC – Dispatch Requirements: ALS Preferred
3. CACC: CCC – Dispatch Requirements: BLS Preferred

ALS Mandatory:	Must send closest ALS resource, (if not a transport, add transport unit)
ALS Preferred:	Send the closest unit, with ALS preferred (similar to Stroke Unstable)
BLS Preferred:	Send the closest, most appropriate unit, with BLS preference

NOTE: Optima will **not** recognize CCC dispatch requirements. EMDs must follow the dispatch requirements listed in the Automatic Premise notes in the ECT.

The Operations-related premise note will always read as follows:

> *Operations: CCC - Look for the Emergency Information Sheet upon arrival. This sheet contains information for acute care, destination considerations and relevant medical conditions*.

Procedures

Specific procedures for each role in CACC are outlined below.

Call Taker

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 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."

Controlling Sector EMD

1. Call enters the Pending Incident Queue (PIQ).
2. EMD receives an Advisor Notification of the CCC incident.
3. Open the ECT and look at the dispatch requirements listed in the automatic premise note information in Comments/Notes.
4. Dispatch the incident, as appropriate.
5. Notify One Desk of the CCC incident.
6. Notify the closest, available DOS of the incident; time stamp in User Data tab.

HDC

1. Destination considerations:
    a. Unresolved airway obstruction and cardiac arrest should be transported to the closest ED.
    b. Paramedic crews will request the most appropriate destination for the CCC patient based on the emergency information sheet.
    c. Currently, all CCC patients might request HSC PDS override "HOSPITAL FOR SICK CHILDREN", but, in the future, there may be non-paediatric cases where this will not apply.
    d. Both ACP and PCP crews must provide an update to the destination hospital.

PIT SEMD

1. Acknowledge the CCC Advisor Notification.
2. Using the SEND PowerLine command, send the incident to the SCS and Deputy Commander (DC).
3. Monitor the incident, as required.

SCS

1. Acknowledge the CCC Advisor Notification.
2. Log the call in the One Desk App under the SCS log.
3. Use "CCC" as the type of note you are making
    a. Include the incident number and address.

DEPUTY COMMANDER

1. Acknowledge the CCC Advisor Notification.
2. Follow up with crew as soon as feasible after the completion of the call.
3. Log the call in the One Desk App under the DO log.
4. Use "CCC" as the type of note you are making
    a. Include the incident number and address.

The procedure outlined above has been added to the CRT, QDT and SEMD manuals as well as the Active Desktop. The manuals can be found here: G:\ems\EMD Information\MANUALS.

This process is set to go live on September 12, 2018.

If you have any questions, please contact emscommedqi@toronto.ca.

(Original signed by)

Kelly Clarke
Superintendent, Communications Education & Quality Improvement

c. A/Chief G. McEachen, Deputy Chiefs, CACC Commanders

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.

TORONTO

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

August 26, 2020

To: All Communications Centre and EDQI Staff

From: David Perschy
Superintendent, Communications

Re: NEW Tactical Response Units (TRU)

Effective **August 28, 2020, at 07:00**, Tactical Paramedics will begin working on Emergency Response Units (ERUs) during their C-shift (currently scheduled as 07:00-19:00) to increase the capture of tactical calls. All Tactical Paramedics are ACPs (Level 3s) and book-on at 58 Station. Tactical Response Units (TRUs) will be staffed by a single Tactical Paramedic and will be deployed city-wide, based on ACP coverage needs.

The new units will appear in InformCAD and Optima as follows:

- Resource (Vehicle) Type: '.TRU'.
- Radio Call Sign: Based on the vehicle's ERU # (e.g., ERU25 (VIN 558) will be 'TRU25')

These units will function in the same way as an ARU and can be dispatched to any ACP-indicated call. Optima Dispatch will recognize a TRU as a single-medic ACP unit.

When coverage permits, TRUs are to be posted along the Highway 401 corridor to allow for ease of access across the city for any ETF calls. Available TRUs will remain on radio channel 'A2' to centralize tactical unit dispatch to one quadrant desk. If assigned to an ETF call, TRUs will switch to the appropriate quadrant or Spec Ops radio channel.

Any ETF calls requesting Tactical Paramedics on-scene that originate from Toronto Police will be dispatched by One Desk. **Two (2) Tactical Paramedics must be on scene for <u>all</u> tactical calls.**

<u>Quadrant EMD: Tactical Call Dispatch Scenarios</u>

Available Unit(s)	Closest Unit(s)	Who to dispatch?
ETF (5827A) – full crew	5827A	5827A
ETF (5827A) - full crew TRU (TRU25, TRU13)	TRU25, then TRU13, then 5827A	TRU25 + TRU13 (closest available PTU if requested by TRU)
ETF (5827A) – full crew TRU (TRU25, TRU13)	TRU25, then 5827A, then TRU13	TRU25 + 5827A

Available Unit(s)	Closest Unit(s)	Who to dispatch?
ETF (5861A) - split crew*	5861A, then TRU13, then TRU25	5861A + TRU13
TRU (TRU13) is available citywide	TRU13	TRU13, then add another resource when available.

*If the ETF Transport Unit is partially staffed with a non-Tactical Paramedic (i.e., a 3/1, 3/2 split crew), a TRU must be dispatched to ensure there are two Tactical Paramedics on scene.

NOTE: There are no ETF dispatch protocols built into Optima Dispatch.

One Desk: Dynamic Staffing Guidelines

Situation	Preferred Resolution	Alternate Resolution
Start of shift		
A-shift ETF transport unit has single Tactical Paramedic. 2 C-shift Tactical Paramedics are on duty.	Backfill the ETF transport unit with a non-Tactical Paramedic (ACP or PCP) from available on-duty staff. Staff both TRUs.	If no "spare" paramedics are available, take one C-shift Tactical Paramedic to fully staff the ETF transport unit, and deploy a single TRU.
A-shift ETF transport unit is fully staffed 1 C-shift Tactical Paramedic is on duty.	Staff the ETF transport unit with A-shift personnel. Staff single TRU.	
Mid-shift		
Mid-shift book-off for single TRU.	Continue with the remaining TRU for the remainder of the shift.	
Mid-shift book-off by single Tactical Paramedic on ETF transport unit.	Backfill the ETF Transport Unit with an available (non-Tactical) ACP or PCP.	Depending on time remaining in the shift, consider sending one TRU back to 58 Station to fully staff the ETF transport unit.

If you have any questions, please speak with your Superintendent.

Sincerely,

(Original signed by)
David Perschy

c.: G. McEachen, Deputy Chiefs, Communications Commanders, Operations Commanders, Communications Review, Multimedia

Sector Desk

Section 8.7
District
Operations
Superintendents
(DOS)

Toronto Paramedic Services Dispatch Manual

DISTRICT OPERATIONS SUPERINTENDENTS (DOS)

DOS NOTIFICATION

When an incident requires the involvement of a DOS, the EMD is responsible for notifying the closest available DOS and placing a notation in the Comments/Notes tab or the User Data tab of the Emergency Call form. DOS' must be notified of calls prior to being assigned to them.

The following is a list of situations where a DOS (typically the closest available DOS) and One Desk should be notified by the respective QEMD. ETF AND CBRNE related calls fall specifically under D5 DOS:

- Airport incidents
- Bomb threats
- Bariatric calls
- Complex Care Cases (CCC)
- Coroner calls
- Delays in service
- Demonstrations
- Departmental accidents
- Drowning
- ETF gun calls, hostage takings, tear gas calls
- Entrapment and impeded access
- Evacuations
- Explosions
- Fires
- Helicopter landings
- Hospital closures
- Infections calls (Ebola, TB etc.)
- Involvement of a politician or political building
- Federal, provincial, municipal or foreign consuls
- Jumpers (subway, bridge, building)
- Hanging in a public place
- Medico-legal situations (sexual assault, child abuse)
- Multiple patient transports (two or more ambulances)
- PI fatalities
- Radiation leaks
- Search and rescues
- Severe weather warnings
- Stabbings, shootings and homicides
- Station problems
- HSC Team & Equipment lift assists
- Toxic leaks or spills
- Units requesting to be placed out of service
- Vehicle breakdowns

DOS AS FIRST RESPONSE

DOS' should only be used as first response for emergency calls when absolutely necessary. They should only be considered for Delta and Echo level calls only. The DOS must be notified of the call prior to being assigned.

The DOS may refuse to accept an emergency call depending on what other activity they are involved with at the time. If sent on a call with a PCP crew, every effort should be made to add an ACP resource (ARU or ATU) to prevent them from having to transport with the PTU if the DOS is an ACP and only if the call requires an ACP on it.

Throughout any shift and especially during night shift hours, EMDs should carefully consider scene safety issues when assigning DOS, ERUs or any single paramedic to calls.

DOS will not be used for emergency coverage.

Sector Desk

Section 8.8
Paramedic Start &
End of Shift
Procedures

Toronto Paramedic Services Dispatch Manual

PARAMEDIC START & END OF SHIFT PROCEDURES

START OF SHIFT

Paramedics normally require fifteen to twenty minutes at the start of their shift to ensure that their unit is properly equipped and the electronic equipment (defibrillator, radio, cell phone, etc.) is fully functional.

If a unit/equipment check at the start of the shift is interrupted for assignment to an emergency call, the Paramedic crew is obligated to respond without delay and provide the best level of care the physical resources at hand allow.

If the Paramedic crew feels that they are missing equipment or supplies that are necessary to provide essential care and/or transport of the patient, they are to request a backup unit. The EMD will assign the appropriate backup unit without delay.

EMDs may attempt to call in to EMS stations via the direct station "hotline" in order to inquire if a Paramedic crew will accept an emergency call prior to starting their shift. If a Paramedic answers the phone, the EMD will ask if the Paramedic crew is willing to take an early emergency call. If they accept, EMDs will inquire if they would like the overtime credited as "cash or lieu". The Paramedic names and whether they prefer "cash or lieu", vehicle number and time they were assigned to the call must be provided to One Desk. PARAMEDICS DO NOT HAVE TO ACCEPT AN EMERGENCY CALL PRIOR TO THE START OF THEIR SHIFT.

CALL ASSIGNMENT NEAR END OF SHIFT

While units are still on duty, EMDs will assign them to any emergency calls they are recommended for. Even if there is another Paramedic crew expected to book on at that same station for the upcoming shift, EMDs will assign the currently rostered unit. It is the responsibility of the Paramedics to decide if the on-coming Paramedic crew will take the call instead. EMDs should not call in to different stations to find a Paramedic crew that is willing to take an early call PRIOR to assigning the emergency call to a currently rostered unit.

All Paramedic crews are subject to being assigned to emergency calls up to the end of their scheduled shift. As the end of the shift approaches, Paramedics may start to remove and secure the electronics and medications from the vehicle.

When assigning a unit for emergency assignment close to the end of their shift, EMDs must be aware that there may be some delay incurred while the Paramedic crew re-equips the unit. The Paramedic crew should bring this fact to the EMDs attention at the time of assignment.

End-of-shift overtime is *not* to be a consideration in the assignment of emergency calls, nor is the level of response (ACP vs. PCP). Higher priority calls will, however, continue to take priority over those of lower priority.

When a unit is clear from a call, after the end of shift, they are to be sent back to their station to book off duty. The appropriate EOS OOS must be applied to the unit.

All Paramedic crews will be considered out-of-service as soon as they have passed the end of their normally scheduled 12-hour shift. Exceptions to this may include volunteered EOS overtime or other emergencies that required EMS staff to work beyond their regular shift hours.

Paramedic crews having been assigned a 'late' call prior to the end of their shift will complete the call and then be returned to their home station as soon as they are finished.

Paramedic crews out-of-service as a result of being past the end of their normal shift will service a call only if they physically witness or come across an emergency situation while en route to their station. They may also respond to an Echo broadcast and provide first response. If this occurs, the unit will remain on-scene and render care until relieved by an appropriate unit. Paramedic crews who act as first responders in this circumstance may choose, based on the critical nature of the patient's condition, to complete the call themselves.

END OF SHIFT WASH-UP

Any Paramedic crew in station 10 minutes prior to the end of their shift may request to be put out of service for EOS Wash-Up. Only the Superintendent or Deputy Commander may give permission for a unit to be placed out of service.

Any Paramedic who returns to his/her station less than 10 minutes before the end of his/her shift is entitled to up to ten minutes in overtime for the purposes of washing up.

If a Paramedic crew returns to station after their normal shift has ended, they are entitled to the 10 minutes wash-up overtime in addition to any other overtime they have incurred (20 minutes for ACP).

Section 02: Administration **End-of-Shift (Early) Relief**			
SOP Number **03.02.23**	First Issued September 24, 2020	Replaces N/A	Last Revised/Effective **October 7, 2020**

03.02.23. End-of-Shift (Early) Relief

The end-of-shift relief procedures for Paramedics **must not delay the response to any assigned call.**[1]

Relief Procedure

Incoming employees are permitted to provide early relief for outgoing employees to a **maximum of 30 minutes** prior to the start of their shift and following completion of the approved book-on process as detailed in *SOP 03.02.6 Reporting for Work*.

In all cases of early relief, the employee(s) providing early relief must contact One Desk immediately and advise them of the new crew member(s) name(s) and level of care (e.g., ACP to PCP), if applicable. This is required to correctly assign (roster) the proper staff to the vehicle and ensure the proper level of care is entered into dispatch system for call response and deployment.

Early relief will only be permitted prior to the receipt of any assigned call.

PCP-ACP Relief

PCPs (including Level 2 Paramedics) are permitted to relieve ACPs provided the above procedure has been followed. In circumstances where there will be a change in crew configuration (i.e., ACP to PCP, PCP to ACP), it is especially important that One Desk is clearly advised of the change in vehicle staffing and level of care, prior to the receipt of a call or assignment.

[1] Per SOP 03.06.1 Response to Calls

Special Operations

Non-Special Operations Paramedics providing early relief for Special Operations Paramedics must contact One Desk and advise them of the non-Special Operations status of the incoming employee.

TORONTO

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
Toronto, Ontario
M3H 5R9

Tel: (416) 392-3700
Leo.Tsang@toronto.ca
toronto.ca/paramedic

September 29, 2020

To: All Operations Staff

From: Leo Tsang
A/Deputy Chief, Operations

Re: ***UPDATED* End-of-Shift (Early) Relief Procedures and SOP 03.02.23**

In response to staff feedback following the recent release of SOP 03.02.23 *End-of-Shift (Early) Relief*, the 'Relief Procedures' section of the SOP has been amended (as shown in bold below).

As previously stated, incoming employees are permitted to provide early relief for outgoing employees to a maximum of 30 minutes prior to the start of their shift after following the approved book-on process as detailed in *SOP 03.02.6 Reporting for Work.* In addition, successful completion of mandatory pre-shift self-screening is required PRIOR to providing relief for any outgoing crew members.

The attached NEW Standard Operating Procedure – *03.02.23 End-of-Shift (Early) Relief Procedures – is* effective **Wednesday, October 14, 2020, at 06:00** and states in part that:

- Early relief will only be permitted prior to the receipt of any assigned call.
- **In cases of early relief where there will be a crew configuration change (e.g., ACP to PCP)**, employee(s) providing early relief must contact One Desk immediately and advise them of the new crew member(s) name(s) and level of care.
- PCPs (including Level 2 Paramedics) are permitted to relieve ACPs, **and ACPs are permitted to relieve PCPs**, provided the above procedure has been followed.

The payment of overtime for early calls remains unchanged and will continue to be processed as outlined in *SOP 03.02.6 Reporting for Work.*

Please familiarize yourself with the attachment and, if you have any questions, please contact your Superintendent.

Sincerely,

(Original signed by)
Leo Tsang

Attachment: *SOP 03.02.23 End-of-Shift (Early) Relief*

c.: G. McEachen, Deputy Chiefs, Communications Commanders, Deputy Commanders, Communications Superintendents, Multimedia, Communications Review

Sector Desk

Section 8.9
Large-Scale
Incidents

Toronto Paramedic Services Dispatch Manual

LARGE-SCALE INCIDENTS

OVERVIEW

A large-scale incident is defined as an emergency call that may escalate to a multi-patient/multi-unit response situation and may warrant the notification or attendance of senior departmental staff. Large-scale incidents may also be due to high amounts of radio traffic. It may be beneficial to move these calls to a TAC desk even if only a single patient is identified.

Incidents are to be defined as a minor or major nature relating to the commitment of divisional units. The EMD will report all potential large-scale incidents to One Desk and the closest DOS as soon as possible after the initial assignment of units.

If appropriate, One Desk will notify the appropriate senior staff and complete any required incident reports.

EMD RESPONSIBILITIES

The QEMD is responsible for the following duties:

- Assigning the most appropriate units based on the Optima Assign recommendation(s)
- Notify One Desk and the closest DOS
- Record notifications in the Comments/Notes tab and/or the User Data tab
- Ensure all parties are aware of updates
- Maintain emergency coverage
- Plan & prepare for possible escalation of incident (assigning additional resources, etc.)

INCIDENT ESCALATION / TAC DESK

At the discretion of the SCS, EMDs may be appointed to staff a Tactical EMD position for the control of divisional units during an incident.

If a TAC Desk is established, all resources assigned to the call will be advised to change radio channels so all communication is handled on the same channel.

Sector Desk

Section 8.10
Special
Procedures &
Locations

Toronto Paramedic Services Dispatch Manual

SPECIAL PROCEDURES & LOCATIONS

TTC Medic

Monday to Friday, 3 Paramedics working on ERUs will respond to work as TTC Medics. Right after book on at 6 am, the TTC Medics may be assigned to TTC Eglinton (Yonge), Yonge/Bloor and Dundas/St. Patrick Stations. Their responsibility will be to work with a TTC supervisor and respond to calls underground. TTC medics will stay on their respective quadrant channels based on their current TTC posting.

They will be assigned to an Emergency Call form with a Nature/Priority of "Administrative" when enroute to their posts. They are considered Out of Service for all calls except Deltas & Echoes and when they witness or come across a call. Once at the subway station, these units will be marked "At Scene."

Once their morning shift is complete (approx. 1000 hrs.), all three TTC Medics will return to normal service as an ERU. They will be assigned to an EMS station for lunch (4 hours into their shift).

From 1500 - 1800 hrs daily, only one of the morning TTC Medics will be reassigned back to Yonge/Bloor Station for the afternoon rush hour. The same procedure is to be followed in the afternoon.

Emergency Transfers with an Incubator (See MEMO 2019-12-27)

A Neo-natal transport team would normally originate emergency calls where an incubator is used. However, there may be occurrences where this type of patient transport is utilized to transport an infant on an emergency basis from any hospital nursery in the GTA.

HSC transport incubators, with all their necessary accessories, can weigh between 100 and 200 kg. To prevent lifting injuries, the Ministry of Labour has set out an order describing this issue.

The ACTS (Acute Care Transport Service) Team are dedicated units that remain at HSC to service NICU transfers 24 hours a day, 7 days a week. One desk will be responsible for dispatching and communicating with these crews. In the event that all acts teams are occupied, the EMD will assign the closest, most appropriate PTU.

In the event of a Stryker power stretcher malfunction during an incubator transfer, the

Ministry of Labour mandated that a second Paramedic crew be assigned/posted to assist the original crew with the incubator transfer for health and safety reasons. Four (4) Paramedics are required to correctly lift the incubator on to the stretcher. Neither hospital staff nor Toronto Fire Services are to be used for this lift. The lift assist may also be carried out by Paramedic crews At Destination at a nearby facility. The closest available DOS must be notified and may attend if operationally feasible to observe the lift.

If the transporting unit Stryker power stretcher malfunctions, the crew should be advised to notify the EMD ten minutes prior to arrival at the destination, so that arrangements can be made to have another Paramedic crew there to assist in the unloading of the incubator. If the HSC transport team is being taken out of town, the Paramedic crew must notify the appropriate Out of Town Communications Centre or request their Quadrant EMD contact the appropriate Out of Town Communications Centre.

When a crew is assigned to provide the lift assist, the QEMD will drop the assisting car on the original call form.

Very often these transfers result in a "treat & return" where the transporting Paramedics will be asked to return the HSC transport team back to HSC. A "treat & return" will be permitted if the HSC transport team will be ready to return within 20 minutes of arriving at the location. If the anticipated time at the location is greater than 20 minutes, the Paramedic crew will be cancelled off the transfer and a new unit assigned when the HSC transport team is ready to return to HSC. Any Paramedic crew requests to "treat & return" outside this time parameter will be forwarded to One Desk for consideration (see memos in section 5.4).

Island Transfers

TPS has temporarily placed a specially equipped Stryker stretcher at 36 station to perform transfers to and from Billy Bishop Airport. This Stryker stretcher is outfitted with a #9 stretcher adaptor set. **This stretcher is not to be used for incubator transports**.

Once a crew is assigned a transfer for Billy Bishop Airport (refer to Memo 2019-04-30 & 2019-07-03):

- Crews assigned to pick up a patient at Billy Bishop Airport, will be directed to 36 station to obtain the Stryker stretcher outfitted with the #9 adapter plates.
- Crews will exchange their stretcher for the Stryker stretcher outfitted with the #9 plates.
- After the transfer is complete, proceed back to 36 station. Clean the Stryker stretcher per standard Infection Control practices, secure a clean #9 on the adaptor plates and ensure the stretcher is plugged in with the available extension cord.

SPECIAL PREMISES

Rogers Centre

While Rogers Centre will often use private EMCA certified medics as non-transport first responders, there is no dedicated TPS coverage at the Rogers Centre during professional baseball games. All emergency calls are to be assigned using Optima Assign software. Calls will be received through the 911 system from both the public and Rogers Centre Control Room staff. Call Receivers are reminded to ascertain which entrance is to be used from Rogers Centre Control Room staff. Most often we will be directed to Gate 13 - Peter Street entrance; however John Street and Field Service Level entrances may also be used.

To ensure efficient co-ordination of response to emergency calls at Rogers Centre, EMDs will contact the Rogers Centre Control Room and advise them whenever any unit has been assigned there. This notification is to occur regardless of whom placed the call (i.e. Rogers Centre Control Room staff or a member of the public). Responsibility for this notification rests with the controlling EMD.

Pearson International Airport (PIA) Non-Emergency Calls

All arrivals at PIA (main airport terminals), regardless of destination, will be booked with Mississauga Communications Centre.

PIA Emergency Calls

Calls for the General Aviation Area are to be serviced by Mississauga Communications Centre.
All emergency calls at PIA require the police (Peel Regional) to attend. This can be facilitated through the PIA Operations Centre, direct line.

If the Airport Crash Fire Rescue Service (CFR) is required to attend, for whatever reason, their notification is to be done through the PIA direct line. Airport Operations (PIA direct line) are responsible for notifying the CFR. If an outside fire service is required, the CFR will be responsible for notification.

See MEMO 2019-10-31 for New Pearson Standby Locations (at the end of this section)

TORONTO ISLANDS & WATER RESCUES

Billy Bishop Toronto Island Airport Emergency Calls and Emergency Transfers

EMDs are required to notify the Airport Office of all emergency calls to the Billy Bishop Toronto Island Airport by calling 416-203-6942 or 416-203-6945 and giving all available information including: ambulance number, E.T.A., flight number and E.T.A. of the plane etc. This will ensure that appropriate and timely arrangements are made for the ferry to meet the ambulance at the Bathurst St. dock, and for an escort to meet the unit upon arrival at the Island dock.

This notification procedure is also in effect for known emergency transfer patients arriving by aircraft, as arrangements must be made to have the ferry remain on standby for the unit.
The ferry will be held on the island side if the unit is transporting from the Island Airport for Charlie or Delta calls. Providing as much advance notice as is possible will help ensure that any delays servicing calls will be minimized.

Inclement Weather

The MOH Hanger is located on the west side of the Island airport and is available in the event of inclement weather or situations with a patient where an aircraft should be moved indoors to affect the patient transfer. The MOH Hanger can be contacted at (416) 327-8842.

Marine Paramedic

TPS provides a group of specially trained, Primary Care Paramedics (predominantly Level 1 with some Level 2 medics) to staff the prime response vessel of the Toronto Police Services Marine unit (TPSMU). Staffing is limited to one Paramedic on duty per shift.

The Marine Unit is staffed 24 hours a day, 365 days a year. The day Marine Medic (DOAT) and the night Marine Medic (NOAT) are rostered on by One-Desk and dispatched by the Southwest EMD.

There are three ways the Marine Paramedic can be contacted:

1. By phone (Call Radio Room and say "We need our Paramedic at your Marine Unit.")
2. By portable
3. By pager

EMDs should also be aware that the DOAT/NOAT does not have AVL. This unit will not track properly on the Inform CAD GEO Map as the Marine Medic may be on one of many police boats. It is important that EMDs confirm the location of mobile Marine Paramedics via radio on a regular basis.

The marine medic is embedded with the Police marine unit and is most often out on the water, making it very difficult to hear a pager or portable radio going off. EMDs are still required to do a 30 minute on-scene safety check, but be mindful that if you don't get a hold of them immediately, they are with PD.

Response to Water Rescues

When TPSMU is notified of a water rescue call, either their Communication Centre, or the Marine Paramedic will advise Toronto Communication Centre that the Marine Paramedic is on the call.

When this is done, the Call Receiver (if notified by phone) or EMD (if notified by radio) will generate a call in the system using a pick up location of “POI LAKE ONTARIO”, or the closest most appropriate land side location. Further information pertaining to the exact location of the rescue is to be recorded in the Comments/Notes tab. The following Inform CAD premise (locations) have been added to Inform CAD. These locations are indicated with a Inform CAD BOAT icon and can be turned on using the GEO (map) filters utility.

- PDMU Marine Unit Base
- PDMU Ashbridges Bay
- PDMU Bluffers Park
- PDMU Humber Bay
- PDMU Frenchmans Bay

The Southwest EMD will assign the Marine Paramedic to the call and record any status changes, if received.

If a patient is identified by the Marine Paramedic, they will notify the Southwest EMD, who will, in turn, dispatch a land transport unit to rendezvous with the TPSMU at the location specified by the Marine Paramedic. The Marine Paramedic will also identify to the Southwest EMD the priority of the response, and any pertinent patient details.

All notifications will be documented in the Comments/Notes Tab.

Marine Paramedic TFS Fireboat

Staffing on the Toronto Fire Services Fireboat William Lyn Mackenzie, will be 1100-2300 hours and follow the "C" shift of the staff assigned to the Toronto Police Marine Unit. The Fire Boat is berthed at Fire Station 334 (co-located with TPS Station 36 @ 339 Queens Quay West).

In the event that only one (1) Marine Paramedic is available for duty, the Marine Paramedic will respond with the Toronto Police Marine Unit.

From 11:00 hours to 23:00 hours daily, 7 days per week

- The Fireboat (when staffed with a Marine Paramedic) will be the primary boat to perform island transports.

From 23:00 hours to 11:00 hours daily, 7 nights per week

- The Police Marine Unit will be the primary boat to service island transports.

Toronto Police Marine Unit:

- Verbal Call Sign: "**Marine Paramedic 1"**
- CAD Designation**: DOAT / NOAT**
- CACC to contact Police RR to initially dispatch the Marine Unit.
- CACC will maintain contact with the Marine Paramedic by radio and pager
- *NEW* CACC may also contact the Marine Paramedic by cellular phone

Toronto Fireboat (when Toronto Paramedic Services Marine Paramedic is on-duty):

- Verbal Call Sign: **"Marine Paramedic 2"**
- CAD Designation: **DOAT2**
- CACC to contact TFS Communications to initially dispatch the Fireboat with the Marine Paramedic
- CACC will maintain contact with the Marine Paramedic by radio and pager
- *NEW* CACC may also contact the Marine Paramedic by cellular phone

Note: Current practice is all marine medics work on the TFS Boat. District 5 Operations is working on standardizing the marine medic procedures and arrangements with both Police and Fire. In the meantime, all marine medics (DOAT, DOAT2 & NOAT) are with the TFS Boat. Follow the direction of 1-Desk for assistance with dispatching the marine medics and current practice until further notice

Toronto Island Ambulance at 59 Station

Staffing of the island station consists of **two** (2) level I Paramedic 24 hours a day, 365 days a year. 59 Station is monitored by the Southwest Quadrant EMD.

Dispatching 59 Station – Fully Staffed

When there is a full paramedic crew on the island, the Southwest EMD will use the following procedure to assign and control the emergency call.

- Assign the vehicle using the Optima Assign software. Notify the 59 station unit, either by landline or radio.
- **From 11:00 hours to 23:00 hours daily, 7 days per week**
  - The Fireboat (when staffed with a Marine Paramedic) will be the primary boat to perform island transports.
- **From 23:00 hours to 11:00 hours daily, 7 nights per week**
  - The Police Marine Unit will be the primary boat to service island transports.
- Notify the TPSMU or Fire based on time of day (by contacting the direct line to Police Radio Room or TFS and saying "We need our Marine Paramedic.") to respond to the Island and

providing the closest boat dock to the scene of the call. Add either NOAT or DOAT to the response.
    - Toronto Fire will be notified by the Call Receiver for Tiered Responses. TFS will assign the island fire hall unit(s) and may elect to assign the fireboat, William Lyon McKenzie at their discretion. The EMD should confirm if TFS is sending the fireboat.
- When a patient transport is confirmed, the Southwest EMD will respond a mainland transport unit to the rendezvous point as dictated by the Marine Paramedic. The QEMD will create a new call with the appropriate response level.
- The patient will be transported in the Island transport unit to the boat dock and the patient loaded onto the boat.
- The landside unit will destinate through PDS and transport the patient to the hospital
- All notifications must be recorded in the Comments/Notes and/or User Data tab of the incident form
- The Marine Paramedic will assume responsibility for the patient and the boat will transport the patient to the previously determined mainland rendezvous point.
- Once the patient is on the boat, all resources based on the island will become clear and available.
- All notifications must be documented in the Comments/Notes tab of the Inform CAD Emergency Call form

Dispatching 59 Station – Partially Staffed

If there is only one paramedic at 59 station, the EMD will use the following procedure to provide service to the patient.

- Assign the vehicle using the Optima Assign software. Notify the 59 station unit, either by landline or radio.
- **From 11:00 hours to 23:00 hours daily, 7 days per week**
    - The Fireboat (when staffed with a Marine Paramedic) will be the primary boat to perform island transports.
- **From 23:00 hours to 11:00 hours daily, 7 nights per week**
    - The Police Marine Unit will be the primary boat to service island transports.
- Notify the TPSMU or Fire based on time of day (by contacting the direct line to Police Radio Room or TFS and saying "We need our Marine Paramedic.") to respond to the Island and providing the closest boat dock to the scene of the call. Add either NOAT or DOAT to the response.
- Notify the Toronto Fire Services to attend the call, whatever the priority and record the notification on the Emergency Call form.
- When a patient transport is confirmed, the Southwest EMD will respond a mainland transport unit to the rendezvous point as dictated by the Marine Paramedic. The QEMD will create a new call for this response.
- The patient will be transported in the Island transport unit to the boat dock and the patient loaded onto the boat.
- The landside unit will destinate through PDS and transport the patient to the hospital
- All notifications must be recorded in the Comments/Notes and/or User Data tab of the incident form

- The marine paramedic will assume responsibility for the patient and the boat will transport the patient to the previously determined mainland rendezvous point.
- Once the patient is on the boat, all resources based on the island will become clear and available.
- All notifications must be documented in the Comments/Notes tab of the Inform CAD Emergency Call form.

Dispatching 59 – Unstaffed

If there isn't a paramedic at 59 station, but one Marine Paramedic, the EMD will use the following procedure to provide service to the patient:

- **From 11:00 hours to 23:00 hours daily, 7 days per week**
  - The Fireboat (when staffed with a Marine Paramedic) will be the primary boat to perform island transports.
- **From 23:00 hours to 11:00 hours daily, 7 nights per week**
  - The Police Marine Unit will be the primary boat to service island transports.
- Notify the TPSMU or Fire based on time of day (by contacting the direct line to Police Radio Room or TFS and saying "We need our Marine Paramedic.") to respond to the Island and providing the closest boat dock to the scene of the call. Add either NOAT or DOAT to the response.
- Notify TFS to provide first response to the call and record the notification in the call form
- TPSMU or TFD Fire Boat will transport the marine paramedic to the Ward's Island dock to get the 59 station vehicle and respond to the scene. When the QEMD is advised that the unit is mobile, the vehicle (5930) will be added to the incident
- The marine paramedic will attend the scene with the assistance of TPSMU and/or TFS
- When a patient is identified, the QEMD will create a landside pick-up ticket for the TPS marine unit (PD MARINE – 259 Queens Quay W) based on the information given by the marine paramedic on scene (i.e. problem/nature, priority and details)
- TPSMU/or TFD Fire Boat and the marine paramedic will transport the patient from the nearest dock to the marine unit to transfer care of the patient to the landside crew
- The marine paramedic is responsible for ensuring that the island ambulance (5930) is returned to 59 station
- The landside unit will destinate through PDS and transport the patient to the hospital
- All notifications must be recorded in the Comments/Notes and/or User Data tab of the incident form

Dispatching 59 – Unstaffed and No Marine Paramedic

When there is no island crew and no marine paramedic available, the following procedures will apply:

- QEMD will assign the most appropriate unit to the incident and direct the crew to go to TPSMU (PD MARINE – 259 Queens Quay W) to meet up with a boat
- The crew will be transported by boat to the Wards Island dock to take control of the island ambulance (5930) and respond to the scene. Add the vehicle to the incident and update their status as appropriate

- Confirm with TPSMU that a boat is dispatched to the nearest boat dock to the scene
- The patient will be transported in 5930 to the nearest boat dock from the scene, transferred onto the boat and transported to TPSMU on the landside with the paramedic crew
- The island ambulance (5930) will be parked and locked at the dock from which the patient departed and the next available marine paramedic or TPS will make arrangements to have the unit returned to 59 station at the earliest possible time.
- The paramedic crew will transfer the patient onto their original landside unit for transport to the hospital. They will go through HDC for a destination.
- All notifications must be recorded in the Comments/Notes and/or User Data tab of the incident form

TORONTO

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
Toronto, Ontario M3H 5R9

Tel: 416-392-2197
Darcy.Brebner@toronto.ca
toronto.ca/paramedic

Date: **April 30, 2019**

To: All Operations and CACC Staff

From: **Darcy Brebner,** Superintendent, Operations

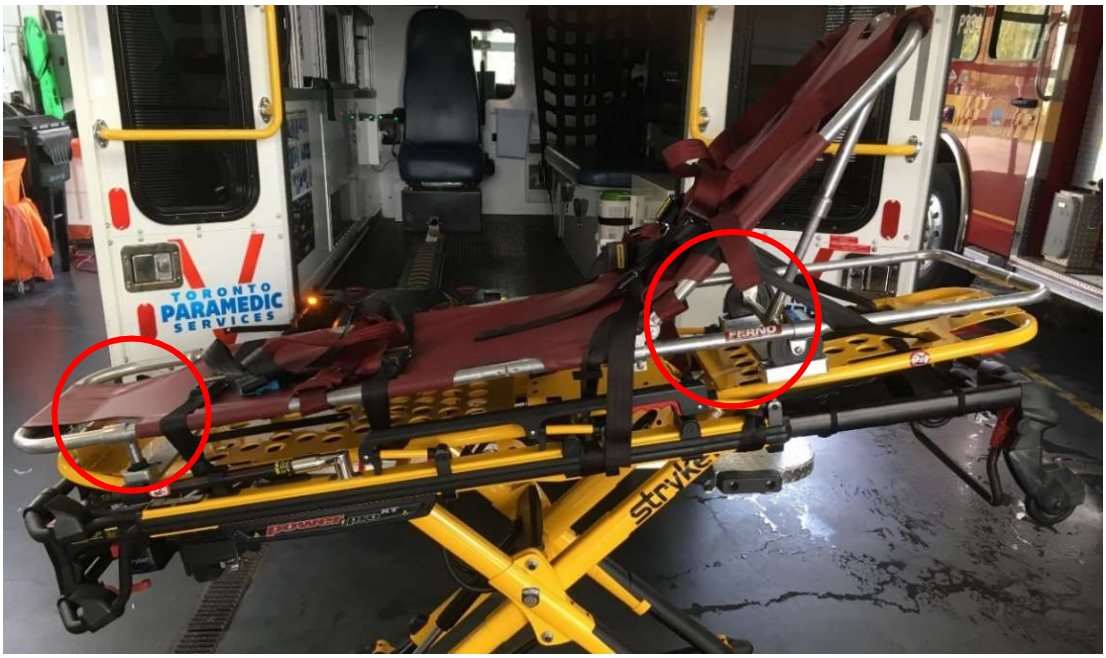
Re: **REVISED: USE OF #9 STRETCHERS AND TRANSFERRING PATIENTS FROM AIRCRAFT**

Toronto Paramedic Services has temporarily placed a Stryker stretcher with #9 adapter plates at 36 station to perform transfers to and from Billy Bishop Airport. The Stryker stretcher is located in the unit parked inside the station.

