



# Toronto CACC Senior EMD Dispatch Manual

Introduction &  
Course Objectives



**Toronto CACC  
Senior EMD Dispatch Manual**

# Introduction

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The role of Senior Emergency Medical Dispatcher (Senior EMD) is an ever changing and evolving role. Through the years advances and innovations in technology and process have seen the position take on more importance.

It is imperative that the knowledge and skills of the Senior EMD are up to date with the technological and process advances in the Central Ambulance Communications Centre (CACC).

This training manual will serve as a basis for training new Senior EMDs and continuing education for current Senior EMDs and will be continually updated to provide current information on the role of Senior EMD.

# Training Schedule

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- One 8 hour shift in the classroom with introduction to Senior EMD specific tools and roles
- 120 Hours (10 shifts – or until proficiency is demonstrated) with a trainer in the CACC performing the Senior EMD role:
  - 48 hours (4 shifts) in the role of ADMINISTRATIVE Senior EMD
  - 36 hours (3 shifts) in the role of PIT Senior EMD
  - 24 hours (2 shifts) in the role of LUNCH/OFFLOAD Senior EMD
  - 12 hours (1 shifts) in the role of PSA Senior EMD OR 12 hours (1 shift) in the role of Call Taking Senior EMD

These hours are a proposed minimum that new Senior EMDs will spend at each position.



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Orientation



# Toronto CACC Senior EMD Dispatch Manual



## Orientation

Section 1.1  
Course Objectives

# Toronto CACC Senior EMD Dispatch Manual

# Course Objectives

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## SENIOR EMD DISPATCH TRAINING OBJECTIVES

The dispatch objectives of the Senior Emergency Medical Dispatcher (hereafter known as SEMD or Senior EMD) training are to prepare the senior EMD for the job of One Desk. This includes (but is not limited to) efficiently processing administrative duties, requests from CACC and/or Operations staff, effectively overseeing the quadrant dispatchers and call receivers, and acting as the Superintendent's designate under the terms set out in the Ambulance Act of Ontario and the local Standard Operating Procedures.

## GOALS

1. To provide every Senior 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 Senior Emergency Medical Dispatcher and practice according to accepted protocols and procedures without the assistance of the Senior Communications Training Officer**



## Orientation

Section 1.2  
General Roles &  
Responsibilities

# Toronto CACC Senior EMD Dispatch Manual



# General Roles and Responsibilities

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The role of the Senior Emergency Medical Dispatcher (Senior EMD) is to provide oversight and assistance to both Quadrant EMDs and Call Receiver EMDs.

The major responsibilities of the Senior EMD are:

- Perform duties overseeing the operation and control of the CACC in the absence of the System Control Superintendent
- Assign EMS fleet and crews for each shift and provide fleet crew lists to QEMDs
- Provide work direction, on the job training and support to EMDs.
- Provide guidance in handling field incidents (shootings, multiple vehicle accidents and major disasters)
- Participate in conducting EMD training courses both in class and at work stations
- Prepare reports regarding shift coverage, incidents, complaints, delays etc.
- Maintain records of EMS fleet schedules and attendance of paramedics and EMDs
- Dispatch EMS supports units in the event of major incidents
- Liaise with Police, Fire and other allied agencies
- Liaise with District Superintendents regarding calls, crew issues
- Provide EMS dispatch support (call receiving; dispatching vehicles; updating allied agencies; updating System Control Superintendents, District Superintendents and Deputy Commanders)
- Respond to inquiries/complaints from the public, facilities (nursing homes, hospitals etc.)
- Monitor system performance and mutual aid radio systems
- Maintain a thorough working knowledge of the Communications Centre Evacuation and Disaster plans
- Troubleshoot information technologies in CACC (AVL monitoring, fleet monitor, paging server, OPTIMA Live and InformCad)
- Ensure city-wide emergency coverage is maintained by facilitating communications between QEMDs
- Provide oversight as the Patient Safety Advocate (PSA)
- Conduct testing for 10-2000 response with QEMDs
- Dispatching CCTU, ACTS team and Community medicine
- Answering overflow emergency calls





## Orientation

Section 1.3  
Standard Operating  
Procedures

# Toronto CACC Senior EMD Dispatch Manual

# Standard Operating Procedures

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Understanding the Policies and Procedures that govern Toronto CACC is an essential part of the Senior EMD role. The Senior EMD is expected to be able to provide guidance and knowledge to the Emergency Medical Dispatcher, and knowledge of the SOPs is critical in this role. This ensures presenting a consistent message from One Desk staff.

There are several CACC SOPs that specifically mention the Senior EMD. These are listed below:

## **09.01.2 Introduction**

- Explains that all CACC staff must be aware of the SOPs, Acts and training manuals and that the Senior EMDs, CTO and SCS will provide clarification if needed.