Please note that this stretcher is only to be used for transferring patients on a #9 Stretcher and not to be used for incubator transports. The adaptor plates must not be removed from, or reconfigured, on the stretcher deck.

Instructions for Securing a #9 Stretcher to the Stryker Adaptor Plates:

- Place the #9 stretcher onto the Stryker ensuring the wheels are seated in the head-end adaptor plate and the pegs in the foot-end adaptor plate (see below).
- Secure the patient and #9 stretcher to the Stryker using the Stryker's straps.



311
toronto at your service

Transfers – Picking up at Billy Bishop Airport:

- Crews assigned to pick up a patient at Billy Bishop Airport, will be directed to 36 station to obtain the Stryker stretcher outfitted with the #9 adapter plates.
- Crews will exchange their stretcher for the Stryker stretcher outfitted with the #9 plates, or if necessary switch vehicles.
- If it is necessary to switch vehicles, the keys are located on the wall beside the phone. Please ensure the keys are returned to the same location when finished.
- All patient care bags including the cardiac monitor must be transferred if switching vehicles.
- Ensure there is a clean #9 stretcher secured to the Stryker stretcher. (A supply of clean and inspected #9 stretchers are stored in a labelled cabinet along the north wall adjacent to the ambulance).
- Upon arrival at the airport, you must follow established protocols and SOPs for driving and working near aircraft.
- Ensure the aircrew's #9 stretcher is placed on the Stryker adaptor plates and properly secured per above procedure. Provide the aircrew with the #9 stretcher obtained from 36 station and proceed with the transfer per standard practices.
- Once the patient is removed from the #9 stretcher at the hospital, it should be decontaminated if grossly soiled and left in the ambulance holding area.
- Notify Equipment Retrieval at 416-392-4977 to have the #9 stretcher picked up.
- Clean the Stryker stretcher per standard Infection Control practices and return the Stryker stretcher or #9 transport ambulance to 36 station, ensuring it is plugged in with the available extension cord.

Transports – Dropping off Patients at Billy Bishop Airport:

- Crews assigned to drop off a patient at Billy Bishop Airport, will be directed to 36 station to obtain the Stryker stretcher outfitted with the #9 adapter plates. If it is necessary to switch the vehicle, you must also bring all patient care bags and the cardiac monitor.
- Ensure there is a clean #9 stretcher secured to the Stryker stretcher. (A supply of clean and inspected #9 stretchers are stored in a labelled cabinet along the north wall adjacent to the ambulance).
- Once the Stryker stretcher with the #9 adapter plates has been retrieved from 36 station, you will continue to the assigned hospital and transport the patient to the waiting aircraft per SOPs.
- After the transfer is complete, proceed back to 36 station. Clean the Stryker stretcher per standard Infection Control practices, secure a clean #9 on the adaptor plates and ensure the ambulance is plugged in with the available extension cord.

(Original signed by)
Darcy Brebner

C: Gord McEachen, Deputy Chiefs, Operations Commanders, CACC Commanders

TORONTO

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
Toronto, Ontario M3H 5R9

Tel: 416-392-0942
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toronto.ca/paramedic

Date: July 3, 2019

To: All Operations and CACC Staff

From: Darcy Brebner, Superintendent, Operations

Re: **36 Station #9 (Island) Transport Unit – Vehicle Removed now Stretcher Only**

Effective immediately, the #9 transport (Island) ambulance has been removed from 36 station and has been replaced by a stretcher with adaptor plates attached and a battery charging station to facilitate transfers to and from Billy Bishop Airport. Crews will no longer have the option to switch vehicles for these calls.

Please note that this stretcher is only to be used for transferring patients on a #9 Stretcher and not to be used for incubator transports. The adaptor plates must not be removed from, or reconfigured, on the stretcher deck.

When directed to 36 station to obtain the #9 transport stretcher crews will:

- Find the stretcher with adaptor plates located by the hotline in the area marked by caution tape (see picture below)
- Retrieve the battery from the charger located by the hotline (see picture below) and place it into the stretcher
- Swap stretchers leaving the vehicle stretcher in the designated area ensuring wheel brakes are engaged
- Complete the call per established procedures (see: USE OF #9 STRETCHERS AND TRANSFERRING PATIENTS FROM AIRCRAFT)
- Upon completion of the call, return the cleaned stretcher to the designated area ensuring wheel brakes are engaged and place the battery back on the charger.

Stryker battery charging

(Original signed by)

Darcy Brebner

C: Gord McEachen, Deputy Chiefs, Operations Commanders, CACC Commanders

TORONTO

Memorandum

Gord McEachen
A/Chief

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May 24, 2019

To: All Operations and Communications Staff

From: **Joseph Moyer**
Commander Communications Centre

Mike Grife
Commander, Special Operation

Re: **Effective May 24, 2019 – Assignment of 2nd Marine Paramedic to TFS Fireboat**

Effective today, May 24, 2019, Toronto Paramedic Services (TPS) will schedule an additional Marine Paramedic aboard the Toronto Fire Services Fireboat William Lyon Mackenzie, currently berthed at Fire Station 334 (co-located with TPS Station 36 at 339 Queens Quay West). The shift schedule will be 1100 – 2300 hours and will follow the "C" shift of the staff assigned to the Toronto Police Marine Unit.

The primary TPS Marine Paramedic working the day and night shifts will remain embedded with the Toronto Police Marine Unit, responding from their base at 259 Queens Quay West.

Note: In the event that only one (1) Marine Paramedic is available for duty, the Marine Paramedic will respond with the Toronto Police Marine Unit.

Each on-duty Marine Paramedic will be assigned a cellular telephone, with telephone numbers listed below:

Marine Paramedic Phones	**Contact Number**
Police Marine Unit (24/7)	Phone 1 437-230-3974
Toronto Fire Boat (1100-2300)	Phone 2 437-230-4583
SPARE PHONE (assigned as required)	Phone 3 437-230-4971

Roles and Responsibilities:

From 11:00 hours to 23:00 hours daily, 7 days per week

- The Fireboat (when staffed with a Marine Paramedic) will be the primary boat to perform island transports.

From 23:00 hours to 11:00 hours daily, 7 nights per week

- The Police Marine Unit will be the primary boat to service island transports.

Communications Centre Procedure:
Communication from the Communications Centre to each allied agency / Marine Paramedic will remain essentially the same.

Toronto Police Marine Unit:

- Verbal Call Sign: "**Marine Paramedic 1"**
- CAD Designation**: DOAT / NOAT**
- CACC to contact Police RR to initially dispatch the Marine Unit.
- CACC will maintain contact with the Marine Paramedic by radio and pager
- *NEW* CACC may also contact the Marine Paramedic by cellular phone

Toronto Fireboat (when Toronto Paramedic Services Marine Paramedic is on-duty):

- Verbal Call Sign: **"Marine Paramedic 2"**
- CAD Designation: **DOAT2**
- CACC to contact TFS Communications to initially dispatch the Fireboat with the Marine Paramedic
- CACC will maintain contact with the Marine Paramedic by radio and pager
- *NEW* CACC may also contact the Marine Paramedic by cellular phone

Paramedics are expected to provide status updates to the Communications Centre via radio or cell phone regarding the boat used and docking location. EMDs and Senior EMDs controlling an incident must maintain situational awareness regarding which boat is transporting a patient to the mainland, as each boat will dock at its own base on Queens Quay West.

Thank you for your assistance.

(Original signed by)

Joseph Moyer
Commander Communications Centre

(Original signed by)

Mike Grife
Commander, Special Operations

c. A/Chief G. McEachen, Deputy Chiefs, CACC Commanders, Operations Commanders

TORONTO

Memorandum

Gord McEachen
A/Chief

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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.

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 not 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: 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:
    - 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

TORONTO

Memorandum

Toronto Paramedic Services
Gord McEachen, A/Chief

Date: **October 31, 2019**

To: Communications Centre Staff

From: David Perschy, Superintendent, Special Projects

Re: **New Pearson International Airport (PIA) Emergency Standby Locations**

Effective November 4, 2019 at 00:01h, Pearson International Airport will close the current Emergency Standby Location at "303 Airport Access Road". This premise will be removed from InformCAD GEO after November 4th.

Pearson International Airport has replaced "Gate 303" will three other locations. These have been added to InformCAD GEO as new premises are listed below:

CAD PREMISE: AP PIA STAGING ***V315C*** SOUTH
STREET ADDRESS: 2935 CONVAIR DRIVE
PREMISE NOTE: SOUTH STAGING AREA, ACROSS FROM A.E.S.C.

CAD PREMISE: AP PIA STAGING ***V328*** NORTH
STREET ADDRESS: 6658 VANGUARD DRIVE
PREMISE NOTE: NORTH STAGING AREA, NEXT TO NORTH FIRE HALL

CAD PREMISE: AP PIA STAGING ***V409*** WEST
STREET ADDRESS: 2484 BRITANNIA ROAD EAST
PREMISE NOTE: WEST STAGING AREA, BRITANNIA & INFIELD TUNNEL RD

Procedure: The Pearson CRASH ALARM will NOT initially indicate which standby location we are to proceed to. This will be determined by the Airport Operations Incident Commander as the approach path or location of the aircraft is determined.

Contact the Airport Operations Centre (AOC) using the direct line in AVTEC (PIA OPS CTR) to inquire which location to use. The AOC will identify the location by its Gate (e.g. "V315C") which is listed as a Premise. If the AOC has not yet determined a location, select one location to get the ESU crews started, and then change the address (if necessary) for the incident once the PIA-AOC has made a determination.

Thank you.
(original signed by)
David Perschy

Sector Desk

Section 8.11
Delay in Service

Toronto Paramedic Services Dispatch Manual

DELAY IN SERVICE

LONG RESPONSE TIMES

Occasionally due to high call volume or multiple reassignments, low priority emergency calls may have response times that exceed TPS response time standards. The QEMD should notify One Desk when lower priority calls will not be serviced within the corresponding response time. EMDs will speak with the Superintendent or designate if they, in their opinion, recommend that TFS should be sent as first response, or request 1-desk to place a "Do not divert" on the responding unit.

Anytime a crew is delayed responding (personal service etc.) the reason for the delay must be noted in the Comments / Notes tab of the Emergency Call form, accompanied by the shorthand comment /DON which will notify the Deputy Commander via notification from Advisor.

For example,

/DON 1050A DELAYED FOR EXTENSIVE CLEANING
Duty Officer Notified: 1050A DELAYED FOR EXTENSIVE CLEANING

SCENE SAFETY ASSESSMENT (SSA)

The purpose of this policy is to ensure that Toronto Paramedic Services can **safely** provide prompt and effective patient care.

The Scene Safety Assessment allows time for the paramedics who have arrived **on scene** to determine if a scene is safe before entering. Crew are afforded 5 minutes to conduct a SSA prior to the decision to either stage or enter the scene.

The Scene Safety Assessment is based on seven (7) criteria:

1. Ongoing or potential violence
2. Use of weapons
3. Assailant on scene or known to be in vicinity
4. Hostile environment
5. Fire or other chemicals
6. Allied services directing Paramedics to delay service
7. Other specific safety risk

When a crew advises that they will be conducting a SSA, the EMD will:

1. Record the location that the Paramedic crew will be conducting the SSA in the Comments/Notes field of the Emergency Call form by using the shorthand </SSA>. This shorthand will generate an entry indicating, "Started Scene Safety Assessment"
2. Advise the crew to switch radio channel to "B9"
3. Manually update the unit status to "At Scene" (if not done by crew already) or use PowerLine command AS <unit#>
4. Notify One Desk
5. Contact the closest DOS
6. All appropriate updates should be "time-stamped" in the User Data field

7. If the result of the SSA is a staging, the **SEMD** will update the status of the crew to "Staged" and notify the EMD
8. Crew is required to update their status with the SEMD every 10 minutes
9. When advised that police have arrived on scene, update the unit status to "At Scene"
10. Update One Desk with the patient status if transported

There are three outcomes to the SSA process:

Safety Concern?	Outcome?	Paperwork?
Crew and the DOS agree to the safety concern	Staging	Yes
Crew and the DOS disagree to the safety concern	Staging	Yes
Crew and the DOS agree that there is no safety concern	D/C approves entry into the scene Crew declares 10-7 and enters scene	No

If a crew is on scene and has to back out for any reason, they will get to safety and conduct a Scene Safety Assessment. EMD to document the crew's retreat and follow the steps outlined above for the SSA process.

If a crew arrives on scene and declares that they are staging, the EMD's response will be to direct the crew onto channel B9 to conduct a Scene Safety Assessment.

PARAMEDIC STAGING

The following procedure is as per the CACC SOP 09.18.19 *Staging*. The highlighted steps of this procedure are now performed by One Desk during the Scene Safety Assessment process. If any of these steps are not performed by the SEMD or the EMD is required/directed to perform a step on the SEMD's behalf, the EMD will do so.

When Paramedics advise the EMD that they are going to "stage" (not enter the scene of a call) until police arrive on scene, the following procedure will be followed by the QEMD:

1. Record the location the Paramedic crew will be staging in the Comments/Notes field of the Emergency Call form
2. If not offered by the Paramedics, ask the reason for staging and record the reason in the Comments/Notes field of the Emergency Call form
3. Advise the staging crew to switch radio channel to "B9," (Crew should already be on B9 due to SSA.)
4. Manually update the unit status to "Staged" or use PowerLine command STAGE <unit#>
5. Notify One Desk
6. Contact the closest DOS
7. All appropriate updates should be "time-stamped" in the User Data field
8. When advised that police have arrived on scene, update the unit status to "At Scene"
9. Update One Desk with the patient status if transported

While in "Staged" status, units can be reassigned to equal or higher priority calls.

Section 06: Operations **03 Scene Safety and Delay in Service**			
SOP Number (Ops/CACC)	First Issued	Replaces	Last Revised / Effective
03.06.64 / 09.08.18	October 1, 2008	March 13, 2013	**August 30, 2017**

03.06.64. Delay in Service/Staging

POLICY

The safety of Toronto Paramedic Services staff and the safety of our patients are of the utmost priority. All staff shall ensure that there are no unjustifiable, preventable delays in the provision of emergency medical services.

This SOP includes the responsibilities and procedures of specific staff with respect to a scene safety assessment and/or staging incident.

PURPOSE

To ensure that Toronto Paramedic Services can safely provide prompt and effective patient care.

AUTHORITY

The Deputy Commander shall assume ultimate responsibility within the Communications Centre at all times during a scene safety assessment and/or staging incident.

In the event that the Deputy Commander requires relief from his/her duties, he/she shall assign the Communications Superintendent to assume this role. During a scene safety assessment and/or staging incident, this delegation is to be recorded in the Inform CAD "Comments/Notes" tab as well as the SCS/Senior Operational Service Delay Incident Report and the Deputy Commander Operational Service Delay Incident Report. In the event of such a delegation of authority, the Deputy Commander must be available for consultation at all times during a scene safety assessment and/or staging incident, either by being physically present in the Communications Centre or by providing contact information where he/she can be reached (e.g., cell phone, email, etc.).

Every effort must be made to ensure that the Deputy Commander and the Communications Superintendent are not absent from the Communications Centre at the same time.

RESPONSIBILITIES AND PROCEDURE

Once Paramedics have arrived at a safe location, they must contact the Communications Centre to request a scene safety assessment[1] with the Operations Superintendent assigned to attend the scene. If the scene safety assessment supports the Paramedics' initial risk evaluation, the crew will delay service (i.e., stage). EMDs will request that Police and/or the appropriate agency attend the scene (if they have not already done so). The Deputy Commander will provide call oversight, and the Operations Superintendent will provide direction to the Paramedic crew (see below).

Paramedic Responsibilities and Procedure

- See Operations SOP 03.06.13 – Paramedic Scene Safety.

EMD Responsibilities and Procedure

- See CACC SOP 09.08.19 - Staging (EMDs and Senior EMDs); and
- Toronto Paramedic Services CACC Dispatch Manual, *Delay In Service*

Senior EMD Responsibilities and Procedure

- See CACC SOP 09.08.19 - Staging (EMDs and Senior EMDs)

[1] Scene Safety Assessment – a brief risk assessment where the Paramedics and the Operations Superintendent jointly evaluate all available information to determine if the scene is safe to enter.

Responsibilities and Procedure: Superintendent, Communications Centre

The Superintendent, Communications Centre will oversee all staging incidents. The Superintendent, Communications Centre must:

- Immediately, upon being notified of a Paramedic crew's request for a scene safety assessment and/or staging, ensure that the Paramedic crew has been assigned to a designated talk group (channel);
- Ensure that the Paramedic crew is at scene in a safe location;

NOTE: Paramedic crews must be at scene in a safe location in order to request a scene safety assessment and/or to stage.

- Ensure that the Quadrant EMD has notified the closest Operations Superintendent of the staging incident, transmitted the call details and assigned them to the incident and designated talk group, and recorded such notification in the Inform CAD "Comments/Notes" tab;
- Assign a Senior EMD to assist him/her on every call involving a scene safety assessment and/or staging incident;
- Advise the Quadrant EMD and Deputy Commander of who at One Desk will be handling the scene safety assessment and/or staging incident.
- Ensure that the Operations Superintendent is communicating with the Paramedic crew on the designated radio channel as soon as possible and ensure that the commencement of this communication is recorded in the Inform CAD "Comments/Notes" tab (e.g., Paramedic crew unit number, Superintendent ID and the designated radio channel);
- Review all call information and determine if a call-back is required;
- Ensure that the scene safety assessment is a brief risk assessment where the Paramedics and Operations Superintendent jointly evaluate all available information to determine if the scene is safe to enter. Notify the Deputy Commander if the scene safety assessment is prolonged;
- Immediately upon being notified that a staging incident has been supported by the Operations Superintendent, ensure that the reason(s) for the staging incident have been recorded in the Inform CAD "Comments/Notes" tab;

- Ensure that police are immediately advised of a "potential life threat" and that the Paramedics are awaiting their arrival on scene due to one more of the following factors:
    - Ongoing violence or potential violence;
    - Use of weapons;
    - Assailant still on scene or in vicinity;
    - Hostile environment;
    - Fire or other chemicals involved;
    - Allied services directing Paramedics to delay service; and/or
    - Other specific safety risk.
- Ensure that Police are updated every ten (10) minutes of a "potential life threat" and that the Paramedics are awaiting their arrival on scene and that this update is recorded in the Inform CAD “Comments/Notes” tab;
- Ensure that the response status of police is updated every ten (10) minutes and that all updates are included in the Inform CAD “Comments/Notes” tab;
- Ensure that Fire (if applicable) has been notified that the Paramedic crew is staging, including the crew's staging location and any change of status. Record this notification in the Inform CAD “Comments/Notes” tab;
- Ensure that the Deputy Commander has acknowledged the scene safety assessment and/or staging incident;
- Ensure that the assigned Senior EMD contacts the Paramedic crew if that crew has not communicated with the Communications Centre every ten (10) minutes after the start of a staging incident;
- If the Paramedic crew cannot be contacted every ten (10) minutes while in “Staged” status, ensure that the Senior EMD immediately notifies the Deputy Commander and the Operations Superintendent;
- Ensure that any delegation of the responsibilities outlined in this or related (see above) SOPs is noted in the Inform CAD “Comments/Notes” tab; and
- Ensure that the assigned Senior EMD documents the call in the “Incident Generator” application.

- Ensure all relevant call details have been included in the Inform CAD "Comments/Notes" tab, including any and all information regarding scene safety issues;

Responsibilities and Procedure: Superintendent, Operations

When a Paramedic crew makes the decision to request a scene safety assessment and/or to stage, the Operations Superintendent assigned to the call will immediately contact the crew in order to validate the crew's initial risk evaluation. The Operations Superintendent must:

- Contact the Paramedic crew on the designated radio talk group (channel) identified by the Communications Centre;
- Ensure that all communications with the Paramedic crew occur on the designated radio talk group;
- Proceed to the location of the scene safety assessment or staging incident without delay;
- Notify the Deputy Commander of any circumstances which may impact the Operations Superintendent's ability to respond in a timely manner;
- Ensure that:
    - The Paramedic crew is able to visualize the residence/location to identify any specific safety risk;
    - If there is a visible Paramedic safety risk at the residence/location, direct the Paramedics to move to an area where they are able to safely visualize access and egress of the scene in order to monitor the status of the specific safety risk and for the arrival of allied resources;
- Review all available call details with the Paramedic crew (e.g., call information, MPDS case entry questions) to determine if there is a specific Paramedic safety risk based on or more of the following factors:
    - Ongoing violence or potential violence;
    - Use of weapons;
    - Assailant still on scene or in vicinity;
    - Hostile environment;

  - Fire or other chemicals involved;
  - Allied services directing Paramedics to delay service; and/or
  - Other specific safety risk.

- If necessary, contact the assigned Senior EMD to be connected with the caller to clarify and/or obtain additional call information;
- Such scene safety assessments may include, but are not limited to:
  - Specific call information;
  - Observing the residence/location;
  - Talking with bystanders;
  - Making verbal contact by apartment lobby intercom devices;
  - Speaking with call originator (to be performed by Operations Superintendent);
  - Accessing any additional resources, e.g. local security personnel;
  - Request status of the Police response.
- Ensure that the scene safety assessment supports the Paramedics' initial risk evaluation, and if so, update the Communications Centre on the designated radio talk group so that the Paramedic crew's status is recorded as "Staged" in Inform CAD;
- Notify the Deputy Commander prior to the Paramedics and/or the Operations Superintendent entering the scene if both parties agree that that the scene is safe to enter;
- If there is disagreement between the Paramedics and the Operations Superintendent about entering the scene:
  - Notify the Communications Centre of the disagreement and as a result, that the crew is now staging; and
  - Both parties will continue to gather further information (which may include driving by the patient's residence/location, talking with bystanders, making verbal contact by lobby intercom devices, etc.).
- Provide the Paramedic crew feedback on their decision to delay service and give further direction if necessary;
- Ensure that the Paramedics or Operations Superintendent update the Communications Centre every ten (10) minutes of the delay in service;

- Ensure that the Paramedics submit a Scene Safety Assessment - Incident Report & Checklist by end of the shift or as directed;
- Complete and submit the Superintendent Operational Service Delay Incident Report and notify your Operations Commander of the incident;

Deputy Commander Responsibilities and Procedure

The Deputy Commander shall assume ultimate responsibility within the Communications Centre at all times during a staging incident. The Deputy Commander must:

- Immediately, upon receiving notification of a scene safety assessment and/or staging incident, monitor the event, review all information in the Inform CAD Emergency Call Form, and record this review in the Deputy Commander Operational Service Delay Incident Report;
- Ensure that the Paramedic crew is at scene in a safe location;

NOTE: Paramedic crews must be at scene in a safe location in order to request a scene safety assessment and/or to stage.

- Ensure that the scene safety assessment is a brief risk assessment where the Paramedics and Operations Superintendent jointly evaluate all available information to determine if the scene is safe to enter;
- Upon being notified by the Operations Superintendent that the scene safety assessment has resulted in a decision for the Paramedic crew and/or Superintendent to enter the scene, validate that all available information has been reviewed;
- If the decision is made to stage, ensure that the appropriateness of the staging incident is based on one or more of the following factors:
    - Ongoing violence or potential violence;
    - Use of weapons;
    - Assailant still on scene or in vicinity;
    - Hostile environment
    - Fire or other chemicals involved;

- Allied services directing Paramedics to delay service; and/or
- Other specific safety risk.

- Where the reason(s) for the scene safety assessment and/or staging incident are not immediately apparent or are not properly articulated, the Deputy Commander will communicate with the assigned Operations Superintendent and, if necessary, with the Paramedic crew, to ensure the reason(s) for the scene safety assessment and/or staging are valid and have been clearly articulated;
- In the absence of a responding Operations Superintendent, the Deputy Commander will contact the Paramedic crew on the designated radio channel;
- Where the reason(s) for the scene safety assessment and/or staging incident are deemed invalid or the manner in which the staging incident is being conducted is deemed to be inappropriate in any way, the Deputy Commander will contact and direct the actions of the Paramedic crew, bearing in mind all of the circumstances including the provisions of the Occupational Health and Safety Act;
- Ensure that allied resources have been notified that the Paramedic crew is staging, including the crew's staging location and any change of status;
- Review the information in the Inform CAD “Comments/Notes” of a scene safety assessment and/or staging incident where information from the scene of a scene safety assessment and/or staging incident indicates the sudden worsening of the patient's condition or where the dispatch priority of the call has been upgraded;
- Ensure that the on-call Commander and/or the on-call Deputy Chief have been notified of all scene safety assessments and/or staging incidents that result in negative patient outcome at the earliest possible opportunity;
- In instances of a negative patient outcome subsequent to a scene safety assessment and/or staging incident, notify Professional Standards as soon as practical;
- Ensure that all involved parties in a scene safety assessment and/or staging incident are performing their assigned duties and responsibilities according to this SOP; and
- Direct the Superintendent, Communications Centre to ensure that provisions of this SOP are being followed.

Policy Number	Section 8: Operations Paramedic Scene Safety (EMDs & Senior EMDs)	Effective
09.08.19		August 2017

POLICY

The safety of Toronto Paramedic Services staff and the safety of our patients are of the utmost priority. EMDs shall ensure that there are no unjustifiable preventable delays in the provision of emergency medical services.

PURPOSE

To ensure that Toronto Paramedic Services can safely provide prompt and effective patient care.

RESPONSIBILITIES AND PROCEDURE

EMDs

Upon notification of a Paramedic crew's request to conduct a scene safety assessment and/or to stage once the crew has arrived at scene, EMDs will:

- Direct the Paramedic crew to a designated talk group (channel);
- Contact the closest available Operations Superintendent, assign them to the call, and time-stamp the notification in the VisiCAD "User Data" tab;
- Notify One Desk and time-stamp the notification in the VisiCAD "User Data" tab;
- Manually update the unit status to "At Scene" in the VisiCAD Unit Status Queue when notified by the Paramedic crew that they are entering the scene;
- Update One Desk with the patient status if transported.

NOTE: Paramedic crews must be at scene in a safe location in order to request a scene safety assessment and/or to stage.

SENIOR EMDs

Upon notification of a Paramedic crew's decision to stage on a call, the Communications Centre Superintendent may assign a Senior EMD who will:

- Be expected to assist the Communications Centre Superintendent on every call involving a scene safety assessment and/or staging incident;
- Notify the Communications Centre Superintendent and Deputy Commander of the scene safety assessment and/or staging incident;
- Record the location of the scene safety assessment and/or staging incident in the VisiCAD "Comments/Notes" tab;
- Notify the Communications Centre Superintendent if the Paramedic crew or assigned Operations Superintendent have not switched to the designated talk

group, and record such notification in the VisiCAD “Comments/Notes” tab;

- Monitor the communication between the Operations Superintendent and the Paramedic crew on the designated radio channel and record the commencement of this communication in the VisiCAD “Comments/Notes” tab (e.g., Paramedic crew unit number, Superintendent ID and the designated radio channel);

- Review all call information and consult with the Communications Centre Superintendent to determine if a call-back is required;

- Ensure that the scene safety assessment is a brief risk assessment where the Paramedics and Operations Superintendent jointly evaluate all available information to determine if the scene is safe to enter

- Notify the Communications Centre Superintendent and the Deputy Commander if the scene safety assessment is prolonged;

- Upon being notified that a staging incident has been supported by the Operations Superintendent, immediately record the reason(s) for the staging incident in the VisiCAD “Comments/Notes” tab;

- Manually update the unit status to "Staged" in the VisiCAD Unit Status Queue;

Staging – Police Notification

- Immediately notify the police Radio Room via the "Police SGT" direct phone line of a "potential life threat" and that the Paramedics are awaiting their arrival on scene due to one more of the following factors:

    - Ongoing violence or potential violence;
    - Use of weapons;
    - Assailant still on scene or in vicinity;
    - Hostile environment;
    - Fire or other chemicals involved;
    - Allied services directing Paramedics to delay service; and/or
    - Other specific safety risk.

- Document the response status of police (e.g., "Police on the way" or "Police not on the way" and ETA if available) in the VisiCAD "Comments/Notes" tab;

- Update police every ten (10) minutes of a "potential life threat" and that the Paramedics are awaiting their arrival on scene. All updates are to be recorded in the VisiCAD “Comments/Notes” tab;

Staging – Fire Notification

- Via the Fire Interface, notify Fire (if applicable) if the Paramedic crew is staging, including the crew's staging location and any change of status by recording this notification in the VisiCAD “Comments/Notes” tab;

- Immediately notify the Fire Communications Centre via the direct phone line that the Paramedics are awaiting police arrival on scene due to one more of the following factors:

    - Ongoing violence or potential violence;
    - Use of weapons;
    - Assailant still on scene or in vicinity;
    - Hostile environment;
    - Fire or other chemicals involved;
    - Allied services directing Paramedics to delay service; and/or
    - Other specific safety risk.

- Document the response status of fire (e.g., "Fire on the way" or "Fire not on the way" and ETA if available) in the VisiCAD "Comments/Notes" tab;

- Contact the Paramedic crew if the crew has not communicated with the Communications Centre every ten (10) minutes after the start of a staging incident;

- If the Paramedic crew cannot be contacted every ten (10) minutes while in “Staged” status, immediately notify the Communications Centre Superintendent, Deputy Commander and the Operations Superintendent;

- Document the call in the “Incident Generator” application.

- Record all relevant call details in the VisiCAD “Comments/Notes” tab, including any and all information regarding scene safety issues;

- Monitor the designated talk group until the Paramedic crew is no longer staged.

- Update the Communications Centre Superintendent and the Deputy Commander with the patient status if transported.

Sector Desk

Section 8.12
Non-Optima &
Non-CAD
Environment

Toronto Paramedic Services Dispatch Manual

NON-OPTIMA & NON-CAD ENVIRONMENT

RESPONSE TIME GOALS:

All ECHO calls:	within 8 minutes, 59 seconds
All DELTA calls:	within 8 minutes, 59 seconds
All CHARLIE calls:	within 8 minutes, 59 seconds
All BRAVO calls:	within 10 minutes, 59 seconds
All ALPHA calls:	within 20 minutes, 59 seconds
ALPHA I calls:	within 30 minutes
ALPHA II calls:	within 60 minutes
ALPHA III calls:	within 120 minutes

NON-OPTIMA ENVIRONMENT

Non-Optima Call Assignment

There may be times where Optima is not available to provide assignment recommendations or assign vehicles. This may include situations where the software is not working (software "crash") or the software is running very slowly. EMDs should bring these situations to the attention of the Superintendent immediately. If Optima is not available, EMDs are expected to use the "drag and drop" or Powerline command method to assign calls in Inform CAD. The following logic is to be applied to the assignment of emergency calls:

Alpha and Bravo Level Emergency Calls

- If the QEMD determines that the closest unit for an Alpha or Bravo call is an ATU, but there is a PTU that can achieve the time goal, the QEMD will assign the call to the PTU.

Charlie and Delta Level Emergency Calls

- Upon receipt of a Charlie or Delta emergency call, the closest most appropriate unit will be sent. If during the QEMD's assessment, the PTU is closest but an ATU may arrive on scene within 8 minutes, 59 seconds or less, from phone pick up, the ATU should be assigned. If available, the closest Emergency Response Units should be assigned to these calls or when calls are upgraded to a Charlie, Delta or Echo response.

Calls upgraded to Charlie and Delta Level Emergency Calls

- When a call is upgraded, EMDs will send an ATU that may be able to arrive on scene within 8 minutes, 59 seconds or less, from phone pick up (if not already assigned). If an ATU is then assigned to the call, the originally assigned PTU can be cancelled.

Echo Level Emergency Calls

- Upon receipt of an Echo emergency call (or call upgraded to an Echo response), the closest unit will be assigned to the call. If the closest unit is not ACP, the EMD will ensure that the closest ACP unit is assigned to the call as well.

EMDs should communicate with other QEMDs if Optima Dispatch is not available. Inquiries for the closest unit to calls near the quadrant borders should be made for all emergency calls along with consulting the city-wide Inform CAD GEO map.

Non-Optima Priority Post Coverage

EMDs should discuss coverage on an on-going basis with other QEMDs. The 13 priority posts are prominently displayed on the Optima map which may not be available. City-wide coverage will still be available on the city-wide Inform CAD map. It is the QEMDs responsibility (along with the assistance of the Pit Senior EMD) to ensure all 13 priority posts remain covered.

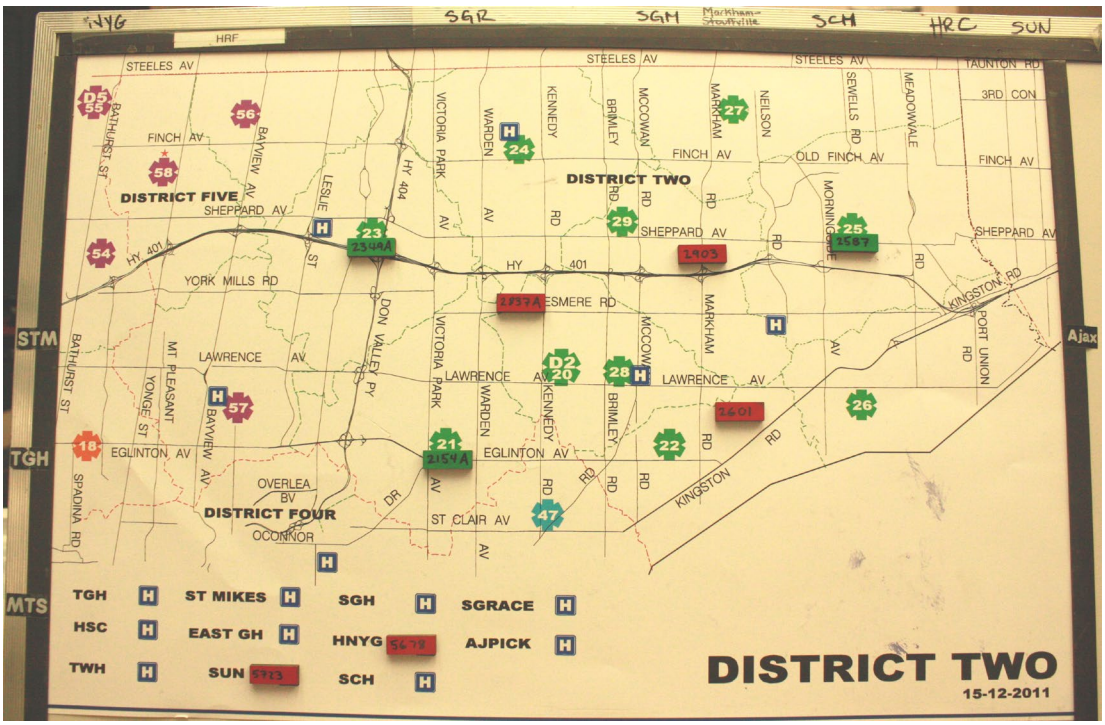
NON-CAD ENVIRONMENT (NCE)

In rare situations, the entire CAD system may be unavailable and all call taking and dispatching must take place on paper. In these situations, the EMD must rely on the magnetic maps and "unit" magnets for call assignment and coverage. Other contents in the crash bin will assist with call assignment.

NCE Documentation & Crash Bin Contents

Magnetic maps have been placed in the space between the NE/SE and NW/SW desks along with a small tripod stand. The maps have the ambulance stations of the associated quadrant, some stations of neighbouring quadrants and hospital locations.

Each quadrant NCE bin is located in the crash cabinet in the NE corner of CACC. Each bin has a series of labelled hanging folders. There is a folder for each station under that QEMD's control. There is also a folder for DOS and for LUNCH. As calls or coverage assignments are assigned to units, the appropriate documentation/paperwork should be inserted into the associated station folder. This will assist the EMD in keeping organized as each vehicle's assignment can be accessed quickly.



Each crash bin contains a small tote that contains smaller materials.

2-sided magnets are included to represent units on the magnetic map. QEMDs should have a labelled magnet for all units within their control (transport units, response units and DOS). It's essential that all magnets be double-checked with the unit availability sheet to ensure that all on-duty units are represented.

The red side should be displayed when a unit is on a call (Responding, At Scene, Depart Scene or At Destination, etc.).

The green side should be displayed when a unit is in an available status (Assigned to Post, Enroute to Post, Local Area, In Quarters, etc.).

NOTE: EMDs must request frequent location updates from mobile units in order to keep the magnet locations up-to-date.

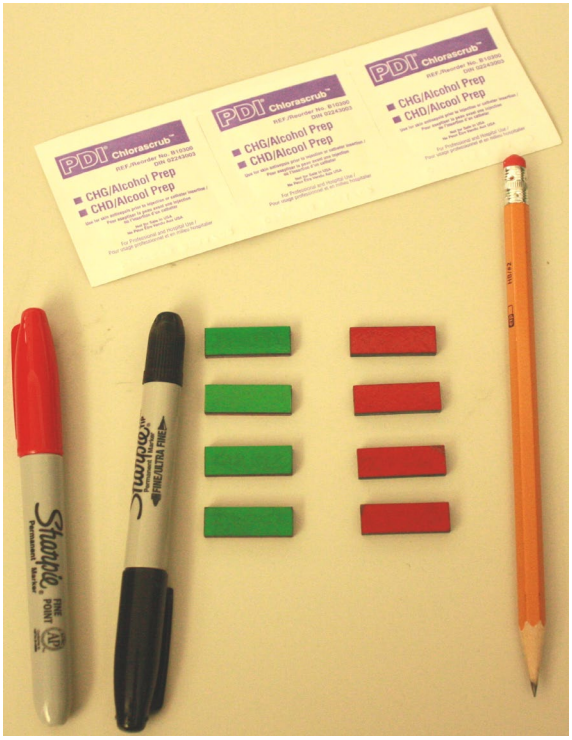
Sharpie markers are included to write the unit numbers on both sides of all the magnets

Pencils are included to keep documentation up to date (see documentation below).

Alcohol wipes are included to clean the magnets once the Communication Centre is no longer in a NCE. The Sharpie marker ink cleans easiest (with the least amount of scrubbing) when cleaned as soon as possible after use. Cleaning the magnets will also ensure they are prepared for their next use.

Once all on-duty units are represented by the magnets, EMDs should place them as close as possible to their actual location on the magnetic map. Remember to flip the

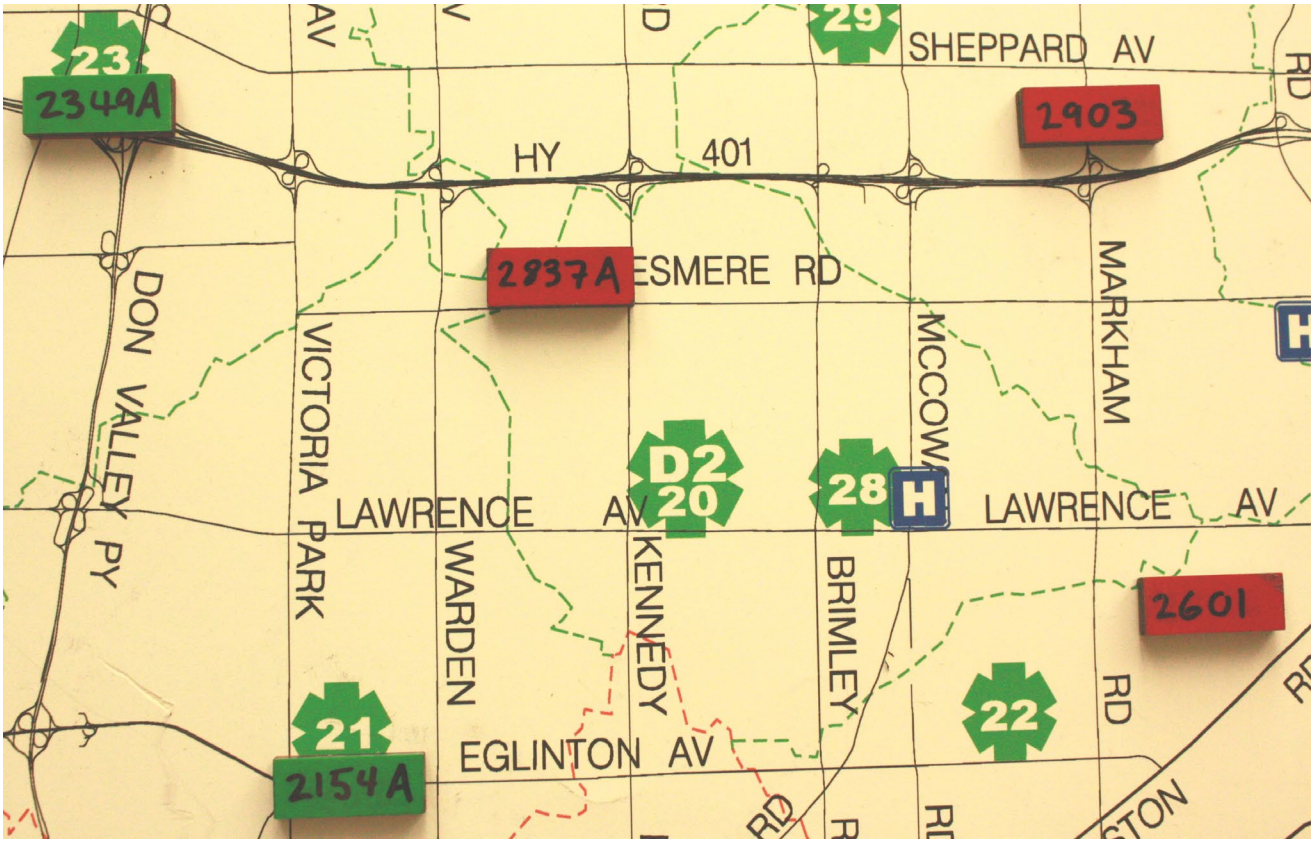
magnet (adjust the display colour) according to the vehicle status.



The following picture displays three units that are on a call (2601, 2837A, 2903). Notice that the exact unit status cannot be determined by looking at the map. EMDs must keep paper Emergency Call forms updated regularly to determine exact statuses.

This picture also displays two units that are in an available status (2154A, 2349A). Similarly, the exact unit status cannot be determined by looking at the map.

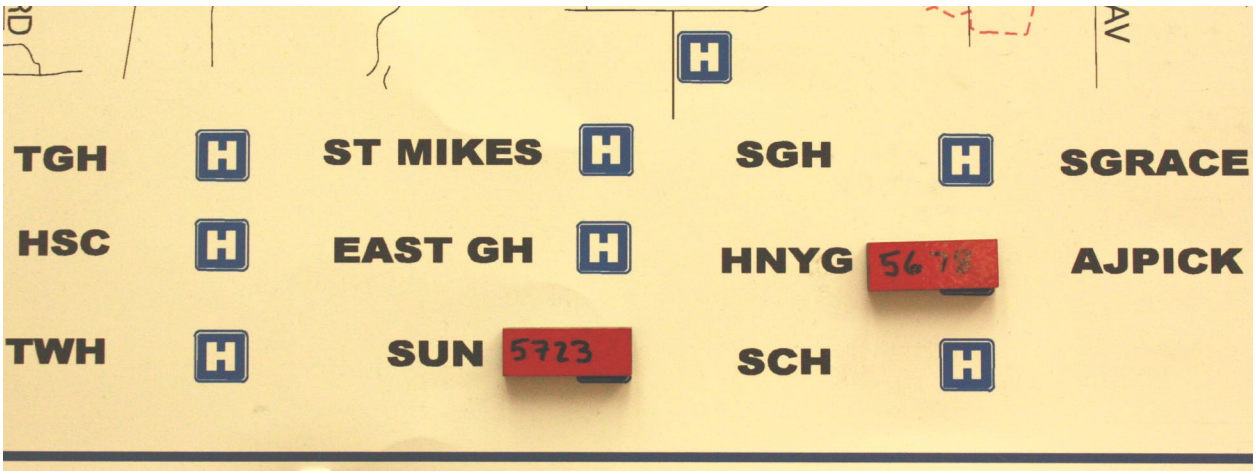
Each magnetic map also has a space with the hospitals units from that quadrant transport to most often. Once a Paramedic crew advises they are at their hospital destination, EMDs should move the associated magnet off the map and move it to the hospital area (see below). This will reduce clutter on the map (especially when numerous units are at the same hospital).



Unit 5723 is located in Sunnybrook and 5678 is located in North York General.

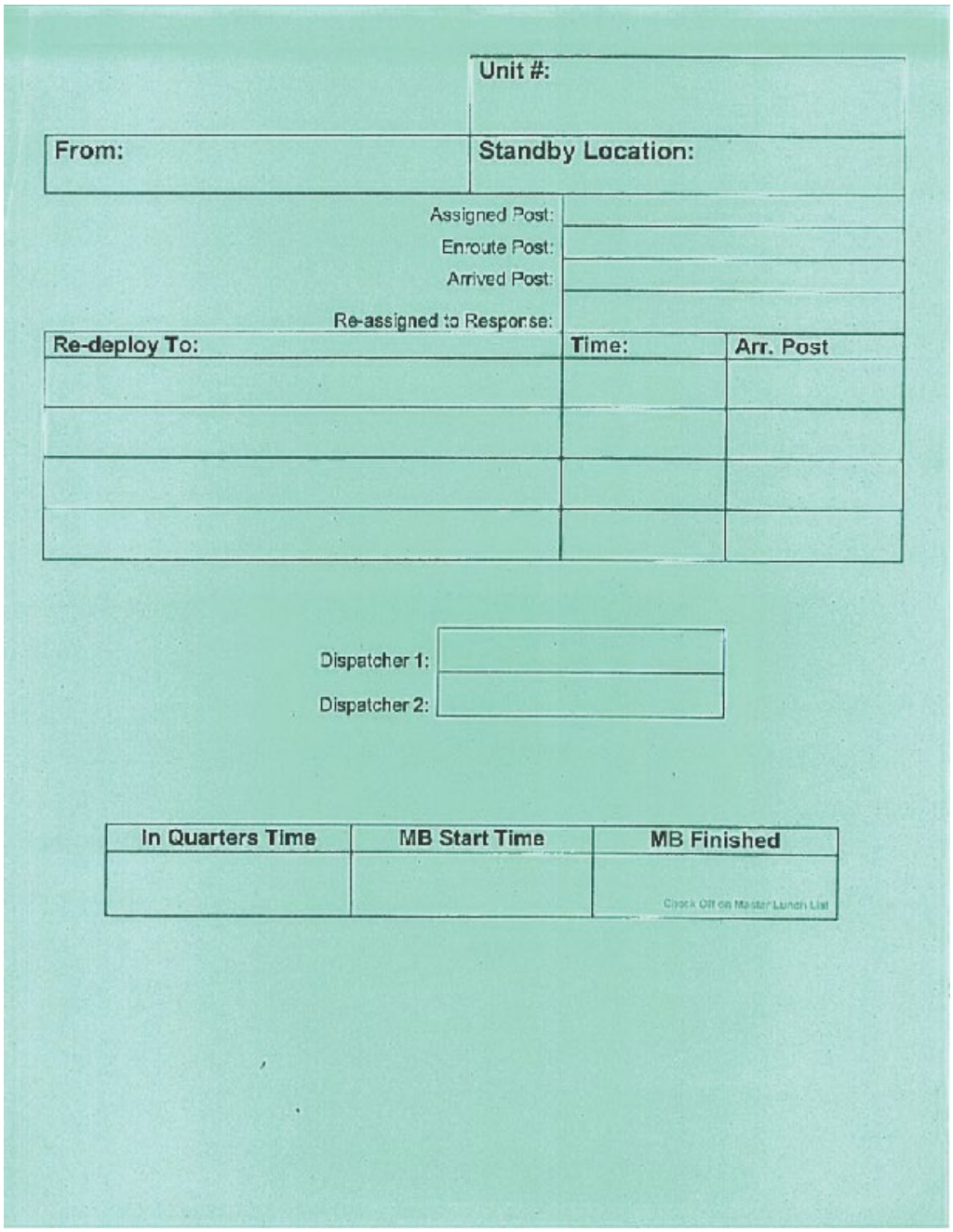
Each crash bin also includes a Geocode Street Guide. This will assist EMDs in providing call location directions to responding Paramedic crews when necessary.

This mapping book includes maps that plot station locations, points of interests, hospitals, etc.



The following documents are included in the QEMD's crash bin:

This form is to be used by EMDs to document all post assignments for coverage. This also assists with lunch tracking.

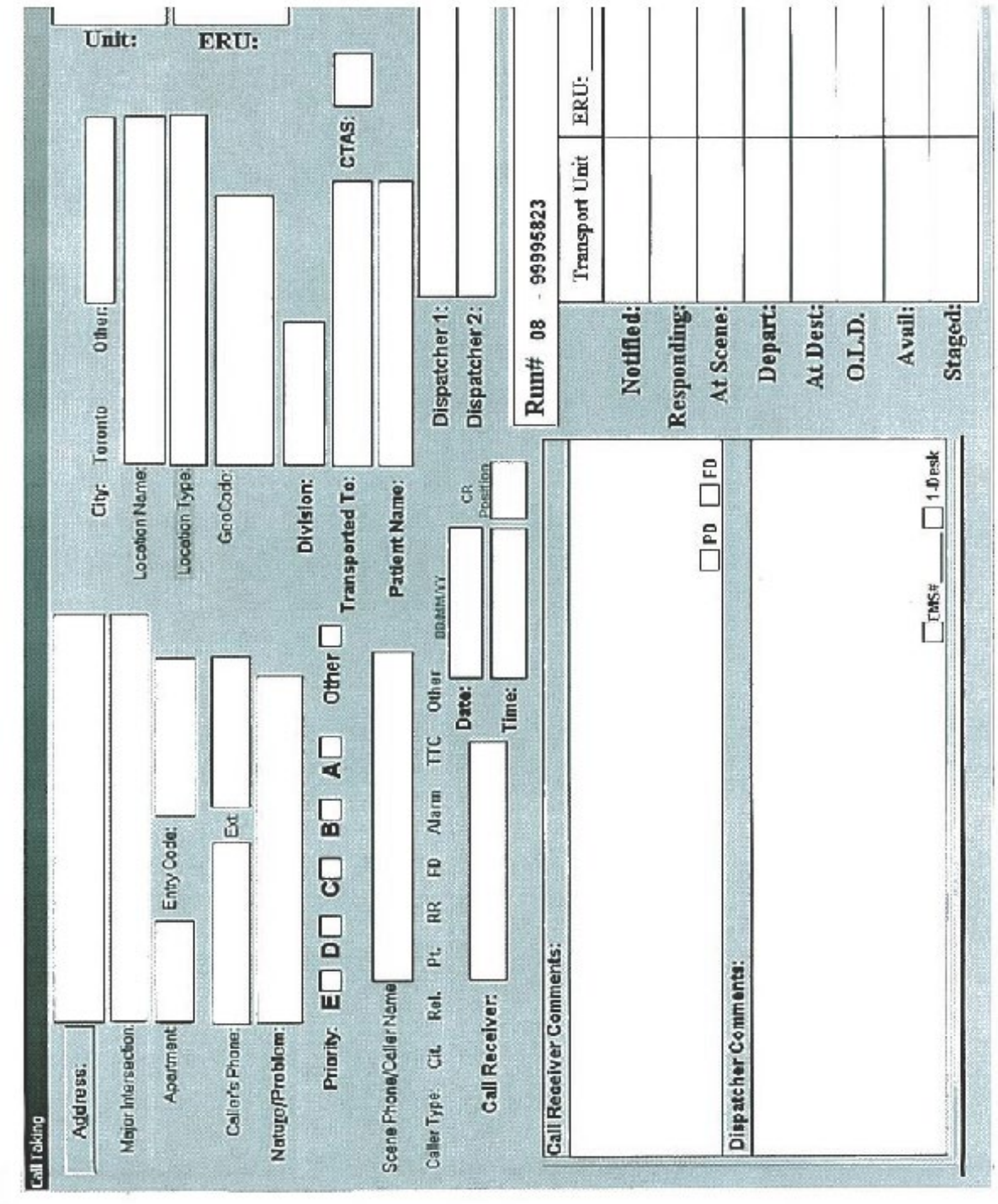


	Unit #:
From:	**Standby Location:**
Assigned Post:	
Enroute Post:	
Arrived Post:	
Re-assigned to Response:	

Re-deploy To:	**Time:**	**Arr. Post**

Dispatcher 1:	
Dispatcher 2:	

In Quarters Time	**MB Start Time**	**MB Finished**
		Check Off on Master Lunch List



In a NCE, call receivers will provide a "runner" with an address pre-alert that also includes the major cross streets. This allows the QEMD to start the closest unit(s) to the call without delay. Once the full call receiving process is complete, a full paper version of the Emergency Call form will be presented to the QEMD. This form looks very similar to the electronic version found within

Inform CAD (see next page). The transport unit number will be recorded above "Unit:" as well as any ERUs that have also been assigned. There is also space for hospital destination recording along with a table for recording all status times.

QEMDs may have to transcribe all current calls from Inform CAD on to these forms if advanced notice is available prior to experiencing a NCE.

NCE Call Assignment

Alpha and Bravo Calls

- If the QEMD determines that the closest unit for an Alpha or Bravo call is an ATU, but there is a PTU that can achieve the time goal, the QEMD will assign the call to the PTU.

Charlie and Delta Level Emergencies

- In this type of environment, the EMD should assess the closest unit first. If ACP/PCP are equal distance from the call, ACP should be assigned

Calls upgraded to Charlie, Delta and Echo Level Emergencies

- If a call is upgraded and the only responding unit is PCP, the EMD will send an ACP unit if they are as close as or closer to the call than the responding PCP unit. If an ATU is then assigned to the call, the originally assigned PTU can be cancelled.

Echo Level Emergencies

- Upon receipt of an Echo emergency call, the closest unit will be assigned to the call. If the closest unit is not ACP, the EMD will ensure that the closest ACP unit is assigned to the call as well.

NCE Crew Notification

The Locution system does not work in NCE. The EMD will notify Paramedic crews of calls & standbys via the back-up phone (for stations & hospitals) and/or back-up radio. If the back-up radios are also not available, the EMD will use the portable radios available in the crash cabinet.

NCE Priority Post Coverage

EMDs will have to discuss coverage with fellow QEMDs as the city-wide maps will not be available. It is the EMDs responsibility (along with the assistance of the Pit Senior EMD or any other support staff located in the Dispatch area) to ensure all 13 priority posts remain covered.

Sector Desk

Section 8.13
Tactical Desk

Toronto Paramedic Services Dispatch Manual

TACTICAL DESK

GENERAL INFORMATION

A tactical desk (TAC desk) can be set up at any time at the discretion of the on-duty Superintendent (SCS). Events that most often require a TAC desk are incidents that require the assignment of two or more units, the possibility of senior staff attending the scene, or incidents that consume a lot of radio air time on the A channel that interferes with the daily operations of the quadrant.

When a TAC dispatcher is required, it is most often set up at either CADs 11 or 15 but the placement of the dispatcher is determined by the Superintendent.

There is going to be a lot of cooperation between the TAC dispatcher and the QEMD with regards to crew status and operation. Keep the lines of communication open between you and your quadrant. You will often be using their community cars to service emergency calls within your event boundaries that you cannot service with assigned SPEV cars.

ROLES & RESPONSIBLITIES

The role of the tactical dispatcher is:

1. Assist in maintaining organization in the command post
2. Perform documentation and communications tasks
3. Provide command staff with all relevant updates and be able to provide system updates at any time
4. Provide thorough and accurate documentation of all aspects of the incident utilizing the incident log/associated documentation.

Some responsibilities of the tactical dispatcher is:

1. Knowledge of the radio systems in use and available
2. Maintain Command Post/incident resource materials
3. Knowledge of IMS and emergency procedures

COMMUNICATIONS & TERMINOLOGY

Communication via the TAC dispatcher is done on a primary 'B' channel designated for the event. B10 and B11 are most commonly used. All radio communication should include proper call signs to ensure that all messages are being delivered to the correct recipient.

CALL SIGN	POSITION
XRAY	Incident Commander
2IC	Second in Command
1Lead	Leader of Group/Section 1
2Lead	Leader of Group/Section 2
1-1	Group 1; staff 1
1-2	Group 1; staff 2
2-1	Group 2; staff 1
2-2	Group 2; staff 2

The call signs above should **always** be used when addressing the associated staff member via the radio. This ensures clarity as well as maintains confidentiality throughout the event.

PTT AND RADIO IDS FOR SPEV, TAC AND PSU INCIDENTS

We have added several new PTT Radio IDs. These will be used at Special Events, Tactical Incidents, or PSU Call-outs.

These PTT IDs will allow you to Roster on an individual as an Incident Commander (e.g. SPEV-IC) but with no physical vehicle assigned. You can then change the Radio ID to reflect their role in the event. You can use OTF (On the Fly) to quickly roster on-duty the Role, as none of these IDs (Roles) are used to Define a Shift, track Meal Breaks, or indicate pending End of Shift times. These IDs are for short-term and/or Special Event-specific use only.

All of these will use the "Resource Type" of **'Orion'**. This is a necessary data field, but by using **'Orion'** we will keep the units out of Optima, and we will avoid confusion with other non-TPS units, such as St John Carts.

We already have SPEV-IC and SPEV-2IC. We have added the following to accommodate up to 3 concurrent special events:

SPEV-IC	SPEV2-IC	SPEV3-IC
SPEV-2IC	SPEV2-2IC	SPEV3-2IC

We added Incident Commander (IC) and Incident 2nd-in-Command (2IC) for up to 3 concurrent TACTICAL Events (e.g. MCI, large-scale search for Missing Person, etc.). We did not use MCI in the ID, because not every 'Tactical' event is a Mass Casualty Incident.

TAC-IC	TAC2-IC	TAC3-IC
TAC-2IC	TAC2-2IC	TAC3-2IC

We have also added the Public Safety Unit (PSU) designators:

PSU-XRAY - Overall IC of the Paramedic PSU Group
PSU-1-LEAD Team Leader for Team 1
PSU-2-LEAD Team Leader for Team 2
PSU-3-LEAD Team Leader for Team 3

Members of each Team

PSU-1-2	PSU-2-2	PSU-3-2
PSU-1-3	PSU-2-3	PSU-3-3
PSU-1-4	PSU-2-4	PSU-3-4

TYPES OF TAC DESKS

Both scheduled and unscheduled events occur that require the use of a TAC desk. When TPS has been advised of a scheduled event, it allows for proper planning and setup. Typically, the EMD assigned to the desk has been pre-planned and potentially briefed on the upcoming event(s).

Examples of scheduled events:

- Indy 500
- Caribana
- The Ex
- Santa Clause Parade
- New Year's Eve

Unscheduled events happen as emergency calls come in. If the event warrants its own dedicated radio channel, a TAC dispatcher will be assigned to take control of the individual event.

Examples of unscheduled events:

- Shooting of multiple patients in one vicinity
- Multiple casualties at an MVC
- Large demonstration/parade – (can sometimes be pre-planned)
- Large scale fire scenes

DOCUMENTATION

Documentation of the event is paramount and is of the utmost importance to the EMD during the event itself. The EMD is required to document all discussions/transmissions with a brief summary of what was said/asked, including the sender and receiver. We are also required to record all patient transportations.

For a scheduled event, documentation from Planning will be provided by the SCS/SEMD to the TAC dispatcher. This documentation includes which paramedics are working the event, where they are booking on as well at their work hours. The TAC dispatcher will transpose the information from the planning sheet into the Event document, as appropriate.

Regardless of the event being scheduled or not, proper and thorough documentation is required at all times. The EMD will use the IMS form to fill out all the necessary information during the event itself.

Documentation for Planned Events

Typically for planned events, the CAD ECT form is put up as an Admin ticket for the entire event. Most of the units attached to it will be assigned to the ticket itself. It is also acceptable to keep the admin ticket in the PIQ and have each unit posted to its appropriate location for the duration of the event.

When an emerg call comes in, you will most often be notified by the crew themselves. You will be responsible for generating the ECT. You need to gather call location, nature/problem, priority and general details (if possible.) ENSURE that you are changing the sector to SPEV (or appropriate

SPEV1-2-3-4) BEFORE you enter a nature/problem. If you do not, the call will go to the geographical quadrant instead of going to your SPEV desk. Assign the appropriate crew to the incident.

When an emerg call comes in but you do not have any SPEV vehicles to service the call, the ECT will need to be moved to the QEMD for dispatch. Ensure that you include instructions in the Comments/Notes about which channel for the responding crew to switch to. Whenever a community car is assigned to a SPEV call, they now fall under the TAC dispatcher's control and must switch radio channels.

Documentation of Unplanned Events

Typically, you will be running the incident from one main ECT screen/call form. This ensures that the incident has one main run number and is easily trackable for further investigation. Each crew will have their own distinct run number attached to the main incident number, just like in other multi-dispatch calls.

All documentation should take place on the incident's IMS form. You will need to transpose (copy) relevant updates and safety notifications into the ECT form in CAD.

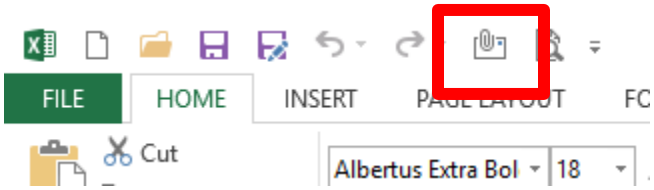
TAC Desk IMS Form

The TAC dispatcher is responsible for filling out the IMS form. All Tac Desk documentation can be found here: G:\ems\EMD Information\TAC DESK EMDs staffing the desk should use the TAC EMD FORM – BLANK to document the event that they are responsible for. When the documentation is complete, email the document to the on-duty SCS and any other required staff members (such as the Commander.)

When emailing the document, ensure that it is complete before sending. DO NOT save a copy of this document in your personal drive as it is the property of the division. To email without saving, the EMD has two options:

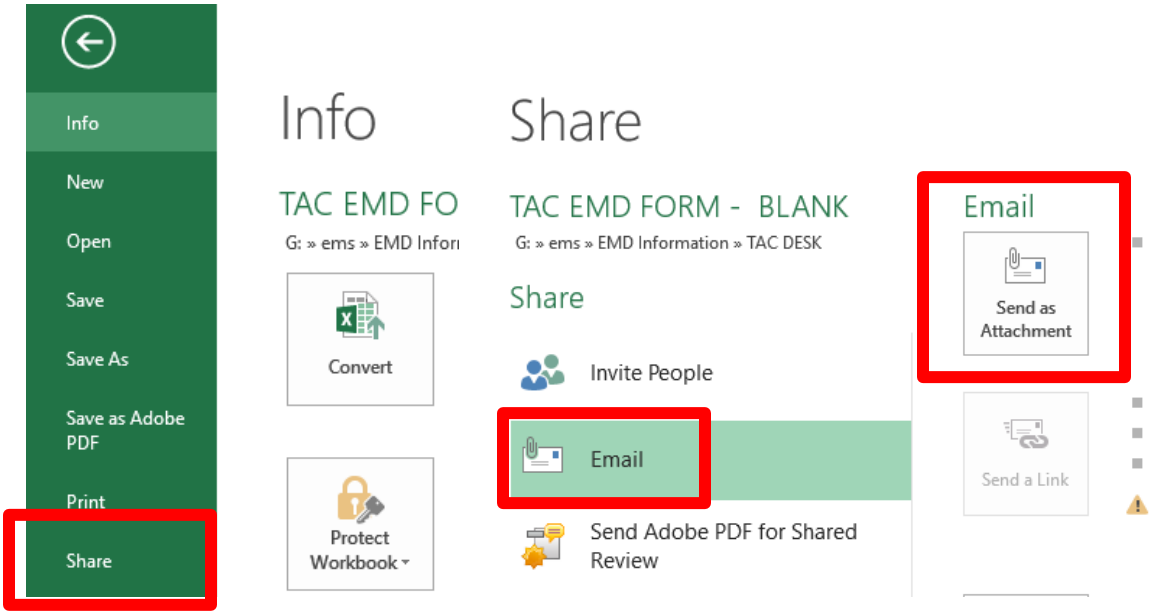
Via Excel Hot Key

1. Email via the shortcut in excel
2. The document will attach to an new email message window in Outlook
3. Send the email to the appropriate staff



Via Excel File Menu

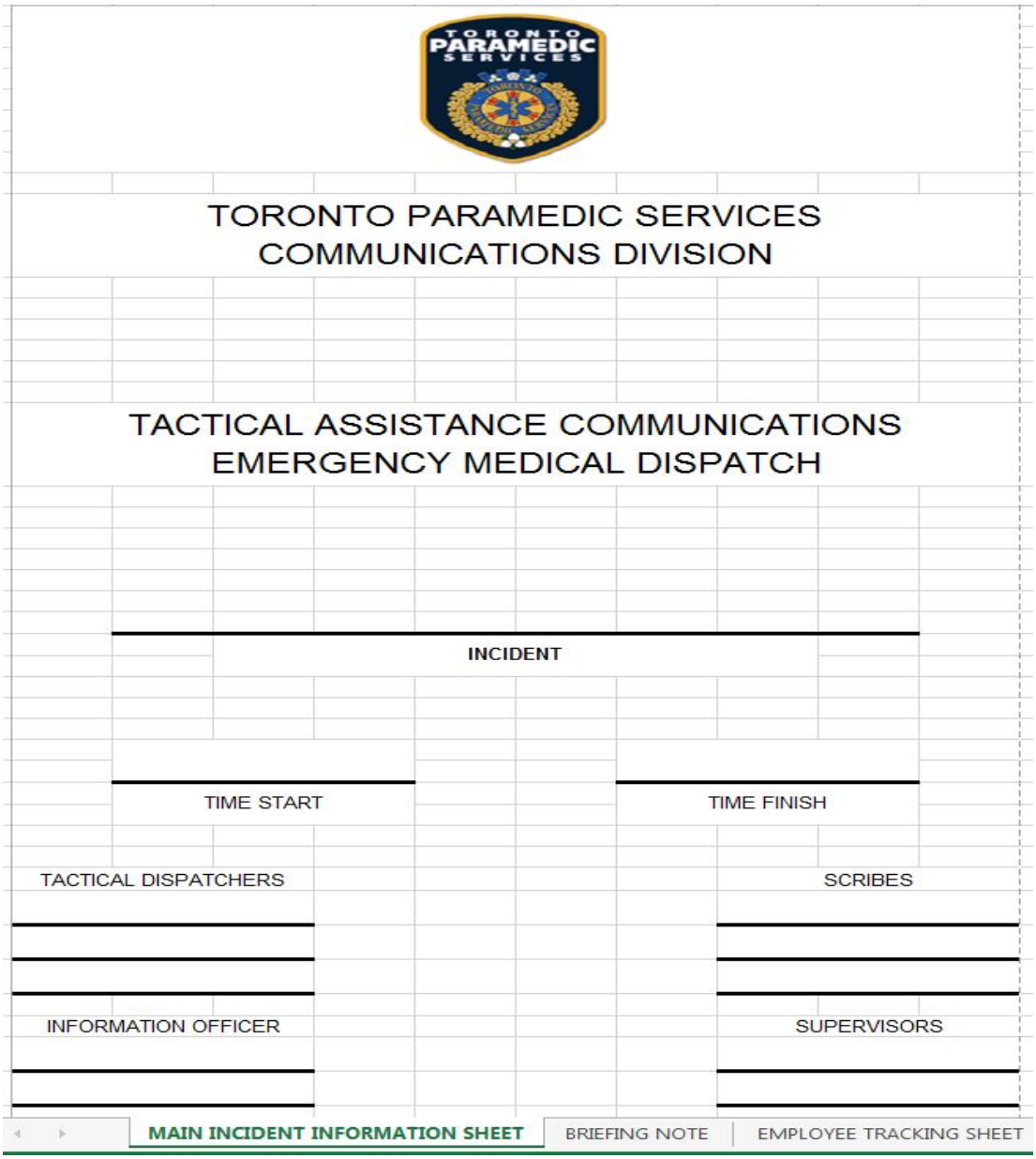
1. Select File
2. Select Share
3. Select Email
4. Select Send as Attachment
5. The document will attach to an new email message window in Outlook
6. Send the email to the appropriate staff