## **09.01.12 Visitors Access to the Communication Centre**

- Explains lock down procedures

## **09.08.1 Telephone Answering Hierarchy**

- Lists the order in which staff will answer incoming 911 calls when all call receivers are currently engaged

## **09.08.6 Unit Assignment**

- Explains the role of the Senior EMD and QEMD in unit assignment, overriding assignment recommendations from OPTIMA, late or delayed call assignments

## **09.08.8 AlertLine Alerts**

- Acknowledgement of alerts defines the Senior EMDs commitment to complete the task associated with the alert

## **09.08.10 Major Incident – Unit Following**

- Defines the role of One Desk and the Senior EMD when incident escalate to a multiple patient situation or major incident

## **09.08.12 Emergency Support Units**

- Guidelines for handling ESU vehicles

## **09.08.16 Cancellations**

- Explains the circumstances under which a cancellation may be accepted and the process to follow when cancellations are received from different sources

**09.08.17 Processing Administrative Calls**

- Explains reasons for crews to be placed out of service and the expectation that a Senior EMD will be notified of this action

**09.08.18 Delay in Service/Staging**

- This is a high level CACC and OPS unified SOP that states the reasons for staging and the assignment of staff and the role they will serve in monitoring the staging

**09.08.19 Staging (EMDs and Senior EMDs)**

- This SOP spells out the specific actions to be taken by EMDs and Senior EMDs when a crew declares they are staging for a call

**09.08.27 Communications Emergency Response**

- This SOP list the actions to be taken by the EMD and Senior EMD/One Desk when an emergency response is received in the CACC via MobiCad, trunk radio, portable radio or telephone.

**09.08.31 Roles and Responsibilities**

- This SOP lists the expectations for EMDs to have current knowledge of SOPs, Manuals, Acts and Plans for the CACC and that the Senior EMD is to provide clarification if needed.



## Orientation

### Section 1.4 Acronyms

# Toronto CACC Senior EMD Dispatch Manual

# Acronyms

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## Acronyms commonly used:

CACC – Central Ambulance Communications Centre  
TS – TeleStaff  
WFC – Workforce Central

EMD – Emergency Medical Dispatcher  
QEMD – Quadrant Emergency Medical Dispatcher  
SEMD – Senior Emergency Medical Dispatcher  
SCS – System Control Supervisor

DC – Deputy Commander (Duty Officer)  
DOS – District Operational Superintendent

ARU – ALS Response Unit  
ATU – ALS Transport Unit  
ERU – Emergency Response Unit  
ESU – Emergency Support Unit  
PRU – BLS Response Unit  
PTU – BLS Transport Unit

CBRNE – Chemical Biological Radioactive Nuclear Explosive  
CCTU – Critical Care Transport Unit  
ETF – Emergency Task Force  
TRU – Tactical Response Unit

SIU – Special Investigations Unit  
TPS – Toronto Police Services  
TFS – Toronto Fire Services



# Orientation

## Section 1.5 Tools



# Toronto CACC Senior EMD Dispatch Manual



# Tools

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The Senior EMD uses many of the same tools as the Quadrant EMD with some enhancements and more in-depth knowledge as well as many computer programs specific to One Desk functions.

The most important and frequently used of the new programs are:

- Kronos TeleStaff (TS) & Workforce Central (WFC)
- One Desk application
- Microsoft Office (Excel and Word)
- Polar Help Desk
- PDS Web
- Winpage
- Break Reporting Program
- Outlook

The following programs will have more functions available or be used in different ways to facilitate the Senior EMD function:

- Advisor – Role specific alerts
- AVTEC – new logins and different screens (radios and speed dials)
- Optima – use of Playback and Shift Editor
- PDS – A One Desk login to edit comments
- Radio – SmartZone, MetroNet, JES (Joint Emergency Services)
- InformCad – more in-depth functionality (Alerts, Activity Log, Paging)

And there are different processes that involve:

- Phone patches for coroner calls and base hospital consultations (stroke, pronouncements, and ALS patching when auto-patch fails)
- Airport Crash Alarms
- Tire repair and tow truck calls and logs
- Taxi calls for crew movements
- Expanded notification lists (SCS, DC and Allied Agencies)

# Roles and Responsibilities



# Toronto CACC Senior EMD Dispatch Manual



# Roles and Responsibilities

Section 2.1  
Administrative Senior

## Toronto CACC Senior EMD Dispatch Manual

# Administrative Senior

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The Administrative Senior EMD (Admin Senior) role is responsible for many crucial functions in the daily operation of Toronto CACC. The Admin Senior will plan the deployment of crews; book crews on; ensure paramedic crew names are attached to units in InformCad; ensure TS and the time sheets are kept up to date and prepare quadrant rundown sheets and forecasts for QEMDs. Special event and Administrative incidents are also generated by the Admin Senior.