TAC DESK DOCUMENT INFORMATION

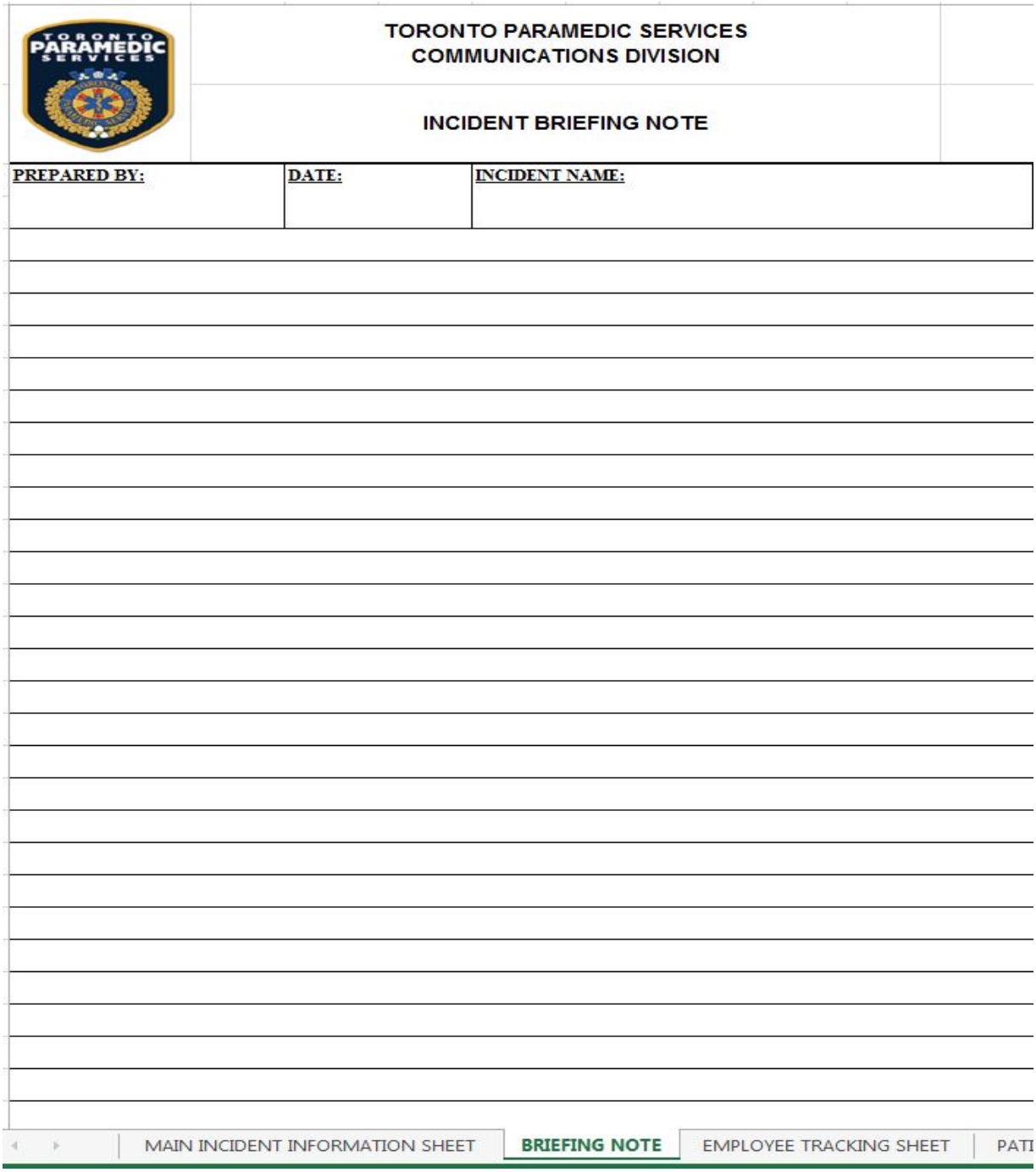
The first tab is the 'Main Incident Information Sheet.' The EMD will fill out:

- Title of the event/incident
  - If it is an unplanned incident, ensure that the address of the event is included in the title
  - Ensure that you are saving the document under the same name as the incident
- The start and end times
- Names of the EMDs who acted as TAC dispatchers, including those that provided relief
- Names of the EMDs who acted as scribes, if applicable
- Name of the employee who acted as the Information Officer (IO)
- Names of the on-duty superintendents



The second tab is ‘Incident Briefing Note.’ This tab is used for quickly summarising the information that we have about the event before the event begins. Information that should be included is:

- Rough time frame
- Location and vicinity
- Number of civilians involved
- Number of responders involved, including management
- General summary of the event, including past, current and upcoming actions
- Overall goals/objectives of the event/incident



TORONTO PARAMEDIC SERVICES
COMMUNICATIONS DIVISION

INCIDENT BRIEFING NOTE

PREPARED BY:	DATE:	INCIDENT NAME:

MAIN INCIDENT INFORMATION SHEET | BRIEFING NOTE | EMPLOYEE TRACKING SHEET | PATI

The third tab is titled 'Employee Tracking Sheet.' This tab is to be used to keep track of all staff members that are assigned to the incident. The EMD should record the following information about each transport unit:

- Vehicle Number
- Paramedic 1 Name
- Paramedic 2 Name
- Paramedic 3 Name, if applicable

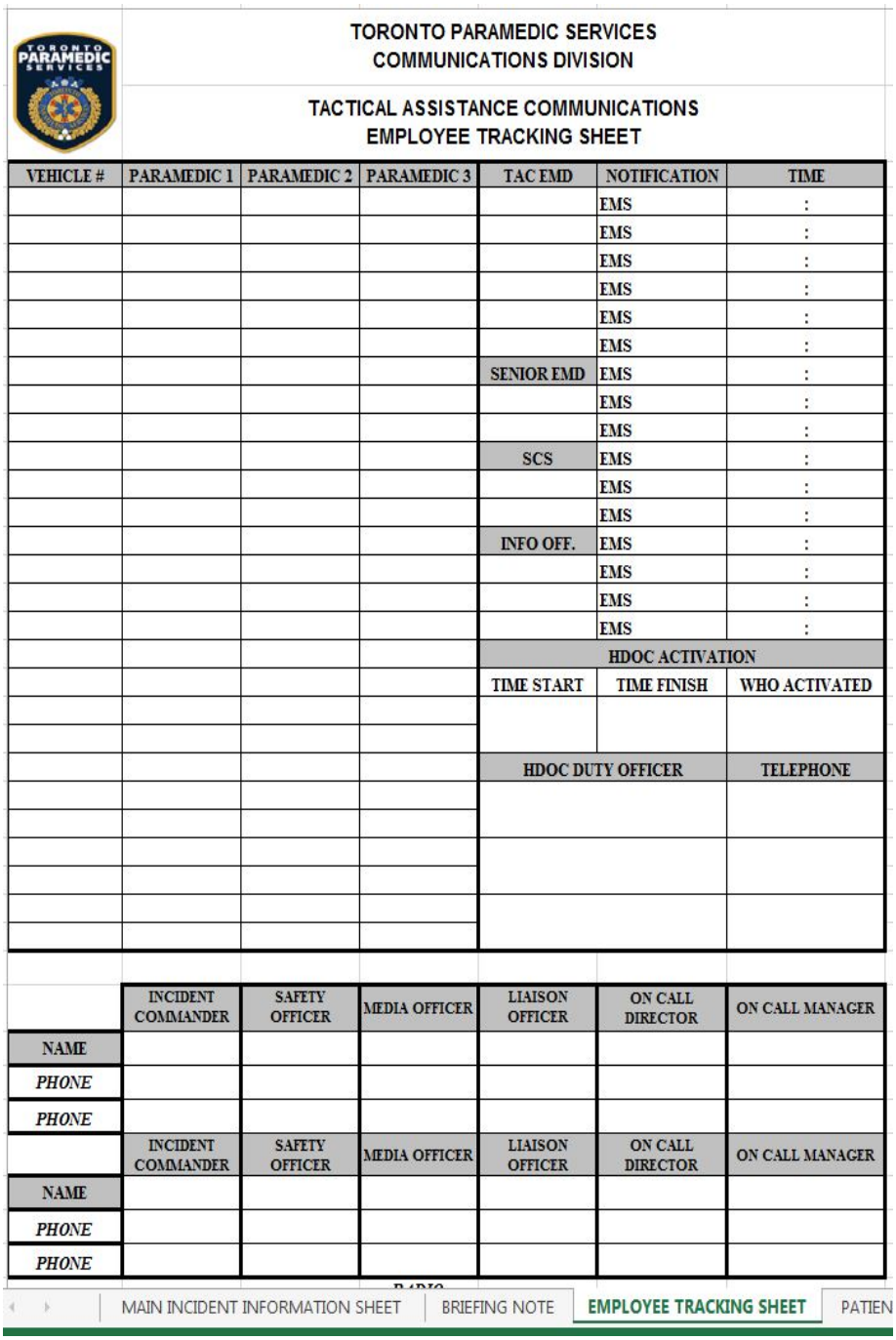
We also need to record all those that participated in the event in CACC including all on duty 1-Desk staff. Gather and document the names of:

- All EMDs that controlled the TAC desk, including relief
- All Senior EMDs on duty
- All Superintendents/SCSs on duty

If the Headquarters District Operations Centre (HDOC) was activated for the event/incident, document the start and end times as well as who directed the activation.

Record all other activated positions for the event including:

- Incident Commander (IC)
- Safety Officer (SO)
- Media Officer (MO)
- Liaison Officer (LO)
- On-Call Director
- On-Call Manager



TORONTO PARAMEDIC SERVICES
COMMUNICATIONS DIVISION

TACTICAL ASSISTANCE COMMUNICATIONS
EMPLOYEE TRACKING SHEET

VEHICLE #	PARAMEDIC 1	PARAMEDIC 2	PARAMEDIC 3	TAC EMD	NOTIFICATION	TIME
					EMS	:
					EMS	:
					EMS	:
					EMS	:
					EMS	:
					EMS	:
				SENIOR EMD	EMS	:
					EMS	:
					EMS	:
				SCS	EMS	:
					EMS	:
					EMS	:
				INFO OFF.	EMS	:
					EMS	:
					EMS	:
					EMS	:

HDOC ACTIVATION		
TIME START	TIME FINISH	WHO ACTIVATED

HDOC DUTY OFFICER	TELEPHONE

	INCIDENT COMMANDER	SAFETY OFFICER	MEDIA OFFICER	LIAISON OFFICER	ON CALL DIRECTOR	ON CALL MANAGER
NAME						
PHONE						
PHONE						

	INCIDENT COMMANDER	SAFETY OFFICER	MEDIA OFFICER	LIAISON OFFICER	ON CALL DIRECTOR	ON CALL MANAGER
NAME						
PHONE						
PHONE						

MAIN INCIDENT INFORMATION SHEET | BRIEFING NOTE | EMPLOYEE TRACKING SHEET | PATIEN

The fourth tab is called 'Patient Tracking Form.' The TAC dispatcher is required to document all patient transports on this sheet. Ensure that you gather the following information:

- Vehicle #/Call Sign
- Site (in relation to the incident, if more than one site)
- Destination Hospital
- CTAS

- Depart Scene Time (10-9)
- At Destination Time (10-7)
- Patient Name
- Time the vehicle is clear the hospital
- Time the vehicle returned to the site

TORONTO PARAMEDIC SERVICES
COMMUNICATIONS DIVISION

TACTICAL ASSISTANCE COMMUNICATIONS
PATIENT TRACKING FORM

VEHICLE	SITE	DEST	CTAS	DEPART	AT DEST	NAME	CLEAR	RTN TO SCENE
				:	:		:	:
				:	:		:	:
				:	:		:	:
				:	:		:	:
				:	:		:	:
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... PATIENT TRACKING FORM | MAIN EVENT LOG | SITE PLAN | GEN. NOTIFICATION SHEET

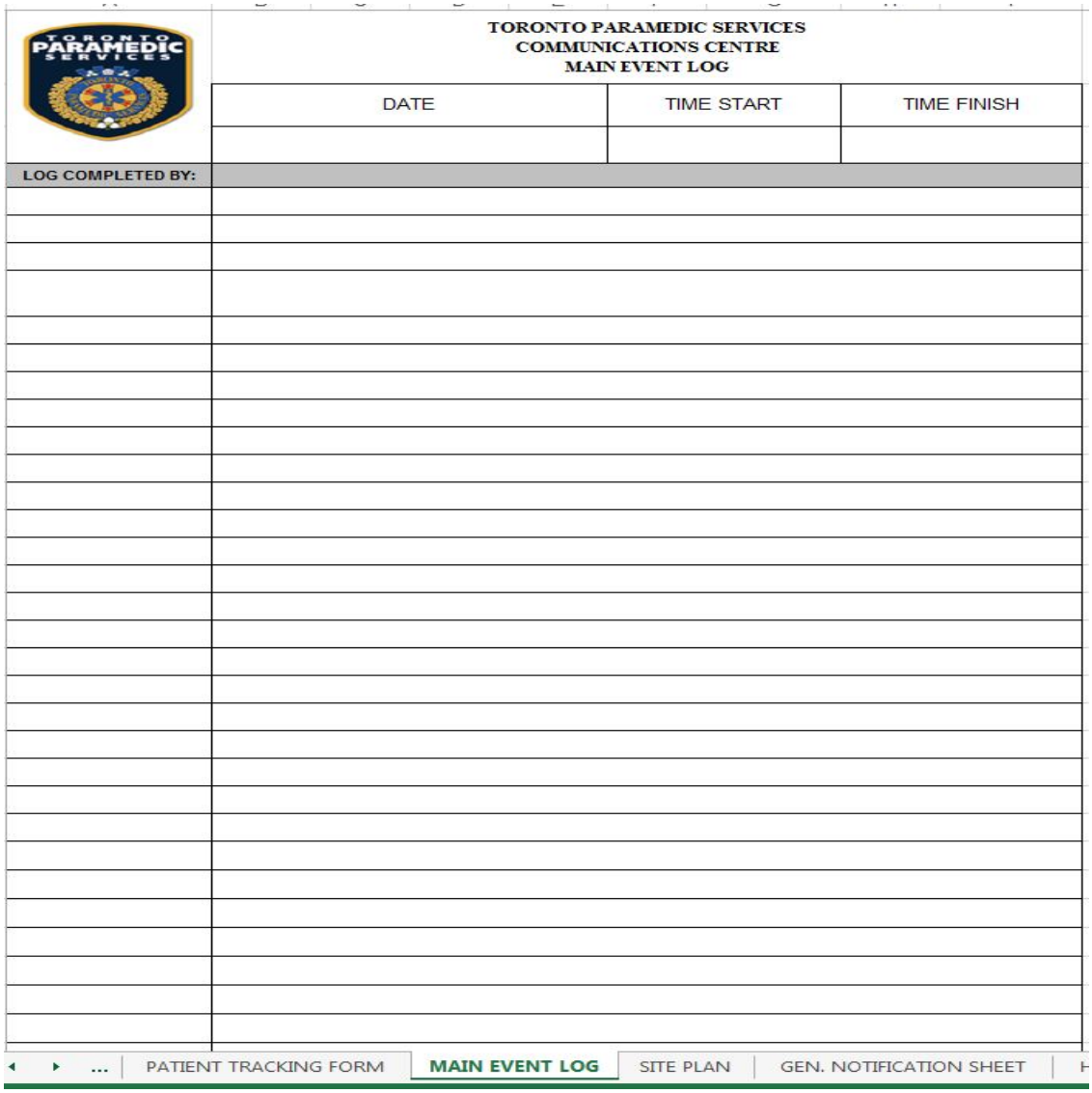
The fifth tab is called 'Main Event Log.' This is the sheet that the EMD will be using most often.This is where you will record a brief note about what each radio transmission, as well as any and all direction that the IC or 2IC gives to staff.

The EMD should record:

- The surname of the EMD that made that particular log entry; under 'Log completed by'
- The date of that log sheet, since events can run over multiple days/nights
- The time this log was started and finished

When recording the quick summary of a radio transmission, ensure that you are being short but precise in your information gathering. For example, at 14:52 X-RAY tells to 2Lead to move his vehicle 100 meters south of his current location due to the release of tear gas. The summary that would be entered into the log sheet could look like this:

Smith 1452 IC->2IC // Move your vehicle 100m S/O due to tear gas release



TORONTO PARAMEDIC SERVICES
COMMUNICATIONS CENTRE
MAIN EVENT LOG

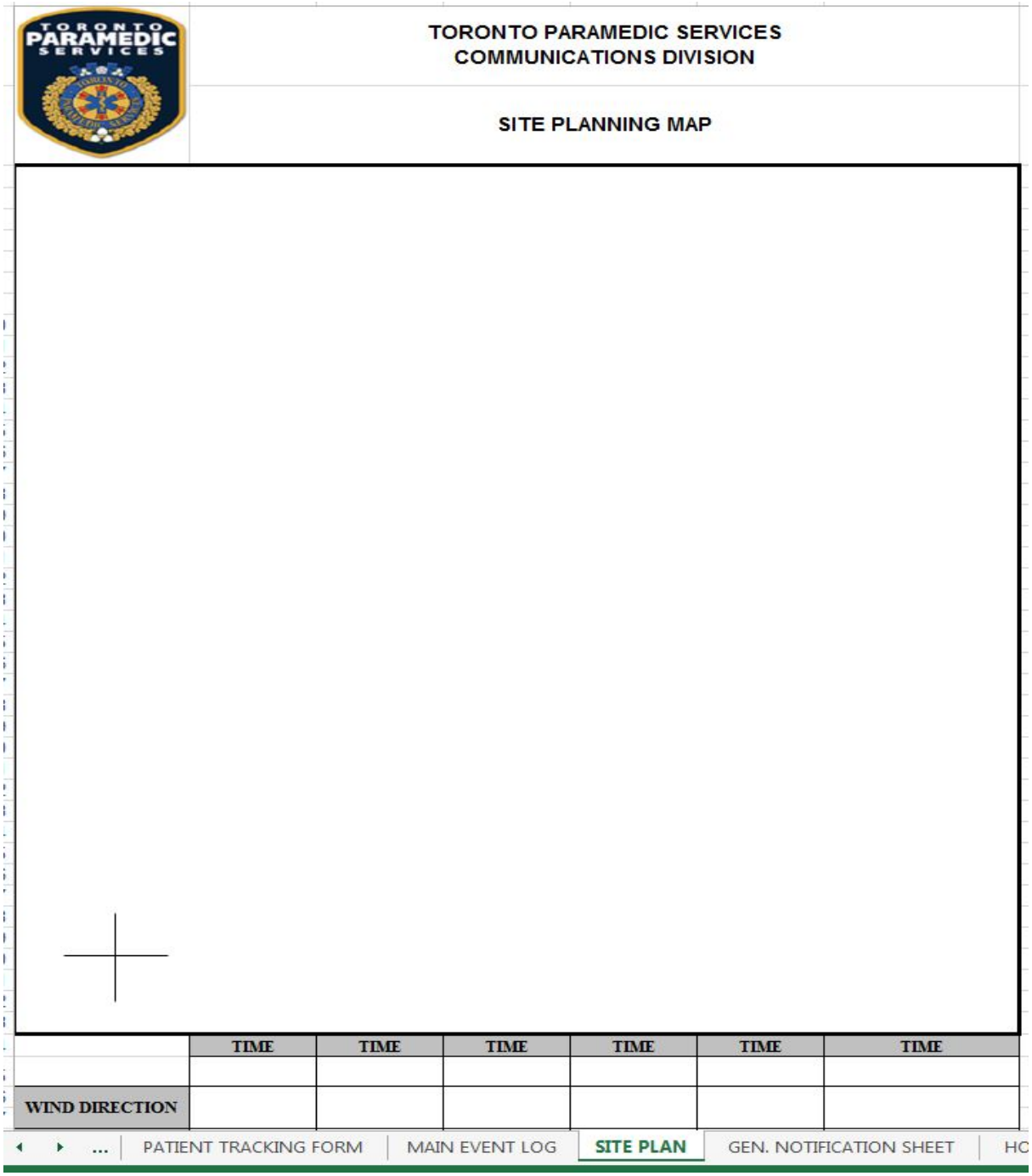
DATE	TIME START	TIME FINISH

LOG COMPLETED BY:

PATIENT TRACKING FORM | MAIN EVENT LOG | SITE PLAN | GEN. NOTIFICATION SHEET

The sixth tab is called 'Site Plan.' This sheet can be used to draw a simple diagram of the event/incident site including the locations of our standby crews. This sheet does not need to include great detail but should include:

- The perimeter of the event/incident
- All entrances/exits
- Locations of all involved TPS units
- Location of the command post, if applicable
- Wind direction and the associated time the wind direction was recorded



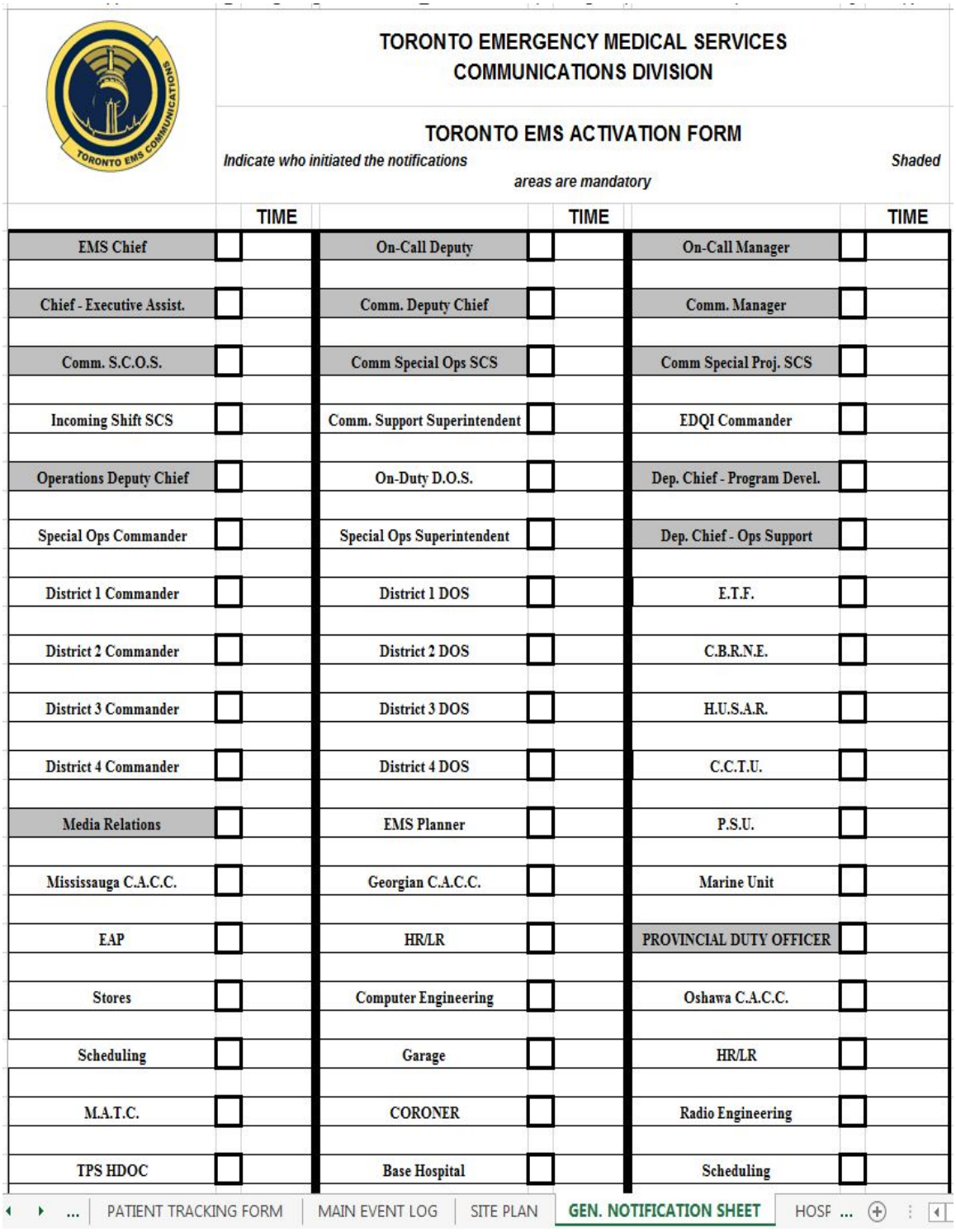
TORONTO PARAMEDIC SERVICES
COMMUNICATIONS DIVISION

SITE PLANNING MAP

	TIME	TIME	TIME	TIME	TIME	TIME
WIND DIRECTION						

... | PATIENT TRACKING FORM | MAIN EVENT LOG | SITE PLAN | GEN. NOTIFICATION SHEET | HC

The seventh tab is called 'General Notification Sheet.' The sheet is where the TAC dispatcher will document if and when each of the listed staff members were notified about the event. Not all of the senior staff members that you notify will attend the site itself, but it is necessary to make the appropriate notifications, as required.



TORONTO EMERGENCY MEDICAL SERVICES
COMMUNICATIONS DIVISION

TORONTO EMS ACTIVATION FORM

Indicate who initiated the notifications *Shaded areas are mandatory*

		TIME			TIME			TIME
EMS Chief			On-Call Deputy			On-Call Manager		
Chief - Executive Assist.			Comm. Deputy Chief			Comm. Manager		
Comm. S.C.O.S.			Comm Special Ops SCS			Comm Special Proj. SCS		
Incoming Shift SCS			Comm. Support Superintendent			EDQI Commander		
Operations Deputy Chief			On-Duty D.O.S.			Dep. Chief - Program Devel.		
Special Ops Commander			Special Ops Superintendent			Dep. Chief - Ops Support		
District 1 Commander			District 1 DOS			E.T.F.		
District 2 Commander			District 2 DOS			C.B.R.N.E.		
District 3 Commander			District 3 DOS			H.U.S.A.R.		
District 4 Commander			District 4 DOS			C.C.T.U.		
Media Relations			EMS Planner			P.S.U.		
Mississauga C.A.C.C.			Georgian C.A.C.C.			Marine Unit		
EAP			HR/LR			PROVINCIAL DUTY OFFICER		
Stores			Computer Engineering			Oshawa C.A.C.C.		
Scheduling			Garage			HR/LR		
M.A.T.C.			CORONER			Radio Engineering		
TPS HDOC			Base Hospital			Scheduling		

... | PATIENT TRACKING FORM | MAIN EVENT LOG | SITE PLAN | GEN. NOTIFICATION SHEET | HOSP ...

The eighth tab is called 'Hospital Notification.' This sheet is where you record all transports that occur related to the event itself. Ensure that you record the patient name. Crews that are under your control as the TAC dispatcher should remain on your channel for the duration of the transport. When they update their status to PTOC, ask them to landline you with the patient name. It is necessary to do so for the Media Officer as well as the Deputy Commander who are liaising with the public.

TORONTO PARAMEDIC SERVICES
COMMUNICATIONS DIVISION

HOSPITAL NOTIFICATION/BED AVAILABILITY

HOSPITAL	TIME NOTIFIED	BEDS AVAILABLE	MONITORS AVAILABLE	AMBULATORY CAPABILITIES	PERSON TAKING NOTIFICAITON	POSITION
EGH						
HRF						
HRC						
STJ						
TWH						
MTS						
TGH						
HSC						
STM						
SUN						
TEG						
NYG						
SGR						
SGH						
SCH						
MISS						
B. Civic						
CR. VALLEY						
Mackenzie						
Soutlake						
MARKHAM						
AJAX						

NOTES:

... HOSPITAL NOTIFICATION PLANNING AND LOGISTIC ...

The ninth tab is called 'Planning and Logistics.' This tab is essentially your event phone book. Refer to this tab for when you need to landline someone or distribute a phone number to an involved staff member.

TELEPHONE CONTACT LISTING

TITLE	NAME	PHONE	CELL	PAGER OR 2ND PHONE #	TIME NTFD
ON CALL DEPUTY CHIEF					
DEPUTY CHIEF					
COMMUNICATIONS COMMANDER					
PSU COMMANDER					
PUBLIC SAFETY UNIT SUPERINTENDENT					
EMS COMMAND POST					
POLICE COMMAND CENTRE					
ON-CALL COMM SUPERVISOR					
DISTRICT 1 HUB		416-392-2041 416-392-2137	416-523-4150 - A	416-523-4503 - C	
DISTRICT 2 HUB		416-392-2128 416-392-2129	416-523-1814 - A	416-523-4506 - C	
DISTRICT 3 HUB		416-392-2253 416-392-2256	416-523-1208 - A	416-523-4504 - C	
DISTRICT 4 HUB		416-392-2127 416-392-2126	416-523-1944 - A	416-523-4505 - C	
ORNGE					
OFFICE OF EMERG. MANAGEMENT					
BASE HOSPITAL					
PUBLIC HEALTH					
COMMUNICATIONS					

... | HOSPITAL NOTIFICATION | PLANNING AND LOGISTICS

TORONTO

Memorandum

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A/Chief

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August 2, 2019

ADVISORY # 2019-02 (Operations)
 # 2019-01 (Communications)

To: All Operations, Communications Centre, and Education Staff

From: Jennifer Shield, A/Deputy Chief, Program Development and Service Quality
Mark Toman A/Deputy Chief, Central Ambulance Communications Centre

Subject: **NEW RADIO TERMINOLOGY: "CODE SIGMA"**
Large Scale Incident Safety Notification

The following introduces a new radio code to support Paramedic safety during operations within a pre-planned large-scale event or multi-casualty incident. This is similar, but *distinct* from the current "CODE HOTEL-SIERRA" that is used during regular operations.

Terminology

"CODE SIGMA" - A unique radio phrase to identify an emergency health and safety issue that requires **immediate** attention by responding crews.

Usage

To be used by an Event EMD to alert Paramedics on specific Tactical Radio Channels of an emerging situation that may require staff to immediately seek safety and/or shelter at the scene of a:

1. Planned large scale event (e.g., signature event, etc.), or
2. Declared multi-casualty incident (MCI)

Phrasing

Upon notification of an emerging situation, the Event EMD responsible for the Tactical Channel will call "CODE SIGMA, CODE SIGMA, CODE SIGMA, <Best known location of danger>, <Situation>" to alert all crews in the area of the need to immediately seek safety and/or shelter.

For example:

> *"CODE SIGMA, CODE SIGMA, CODE SIGMA - CNE Food Building - report of gunshots"*

Immediately after the CODE SIGMA declaration, the Event EMD will declare a "No Go Zone" for the location specified in the "CODE SIGMA" and notify One Desk for general broadcast by Sector EMDs. The Event EMD will then initiate a roll call of all units assigned to that incident in order to confirm their status. Crews should, where reasonable, avoid radio communications until they are called.

Roll Call Example:

EMD voice-out:
Vehicle and status (e.g., *"3862 status"*)

Paramedic response (crew members together):
Vehicle, crew & complement, and status (e.g., *"3862, two crew safe"*)

Paramedic response (crew members separated):
Vehicle, person and status e.g., (*"3862, single medic J. Smith safe"*)

- ***Crews or individuals failing to reply to the roll call after two (2) attempts will be considered to be in distress.***
- Should a 10-2000 (Urgent Police Assistance) or 10-32 (Paramedic Down) be declared by a crew, the Event EMD will pause the roll call to initiate the appropriate response, then resume the roll call as soon as is reasonable.
- The Event EMD will follow current protocols for activation of a 10-2000 or 10-32 as the situation requires for any crew/Paramedic that fails to respond to the two (2) attempted roll calls, or who initiate a 10-2000 or 10-32.
- Upon completion, the roll call status will be reported to the Incident Commander and Deputy Commander.
- Sector EMDs will broadcast the "No Go Zone" on their assigned radio channels.
- Units in or near the area are to remain clear of the "No Go Zone" until directed otherwise.

Expectations for Paramedics

- Upon hearing a "CODE SIGMA", staff at or near the location should seek safety and/or shelter.
- Staff outside the identified area of the "CODE SIGMA" should maintain a high level of vigilance with respect to scene safety when responding nearby.
- Unassigned staff outside of the "No Go Zone" shall not self-dispatch or respond to the event.
- Should you be in immediate danger, declare a 10-2000 or 10-32, identify your location and provide brief, relevant details.
- In the event of a 10-2000 or 10-32, and/or where Paramedic(s) do not respond to the second roll call, the Incident Commander will work with allied services and the Event EMD to provide a safe and appropriate response to assist the crew(s).

Clearing the CODE SIGMA

The "CODE SIGMA" activation will only be cleared when the Incident Commander has confirmed that the emergency situation has been resolved. The Incident Commander will then convey the following message:

> *"CODE SIGMA (Location) - Alpha Charlie"* (All Clear), and will initiate actions for Paramedic response to the incident.

Following the All Clear signal, the Event EMD responsible for the Tactical Radio Channel will repeat the roll call for all assigned crews to confirm their status and receipt of the All Clear message. One Desk will advise the Sector EMDs to cancel the "No Go Zone" and assign units as required or as directed by the Incident Commander.

If you have questions, please speak to your Superintendent. See also the attached Operations and Communications Centre flow charts which lays out the process outlined above.

(original signed by)
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A/Deputy Chief
Program Development and
Service Quality

(original signed by)
Mark Toman
A/Deputy Chief
Communications Centre

(original signed by)
Marten Holdenried
TCEU Local 416, JJEC Chair
Health and Safety Officer

(original signed by)
Bryan Rusk
TCEU Local 416
Joint Health and Safety Committee

c.: G. McEachen, Deputy Chiefs

Notes/Addendum

Toronto Paramedic Services Dispatch Manual

Quadrant Dispatch Training (QDT) Policies, Memorandums and Education Alerts

Policy/Memorandum /Education Alert/Bulletin	Title	Effective Date	Section #
*Memorandum	Paramedic Transfer of Care (PTOC) Status Reporting	Revised May 30,2014	7
Info Sheet	STEMI Program	Revised 2017	5.4
Education Alert/Bulletin	Code Stroke Program	July 10, 2013	5.4
*Memorandum	Stroke Patient Distribution Changes	April 10, 2014	5.4
*Memorandum	Notification of Regional Stroke Centres	February 7 2019	5.4 & 7.0
*Memorandum	Update on PCP/L2 CODE STEMI Bypass	January 9, 2015	5.4
*Memorandum	Hospital for Sick Children Incubator Adaptor Deck Transport	Sept 8, 2017	5.4
*Memorandum	Use of #9 Stretchers for Airport Transfers	Feb 2, 2017	5.4
*Memorandum	ESU Bariatric Unit	May, 25 2018	1.5
Policy # 09.06.1	Reporting For Duty and Relieving	Jun 9,2014	1.2
Policy # 09.08.6	Unit Assignment	Jun 9,2014	8.3
Policy # 09.07.3	Telephone Patching	Dec,2010	3.10
Policy # 09.08.8	Alertline Alerts	Dec,2010	3.3
Policy #09.08.19	Paramedic Scene Safety	Aug, 2017	8.11
Policy # 09.08.22	Out of Service	Dec,2010	1.11
Policy # 09.08.27	Emergency Activation by Paramedics	September 15, 2014	1.7
Policy # 09.08.32	Voice and Radio Etiquette	Dec,2010	3.11
Policy # 09.08.34	Start and End of Shift Guidelines	Dec,2010	8.3
Policy # 09.08.35	Paramedic End of Shift	Dec,2010	8.3
Policy # 09.08.36	Patient Destinations	Dec,2010	7
Policy # 09.08.37	Transport to Out of Town Facilities	Dec,2010	4
Policy # 09.08.49	Relieving Procedures General	Dec,2010	8.2
Policy # 09.01.15	Privacy and Protection of Personal Health Information and Personal Information	Dec,2010	3.10
Education Alert/Bulletin	FTT CTAS 2 vs.FTT CTAS 1	April 2012	7

Advisory	One Number to Call Initiative – Life or Limb Transfers	November 13, 2015	8.3
Education Alert/Bulletin	Emergency calls at Toronto Island (Billy Bishop) Airport	Dec 21,2012	8.10
*Memorandum	Hospital for Sick Children (HSC) NICU Team & Equipment Procedures	September 17, 2018	8.10
Advisory 2016-02	New Radio Terminology "Hotel Sierra"	July 14, 2016	1.7
*Memorandum	Use of Nature/Problems: Command Post-CBRNE & Command Post-ETF	April 11, 2016	8.9
Memorandum	59 STN Trail Schedule	June 28, 2016	8.10
Memorandum	2nd Marine Medic on TFS Fireboat	May 24, 2019	8.10
Memorandum	Regional Stroke Centre Notification	January 10, 2019	5.2
Memorandum	Stretchers & Transferring Pt's from Aircrafts	April 30, 2019	8.10
Memorandum	Trace Pending	March 14, 2019	8.10
Memorandum	Trace Pending & Disconnected Callers	March 14, 2019	8.10
Memorandum	Call Deferral Pilot Project	May 21, 2019	8.11
Memorandum	Found Health Cards	July 11, 2019	9
SOP	Revised SOP: Response to Calls	Oct 1, 2019	8
Memorandum	Revised SOP: Code STEMI	September 24, 2019	5.4 & 8.6
Memorandum	Renaming of 10 Station	December 27, 2019	1.6
Memorandum	Changes to Stroke Protocol Patient Distribution	April 2, 2020	5.4
Memorandum	St. Michael's Kidney Care Centre	April 23, 2020	5.4
Memorandum	MT Numbers Required For All Transfers	March 19, 2020	8.13
FAQ	GTA IMS Transfers	2021	8.13
Memorandum	Single Headlight Repair Process	Nov 4, 2020	8.13
SOP	Ops End-of-Shift (Early) Relief	Oct 2020	8.13
Memorandum	New Code Stroke Stable Transfers	Feb 4, 2021	5.4

Memorandum	MT numbers on all Transfers	Feb 16, 2021	5.4
Memorandum	Address Flagging	May 12, 2021	8.10
Memorandum	Address Flagging – Go Live	May 19, 2021	8.10

TORONTO

Memorandum

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Date: May 15, 2014

To: All Communications Staff

From: Gord McEachen
Deputy Chief, Communications

Re: Paramedic Transfer of Care (PTOC) Status Reporting

Effective June 1, 2014 the process for reporting Paramedic Transfer of Care by Paramedics will change. In an effort to ensure that resources are used as efficiently as possible, the procedure for updating status while at hospital is being revised.

Upon arrival at hospital, paramedic status will be reported in three ways:

- Verbally, by declaring "10-7 at _____ (name of hospital)" via radio
- Manually, by pushing the At Destination button on the MobiCAD
- Automatically, by placing the vehicle into "Park" at the Hospital ED, triggering a Status Change to At Destination.

Once hospital staff allocates a bed to the patient, it is shown as “Hospital Transfer of Care (HTOC)” in the Patient Distribution System (PDS). In VisiCAD and MobiCAD this appears as “TOC Start”.

If HTOC has been pressed in error by the hospital or there is a significant delay in patient transfer, it is the paramedic’s responsibility to contact the Deputy Commander to have this time amended.

Once Paramedics have offloaded their patient and given report, they are to immediately declare PTOC (Paramedic Transfer of Care) to dispatch staff.

In the event that Paramedics have not updated dispatch staff with their status within 15 minutes of being placed in the “HTOC status”, the Hospital Clearing Coordinator will attempt to contact them to obtain their status.

If no status update is received within 25 minutes of HTOC, the unit’s status will automatically be changed to PTOC.

If a unit is in the PTOC status but needs to be out of service because of a “clean up” or any other out of service reason, it is the paramedic’s responsibility to contact the Deputy Commander for the required authorization.

After 15 minutes in the PTOC status, the unit’s status will automatically be changed to Available. (Note: This is a change from the current 20 minutes for PTOC to Available).

Comments will be inserted into VisiCAD (and paged to the crew) by the system at HTOC/TOC Start + 15 minutes, and at PTOC + 10 minutes to indicate to crews that an automatic status change is impending.

Note: If there are any other OOS reason codes in place (i.e. any OOS reason in addition to TOC Start) then the automatic status change does not occur; thereafter the status must be changed **manually** by an EMD.

In support of these changes, Communications *SOP 09.06.1 Reporting for Duty* and *SOP 09.08.6 Unit Assignment* have been amended to change any references to "Delayed Available" to the new status name of "PTOC". No other changes have been made to these SOPs.

If you have any questions, please consult with your Superintendent.

(Original signed by)
Gord McEachen

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, M.Toman, Emp/LR, H&S

Attachments

Policy Number	Section 06 Personnel Administration	Effective
09.06.1	**Reporting for Duty and Relieving**	June 1, 2014

POLICY:

Toronto EMS Emergency Medical Dispatchers (EMDs) will report for duty and relieve out going staff in a professional and effective manner to minimize noise levels and confusion to allow for operations to continue seamlessly.

PURPOSE:

Ensure that all staff reporting for duty do so in a quiet and efficient manner. That all incoming staff receive a complete and accurate run down from the EMD they are relieving.

PROCEDURE:

Reporting for duty

- EMDs are required to swipe on duty prior to the beginning of their shift and review the "Daily Duty Roster" for shift assignment
- EMDs are required to report for duty five minutes prior to the start of their shift in order to receive a complete report on the current status of the position they are relieving
- It is imperative that the contents of the rundown are clearly understood by the relieving EMD
- CACC Staff will report for duty well rested and physically able to complete their shift
- No employee shall report for duty under the influence of alcohol or recreational drugs. On-duty EMDs are to immediately notify an EMS Superintendent if they are required to take prescription medications which may cause impairment
- No employee of Toronto EMS will consume, have in their possession or purchase alcoholic beverages or drugs while on duty or in uniform
- All CACC Staff will report for duty with their headset
- In an effort to eliminate confusion and excessive noise at shift change, staff being relieved are requested to provide status reports and leave the Communications Centre quickly and quietly
- Personnel reporting early for their shift will either relieve the existing shift or remain in the lunchroom until the beginning of their shift
- Advisories and other pertinent information will be displayed on the Active Desktop or distributed to EMDs by the on shift Superintendent or their designate at the earliest opportunity after the commencement of the shift

Relieving EMDs

- When leaving a call receiving position, call receivers should ensure that the VisiCAD software is "Exited" as opposed to "Logging Off". Once error messages have been cleared, the VisiCAD software should be re-loaded, preparing for the next user to instantly "Log On"
- When relieving a dispatch position, EMDs should ensure that the previous operator has "Logged Off" and the relieving EMD "Logs On". This should be done prior to the fleet status rundown

- Fleet status rundowns should provide a complete and accurate disposition of all vehicle status, including:
  Available vehicles, including vehicles that are:
  - Mobile
  - On standby
  - In Quarters
  - Available
  - PTOC
  - Vehicles arrived at destinations that may be available for reassignment
  - Vehicles responding to lower priority calls which may be available for higher priority re-assignment
  - Crews that require meal breaks
  - Crews that are Staged
  - Any crew that shows in an out-of-service status
- These may include vehicles from other divisions that may be in the geographical area of the controlling division
- Non-emergency call re-assignment plans
- Other circumstances that may affect emergency coverage or emergency call assignment
- CACC equipment problems
- Rundowns should be conducted while the relief dispatcher is logging on and setting up their screens. This way, the EMD being relieved will be able to assist the relief EMD in unit selection should an emergency call arrive during the rundown process

Policy Number	Section 8 Operations **Unit Assignment**	Effective
09.08.6	*Issued: December 2010* *Last Revision: July 13, 2012*	June 1, 2014

POLICY:

EMDs will use the tools provided and as prescribed to assign the most appropriate unit(s) to requests for service.

PURPOSE:

To provide an appropriate response to requests for service.

PROCEDURES:

EMDs will prioritize their tasks such that unit assignment for high priority emergency calls is not delayed due to lower priority tasks.

Order of Incident Assignment

- EMDs will address emergency calls in order of priority with the oldest unassigned emergency call within a priority being assigned first.
- The order of emergency call priorities is (from highest to lowest):
  - Echo, Delta, Charlie, Bravo, Alpha, non-emergency

Emergency Call Assignment Time Standards

- The following table lists the emergency call priorities and the associated time requirements for obtaining an Optima recommendation and subsequently assigning a unit to the call:

Call Priority	**Recommendation*** (when Optima is available)	**Assignment***
Echo, Delta, Charlie	Within 20 seconds	Within 40 seconds
Bravo	n/a	Within 60 seconds
Alpha	n/a	Within 5 minutes
Alpha 1	n/a	Within 10 minutes
Alpha 2	n/a	Within 40 minutes
Alpha 3	n/a	Within 100 minutes

* Times are based on those in the VisiCAD Pending Incident Queue, not those in Optima.

Optima Dispatch Unit Assignment

- EMDs will use the Optima Dispatch decision support system to assess and assign the most appropriate units for all emergency calls.

- When EMDs become aware of units which will be crossing paths during their response to calls the EMD may swap the units so long as the response times to high priority calls are not negatively impacted. EMDs may use the VisiCAD SWAP PowerLine command for this purpose.

- If the recommended assignment will result in units crossing, the EMD will ensure that the highest priority/oldest call is assigned first before any reassignments are made.

- EMDs will obtain an assignment recommendation from Optima and assign any emergency call that appears in their Optima Dispatch "Pending Calls" queue. An exception to this occurs when a unit in "PTOC" status under the control of another EMD is recommended, in which case the call may be moved in both Optima and VisiCAD to the other EMD for assignment.

- For Echo and Delta incidents, EMDs require the approval of the 'Pit Senior' (or One Desk) to override Optima unit recommendations. In the event the Pit Senior (or One Desk) is unavailable and the EMD needs to override the Optima recommendation, the EMD may override the recommendation and will advise the Pit Senior (or One Desk) as soon as practical.

- For other priority incidents EMDs may use their best judgement to override Optima recommendations when necessary. EMDs may consult with the 'Pit Senior' (or One Desk) if required.

Assignment Exception: EMDs may use either Optima or VisiCAD when assigning Emergency transfers/STEMI transfers or for any type of call at beginning of shift.

For Echo, Delta and Charlie Priority Emergency Calls:

- In accordance with the Emergency Call Assignment Time Standards (see table above) Echo, Delta, Charlie and Bravo priority emergency calls must not be delayed for any reason including, but not limited to, preservation of emergency coverage, paramedic meal breaks or paramedic end-of-shift book-offs.

For Alpha and Lower Priority Emergency Calls:

- Inadequate emergency coverage in the station area where the call is located
- Paramedic meal breaks
- Paramedic end of shift

If any one of these factors exists, the EMD may delay the assignment of Alpha and lower priority emergency calls following the Emergency Call Assignment Time Standards (see table above).

Exceptions to Emergency Call Assignment Time Standards

- Exceptions to the Emergency Call Assignment Time Standards are permitted without authorization due to:
    - Rostering issues at start of shift
    - Recommended unit(s) in "PTOC" or "At Destination" status
- Any other request to delay assignment of units beyond the Emergency Call Assignment Time Standards requires the notification and approval of the 'Pit Senior' (or One Desk).
- In circumstances that may result in a delayed response to the scene by a responding unit (e.g., environmental reasons, multiple re-assignments, long travel distances, etc.), the EMD should request the 'Pit Senior' (or One Desk) to review the call. One Desk staff will review the call details, consider calling back to the scene, consider the need to apply an appropriate 'No Divert' reason code to a unit responding on a low priority emergency call to prevent further delays due to possible diversion and consider the need for Fire first response.

Incident Address Change

- When alerted to any emergency call address change, the EMD will reassess the call using the Optima "Add Vehicles to Dispatch" window. If a closer, more appropriate unit is available, the EMD will add it to the emergency call.
- When additional units have been added for this reason, the EMD will remove the originally assigned unit(s) from the emergency call if they are no longer required.

Incident Priority Change

- When alerted to any emergency call priority change, the EMD will reassess the call using the Optima "Add Vehicles to Dispatch" window. If another unit is more appropriate, the EMD will add it to the emergency call.
- When additional units have been added for this reason, the EMD will remove the originally assigned unit(s) from the emergency call if they are no longer required.

Evaluating Assigned Emergency Calls for Potentially Better Resources

When an 'Alt Vehicle - Check Incident' alert is received, the EMD will:

- Select the emergency call in the Optima Dispatch "Active Calls" queue;
- Reassess the emergency call using the Optima "Add Vehicles to Dispatch" window;
- If there is an appropriate unit(s) that is more than four (4) minutes closer than those already responding (based on ETA), the EMD must consider adding the unit(s) to the emergency call;
- When additional units have been added for this reason, the EMD will remove the originally assigned units(s) from the emergency call if they are no longer required.

Sending Additional Units

EMDs may send units in addition to those recommended by Optima Dispatch in the following circumstances:

- When the potential for multiple patients is documented in the VisiCAD call form (e.g. traffic accident, childbirth, shootings or stabbings, etc.)
- When requested by a Paramedic on scene; in this circumstance, the EMD will:
    - Determine from the Paramedic what type of unit is required;
    - Send the closest unit of the type required (based on ETA);
    - When an additional unit must respond on a different priority than the emergency call's original priority, the EMD must manually change the call priority in the VisiCAD Emergency Call form, convey this information to the responding unit verbally and document in the Comments/Notes tab of the Emergency Call form; and
    - Advise the on-scene paramedic of the status and location of the additional unit(s).
- Any other case of additional units must be approved by the 'Pit Senior' (or One Desk)

<u>For Non-Emergency Calls:</u>

- Either VisiCAD or Optima may be used to assign non-emergency calls. EMDs will consider other factors before assigning units to non-emergency calls, including but not limited to: emergency coverage, response time targets, pick-up time, appointment time, optimal use of resource type, Paramedic meal breaks, Paramedic end of shift, etc.

Manual Unit Assignment

In the event of a system failure affecting unit assignment recommendations, the EMD will revert to a manual unit selection process as outlined below:

- For Bravo through Echo priority emergency calls, the EMD will assign the closest unit of any type. If the assigned unit is not a fully staffed transport unit, the EMD must add the most appropriate one.
- ALS assignment to Echo priority and entrapment emergency calls is mandatory.
- ALS assignment to Delta ALS-indicated emergency calls is required if the ALS unit is within a 15-minute ETA of the call.
- For lower priority emergency calls, the EMD will assign the most appropriate unit.

Policy Number	Section 07 Communication	Effective
09.07.3	**Telephone Patching**	December 2010

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 coroners 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 Number	Section 8 Operations	Effective
09.08.8	**Alertline Alerts**	December 2010

POLICY:

Alertline will be launched and running on every work station logged into VisiCAD.

PURPOSE:

Alertline is an application that sends alert messages to pre-defined functional groups, known as Roles. Each alert is an event that requires either an action or immediate attention.

PROCEDURES:

Each alert will be triggered by a specific event. The trigger may be any of the following:

a. A VisiCAD unit status change (eg. status change to “Staged”)
b. A key word encountered in the VisiCAD Comments/Notes field (eg. the words “Violent”, “Weapon”)
c. A change to the Address or Location field in VisiCAD
d. A change to the Priority of the incident in VisiCAD
e. Locution (Failed alerts requiring manual dispatch)
f. Wheels not Rolling (Resources failing to move towards a call or post)
g. Text generated by the /ET (Echo Tiered) shorthand comment

Each alert must be acknowledged by the Emergency Medical Dispatcher (EMD), Senior EMD, Superintendent, or Deputy Commander that receives an alert. Acknowledging the alert defines the employee’s commitment that they have completed the task required by that alert (as it pertains to their Role), or that they are now aware of the occurrence in question. Each employee will select the Role that corresponds to their function within the CACC.

Policy Number	Section 8 Operations	Effective
09.08.22	**Out of Service**	December 2010

POLICY:

Emergency Medical Dispatchers (EMDs) will accurately assign the appropriate Out of Service (OOS) Reason Code to units as required.

PURPOSE:

Properly reflect a resource's limited availability, and document the time and reason for that availability issue. This also properly reflects any delays in response to requests for service.

PROCEDURES:

- When a Toronto EMS resource is not available for assignment, the EMD will assign the appropriate limited OOS reason code to the resource in VisiCAD in accordance with the guidelines referenced in the Dispatch Manual
- Some OOS reasons have a level of conditional availability associated with them. This means that the resource may be available for certain assignments, ie. an emergency call, or first response, but not for coverage
- Paramedics requesting to be put OOS are to be directed to call their District Superintendent. If they are unable to reach them, they will be directed to speak with the Deputy Commander for approval
- The EMD must follow-up with a crew when the "Readiness" warning appears. The proper follow-up procedures for each OOS is included in the Dispatch Manual

Policy Number	Section 8 Operations **Emergency Activation by Paramedics**	Effective
09.08.27		**September 15, 2014**

POLICY:

Upon the receipt of an emergency message Communications staff will work together without delay to ensure the best possible response to the situation.

PURPOSE:

To provide immediate assistance to paramedics in emergency situations relating to health & safety.

PROCEDURE:

Calls may be received from paramedic staff via MobiCAD, Mobile Radio, Portable Radio, Cell Phone or Landline (including 9-1-1 lines and through allied agencies), and may be verbal or non-verbal.

VERBAL Emergency Messages

10-33 (Emergency message/transmission to follow)

Upon receipt of a 10-33 message/transmission the EMD will:

- Immediately verbally acknowledge the message using: "**Ambulance/ERU XXXX, 10-33, 10-4.**"
- Act upon the message as the details require
- Notify the Pit Senior EMD and SCS

Upon notification of a 10-33 message the SCS will:

- Ensure the appropriate actions are taken based on the emergency message content
- Notify and update the Deputy Commander as required
- Document as required

10-2000 or **10-32** (URGENT Police assistance required or Paramedic Down messages)

Upon receipt of a verbal 10-2000 message or a 10-32 message the EMD will:

- Immediately verbally acknowledge the message using the appropriate phrase:
  - "**Ambulance/ERU XXXX, 10-2000, 10-4.**" for 10-2000 with **known** location
  - "**Ambulance/ERU XXXX, 10-2000, 10-20?**" for 10-2000 with **unknown** location
  - "**Ambulance/ERU XXXX, 10-32, 10-4.**" for 10-32 with **known** location
  - "**Ambulance/ERU XXXX, 10-32, 10-20?**" for 10-32 with **unknown** location
- Generate a new Emergency Call for the location of the crew in CAD. This is done by using the appropriate Powerline command ("E2000 <space> Unit#" or "E32 <space> Unit#). Assign the Paramedic resources to the new emergency call immediately.
- **The EMD will respond resources to the location provided as per *Table A*** below.
  - One of the responding units must be a transport unit.

  The base responses have been made as consistent as possible to promote consistent application – the SCS or Deputy Commander may revise any response as the situation warrants.
- Notify the Pit Senior EMD and SCS ***(continued)***

- Direct all responding units to switch to the radio channel of the crew with the 10-2000 or 10-32. Units will respond with "Ambulance/ERU ____ (unit number) on __ (channel), responding to 10-2000 (or 10-32)" (e.g., "Ambulance 4007 on S/W responding to 10-2000") It is important that the originating paramedics be notified that the appropriate assistance has been dispatched

Upon receipt of a 10-2000 message or a 10-32 message the SCS will:

- Ensure the appropriate actions are taken based on the emergency message content
- Notify and update the Deputy Commander as required
- Document as required

Non-Verbal Emergency Messages

Whenever the emergency button is pressed on a MobiCAD or Mobile or Portable radio, every position logged on to VisiCAD with the "PTT Client" application running will be presented with a flashing red Emergency message block. This message identifies the unit's "radio name" as indicated in VisiCAD along with the flashing text "EMERGENCY" and either "MOBICAD", "PORTABLE" or "MOBILE".

- **MobiCAD:** When the emergency button on a MobiCAD unit is pressed, the controlling EMD will attempt to contact the unit on the ***regular quadrant channel*** **by** transmitting the following phrase: "**AMBULANCE/ERU XXXX, 10-2000, 10-20?**"

- **Mobile (vehicle) Radio:** When the emergency button on a mobile (vehicle) radio is pressed, *the originating radio will automatically switch over to the "EMERGENCY" channel*. The controlling EMD will attempt to contact the unit on the ***Emergency channel*** by pressing and holding the "***EMERGENCY" radio pad*** on AVTEC while transmitting the following phrase: "**AMBULANCE/ERU XXXX, 10-2000, 10-20?**"

- **Portable Radio:** When the emergency button on a portable radio is pressed, *the originating radio will automatically switch over to the "EMERGENCY" channel and will automatically transmit from the microphone for 20 seconds.* Once this 20 second* transmission ceases, the controlling EMD will attempt to contact the unit on the ***Emergency channel*** by pressing and holding the ***"EMERGENCY" radio pad*** on AVTEC while transmitting one of the following phrases:
  - Location still unknown: "**AMBULANCE/ERU XXXX, 10-2000, 10-20?**"
  - Location gleaned from open mic: "**AMBULANCE/ERU XXXX, 10-2000, 10-4.**"

  *During the 20 seconds, the EMD will begin to build a response based on information already obtained.

- Every EMD controlling a radio channel will immediately attempt to contact the crew on the channel(s) under their control to determine the nature of the emergency and the ambulance's location using the phrase above.

This inquiry will be met with one of three possible outcomes. The required follow-up action for each answer is listed below. Involvement of the SCS and Senior EMD is imperative. ***(continued)***

1. **No Response**
   - Attempt to contact the ambulance crew again by repeating "**AMBULANCE/ERU XXXX, 10-2000, 10-20?**" If there is no reply after **two** attempts:
     - The controlling EMD will immediately generate a new Emergency Form for the last known location as per the AVL display of the ambulance in distress. The controlling EMD will then **follow the procedure for 10-2000** shown under "Verbal Emergency Messages" above **and add TFS as a first responder**.
       (Note – when notifying the closest District Superintendent in cases of non-verbal emergencies it is preferable to do so by telephone to avoid possible exacerbation of the situation by broadcasting information over the originating radio.)
     - Attempt to contact the crew's last known location.
     - Notify a Senior EMD and request the police attend the location ("Assist our crew"). Notify any additional allied agencies required (Fire, Gas, Electric, etc.)
     - Generate a pager message to the crew

   Upon notification of a No Response emergency message the SCS will:
     - Ensure the appropriate actions are taken based on the emergency message content (if any)
     - Notify and update the Deputy Commander as required
     - Document as required

2. **Response Confirming an Emergency Situation**
   - Depending on what information is contained in the crew's response, additional details may be required. The most important information is their location. If their response does not contain their 10-20, one further request to obtain this is to be made using the prescribed phrase.
     - The controlling EMD will immediately generate a new Emergency Form for the given location and will **follow the procedure for 10-2000** shown under "Verbal Emergency Messages" above.

   Upon notification of a confirmed emergency message the SCS will:
     - Ensure the appropriate actions are taken based on the emergency message content
     - Notify and update the Deputy Commander as required
     - Document as required

3. **Response Denying an Emergency Situation**
   - In the event that an alarm is activated inadvertently, Paramedics will transmit the following message to the Communications Centre: **"Ambulance/ERU ____ (unit number), 10-2000 Alpha Charlie."** (e.g., "Ambulance 2557, 10-2000 Alpha Charlie"). This will indicate that the situation is accidental and that the "**A**ll **C**lear" was not given under duress, and will let the Communication Centre know that no additional response is necessary.
     - If the statement is given properly, the EMD will:
       - Acknowledge the crew's response with: "**Ambulance/ERU ERU ____ (unit number), 10-2000 Alpha Charlie, 10-4.**" (e.g., "Ambulance 2557, 10-2000 Alpha Charlie, 10-4") and advise them to carry on
       - Advise all other relevant Communications staff of the false alarm or stand-down

- Follow the Returning to Regular Operations procedure below

- **If the statement is *not* given properly, the Communications Centre will treat it as a response confirming an emergency situation.**

Returning to Regular Operations after an Emergency Button Activation

- Once the issue has been resolved, remind the originating crew to cancel the emergency button activation (on Mobile (vehicle) or Portable radios) by pressing and holding the orange emergency button for a few seconds if they haven't already done so. This will return them to their quadrant channel.

- Clear the Emergency Message alert on the "PTT Client" application, and at the Motorola Radio Console as necessary (an SCS or Senior will do this)

- Perform a radio check with the crew once they are back on the quadrant channel.

- Document as required

Table A

	CACC Response
10-2000 (+/- Button Push)	Police, Two closest EMS units (+ALS resource if not one of closest), District Superintendent, (+TFS if unknown and other agencies as requested/known)
10-32 (+/- Button Push)	Police, Two closest EMS units (+ALS resource if not one of closest), District Superintendent, +TFS
Button Push ONLY (no other info)	Police, Two closest EMS units (+ALS resource if not one of closest), District Superintendent, +TFS

Policy Number	Section 08 Operations	Effective
09.08.32	**Voice and Radio Etiquette**	December 2010

POLICY:

Toronto EMS employees are expected to act professionally in the course of their duties. Each transmission is to be clear and direct. Voice modulation and volume should be consistent and of moderate speed when speaking with the public, allied agencies or on the radio.

PURPOSE:

This describes the fundamental rules of communication, which enhance the professional image of Emergency Medical Dispatchers (EMDs). They are to be applied consistently by all staff.

PROCEDURE

Voice

- EMDs are responsible for relaying dispatch messages via voice whether the medium is telephone or radio when there is a failure with the Automated Station Alert, Radio Private Call or MobiCAD alerting system. The paging system will still to be used to enhance the communications network in regards to notification of crews of requests for service. Paramedics are responsible for asking for call updates if the information is not received or is unclear.
- To be an effective communicator, emphasis is placed on voice control, which encompasses clarity and modulation. EMDs should also maintain a consistent volume and moderate speed when speaking. An EMD who is rarely requested to repeat a message has developed good voice control. One who is requested to repeat messages frequently should strive to improve his or her voice control.

more

Policy Number	Section 8 Operations	Effective
09.08.34	**Start and End of Shift Guidelines**	December 2010

POLICY:

When assigning resources, the Emergency Medical Dispatcher (EMD) will consider delays in service that occur both at the beginning and nearing the end of a unit's shift.

PURPOSE:

To allocate the most appropriate resource to an emergency call, by considering delay, and/or equipment issues associated with shift change.

PROCEDURE:

Emergency Response Before Vehicle Check

- Paramedics require fifteen to twenty minutes at the start of shift to ensure that their vehicle is properly equipped and the electronic equipment is fully functional
- If a vehicle/equipment check at the start of the shift is interrupted by a request for emergency response, the paramedic crew is obligated to respond without delay. If the crew feels that they are missing equipment or supplies that are necessary to provide essential care and/or transport of the patient, they are to request a backup crew. The EMD will provide the backup crew without delay

End of Shift Wash-up Guidelines

- All paramedic crews are subject to being assigned to emergency calls up to the end of their scheduled shift. As the end of shift approaches, paramedics can contact the Deputy Commander and request a wash up period. During this period the crew will start to remove and secure the electronics and medications from the vehicle
- If wash up time is granted, the Deputy Commander will inform the appropriate EMD who will then place the crew on an Out of Service Wash-up. PTUs can be granted a ten minute wash up period. ATUs can be granted a twenty minute wash up period
- When assigning a transport unit that is on an Out of Service Wash-pp there will be an expected delay. The EMD will also assign the next closest available resource to the call. When the delayed unit reports 10-8, the EMD will determine which resource should arrive on the scene first. The further away unit will be cancelled off of the request for service

Policy Number	Section 8 Operations	Effective
09.08.35	**Paramedic End of Shift**	December 2010

POLICY:

Emergency Medical Dispatchers (EMDs) will not assign resources that have already completed their shift to requests for service.

PURPOSE:

To afford paramedics enough time off between shifts to rejuvenate.

PROCEDURE:

After End of Shift

- Paramedic crews will be considered out-of-service as soon as they have passed the end of their normally scheduled shift
- Crews having been assigned a 'late' call prior to the end of their shift will complete the call and then be returned to their home station as soon as they are finished
- Crew's out-of-service as a result of being past the end of their normal shift will service a call only if they physically witness or come across an emergency situation while en route to their station. If this occurs, the crew will remain on-scene and render care until relieved by an appropriate transport unit. Based on the patient's condition, some end of shift units may decide to complete the call themselves

Policy Number	Section 02 Training	Effective
09.08.36	**Patient Destinations**	December 2010

POLICY:

The Patient Destination Selection software must be utilized for every emergency patient transported by Toronto EMS to Toronto and immediately surrounding emergency departments (ED). In addition, every out-of-town EMS service transporting to Toronto EDs must be processed through this software.

PURPOSE:

- To ensure equitable distribution of patients to area hospitals
- Allow for transport of patients to specialized care facilities

PROCEDURES:

In order for the Emergency Medical Dispatcher (EMD) to make an appropriate and timely decision, they require specific information in the radio transmission. The EMD will enter the patients' transportation priority information the paramedics provide and any specialized care consideration or Physician direction into the computer to assist in the decision making. The system will quickly determine the transport destination after considering many factors.

CTAS 1 & 2 Patients:

- For CTAS 1 & 2 patients, the software will determine the closest ED to the incident location. In cases where several EDs are a similar distance away (+-1km), the least busy ED will be the recommended choice. Paramedics may choose to override the recommended ED based on clinical judgement for CTAS 1 & 2 patients. If a delay occurs in reaching the EMD, the paramedic should initiate transport to the closest facility and notifying their dispatcher of their destination. This information must then be processed through the software as a "Paramedic Override."

Patient Repatriation:

- Repatriation will be allowed if the patient meets one or more of the criteria listed below. The reason for the repatriation must be provided to the EMD by the paramedic and entered into the software. Repatriation will sometimes contribute to clumping, however, these occurrences will be monitored closely. Transporting long distances for repatriation would not usually be prudent, however, this may be appropriate in certain circumstances, such as to The Hospital for Sick Children.

The patient's current problem is, or may be related to:

- Recent Surgery (within 30 days)
- Recent Admission (within 30 days)
- Recent ED visit (within 72 hours)
- Extensive history (or multiple admissions)
- Renal Dialysis
- Organ Transplant

more

09.08.36 Continued...

Patient Requests:

- Patient preference can only be honoured if the patient wishes to go to one of the closest 4 facilities offering the required services and that facility is not clumped. Paramedics are to notify the EMD of a patient request and if it is possible the EMD will approve it. If a patient adamantly refuses to go to the recommended hospital, the Communications Superintendent must speak with the paramedics and determine if an override is warranted. If an override is approved, the Superintendent will contact the receiving hospital to explain the situation.

Hospital for Sick Children:

- The Hospital for Sick Children (HSC) provides paediatric services for much of the GTA. Paramedics are permitted to transport to HSC where it is medically appropriate and this will be an allowable override of the Patient Distribution System.

Hospital Notification

- The EMD is to advise the emergency department of any notifications pertaining to patient condition via the direct line prior to the arrival of the unit. Notifications should also be provided for any units arriving under special circumstances (FTT, STROKE, STEMI etc)
- EMDs are to notify PCI labs that a STEMI patient is being transported to their facility. The EMD will ask the paramedic for the patient's name and date of birth to advise the PCI lab to enable them to begin registration of the patient prior to their arrival

Policy Number	Section 8 Operations	Effective
09.08.37	**Transport to Out of Town Facilities**	December 2010

POLICY:

All Paramedic requests to transport a patient to an out of town hospital must be properly documented, and approval obtained by the Deputy Commander. Crews are to be directed to appropriate radio channels, and the relevant out of town CACC must be notified.

PURPOSE:

To track all units leaving the city boundaries, in order to keep track of status times and availability for service. This process also allows out of town CACCs to recognize cars that have potential to run both emergency and transfer requests for service.

PROCEDURES:

Toronto EMS Transporting

- When a Toronto EMS vehicle requests a hospital destination that is outside of the Toronto EMS response area, the patient must still be processed using support software. Furthermore, permission must be obtained from the Deputy Commander before a crew is directed to their destination
- The EMD will direct any unit travelling outside of the Toronto boundary to switch to the Provincial Common radio frequency. The Unit will verbalize their current status and location to the CACC controlling that geographical region. The crew is to remain on this frequency while they are mobile outside of Toronto boundaries
- The EMD will notify out of town CACCs of every occasion where a Toronto EMS vehicle is in their jurisdiction. The EMD will provide the CACC with the following:
    - The Toronto EMS call sign
    - The transport priority
    - Patient status
    - Escort staff or specialized equipment
    - The destination
    - Treat and return possibilities

- Once the CACC has been updated the EMD will time stamp the notification in the “User Data” tab of the emergency call form, or the “User Times” tab of a scheduled call form.

Policy Number	Section 8 Operations	Effective
09.08.49	**Relieving Procedures General**	December 2010

POLICY:

Emergency Medical Dispatchers (EMDs) will ensure proper fleet status rundowns are provided to their relief prior to leaving any position.

PURPOSE:

To ensure all information regarding the operations of each position is consistently passed to each reliever and to ensure the safety of all crews and patients.

PROCEDURES:

EMDs are expected to report for duty a minimum of ten (10) minutes prior to the start of their shift. This is to allow time for reviewing position assignment and relief rundown.

When relieving a call receiving position:

- The exiting call receiver should first log off Avtec. Then log off VisiCAD
- The new call receiver will then login to VisiCAD, then Avtec

When relieving a Dispatch position:

- In VisiCAD, the incoming EMD will “Log Off” the previous EMD and “Log On” prior to the fleet status rundown. The fastest way to do this is via the powerline command “LOO, <Employee #>, <Password>”.
- The exiting EMD will then provide a full fleet status rundown.

Policy Number	Section 8 Operations	Effective
09.01.15	**Privacy and Protection of Personal Health Information and Personal Information**	December 2010

POLICY:

Toronto EMS will ensure the privacy, security and confidentiality of personal health information and personal information.

PURPOSE:

To protect patient confidentiality and the personal privacy of patients and staff engaged in work-related duties.

PROCEDURE:

Toronto EMS will ensure the privacy, security and confidentiality of personal health information and personal information by:

- Limiting the collection, use and disclosure of personal health information and personal information to information that is reasonably necessary to carry out our services
- Collecting, using and disclosing personal health information and personal information only when other information will not serve the purpose of the collection, use or disclosure
- Ensuring that Toronto EMS staff review and comply with Toronto EMS policies regarding the use of mobile devices and protecting personal health information and personal information on mobile devices
- Ensuring that steps, that are reasonable in the circumstances, are taken to ensure that personal health information and personal information in the custody or control of Toronto EMS is protected against theft, loss or unauthorized use or disclosure and that Toronto EMS records containing this information are protected against unauthorized copying, modification or disposal
- Restricting the use of personal health information and personal information, for business purposes but only when other information would not serve the purpose. Business purposes include the provision, planning, evaluation, funding, management, operation, use, inspection, investigation and provision or regulation of ambulance services as defined in the Ambulance Act
- Ensuring that the disclosure of personal health information or personal information is conducted in accordance with the Personal Health Information Protection Act, 2004 (PHIPA) and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
- Ensuring that Toronto EMS employees will only collect, use or disclose personal health information and personal information for the purpose of providing health care or assisting in the provision of health care, with consent or when it is permitted or required by law

If a Toronto EMS employee is aware of, or commits a privacy breach, regardless of the situation and/or reason, he or she must contact his or her Superintendent as soon as possible. A privacy breach occurs when personal health information or personal information is collected, used, disclosed, lost and/or destroyed in a manner that does not comply with PHIPA or MFIPPA.

Toronto EMS staff must comply with this policy and City of Toronto employee policies respecting Social Media use at all times, including when outside of the workplace.

Education Alert
FTT CTAS 2 vs CTAS 1

The adult Field Trauma Triage (FTT) boundaries are fixed by the Trauma Hospitals (SUN & STM) and are reflected in PDS.

CTAS-2 (FTT) will adhere to these boundaries.

CTAS-1 (FTT): PDS may display a 2nd option…

When a CTAS-1 (FTT) is declared by the paramedic (2) Trauma Centres **may** be presented in PDS: the closest by road, as well as the designated Trauma Centre for the incident's location.

The EMD should report both options to the crew, indicating which hospital (the Top row) is the closest. The crew (and the EMD) may select either hospital.

What is a CTAS-1 (FTT)? The paramedic has identified something (perhaps beyond the traumatic injury) which poses an immediate threat to life, such as a compromised airway.

The CTAS level as declared by the paramedic should be entered into PDS by the EMD

Questions?
Contact your SCS or EDQI

April, 2012

TORONTO

MICHAEL McCALLION
Commander, Communications

PAUL RAFTIS, Chief

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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

EDUCATION ALERT

EMS Communications, Education & QI December 21, 2012

Reminder

Emergency calls at Toronto Island (Billy Bishop) Airport

Any time you have a crew servicing an emergency call (including Emergency Transfers) at the Island Airport, contact the Island Airport Security to have the Ferry held land side or island side (whichever is applicable) for the crew's arrival/departure.

You can contact the Island Airport security directly via their Hot Line that is identified as "Island Air" on Avtec under Airports or by dialing 416-203-6942 Ext. 10 (number is in VisiCAD in the card file under Airports: TOR CITY CENTRE - General)

Advise Security that you have a "Code 4" at the Airport and you need the Ferry held Land/Island side.

Questions? Comments? Ask any member of Education & QI

TORONTO

Memorandum

Gord McEachen
A/Chief

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September 17, 2018

To: All Communications Centre Staff

From: Joe Moyer, Commander, Communications Centre

Re: Hospital for Sick Children (HSC) NICU Team & Equipment Procedures

To support the Hospital for Sick Children (HSC) NICU Transport Team, a dedicated ambulance (957) is currently parked at the HSC (full fuel tank, unit plugged in and keys with security). A second ambulance (923) is the spare NICU transport vehicle located at the District 4 hub, should a second transfer be required or to replace 957 for any mechanical issues. Both units are equipped with functioning inverters to support the team's transport incubators.

EMD Procedure for a Team and Equipment transfer:

1. Assign the PCP unit to HSC on the Team and Equip incident in InformCAD
2. When At Scene (HSC) reassign the unit off the call
3. Vehicle Change to the dedicated unit (957 or 923)
4. Assign unit back to the Team and Equip incident
5. Mark status of unit At Scene (HSC)

Crews are expected to refuel the vehicle (957 or 923) before changing back to their regular unit.

While this procedure is in place, the following premise note has been added to transfers originating from HO HSC (555 University Ave):

> **TEAM & EQUIP calls must use #957 (or #923) parked at HSC EMERG entrance (13 Sep 2018)**

If you have any questions, please contact the on-duty Superintendent.

(Original signed by)

Joe Moyer
Commander, Communications Centre

c. A/Chief G. McEachen, Deputies, CACC Commanders, Deputy Commanders

TORONTO

Garrie Wright
Deputy Chief
Communications

PAUL RAFTIS, Chief

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July 14, 2016

"ADVISORY"
2016-05 Operations
2016-02 CACC

To: **ALL COMMUNICATIONS AND OPERATIONS STAFF**

From: **GARRIE WRIGHT** Deputy Chief, Communications
FRANK HURLEHEY Deputy Chief, Operations

Subject: **NEW RADIO TERMINOLOGY: "HOTEL SIERRA"**
[Health & Safety (CRITICAL) Information]

==========

This document introduces a new phrase to be used by Emergency Medical Dispatchers (EMDs); its use must be understood by all Paramedics.

Terminology:
"HOTEL SIERRA" (phonetic alphabet for "H S", denoting a Health & Safety risk or threat)

Usage:
To be used by an EMD over the radio to alert Paramedic(s) when they are out of the vehicle and may be in proximity to persons or situations that could pose a health & safety risk or threat, OR when the health & safety concern involves a person who is with the crew inside the ambulance (e.g. the patient and/or an escorting friend or relative).

Phrasing:
The EMD will use a short, simple phrase to alert the crew:

<Unit #> HOTEL SIERRA. Acknowledge.

e.g. "5-7-6-3 Alpha, HOTEL SIERRA. Acknowledge"

Expectations for Paramedics:
Upon hearing this message directed to a specific unit, that crew is to acknowledge the message via radio, then withdraw from the location (leaving equipment behind if necessary), and retreat to the safety of the vehicle if possible or practical. Further details will be visible via the MobiCAD screen. The crew must indicate by radio when all crew members are safe, and must confirm that they can speak and receive messages freely via the radio.

Expectations for EMDs:
The use of "HOTEL SIERRA" is to be limited to those occasions when the Paramedic crew is assumed to be out of the vehicle OR are in their vehicle but may be in proximity to the person(s) who are the threat, and where an urgent update message must be given to those paramedics.

- When the paramedic crew is still in the vehicle proceeding to the call the current phrase "<Unit#>, do you copy the scene safety details?" will continue to be used.

- If the crew does not respond to the "HOTEL SIERRA" message within 20 seconds, the EMD will repeat the message.

- If the crew does not respond to the 2nd "HOTEL SIERRA" message within 20 seconds, the crew is assumed to be in distress. The EMD will initiate a 10-2000 response, including Police notifications.

If you have questions regarding this matter, please speak to your Superintendent.

(original signed by)
GARRIE WRIGHT
Deputy Chief,
Central Ambulance Communications Centre

(original signed by)
FRANK HURLEHEY
Deputy Chief,
Operations

pc: P. Raftis, Deputy Chiefs

TORONTO

Memorandum

Toronto Paramedic Services
Paul Raftis, Chief

Date: **April 11, 2016**

To: All Communications Centre Staff

From: David Perschy, Superintendent, Special Projects

Re: **Use of Nature/Problems: Command Post-CBRNE & Command Post-ETF**

In February, the following Nature/Problems were added to VisiCAD:

- Command Post – CBRNE
- Command Post – ETF

Please use these Nature/Problems as a **Separate Incident** when the specialty team is required.

> **Initial Incident:** a community ambulance response to a medical complaint
> **Secondary incident:** a request for a Specialty Team to mitigate an issue arising out of the Initial Incident.

Command Post – CBRNE: When a specific request is made (or the requirement is noted based on the Incident Details) for CBRNE Paramedics (e.g. a Fire with Smoke Inhalation Patients (for the CyanoKit), a Bomb Threat, or the dismantling of a Drug Lab):

> **Incident #1: Fire with Patients (Delta): Community Ambulance(s), District Superintendent, ESU(s)**
> **Incident #2 (same address): Command Post – CBRNE (Priority as required based on the situation at hand): CBRNE Medics, District 5 Superintendent.**

Command Post – ETF: Toronto Police ETF requests the Tactical Medics for an Active Incident (e.g. barricaded suspect) or for a Planned Activity (e.g. a Warrant Briefing).

> **Incident #1: Assault (any priority): Community Ambulance responds for a victim outside structure; assailant remains inside; Community Ambulance transports victim.**
> **Incident #2 (same address – for the assailant from Incident #1 who is now barricaded inside): Command Post – ETF (Priority as required): TACTICAL Medics, District 5 Superintendent.**

These Nature/Problems do not have specific Optima Response Plans. EMDs or 1-Desk staff will assign the specialty teams using VisiCAD.

Thank you.

(Original signed by)
David Perschy

TORONTO

Memorandum

Paul Raftis
Chief

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June 28, 2016

To: All Operations Staff

From: Frank Hurlehey
Deputy Chief, Operations

Re: **59 Station Trial Scheduled**

Beginning August 17, 2016, Special Operations will be temporarily expanding staffing at 59 Station (Toronto Islands' Station), adding two additional Paramedic spots/assignments as we begin a trial of Schedule 1 at that location. The increase in staffing will provide a full-crew configuration for both day and night shift, year-round, providing better ambulance availability and response times for our patients as well as a greater opportunity for staff to work at 59 Station throughout the year.

Staff who are successful in the bid process and who are assigned to 59 Station for the trial period will keep their current station and schedule assignments and will return to those assignments when the trial has been completed. In the coming weeks, the Scheduling Unit will be releasing the additional two temporary station assignments for bid in the usual manner.

Please contact Michael Grife at 416-206-5960 or mgrife@toronto.ca with any questions.

(Original signed by)
Frank Hurlehey

c: Chief P. Raftis, Deputy Chiefs, L. Tsang, M. Toman

TORONTO

Memorandum

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May 24, 2019

To: All Operations and Communications Staff

From: **Joseph Moyer**
Commander Communications Centre

Mike Grife
Commander, Special Operation

Re: **Effective May 24, 2019 – Assignment of 2nd Marine Paramedic to TFS Fireboat**

Effective today, May 24, 2019, Toronto Paramedic Services (TPS) will schedule an additional Marine Paramedic aboard the Toronto Fire Services Fireboat William Lyon Mackenzie, currently berthed at Fire Station 334 (co-located with TPS Station 36 at 339 Queens Quay West). The shift schedule will be 1100 – 2300 hours and will follow the "C" shift of the staff assigned to the Toronto Police Marine Unit.

The primary TPS Marine Paramedic working the day and night shifts will remain embedded with the Toronto Police Marine Unit, responding from their base at 259 Queens Quay West.

Note: In the event that only one (1) Marine Paramedic is available for duty, the Marine Paramedic will respond with the Toronto Police Marine Unit.

Each on-duty Marine Paramedic will be assigned a cellular telephone, with telephone numbers listed below:

Marine Paramedic Phones	**Contact Number**
Police Marine Unit (24/7)	Phone 1 437-230-3974
Toronto Fire Boat (1100-2300)	Phone 2 437-230-4583
SPARE PHONE (assigned as required)	Phone 3 437-230-4971

Roles and Responsibilities:

From 11:00 hours to 23:00 hours daily, 7 days per week

- The Fireboat (when staffed with a Marine Paramedic) will be the primary boat to perform island transports.

From 23:00 hours to 11:00 hours daily, 7 nights per week

- The Police Marine Unit will be the primary boat to service island transports.

Communications Centre Procedure:
Communication from the Communications Centre to each allied agency / Marine Paramedic will remain essentially the same.

Toronto Police Marine Unit:

- Verbal Call Sign: "**Marine Paramedic 1"**
- CAD Designation**: DOAT / NOAT**
- CACC to contact Police RR to initially dispatch the Marine Unit.
- CACC will maintain contact with the Marine Paramedic by radio and pager
- *NEW* CACC may also contact the Marine Paramedic by cellular phone

Toronto Fireboat (when Toronto Paramedic Services Marine Paramedic is on-duty):

- Verbal Call Sign: **"Marine Paramedic 2"**
- CAD Designation: **DOAT2**
- CACC to contact TFS Communications to initially dispatch the Fireboat with the Marine Paramedic
- CACC will maintain contact with the Marine Paramedic by radio and pager
- *NEW* CACC may also contact the Marine Paramedic by cellular phone

Paramedics are expected to provide status updates to the Communications Centre via radio or cell phone regarding the boat used and docking location. EMDs and Senior EMDs controlling an incident must maintain situational awareness regarding which boat is transporting a patient to the mainland, as each boat will dock at its own base on Queens Quay West.

Thank you for your assistance.

(Original signed by)

Joseph Moyer
Commander Communications Centre

(Original signed by)

Mike Grife
Commander, Special Operations

c. A/Chief G. McEachen, Deputy Chiefs, CACC Commanders, Operations Commanders

TORONTO

Memorandum

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January 10, 2019

To: All Operations Staff; Communications Staff; Education Staff

From: Leo Tsang
A/Deputy Chief, Operations

Tarmo Uukkivi
Deputy Chief, Communications

Rhonda Hamel-Smith
Deputy Chief, Operations Support & Logistics

Jennifer Shield
A/Deputy Chief, PDSQ

Re: Notification of Regional Stroke Centres

Since 2005 Toronto Paramedic Services has transported over 12,500 patients to Regional Stroke Centres and has had the opportunity to positively impact these patients' lives. Following the Canadian Stroke Best Practice Guidelines the Regional Stroke Centres (RSC) are trying to reduce the time to Endovascular Treatment (EVT) and tPA (Tissue Plasminogen Activator) administration.

The Regional Stroke Centres are requesting Paramedics contact the RSC emergency departments when en route with a potential code stroke patient. Paramedics will provide the following information to the RSC contacts via the direct line provided below:

1. Patient ID: Name, DOB (month/day/year)
2. Gender, OHIP #
3. Time: witnessed onset or last known well
4. Speech: mute, slurred, inappropriate words
5. Weakness: face, arm, leg
    a. Side: left or right
    b. Severity: Mild (drifts), moderate (falls down to bed) or severe (not able to lift limb)

Regional Stroke Centre	Who is carrying the phone	Contact #
St Michael's Hospital	Team Leader 24/7	416-864-9042
Sunnybrook Health Sciences Centre	Acute stroke coordinators (day) Clinical team leader (night)	416-480-6100 ext 2323
Toronto Western Hospital	On Call Stroke Nurse	437-226-8083

- Communications Centre staff will continue to contact the RSC emergency departments' phone indicating that a code stroke is en route, consistent with the current process.

- **This is <u>not</u> a validation process** where paramedics are seeking the advice of the stroke representative on whether the patient meets the guidelines and should be transported to a Regional Stroke Centre. Paramedics have demonstrated that they are proficient at identifying patients that meet the Acute Stroke Protocol. This process is solely to provide early notification to the Stroke Team so they can start to get ready for the patient's arrival.

(Original signed by)

Leo Tsang **Tarmo Uukkivi** **Rhonda Hamel-Smith** **Jennifer Shield**

c: G. McEachen, Operations Commanders, CACC Commanders, Education Commander

TORONTO

Memorandum

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toronto.ca/paramedic

Date: **April 30, 2019**

To: All Operations and CACC Staff

From: **Darcy Brebner,** Superintendent, Operations

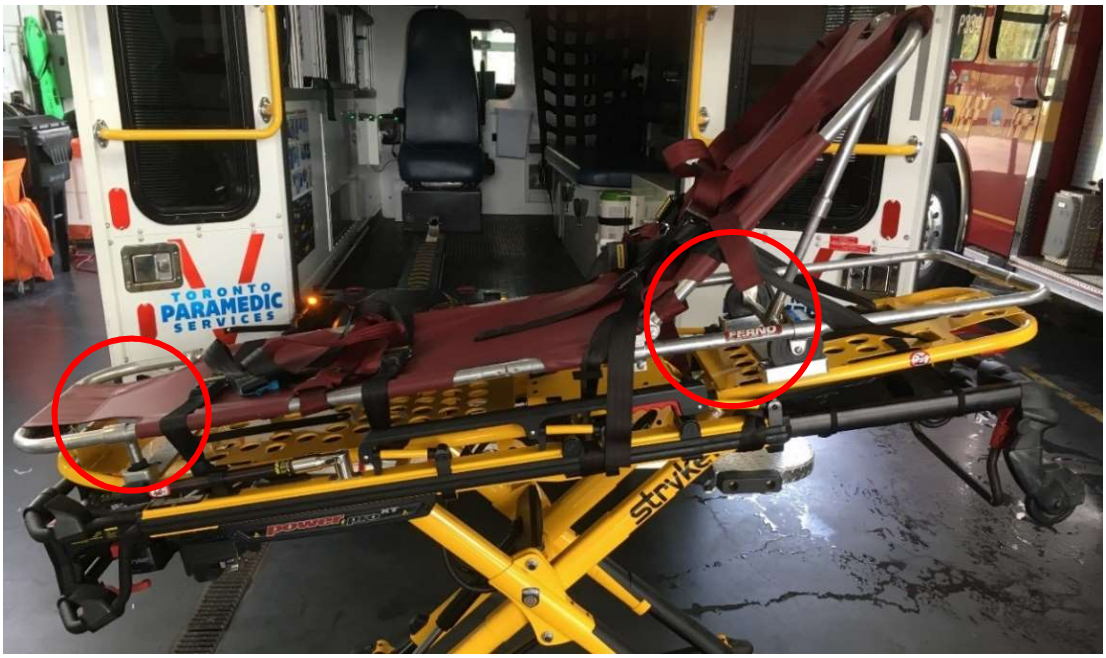
Re: **REVISED: USE OF #9 STRETCHERS AND TRANSFERRING PATIENTS FROM AIRCRAFT**

Toronto Paramedic Services has temporarily placed a Stryker stretcher with #9 adapter plates at 36 station to perform transfers to and from Billy Bishop Airport. The Stryker stretcher is located in the unit parked inside the station.

Please note that this stretcher is only to be used for transferring patients on a #9 Stretcher and not to be used for incubator transports. The adaptor plates must not be removed from, or reconfigured, on the stretcher deck.

Instructions for Securing a #9 Stretcher to the Stryker Adaptor Plates:

- Place the #9 stretcher onto the Stryker ensuring the wheels are seated in the head-end adaptor plate and the pegs in the foot-end adaptor plate (see below).
- Secure the patient and #9 stretcher to the Stryker using the Stryker's straps.



311
toronto at your service

Transfers – Picking up at Billy Bishop Airport:

- Crews assigned to pick up a patient at Billy Bishop Airport, will be directed to 36 station to obtain the Stryker stretcher outfitted with the #9 adapter plates.
- Crews will exchange their stretcher for the Stryker stretcher outfitted with the #9 plates, or if necessary switch vehicles.
- If it is necessary to switch vehicles, the keys are located on the wall beside the phone. Please ensure the keys are returned to the same location when finished.
- All patient care bags including the cardiac monitor must be transferred if switching vehicles.
- Ensure there is a clean #9 stretcher secured to the Stryker stretcher. (A supply of clean and inspected #9 stretchers are stored in a labelled cabinet along the north wall adjacent to the ambulance).
- Upon arrival at the airport, you must follow established protocols and SOPs for driving and working near aircraft.
- Ensure the aircrew's #9 stretcher is placed on the Stryker adaptor plates and properly secured per above procedure. Provide the aircrew with the #9 stretcher obtained from 36 station and proceed with the transfer per standard practices.
- Once the patient is removed from the #9 stretcher at the hospital, it should be decontaminated if grossly soiled and left in the ambulance holding area.
- Notify Equipment Retrieval at 416-392-4977 to have the #9 stretcher picked up.
- Clean the Stryker stretcher per standard Infection Control practices and return the Stryker stretcher or #9 transport ambulance to 36 station, ensuring it is plugged in with the available extension cord.

Transports – Dropping off Patients at Billy Bishop Airport:

- Crews assigned to drop off a patient at Billy Bishop Airport, will be directed to 36 station to obtain the Stryker stretcher outfitted with the #9 adapter plates. If it is necessary to switch the vehicle, you must also bring all patient care bags and the cardiac monitor.
- Ensure there is a clean #9 stretcher secured to the Stryker stretcher. (A supply of clean and inspected #9 stretchers are stored in a labelled cabinet along the north wall adjacent to the ambulance).
- Once the Stryker stretcher with the #9 adapter plates has been retrieved from 36 station, you will continue to the assigned hospital and transport the patient to the waiting aircraft per SOPs.
- After the transfer is complete, proceed back to 36 station. Clean the Stryker stretcher per standard Infection Control practices, secure a clean #9 on the adaptor plates and ensure the ambulance is plugged in with the available extension cord.

(Original signed by)
Darcy Brebner

C: Gord McEachen, Deputy Chiefs, Operations Commanders, CACC Commanders

TORONTO

Memorandum

Gord McEachen
A/Chief

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May 25, 2018

To: All Communications Staff

From: Susan Prevost, A/Superintendent,
Communications Education & Quality Improvement

Re: **ESU Bariatric Unit**

ESU will now be staffing bariatric units at 51 station and District 2 Hub. Please refer to memo from A/Commander Michael Grife in regards to staffing of the units.

After 0700 hrs badge on, One Desk will deploy two ESU paramedics in a support unit from 51 station to District 2 Hub. On arrival at the District 2 Hub, One Desk will roster on the bariatric unit and one medic will staff that unit while the other medic will remain on the support unit. An additional bariatric unit will be staffed at 51 station along with a support unit. Bariatric units and support units from both locations will remain on their designated channel (A5) until required for a call. Bariatric units are not to be considered for emergency coverage.

If they are required for a bariatric call via notes in the Emergency Call Screen (ECT), the EMD will locate the closest bariatric unit and dispatch them on the call using the Optima "Add Vehicles" window. If a bariatric unit is requested by a crew on scene of a call, the EMD will document all relevant details into the ECT and upgrade/downgrade the call as appropriate before dispatching the closest bariatric unit. For all bariatric calls where an ESU staffed bariatric unit is dispatched, a support unit will also be dispatched if available. The EMD will then dispatch the closest available DOS, notify One Desk of the bariatric call and time stamp all notifications.

When a bariatric patient is being transported to a hospital, ensure that ONLY the bariatric unit is destinated through PDS. Any other unit(s) following to the hospital are to be shown as 10-9 and marked as 'no pt' on board. Once the bariatric unit is cleared, post them back to their assigned station and advise One Desk.

Bariatric units are similar to CCTU in the sense that if they are required as first response for high priority calls, another crew must be assigned immediately to back them up for transport. If the bariatric unit was reassigned while on their way to a call, the EMD will then start the other bariatric unit to said call and advise the original crew, DOS and One Desk of the delay.

At 1700 hrs both ESU paramedics will take the support unit back to 51 station for book off.

This information has been updated in the Quadrant Dispatch Training (QDT) manual in section 1.5 (Glossary and Terminology) and 8.6 (Specialty Resources). The manual can be found here: G:\ems\EMD Information\MANUALS

If you have any questions or concerns, please speak to the on-floor SCS or a member of the EDQI team.

(Original signed by)

Susan Prevost
A/Superintendent, Communications Education & Quality Improvement

c. A/Chief G. McEachen, Deputy Chiefs, CACC Commanders

TORONTO

Memorandum

Gord McEachen
A/Chief

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July 11, 2019

To: All Management Staff

From: Sheree Hryhor, A/Commander, Professional Standards Unit (PSU)

Re: **Found Patient Health Cards**

In order to continue ensuring the confidentiality of our patients' personal and health information, and in line with the Personal Health Information Protection Act (PHIPA), management staff are reminded to do the following with respect to any found patient Health Card:

- Return the card to ServiceOntario using one of the options below; and
- Inform PSU of the patient's name in the event that PSU is contacted regarding the whereabouts of the card.

NOTE: Please do **not** send found Health Cards directly to PSU.

ServiceOntario provides the following options for handling found Health Cards:

1) Drop it off at a nearby ServiceOntario centre
2) Drop it off at any police station
3) Put it in any Canada Post mailbox
4) Mail it directly to: ServiceOntario, P.O. Box 48, Kingston, ON K7L 5J3

Thank you for your anticipated cooperation and upholding our continued commitment to protect the privacy of our patients.

(Original signed by)
Sheree Hryhor
A/Commander, Professional Standards Unit

TORONTO

Memorandum

Gord McEachen
A/Chief

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March 14, 2019

To: All Communications Centre Staff

From: Susan Prevost, Superintendent,
Communications Education & Quality Improvement

Re: Trace Pending – New Procedure

As presented during Fall CDE, the Trace Pending procedure has been updated and will go live on March 19, 2019. All affected areas (i.e., Operations, Toronto Fire Services, etc.) have been notified of this change in practice.

For **third-party callers** with specific patient information who are unable to provide an address or location, there is little change. In these cases, the EMD will:

- Ask the Toronto Police Service Communications call receiver (TPS Communications) to conduct a trace of the telephone number provided.
- Enter 'Trace Pending' into the address field and then click on 'No Match' in the Geo Locator window.
- Move the call to SPEV4 and enter the phone number provided in the 'Location Name' field.
- Process the call using ProQA with the information provided by the caller.
- Record all patient information, any scene safety concerns and the patient's full name, if available, in the 'Comments/Notes' field by using the shorthand comment /PVT (patient's name).
- Enter /TP for "TRACE PENDING – Radio room currently conducting a trace" and make at least two attempts to contact the scene.

The new EMD procedure for **first or second party-callers** whose line disconnects before the EMD has obtained an address or location is now as follows**:**

- Keep the block range in the address field.
- Enter the cell phone number into the 'Location Name' field and send the call to the Pending Incident Queue as either a "Bravo-Unknown Problem" or process the call on the appropriate Protocol if specific patient information was obtained before the disconnect (e.g., "I need an ambulance, my friend just fainted!").
- Attempt a callback twice and, if unsuccessful, contact TPS Communications to conduct a trace.
- Record any known patient information and enter shorthand comment /TP into the 'Comments/Notes' field.

As a reminder, for **all** Trace pending calls, the call taker **must** notify the PIT Senior or designate via intercom or 'SEND' command to ensure that they are aware of the Trace Pending call.

When there is a **block range**:

- The Sector Dispatcher will dispatch the call. If the crew has arrived on scene and no other information has been obtained, the paramedic crew will check the area with the limited information provided.
- If the paramedic crew advises that they have made every reasonable attempt to locate the patient without success, then the Sector Dispatcher will document this in the ticket and cancel them off the call.

When **notified of a Trace Pending call, the Senior EMD or designate** will attempt to immediately contact the scene with the phone number provided.

For **Phone History searches**:

- The shortcut 'PH' is to be used in the CAD Powerline to initiate a phone history search.
- If the phone number generates a match or more than one match, wipe out the "Trace Pending" in the address field and replace with most recent address from the search results.
- The shortcut "/SI via phone history search with phone number" is to be used in the 'Comments/Notes' field (e.g., Subscriber Information VIA PHONE HISTORY SEARCH 416-888-0000).
- If there is no match from the phone history search and the call has been active for 5 minutes, the Senior EMD or designate will contact TPS Communications to inquire about the status of the trace.

If TPS Communications is able to provide an address:

- The EMD or One Desk will erase "Trace Pending" in the address field and replace it with the address provided by TPS Communications.
- The shortcut "/SI via phone history search for trace pending" is to be used in the 'Comments/Notes' field (e.g., Subscriber Information FOR TRACE PENDING CALL 416-888-0000).
- If the call was in SPEV4, it will automatically move to the appropriate sector – this must be confirmed by the person who altered the address field.

If TPS Communications or the Phone History search generates an address that is *not* in the vicinity of the Block Range (e.g., 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.

If the address obtained *is* within the vicinity of the block range call:

- The EMD or One Desk will wipe out the block range and replace it with the new address.

In either case, the EMD or One Desk will enter the appropriate shorthand comment into the 'Comments/Notes' section.

If all search resources have failed and an address cannot be obtained:

- The EMD or One Desk will try one final attempt to contact the scene.
- If unsuccessful, they will record "no voice contact made at scene" and insert /NSI for "No Subscriber Information" in the 'Comments/Notes' field.
- For third-party callers, the Pit Senior or designate will call back the call originator to inform them that despite our attempts, there was no contact made with the patient or scene and ask them to call back if they obtain any further information.

The updated Trace Pending procedure, specific to each role, can be found in the CRT, QDT and SEMD manuals located in the G: Drive (G:\ems\EMD Information\MANUALS).

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

(Original signed by)

Susan Prevost
Superintendent, Communications Education & Quality Improvement

c. A/Chief G. McEachen, Deputy Chiefs, CACC Commanders

Trace Pending Workflow

Call Taker

1st or 2nd Party Caller

Block Range in Address Field?

No

Enter **TRACE PENDING** in Address Field

Select NO MATCH

Move call to SPEV 4

Enter Phone Number in Location Name

Pre-Alert UNK Bravo or process with info provided through ProQA

Attempt Call-backs x 2

1) Initiate Trace through RR
2) Document /TP
3) Record any known call details

Scene Contact?

Yes

Process Call per SOP

No

Notify Pit Senior

Yes

Leave Block Range in Address Field

Enter Phone Number in Location Name

Pre-Alert UNK Bravo or process with info provided through ProQA

Attempt Call-backs x 2

1) Initiate Trace through RR
2) Document /TP
3) Record any known call details

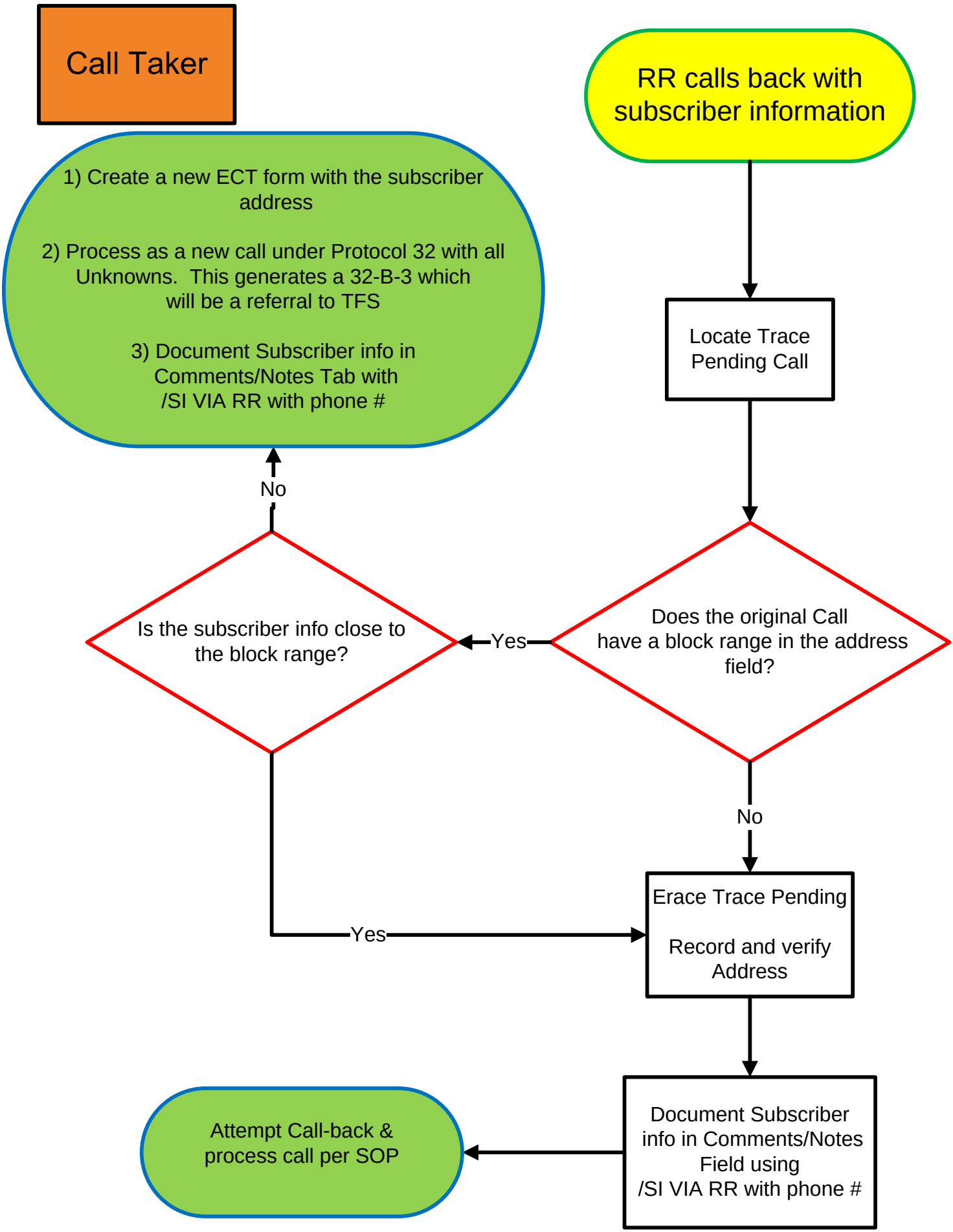
Scene Contact?

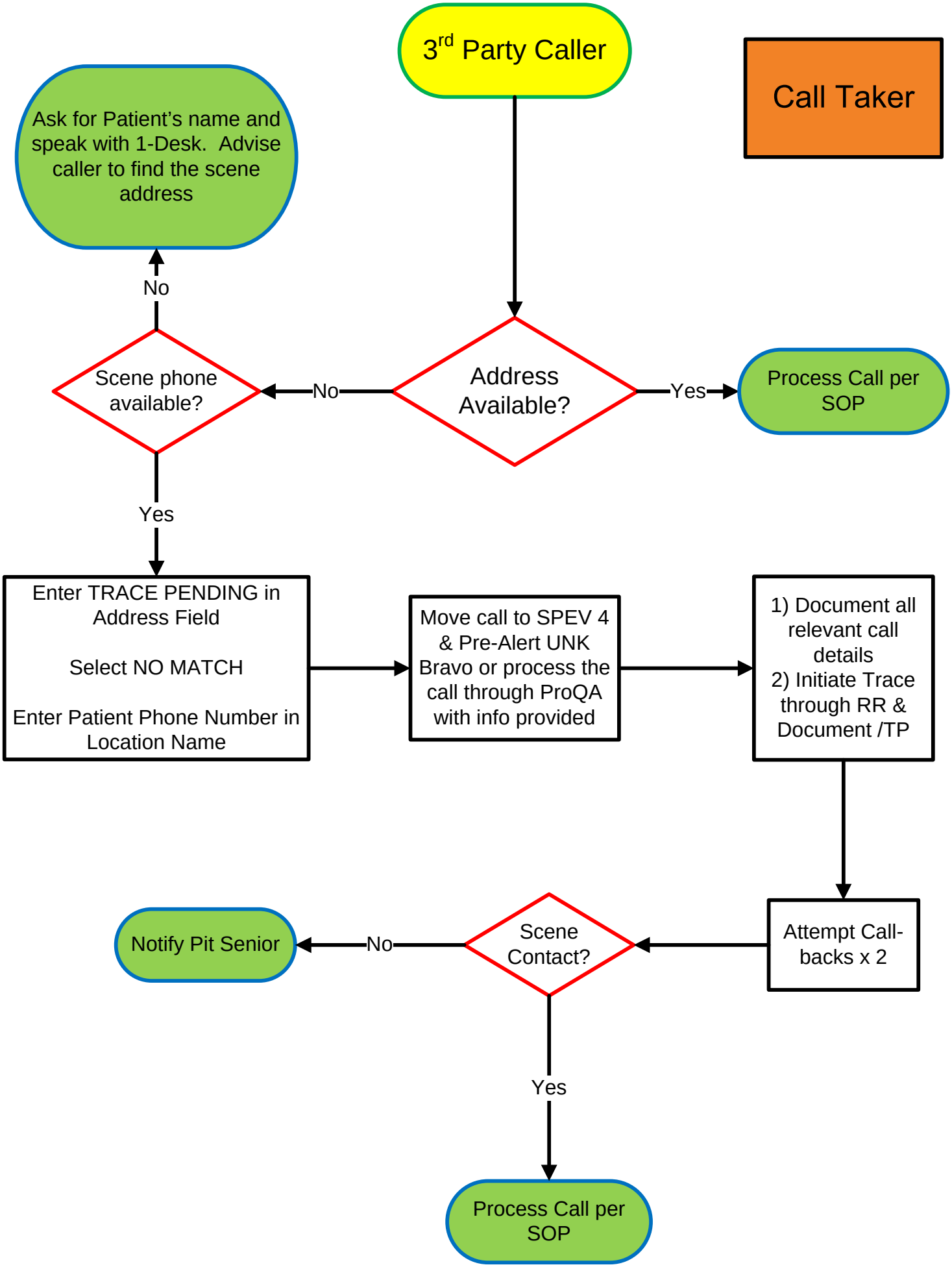
Yes

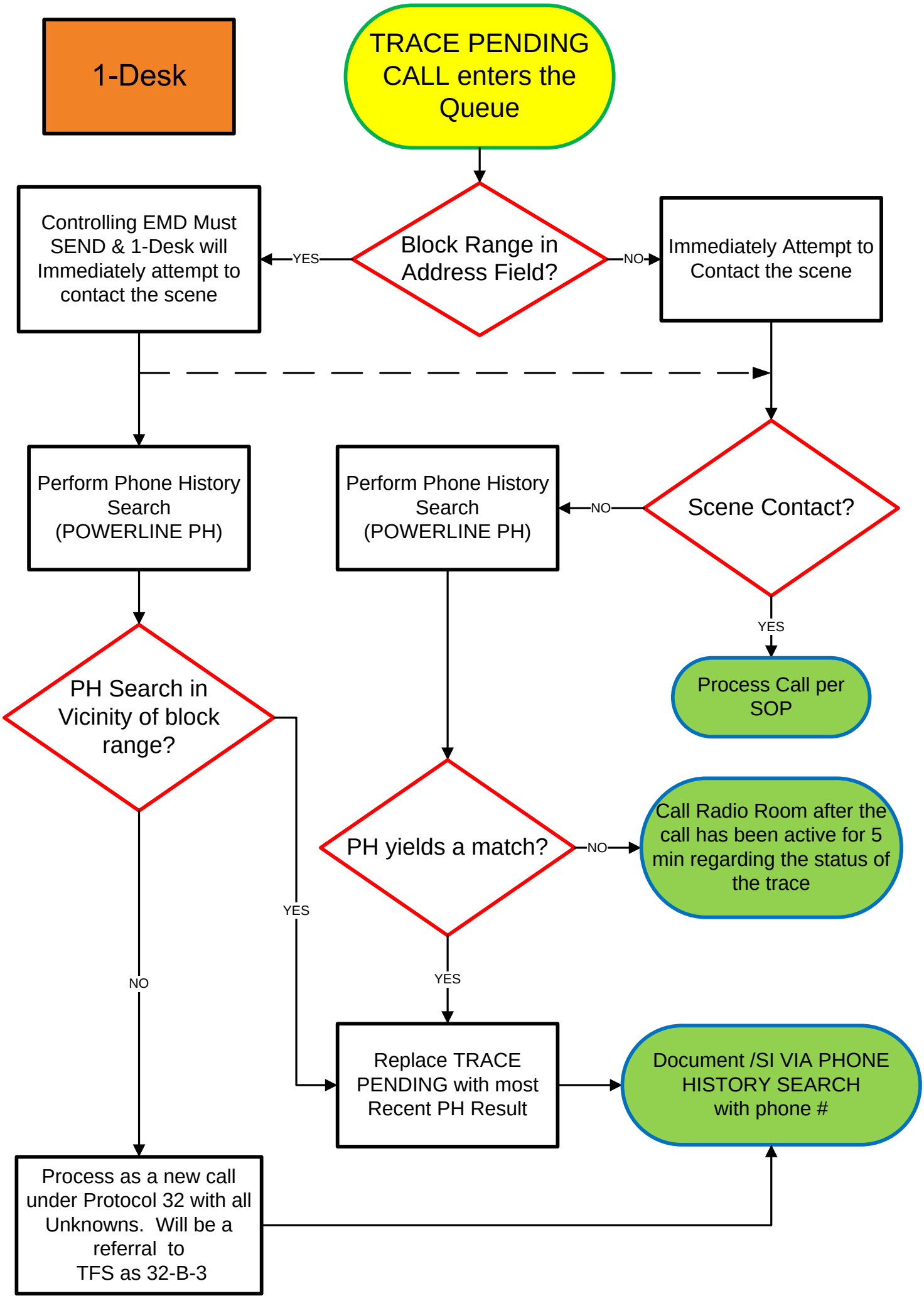
Process Call per SOP

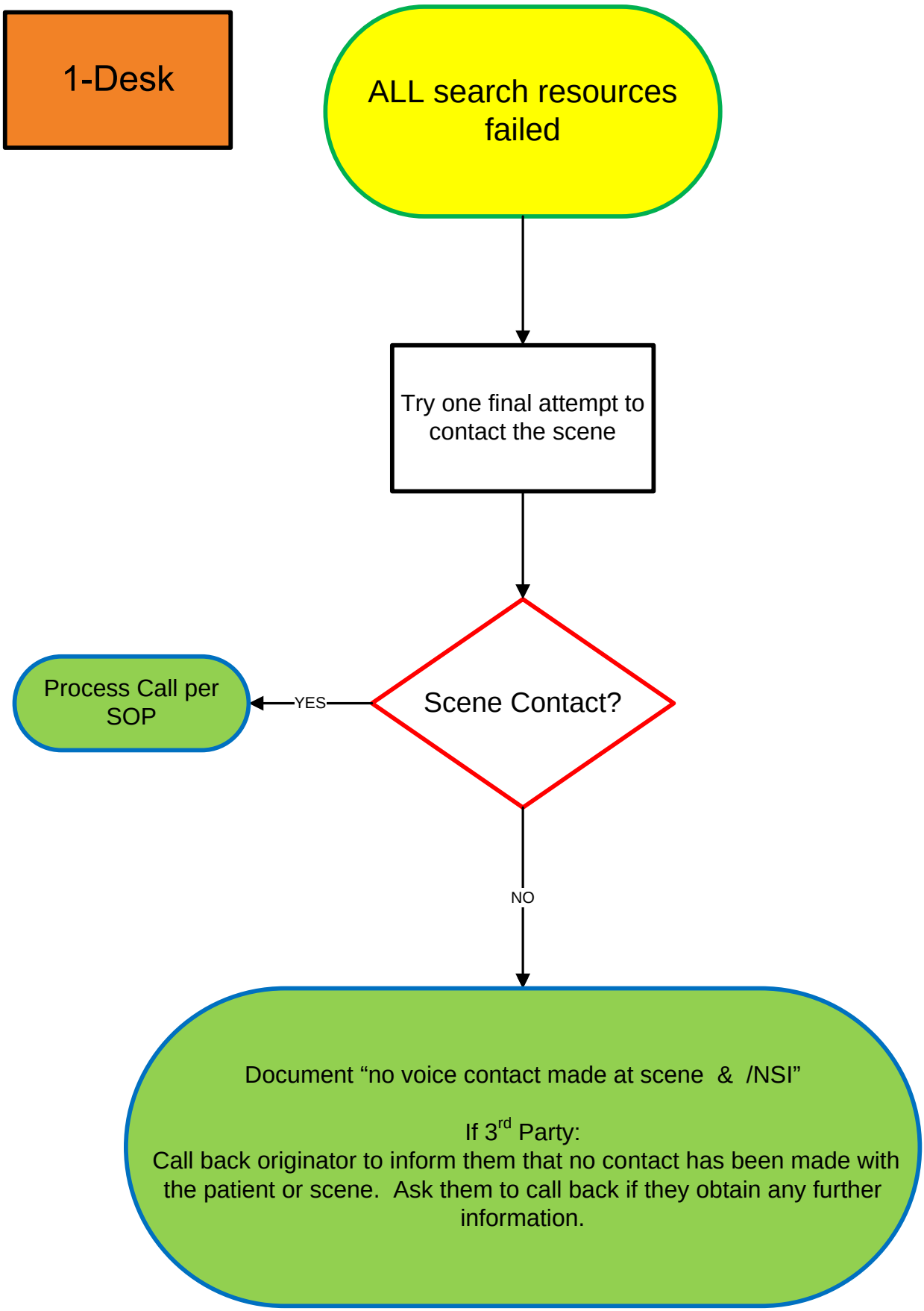
No

Notify Pit Senior


Call Taker
RR calls back with subscriber information
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 #
Locate Trace Pending Call
No
Is the subscriber info close to the block range?
Yes
Does the original Call have a block range in the address field?
No
Yes
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


3rd Party Caller
Call Taker
Ask for Patient's name and speak with 1-Desk. Advise caller to find the scene address
No
Address Available?
Yes
Process Call per SOP
No
Scene phone available?
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
Attempt Call-backs x 2
Scene Contact?
No
Notify Pit Senior
Yes
Process Call per SOP


1-Desk
TRACE PENDING CALL enters the Queue
Block Range in Address Field?
YES
NO
Controlling EMD Must SEND & 1-Desk will Immediately attempt to contact the scene
Immediately Attempt to Contact the scene
Scene Contact?
NO
YES
Perform Phone History Search (POWERLINE PH)
Perform Phone History Search (POWERLINE PH)
Process Call per SOP
PH Search in Vicinity of block range?
PH yields a match?
NO
Call Radio Room after the call has been active for 5 min regarding the status of the trace
YES
YES
NO
Replace TRACE PENDING with most Recent PH Result
Document /SI VIA PHONE HISTORY SEARCH with phone #
Process as a new call under Protocol 32 with all Unknowns. Will be a referral to TFS as 32-B-3


1-Desk
ALL search resources failed
Try one final attempt to contact the scene
Scene Contact?
YES
Process Call per SOP
NO
Document “no voice contact made at scene & /NSI”
If 3rd Party:
Call back originator to inform them that no contact has been made with the patient or scene. Ask them to call back if they obtain any further information.

TORONTO

Memorandum

Gord McEachen
A/Chief

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March 14, 2019

To: All Operations Staff

From: Susan Prevost, Superintendent,
Communications Education & Quality Improvement

Re: **Disconnected Callers – 'Trace Pending' & 'Block Range' Dispatch Information**

When an emergency call is received in the Communications Centre, the EMD asks the caller for location information, and the Automatic Number Identification/Automatic Location Identification (ANI/ALI) system attempts to verify the caller's location.

Occasionally, the caller's line can become disconnected prior to verification of the address, particularly from a mobile device. For these calls, the ANI/ALI *estimates* the device location – referred to as a "block range". Additional steps may also be taken, including collaboration with allied services to perform a trace and attempting to reconnect with the caller. Paramedics may be a dispatched to a block range based on the mobile device's best-known location. In these cases, the message "**TRACE PENDING"** may be present in the dispatch information.

When dispatched to a block range:

- Paramedics must attend the area and "**make every reasonable attempt to locate the patient**. If the patient cannot be located, a police officer's badge number, fire captain's number or a Paramedic Superintendent's number must be obtained, **if applicable**, and recorded on the completed ePCR." (See SOP 03.06.26 – Cancellation/Patient Refusal)
- If additional location information is ascertained by the EMD or CACC, it will be shared with the Paramedics immediately and the call location may be updated.

This updated procedure will become effective on March 19, 2019. If you have any questions or concerns please email emscommedqi@toronto.ca or speak to your District Operations Superintendent.

(Original signed by)

Susan Prevost, Superintendent
Communications Education & Quality Improvement

c. A/Chief G. McEachen, Deputy Chiefs, Operations Commanders

TORONTO

Memorandum

Gord McEachen
A/Chief

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May 21, 2019

To: All Communications Centre Staff

From: Melanie Austin, A/Superintendent; Jennifer Dart, Superintendent; Leanna Galvan, A/Superintendent; Ryan Leblanc, Superintendent; Isa Mack, A/Superintendent; Angela Tomkinson, A/Superintendent

Re: Call Deferral Pilot Project Phase One

Toronto Paramedic Services continues to experience annual increases in emergency call volume due to the growing and aging population. This places significant demand on the system and the resources available to both answer and service 911 emergency calls.

The Communications Centre has been utilizing a Call Deferral process in an effort to maintain emergency coverage for high priority calls. As a result of feedback provided through the EMD Working Group, we are currently working towards a formal Call Deferral Policy and will be implementing a pilot project in an effort to better support EMDs while on Call Deferral.

The project will be implemented in several phases, with **Phase One** beginning on **May 22, 2019**. The first phase of the project will more clearly define specific staff roles and responsibilities while an extended Call Deferral is in place. It will involve moving low priority emergency calls that are flashing in the EMDs' Pending Incident Queues to the Personnel Sector, to be managed by the Patient Safety Advocate (PSA) and/or Communications Superintendent or designate.

Phase One of the **Call Deferral Pilot Project**:

1. The Communications Superintendent, in consultation with the Deputy Commander, will determine that Call Deferral is required.

2. Quadrant EMDs will be verbally notified by the Communications Superintendent when Call Deferral has been started, and a High Priority mail message will be sent to all Communications Centre staff.

3. The Communications Superintendent and/or PSA will begin calling back to the scene of any deferred call within 30 minutes of the call entering the Pending Incident Queue.

4. When contact with the scene is made, the sector of the call will be changed to Personnel by the Superintendent, removing the call from the VisiCAD Pending Queue of the original controlling sector. EMDs are not to change the sector of a call to Personnel. The call will continue to be visible to the controlling EMD in the Optima Dispatch window, and the notes accessible by highlighting the call, right-clicking on it and selecting "Show VisiCAD Incident Viewer".

5. When the Communication Superintendent determines that a call must be assigned for dispatch, the sector of the call will be changed back to the original controlling sector with the word "DISPATCH" visible in the Location Field. If there is more than one call to be dispatched, the relative priority will also be included (e.g., "DISPATCH 1st", etc.). The call is to be assigned to the next appropriate available ambulance.

6. Once the call is assigned, a "No Divert (expt D/E)" out of service reason will be added to the unit if deemed necessary by the Superintendent. It will be the responsibility of the controlling EMD to notify One Desk or the PSA to reapply the OOS code if the call is re-assigned to a Delta or Echo level call.

7. Once all previously deferred calls have been serviced, and unit availability has reached an acceptable threshold, Call Deferral will be re-evaluated by the Communications Superintendent in consultation with the Deputy Commander.

8. All Quadrant EMDs will be notified verbally by the Communications Superintendent when Call Deferral has ended, and a High Priority mail message will be sent to all Communications Centre Staff.

Phase Two of this project will be developed in consultation with the EMD Working Group, based on the evaluation of feedback and supporting data, and may include a change to call receiving case exit instructions to better prepare our patients and callers for a potential delay while in Call Deferral.

Please send your feedback to calldeferralpilot@toronto.ca.

(Original signed by)

Melanie Austin A/Superintendent	Jennifer Dart Superintendent	Leanna Galvan A/Superintendent
Ryan Leblanc Superintendent	Isa Mack A/Superintendent	Angela Tomkinson A/Superintendent

c. A/Chief G. McEachen, Deputy Chiefs, CACC Commanders

Section 06: Operations **Response to Calls**			
SOP Number **03.06.1**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **October 1, 2019**

03.06.1 Response to Calls

Paramedics must accept all calls as assigned by the Communications Centre. When notified of a call, the Paramedic crew must comply with every direction and instruction as issued by their EMD and proceed to their vehicle without delay (See SOP 03.05.1 – Vehicle Assignments).

When communicating with the Communications Centre, Paramedics must use their vehicle's assigned radio call sign for identification. Paramedics must advise the Communications Centre of their status and availability when requested.

Upon assignment of any emergency call, while in a station, hospital, or other facility, the Paramedic crew must update their status electronically and by voice, and be mobile to the call within one (1) minute.

Upon assignment of any emergency standby[1] or non-emergency call (including administrative and service details) while in a station, hospital or other facility, the responding Paramedic crew must be mobile and update their status, electronically and by voice, within two (2) minutes.

Any delay in response, including the reason and estimated length of the delay, must be reported to the Communications Centre immediately.

Single Paramedics who are assigned to an ambulance between 00:00 and 06:00 hours may be dispatched as first response to emergency calls, and will be accompanied by a TFS response. In such circumstances, while en route to the call, the single Paramedic must confirm with the Communications Centre that TFS has been sent.

[1] See SOP 03.06.50 – Emergency Standby Assignments.

TORONTO

Memorandum

Gord McEachen
A/Chief

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September 24, 2019

To: All Communications Centre & EDQI Staff

From: Mark Toman
A/Deputy Chief, Communications

Re: **Revised Standard Operating Procedure - Patient Destination**
Effective October 1, 2019

Please find attached the following revised Standard Operating Procedure regarding Patient Destination. A summary of the changes is as follows:

REVISED:

SOP 09.08.36 - Patient Destination

- For CTAS 3, 4, and 5 patients, the PDS system will determine the most appropriate hospital based on services required, distance, and Time to Next Patient (TNP) rules.

- For CTAS 1 and 2 patients, PDS will determine the closest ED (in cases where several EDs are equidistant, the least busy ED will be the recommended choice). Paramedics are allowed to override the ED recommendation under certain protocols (e.g., FTT, STEMI bypass, Acute Stroke Protocol). Requests to override the recommended ED outside of established protocols requires approval from the Deputy Commander.

- Repatriation guidelines for patients with "extensive history (or multiple admissions)" have been updated to additionally require "recent treatment or ED visit (within the last 3 months)".

- End of shift hospital requests are subject to the standard PDS destination procedures.

- Dispatch procedures for stable Code STEMI and Code Stroke transfers have been updated to include BLS as the preferred unit type.

The above revised SOP will be effective October 1, 2019.

Sincerely,

(Original signed by)
Mark Toman

Attachment (1)
c.: G. McEachen; Deputy Chiefs; Communications Commanders; Deputy Commanders; PSU; B. Chawla; S. Jackson; Employee & Labour Relations

TORONTO

Memorandum

Gord McEachen
A/Chief

Toronto Paramedic Services
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toronto.ca/paramedic

December 27, 2019

To: All Toronto Paramedic Services Staff

From: Leo Tsang
A/Deputy Chief, Operations

Rhonda Hamel-Smith
Deputy Chief, Operational Support

Re: 10 Station Name Change to 19 Station

Effective **January 6, 2020, at 06:00 hours**, 10 Station (located at 2015 Lawrence Ave. W.) will be renamed and designated as 19 Station.

This change was driven by feedback received from frontline staff and refined through recommendations made by the EMD Working Group.

The change has been made in TeleStaff and will be visible on frontline staff schedules. This change will not impact the normal book-on and off process (i.e., badging on and off) using the Kronos InTouch clocks.

As a reminder, Paramedics will be required to adjust the use of call signs. For example, unit '1044' will be referred to as unit '1944'.

If you have any questions, please speak to your Superintendent.

Sincerely,

(Original signed by)
Leo Tsang

(Original signed by)
Rhonda Hamel-Smith

c: G. McEachen; Deputy Chiefs; Operations Commanders; Operations Support Commanders; Communications Commanders

TORONTO

Memorandum

Gord McEachen
A/Chief

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toronto.ca/paramedic

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

Communications Education & Quality Improvement Unit

Frequently Asked Questions

GTA IMS Transfers

2021-1 v1.1 02.11.2021

What is a GTA IMS transfer?

The moving of COVID-19 patients from one facility to another to maximize the quality and safety of patient care during the COVID-19 pandemic. The program is designed to move COVID-19 positive patients anticipated to need intensive care in the near future.

Who manages/directs the transfers across the GTA?

Ontario Health has created a group called the GTA Hospital IMS Command Centre. This group directs the movement of COVID-19 patients between specific hospitals to ensure that patients are receiving the best possible care and to relieve the originating hospital to be able to care for current and incoming patients. The Command Centre sets a deadline for the private, non-emergency transfer service to facilitate the transfer. If the private service cannot complete the transfer in the set time frame, or the patient is more acute than can be safely managed by the private crew, the hospital may request assistance from local paramedic services.

How are the transfers booked?

Effective January 19th, 2021, All GTA IMS transfers are booked through CritiCall Ontario. GTA IMS transfer/trip summary requests will be faxed into the communication centre with a call to verify that the fax has been received. ORNGE will call the direct line and ask for the SCS to confirm the status of the request. The SCS will enter the transfer data into the scheduled call form in CAD and book the transfer using the Call Nature *GTA IMS Transfer* and assign it to the One Desk sector.

Who facilitates these transfers?

There are 7 paramedic transfer units on duty each day (working C11s) within the GTA to move patients between facilities. TPS is supporting this initiative by providing 2 of the 7 dedicated units. Durham, Halton, Peel, Simcoe and York are each providing a unit to this program. The 2 TPS units will be booking on at available stations throughout the city. They are **out of service** for all calls and are **fully dedicated** to facilitating GTA IMS transfers **only**. They are not to be used for any other call type.

See page 2 for EMD responsibilities

Frequently Asked Questions

GTA IMS Transfers

2021-1 v1.1 02.11.2021

EMD responsibilities:

- SCS
  - Confirm receipt of the fax with ORNGE
  - Process the transfer in CAD using the Nature/Problem "GTA IMS Transfer" and ensure that it is on the One Desk Sector for assignment
  - Call the sending facility with an approximate ETA
- Out of Town
  - There will be an increase in out of town unit traffic as our allies will also be facilitating GTA IMS transfers in and around the City of Toronto
- Call Taker
  - Hospitals have been given specific directions on how to process these transfers via CritiCall **only**. If an EMD receives a request to book a GTA IMS transfer via 489-2111 or a transfer line, the EMD should immediately refer the caller to CritiCall and advise them that we will not accept the booking
- SEMD
  - The SEMD will roster the vehicles using the VIN as the radio name and change the vehicle type to sPTU
  - The SEMD will do a radio check with the crew on A5, with the crew remaining on A5 for the duration of the shift and are expected to follow normal radio and status update procedures with the EMD
  - The crews and SEMD will follow the current meal break agreement guidelines to facilitate the crews getting lunch, including both in the City of Toronto or out of town

Please note that the information in this document is up to date as of the release date. All information/processes are subject to change and staff will be notified as such.

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
Toronto, Ontario M3H 5R9

Tel: 416-392-0665
James.Rodgers@toronto.ca
toronto.ca/paramedic

November 4, 2020

To: All Operations, Community Paramedic, Communications Centre, and Education & Development Staff

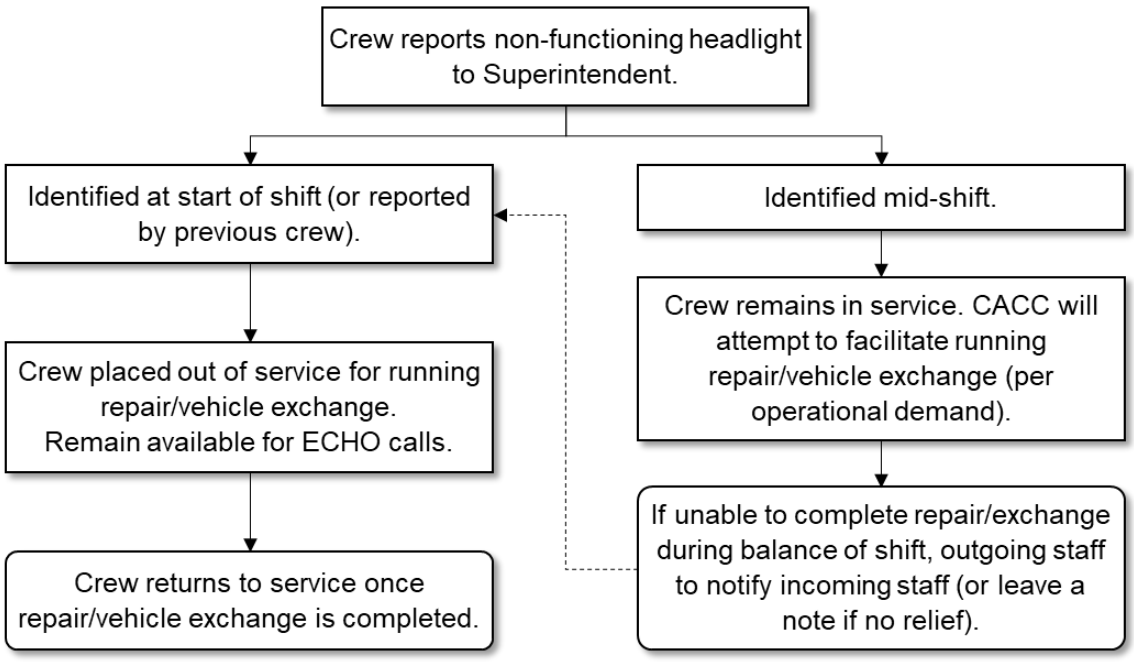
From: Jamie Rodgers
A/Commander, Operations

Joe Moyer
Commander, Communications Centre

Re: ***NEW Single Headlight Repair Process**

In consultation with the Divisional Health & Safety Advisory Committee, a new process is being implemented to facilitate the timely and efficient repair of ambulance and ERU headlights. This new process is effective immediately.

The below process for single headlight repair meets the requirements of *O. Reg 199/07: Commercial Motor Vehicle Inspections* under the *Highway Traffic Act*, where a single headlight failure is considered to be a minor defect. If a vehicle headlight is identified as requiring repair, the following process shall be followed:



Headlight repairs are available at the following locations:

Location	Address	Hours
Toronto Paramedic Services		
HQ	4330 Dufferin St.	06:00-16:00 (Mon-Sat)
MFS-01	1300 Wilson Ave.	24 hours (7 days)
Toronto Police Service		
FIS	2050 Jane St.	06:15-00:00 (7 days)
Fleet & Materials	18 Cranfield Rd.	06:15-00:00 (Mon-Fri)
Traffic	9 Hanna Rd.	06:15-00:00 (Mon-Fri)

Staff are reminded that any vehicle damage or repairs are required to be reported to your Superintendent immediately.

Sincerely,

(Original signed by)
Jamie Rodgers

(Original signed by)
Joe Moyer

c.: G. McEachen, Deputy Chiefs, Operations Commanders, Communications Commanders, L. Livingston, K. MacCallum, J. Burnett, Deputy Commanders, Communications Review, Multimedia

Section 02: Administration **End-of-Shift (Early) Relief**			
SOP Number **03.02.23**	First Issued September 24, 2020	Replaces N/A	Last Revised/Effective **October 14, 2020**

03.02.23. End-of-Shift (Early) Relief

The end-of-shift relief procedures for Paramedics **must not delay the response to any assigned call.**[1]

Relief Procedure

Incoming employees are permitted to provide early relief for outgoing employees to a **maximum of 30 minutes** prior to the start of their shift and following completion of the approved book-on process as detailed in *SOP 03.02.6 Reporting for Work*.

In cases of early relief **where there will be a crew configuration change** (e.g., ACP to PCP), the employee(s) providing early relief must contact One Desk immediately and advise them of the new crew member(s) name(s) and level of care. This is required to correctly assign (roster) the proper staff to the vehicle and ensure the proper level of care is entered into dispatch system for call response and deployment.

Early relief will only be permitted prior to the receipt of any assigned call.

ACP-PCP Relief

PCPs (including Level 2 Paramedics) are permitted to relieve ACPs, and ACPs are permitted to relieve PCPs, provided the above procedure has been followed. In circumstances where there will be a crew configuration change (e.g., ACP to PCP, PCP to ACP), it is especially important that One Desk is clearly advised of the change in vehicle staffing and level of care, prior to the receipt of a call or assignment.

[1] Per SOP 03.06.1 Response to Calls

Special Operations

Non-Special Operations Paramedics providing early relief for Special Operations Paramedics must contact One Desk and advise them of the non-Special Operations status of the incoming employee.

TORONTO

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

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

TORONTO

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

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).
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- 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

TORONTO

Memorandum

Gord McEachen
A/Chief

Paramedic Services
4330 Dufferin Street
Toronto, Ontario M3H 5R9

Tel: 416-392-3700
Leo.Tsang@toronto.ca
toronto.ca/paramedic

May 12, 2021

To: All Operations, Community Paramedic and Education & Development MANAGEMENT Staff

From: Leo Tsang
A/Deputy Chief, Operations

Jennifer Shield
A/Deputy Chief, PDSQ

Re: **Address Flagging and Updates to SOP 03.06.13 (Paramedic Scene Safety) for Frontline Management – Go-Live on Wednesday June 9, 2021**

Toronto Paramedic Services will be implementing *Address Flagging for Workplace Violence* as part of an update to Operations SOP 03.06.13 (Paramedic Scene Safety). **This process will go live on Wednesday, June 9, 2021.**

Beginning the week of May 17, 2021, detailed documentation will be distributed to all frontline staff; an advance copy of this package is attached for your reference. Please also review the accompanying "Qs & As" for management staff only.

Staff documents will be hand delivered and tracked using a short CheckMarket survey. In lieu of collecting a signature, Superintendents must confirm that the documents were issued and the employee was given the opportunity to ask questions. The survey can also be accessed by scanning the QR code (in this memo) or at https://s.cotsurvey.chkmkt.com/addressflagdocs. The staff list will shrink as documents are issued.

If you have any questions, or note an employee on the list that is no longer active, please speak with your Commander or contact Stewart Morris (Stewart.Morris@toronto.ca) or Brayden Hamilton-Smith (Brayden.Hamilton-Smith@toronto.ca). If you require support in real-time (i.e., during a call) for an address flag or SSA issue, please contact the Deputy Commander.

Thank you,

(Original signed by)
Leo Tsang

(Original signed by)
Jennifer Shield

Attachments (5)

c.: G. McEachen, Deputy Chiefs, Operations Commanders, Communications Commanders, M. Jordison, J. Burnett, A. Thurston, Deputy Commanders

TORONTO

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

May 19, 2021

To: All Communications Centre and EDQI Staff

From: Mark Toman
A/Deputy Chief, Communications

Re: **Address Flagging and Updates to SOP 09.08.13 and 09.08.19 – Go-Live on Wednesday June 9, 2021**

Toronto Paramedic Services will be implementing *Address Flagging for workplace violence* in Operations **on June 9, 2021.**

Address flags provide historical scene information regarding previously reported workplace violence that may impact Paramedic safety. They are designed to enhance the situational awareness of responding crews and are to be used by paramedics to determine if a Scene Safety Assessment (SSA) is required.

Address Flagging

Roles & Responsibilities

- CTs/EMDs are expected to relay address flag information to allied agencies for tiered responses, or when transferring a call to an OOT CACC. For example:
    - "We have an address flag at this location for violence towards Paramedics involving a [gender]/[age range] on [date]."
- An address flag, in isolation, should not generate a police notification. If the CT/EMD has additional concerns with what they hear, or Paramedic(s) on scene determine that the address flag is applicable and initiate a SSA, police would be notified in line with those established processes.
- The Deputy Commander will receive an automated alert for all responses to locations with active address flags. Operations Superintendents do not need to be notified of address flag responses unless a SSA is initiated.

Allied Services

Toronto Police, Toronto Fire, GTA Paramedic Services and neighbouring CACCs have been notified that TPS is implementing an address flag policy.

- As per standard practice, all call information is to be relayed to allied services, including the address flag information (see example above).

- Outside (non-Toronto) Paramedic Services are responsible for determining their own response to the scene and how to interpret the address flag.

SOP Modifications

SOP 09.08.13 - Scene Safety Notification

- Addition of CT and EMDs throughout;

- Address flag information will be auto-populated based on the address entered by the CT/EMD;

- Address flag information shall not be shared with the caller.

- Verbal notification of scene safety issues (e.g., hazards, address flag) is required to all responding allied services (e.g., Police, Fire). Allied services will follow their own operating procedures in response to this information;

- Address flags shall be voiced out to responding Paramedics in line with other scene safety notifications. For example:

  "[Unit number], confirm you copy your scene safety details."

SOP 09.08.19 - Staging (EMDs & Senior EMDs)

- No significant changes (reviewed and reissued with updated effective date)

Please thoroughly review the attached documents. If you have any questions, please contact your Superintendent.

Thank you,

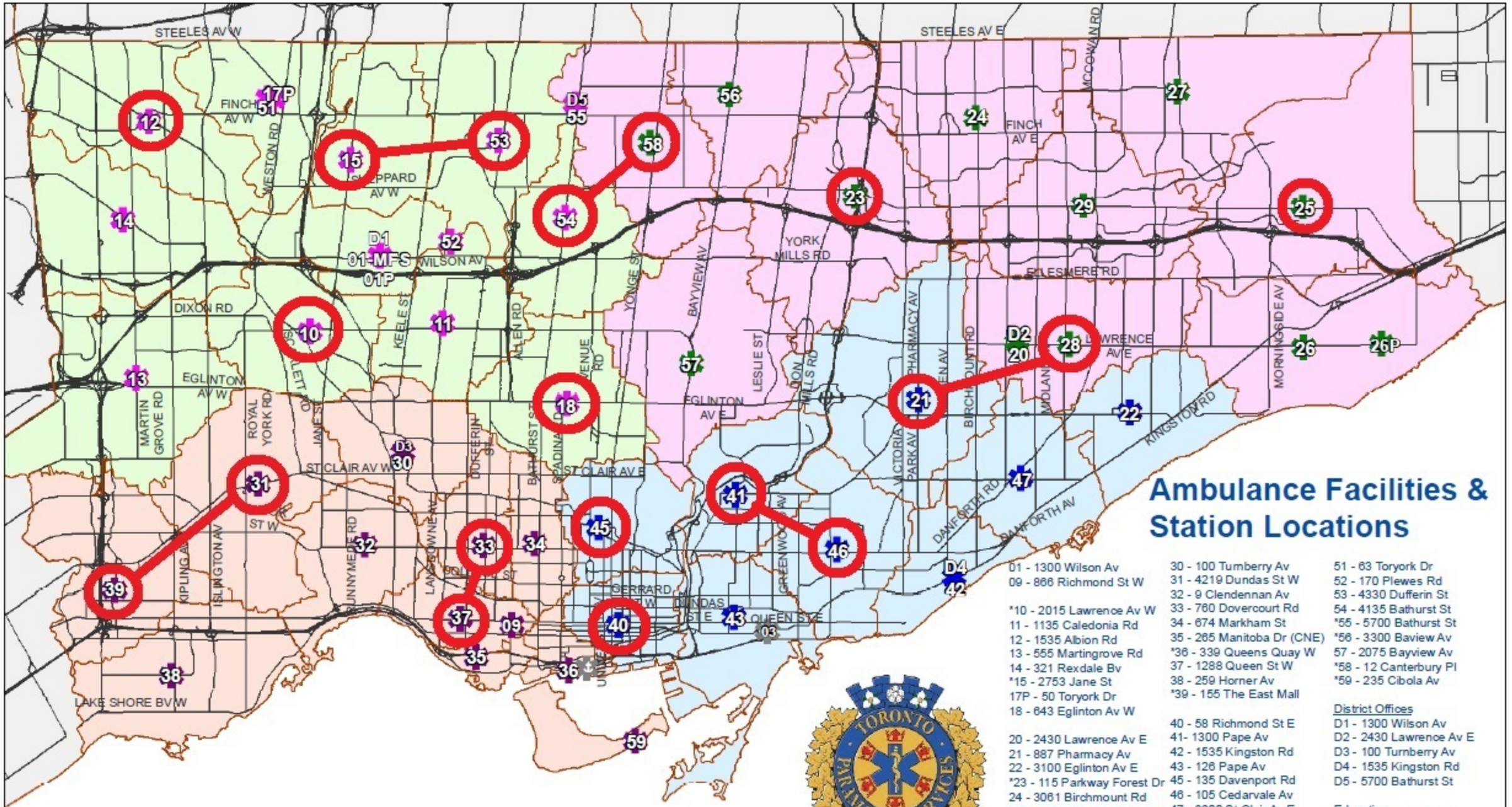
(Original signed by)
Mark Toman

Attachments (2)

c.: G. McEachen, Deputy Chiefs, Communications Commanders, Operations Commanders, M. Jordison, J. Burnett, A. Thurston, Deputy Commanders, Professional Standards Unit, Multimedia

Geography
& PowerLine
Commands

Toronto Paramedic Services Dispatch Manual



Ambulance Facilities & Station Locations

01 - 1300 Wilson Av
09 - 866 Richmond St W

*10 - 2015 Lawrence Av W
11 - 1135 Caledonia Rd
12 - 1535 Albion Rd
13 - 555 Martingrove Rd
14 - 321 Rexdale Bv
*15 - 2753 Jane St
17P - 50 Toryork Dr
18 - 643 Eglinton Av W

20 - 2430 Lawrence Av E
21 - 887 Pharmacy Av
22 - 3100 Eglinton Av E
*23 - 115 Parkway Forest Dr
24 - 3061 Birchmount Rd
*25 - 8500 Sheppard Av E
*26 - 4331 Lawrence Av E
26P - 5316 Lawrence Av E
*27 - 900 Tapscott Rd
28 - 2900 Lawrence Av E
*29 - 4560 Sheppard Av E

30 - 100 Turnberry Av
31 - 4219 Dundas St W
32 - 9 Clendennan Av
33 - 760 Dovercourt Rd
34 - 674 Markham St
35 - 265 Manitoba Dr (CNE)
*36 - 339 Queens Quay W
37 - 1288 Queen St W
38 - 259 Horner Av
*39 - 155 The East Mall

40 - 58 Richmond St E
41- 1300 Pape Av
42 - 1535 Kingston Rd
43 - 126 Pape Av
45 - 135 Davenport Rd
46 - 105 Cedarvale Av
47 - 3600 St Clair Av E

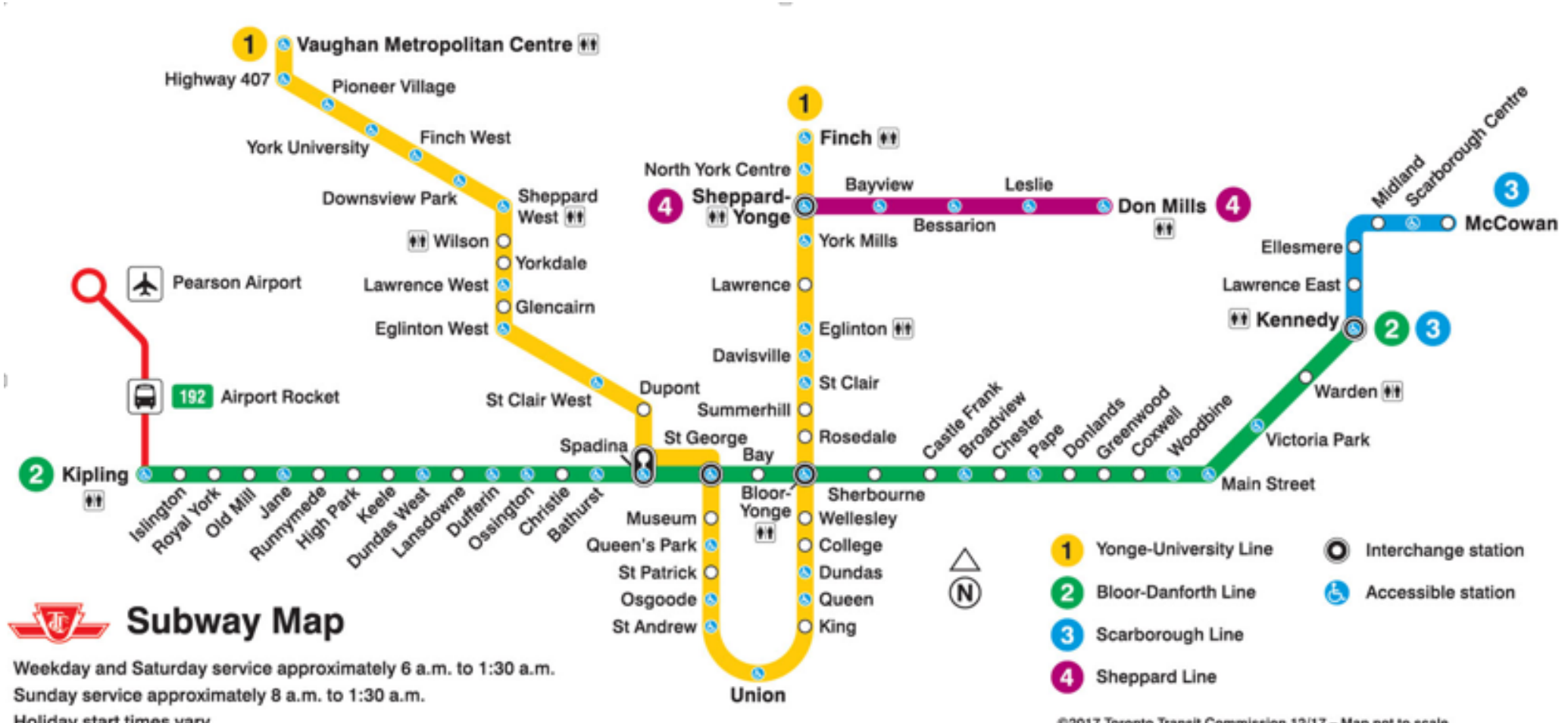
51 - 63 Toryork Dr
52 - 170 Plewes Rd
53 - 4330 Dufferin St
54 - 4135 Bathurst St
*55 - 5700 Bathurst St
*56 - 3300 Baview Av
57 - 2075 Bayview Av
*58 - 12 Canterbury Pl
*59 - 235 Cibola Av

District Offices
D1 - 1300 Wilson Av
D2 - 2430 Lawrence Av E
D3 - 100 Turnberry Av
D4 - 1535 Kingston Rd
D5 - 5700 Bathurst St

Education
03 - 895 Eastern Av
Skid Pad - 350 Wilson Hts Bv

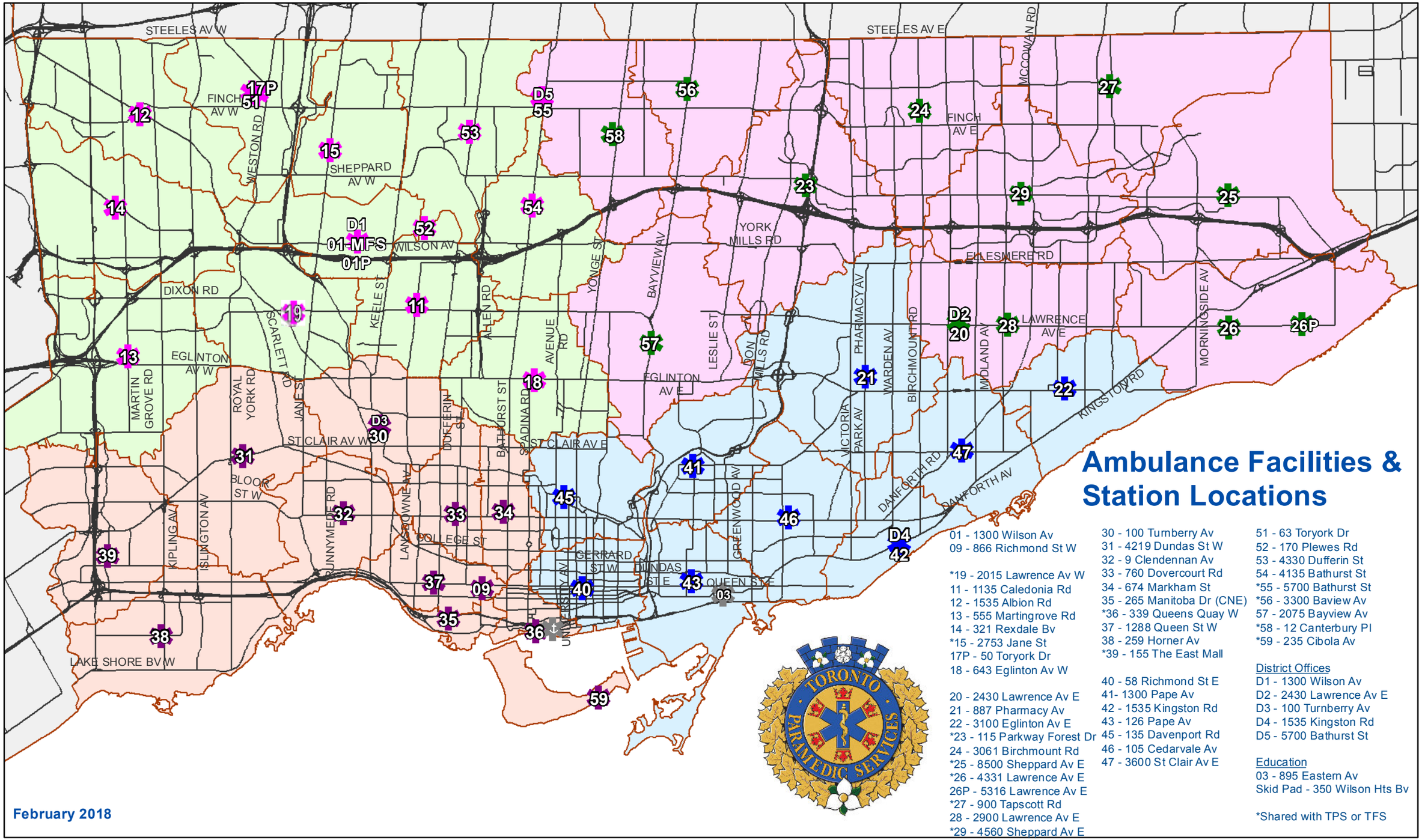
*Shared with TPS or TFS

February 2018



Subway Map

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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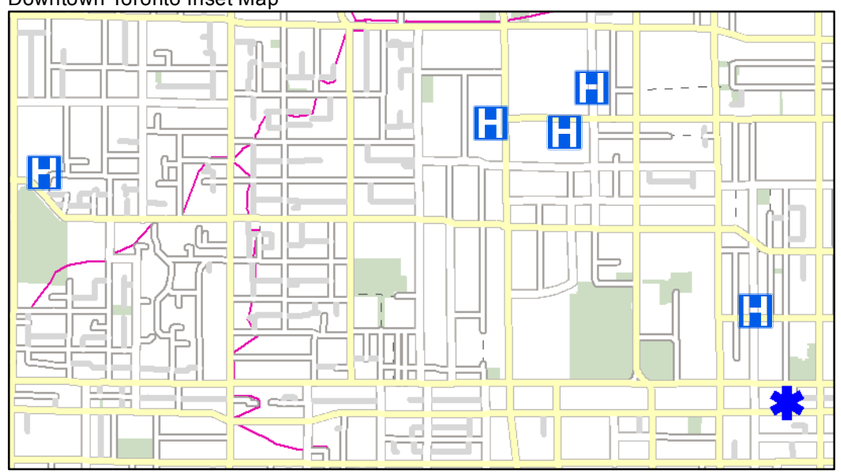
*Shared with TPS or TFS

February 2018

Hospitals, Stations, & Response Areas

Downtown Toronto Inset Map



April 2018

Hospitals, Stations, & Response Areas

Downtown Toronto Inset Map

October 2017

Toronto Paramedic Services
PowerLine Commands

Cancellation Reason	
02	Patient Refused
03	Higher Priority Call
11	Closer Unit
17	More Appropriate Unit
99	Other
19	Cancelled by ALS
18	Cancelled by BLS
00	Cancelled by Police/Fire
15	Cancelled by Originator
14	Duplicate Call
20	Coroner's Call
08	False Alarm
10	Vehicle Failure
05	Patient Moved by Citizen
04	Patient Moved by Police
01	Cancelled by Doctor
21	Patient Moved/Street Help
23	Referred to Telehealth
22	Transfer Care Complete
24	CX by Clinical Advisor (CA)
27	CX by Supervisor
25	Optima Dispatch Cancel
26	Optima Dispatch Divert

Response Disposition	
9	Incident Complete
00	ALS Transport
01	BLS Transport
02	ERU Transport
07	Cancelled Prior to Dispatch
06	Cancelled Prior to Enroute
05	Cancelled Enroute to Scene
04	Cancelled on Scene
10	Double Dispatched
03	First Aid Only Rendered
11	CA - Alt Transport Arranged
12	CA - Caller Declined Resp
13	CA - No Transport Req
14	Optima Dispatch

Districts	
1desk	1-Desk
NW	District 1 (NW)
NE	District 2 (NE)
SW	District 3 (SW)
SE	District 4 (SE)
OOT	OOT

Out of Service	
53	Admin
APR	APR-Cleanup
APRIS	APR required-In Service
21	CCTU - FR
07	Cleanup - Hospital
08	Cleanup - Station
47	Do Not Deploy
31	EOS Wash Up
48	Equip Problem - FR
49	Equip Problem - In Service
26	Equip Problem - OOS
01	MB
45	MB-P/U
33	MB-W/U
57	Modified
17	Mechancial - OOS
22	Need Lunch
54	No Auto MB
06	No AVL
99	No Divert (except D/E)
13	No Stretcher - FR
23	Offload Delay
00	OOS
16	OT - OOS
18	Refuel 1/2
19	Refuel 1/4
51	Restock - FR
52	Restock - In Service
04	Restock - OOS
SCRN	Screening - OOS
10	Sick
12	Single Medic - FR
25	Split Crew
46	TOC Start
50	Unattended
09	Uniform Change
11	WSIB

Hubs	
1P13	District 1 (NW)
2P16	District 2 (NE)
3P12	District 3 (SW)
4P12	District 4 (SE)
5P1	District 5 (SPEC OPS)

Priority Reason	
001	Additional Info (MPDS)
002	CTAS Change
003	Clinical Advisor Change
004	Returned from TeleHealth
005	TeleHealth Not Appropriate
006	Environmental Concern
007	Extenuating Circumstance
008	Supervisor Change

Protocol / Priorities	
18	Auto Destination
19	No PT
02	MD Ordered (transfers)
01	CTAS 1
03	CTAS 2A
12	CTAS 2B
04	CTAS 3
05	CTAS 4
06	CTAS 5
11	No Patient
07	Scheduled Transfer
10	Unknown CTAS

Change Destination Reason	
00	Condition of Pt Worsened
01	Condition of Pt Improved
02	Medical Direction
03	Patient Request
04	Diverted for Coverage
05	Hospital Refusing Pt
06	Change from Default
07	Other

Status Codes	
OD	18 Off Duty
AV	01 Available
IQ	04 In Quarters
LA	03 Local Area
AOS	06 Available On Scene
OOS	15 Out of Service
DSP	10 Dispatched
RESP	09 Responding
ENRT	02 Enroute To
STAGE	11 Staged
AS	12 At Scene
PT	13 Patient Contact
DS	14 Depart Scene
AH	08 At Destination
DA	07 PTOC
AP	05 Assign to Post
MA	10 - Multi-Assign
D2L	19 - Dispatched 2nd Loc
R2L	20 - Responding 2nd Loc
A2L	21 - At Scene 2nd Loc

NEW

06/21/2021

D1 (NW) STANDBYS	
1P4	Bathurst & Lawrence
1A119	Dufferin & Eglinton
1P3	Keele & Sheppard
1P10	Keele & Wilson
1A30	Weston & 401
1P11	Finch & Jane

D2 (NE) STANDBYS	
2P1	Bayview & Sheppard
2P8	Don Mills & Finch
2A24	Don Mills & Lawrence
2P2	Markham & Sheppard
2P13	Victoria Pk & Sheppard
2P65	Yonge & Eglinton

D3 (SW) STANDBYS	
3A9	Islington & Norseman
3P5	Bathurst & Queen
3P10	Eglinton & Scarlett
3P3	Keele & Bloor
3P9	Spadina & Bloor
3A34A	The Annex

D4 (SE) STANDBYS	
4P1	Broadview & Danforth
4A45	Midtown
4A50	Danforth & Danforth
4A90	Danforth & Greenwood
4P8	Kennedy & Eglinton
4P6	Kennedy & St Clair
4A40	The Core
4P3	Yonge & Dundas

SYSTEM FUNCTIONS	SYNTAX
Move Employee to Another Unit	EMOV [employee #] [fr unit #] [to unit #]
Inform Chat	CHAT
Close Recall Window(s)	CL < window # >
Search Card File	CRD [text]
Clear Stuck Unit	CSU [unit #] ***1-Desk Staff ONLY***
Log Off	LOC
Log Dispatcher Off / On	LOO [employee #] , [password]
Release Controlled Sector	OFF [sector] ***Non-Dispatching Sectors only***
Phone History	PH [phone #] ***- can use dashes but no spaces in #***
Send Message	MAIL [CAD # or sector] [message] , [subject line]
Show VisiCAD Explorer	MAP
Show Notification Window	NOTIFY
Sector Control	PULL [sector]
Reset Password	RP [employee #] - ***SCS ONLY***
Reset User Profile	RUP [employee #] - ***1-Desk Staff ONLY***
Retile Queues	RETILE
Search Personnel by name or ID	RN [3 characters *]
Recall: Personnel by Workstation	WHO
Exit	X

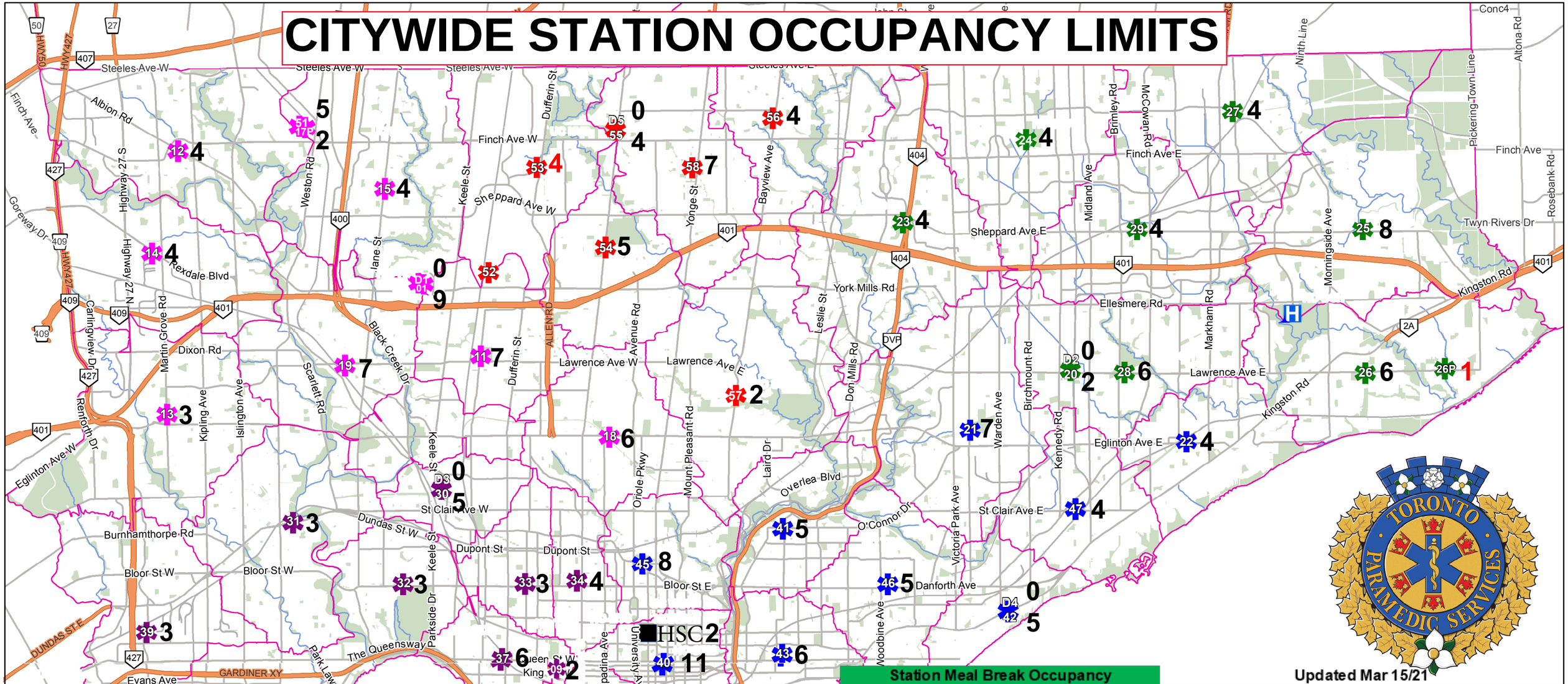
INCIDENT FUNCTIONS	SYNTAX
Add Comments	EI [inc #]
Append Incident to any Open Inc	AI •[inc # of closing call] <inc # appended to >, [comment]
Cancel Incident & all units	CAI [inc #] [reason] , [disposition]
Change Sector	CS [inc #] [sector]
Duplicate	DUP [inc #]
Recall Assignments	RAS •[inc #] < NEW >
Recall Details	RW •[inc #] < NEW >
Recall Edit Log	REL •[inc #] < NEW >
Send task request to workstations	SEND •[inc #] [CAD #] , [message]
Zoom to Location on Map	ZI [inc #]

UNIT STATUS FUNCTIONS	SYNTAX
Assign To Post	AP [unit #] [post / station]
At Destination	AD [unit #]
At Scene	AS [unit #]
Available	AV [unit #] < disposition >
Depart Scene	DPT [unit #] [dest] , , , , [protocol] ,
Dispatched (AKA Alerted)	[priority] AL [unit #] [inc #]
Enroute To Post	EP [unit #]
In Quarters	IQ [unit #] < location >
Local Area	LA [unit #]
Paramedic Transfer Of Care	PTOC [unit #]
Responding	RSP [unit #]
Stage	STAGE [unit #]

UNIT FUNCTIONS	SYNTAX
Add Comments to Incident for Unit	EC [unit #] [comment]
Add Comments to Unit Activity Log	UAC [unit #] [comment]
Append Incident to any Open Inc	AI [unit #] <inc # of appended to>, [comment]
Cancel from Incident	CAU [unit #] [reason] , [disposition]
Change Home Station	CHS [unit #] [new station #]
Change Transport Destination	TD [unit #] [destination], [reason]
Change Transport Priority	TP [unit #] [priority] , [reason]
Change Vehicle Status	CVS [unit #] , [status code]
Clear Stuck Unit *(1-Desk Staff Only)*	CSU [unit #]
EMERGENCY Assistance Neeed	E2000 [unit #]
EMERGENCY Paramedic Down	E32 [unit #]
End of Shift (Log Unit Off)	EOS [unit #]
Flagged Down for a Traffic Accident	MVC [unit #] [location] , , , , , < comment >
Flagged Down for Unknown Problem	UNK [unit #] [location] , , , , , < comment >
Move to Another Sector	MV [unit #] [sector]
On The Fly (24-hr Shift)	OTF [unit #]
On The Fly with Modified OOS	OTFM [unit #]
Out of Service	OOS [unit #] [out-of-service reason]
Position Update	PU [unit #] [location]
Quick Note	QN [unit #] [note]
Reassign	RA [unit #] [reason] , [disposition]
Recall Activity & Comments for Inc.	RAC [unit #]
Recall Additional Information	RAI [unit list]
Recall Assignments for Incident	RAS [unit #]
Recall Details of Incident	RW [unit #]
Recall Edit Log for Incident	REL [unit #]
Recall Find Radio	FR [radio ID or code]
Recall Search Personnel by Name or ID	RN [emp name or ID]
Recall Unit History	RH [unit #]
Remove ALL Out of Service Reasons	ROOS [unit #]
Re-Synchronize MobiCAD	RSM [unit #]
Send Page	PAGE [unit #]
Send task request to workstations	SEND [unit #] [CAD #] , [message]
Start Shift (pre-built shifts only)	SS [unit #]
Swap Assignments	SWAP [unit #] [unit #] , [reason] , [disposition]
Vehicle Change	VC [unit #]
View Unit Activity Log	VUA [unit #]
View Unit Information	VU [unit #]
Zoom to Unit Location on Map	ZU [unit #]

NEW

CITYWIDE STATION OCCUPANCY LIMITS



Updated Mar 15/21

Station Meal Break Occupancy

District 1		District 2		District 3		District 4		District 5	
Station	Occupancy	Station	Occupancy	Station	Occupancy	Station	Occupancy	Station	Occupancy
Hub	0	Hub	0	Hub	0	Hub	0	Hub/55	4
01 MFS	9	20	2	30	5	21	7	9	2
01 Log	0	22	4	31	3	40	11	51	5
11	7	23	4	32	3	41	5	54	5
12	4	24	4	33	3	42	5	58	7
13	3	25	8	34	4	43	6	Marine	1
14	4	26	6	35	3	45	8	HSC	2
15	4	26P	1	36	1	46	5		
17P	2	27	4	37	6	47	4		
18	6	28	8	38	7	59	2		
19	7	29	4	39	3				
53	4	56	4						
		57	2						

STN APR CLEANUP CAPABLE

STN NOT APR CLEANUP CAPABLE

Effective Jan.22.2021

N/W – District 1 Stations	AVL Data	N/E – District 2 Stations	AVL Data
D1 OR N/W Hub	Wilson/Walsh	D2 OR N/E Hub/20	2410-2430 Lawrence Av E 1-51 Nantucket Bv
17 Post	2-185 Toryork	21	Pharmacy/Rannock
19	Rosemount/Ralph	22	Eglinton/Mason
11	Caledonia/Lawrence	23	Highway 404s/Ramp 404 401 Parkway Forest Dr/Corvus Starway
12	29-47 Kendleton 1485-1563 Albion Rd	24	3030-3080 Birchmount
13	Richgrove/Martin Grove	25	Conlins Rd/Sheppard Av E 8450-8800 Sheppard Av E
14	Rexdale/Tidemore	26	4338-4350 Lawrence Av E 1-82 Mansewood Gs
15	Jane/Frith	27	900-1050 Tapscott
53	Steeprock/Lodestar	28	37-50 Larkhall 2941-2945 Lawrence Av E
18	Eglinton/Duplex GilgormRd/Eglinton Av W	29	Brownspring/Sheppard
S/W – District 3 Stations	AVL Data	S/E – District 4 Stations	AVL Data
D3 or S/W Hub	Turnberry/Algarve	D4 OR S/E Hub	Kingston/Vahalla
		04	Byron/Chatham
30	Turnberry/Algarve 119- 200 Union St	40	Queen/Berti Victoria StLn/Shuter St
31	Dundas/Prince Edward 4193- 4251 Dundas St W	41	Oconnor/Pape
32	Parkview/Clendenan	42	Vahalla/Manderley KingstonRd/Valhalla Bv
33	DovercourtRd/Bloor StW	43	Blong/Pape Pape/Louvain
34	Markham/London	45	Davenport/NewSt Belmont/NewSt
35	Quebec/Manitoba 265-415 Queens Quay W	46	Cedarvale/Strathmore
36	Queens Quay/Rees	47	Laurel/Linden
37	Queen/Gwynne		
38	Horner/Tupper		
39	East Mall/Coronet		

District 5 Stations	AVL Data
D5 Hub	4979-5720 BathurstSt
52 (Not Used)	Plewes/Murray
54	YorkDowns/Bathurst
55	4979-5720 Bathurst
56	3237-3300 Bayview
57	20-50 Veterans Hill Tr Veterans Hills Tr/RaabBv
58	Canterbury/Ellerslie
59	235-235 Cibola Av
Billy Bishop Airport	1-10 Eireann Quay

Hospital	AVL Data
Etobicoke General	88-100 Humber College Blvd
Humber River Hospital	1154-1236 Wilson Av 5-5 AgateRd
Hospital for Sick Kids	Gerrard ST W/Elizabeth St
Mount Sinai	Orde Av/University Gerrard/University
North York General	LeslieNYhospital/OldLeslie
Rouge Valley Centerary	Neilson/Lane2867Ellesmere
Scarborough General	LawrenceAv/Valparaiso
Scarborough Grace	3030Birchmount
St. Joseph's	ParkdaleAv/GlendaleAv Merrick/Glendale Av
St. Michael's	Shuter/Victoria
Sunnybrook	10-165 Lifesaving Dr
Toronto East General	Mortimer/FairsideAv
Toronto General	Elizabeth/Walton
Toronto Western	Carlyle/Wales
Mississauga Trillium	

AVL Hits for Stations/Hospitals

Fuel Stations

N/W	AVL Data
PD 12 200 Tretheway Dr	
PD 13 1435 Eglinton Av W	EglintonAvW/William R Allen Rd
PD 23 5230 Finch Ave W	KiplingAv/FarrAv
PD 31 40 Norfinch Dr	Finch AvW/Norfinch Dr
PD 53 75 Eglinton Av W	EglintonAvW/HenningAv
PD FIS 2050 Jane St	Highway 401 X W/Jane St
TW Disco Yard – 120 Disco Rd	
TW Finch Yard – 1026 Finch Av W	
S/W	**AVL Data**
PD 11 2054 Davenport	ConnollyST/OslerSt
PD 14 150 Harrison St	DovercourtRd/HarrisonAv
PD 22 3699 Bloor St W	
PD Traffic Services 9 Hanna Ave	HannaAv/LibertySt
TW Kipling Yard	
N/E	**AVL Data**
PD 32 30 Ellerslie Ave	10-30 Ellerslie Av
PD 33 50 Upjohn Rd	York MillsRd/UpjohnRd
PD 41 1001 Birchmount Rd	
PD 42 242 Milner Ave	Lane20 Kimbercroft Ct/Kimbercroft
PD 43 4331 Lawrence Ave E	Lawrence Av E/Valia Rd
PD 54 41 Cranfield Rd	CranfieldRd/Bermondsey
PD ETF 399 Lesmill Rd	Lesmill Rd/Leslie N 401
TW Ellesmere Yard 1050 Ellesmere Rd	0-0 Midland Av
TW Nashdene Yard 70 Nashdene Rd	
S/E	**AVL Data**
PD 51 51 Parliament St	DebbySt/ErinSt
PD 52 255 Dundas St W	DundasStW/SimcoeSt
PD 55 101 Coxwell Ave	Coxwell/Robbins
TW 50 Booth Ave	2-81Mcgee St EmpireAv/Eastern Av
TW 1008 Yonge Street	3-50 HillsboroAv