***As with all Senior EMD positions the Admin Senior will be responsible for answering overflow emergency calls in accordance with the call taking hierarchy.***

## Timeline of Duties for Admin Senior - Days

### 0600

- Exchange rundown with night Admin Senior
- Roster on the District Superintendents
- Check Binder, Outlook and Planning Calendar for administrative or special events
- Start plan for deployment of crews, and Split crews East and West for book on

### 0700

- Book on crews, ensuring vehicle number in TS Viewer/WFC is entered correctly
- Inform crews of movements and arrange mode of transport for same
- Photocopy quadrant run down sheets
- Hand out quadrant run down sheets to quadrant desk
- Enter movements and taxi calls into One Desk Application
- Ensure names are correct for each vehicle in InformCAD and the shift is showing the proper end time in the roster system
- Ensure the time sheets are accurately reflecting movements and vehicle numbers

### 0900, 1000, 1100, 1200 and 1400

- Book on crews (Transport, ERU, DOS) ensuring vehicle number in TS Viewer/WFC is correct
- Ensure all vehicles have auto-rostered in InformCAD
- Build shifts for any single medics as they will not auto-roster
- Inform crews of movements and arrange mode of transport for same
- Fill out crew numbers on Quadrant rundown sheets
- Enter movements and taxi calls into One Desk Application
- Ensure names are correct for each vehicle in InformCAD and the shift is showing the proper end time in the roster system

### 1700

- Prepare night sheets and distribute forecasts to QEMDs

- Check binder, Outlook and Planning calendar for administrative or special events
- Create InformCAD admin tickets for any event needing one

## **Timeline of Duties for Admin Senior – Nights**

### **1800**

- Exchange rundown with day shift Admin Senior
- Roster on the District Superintendents
- Check Binder, Outlook and Planning Calendar for administrative or special events
- Start plan for deployment of crews
- Split crews East and West for book on

### **1900**

- Book on crews, ensuring vehicle number in TS Viewer/WFC is entered correctly
- Inform crews of movements and arrange mode of transport for same
- Hand out quadrant run down sheets
- Enter movements and taxi calls into One Desk Application
- Ensure names are correct for each vehicle in InformCAD

### **After 0000**

- Duplicate the Roster for the next day

### **0500**

- Prepare day sheets and distribute forecasts to QEMDs
- Check binder, Outlook and Planning calendar for administrative or special events
- Create InformCAD admin tickets for any event needing one

## Planning

The Admin Senior is responsible for ensuring the crews and District Superintendents are booked on properly and in a timely matter. Crews (both Transport and Response Units) book on with Toronto Paramedic Services at 0600, 0700, 0900, 1100, 1200, 1400 and 1900.

Prior to book on the Admin Senior will plan to have any single paramedics married up or to split up crews that are relatively new (< 1 year with TPS) and are unable to work together as a crew. This planning must be done with Optimal Crew Configuration (OCC) also being considered.

Optimal Crew Configuration is the practice of pairing up crew members to achieve an ALS crew comprised of (in order of preference):

- A Level 3 Paramedic with another level 3 Paramedic
- A Level 3 Paramedic with a Level 2 Paramedic
- A Level 3 Paramedic with a Level 1 Paramedic

This pairing up must result in the crew being together for at least 8 hours and that any movement from station to station be reasonable. This will mostly result in any movements being within quadrant or to stations adjacent to the quadrant. OCC is not intended to facilitate the movement of crews across the city as this will result in too many lost unit hours for TPS. There will be times when a crew with non-optimal configuration is paired up and should not be split (CBRNE, ETF, District has set up partners etc) to obtain OCC.

When matching single paramedics to make a full crew for the shift there is no set rule to follow, but there are some guidelines that will help decide which medic moves to which station:

- Would moving one medic to another station fill a spot in the deployment model
- Is one medic ALS or have a specialized unit (CBRNE, ETF). ALS crew members will need to use a vehicle with ALS supplies
- Other considerations may include seniority; a medic having moved other days in the set of shifts; freeing up a vehicle for another crew later in the day etc.

When splitting a crew of new medics choose a crew that is close to the station where the medics booked on to minimize end of shift overtime as the crews will need to be cabled back to the appropriate station if they are unable to match up late in the shift.



## Deployment of crews for optimal coverage

The Divisional Deployment model is built in to the quadrant rundown sheets and is automatically generated based on the number of ambulances scheduled for the day/night shift.

In accordance with the Operation Deployment model the Admin Senior will plan for the deployment of crews to cover stations with the appropriate number of units based on overall unit counts at 1400 and 0200. This allows for movement of more 0900, 1100 and 1400 crews to meet targets.

The planning for movement of full crews for deployment and single medics for making full crews should be completed before the book on time. There will always be changes at the last minute (book fit late, crew member at work but not in TS or showing off, crew member booking off after arriving at work, crew member modified but showing normal etc.) but the plan for movements should be completed before the start of shift.

The crews are moved in a specified order when a movement is needed. Schedule 5 and 7 paramedics are the first up to be moved when needed as this was spelled out when they bid for the shift. However, the movement of a crew from a station that is over count to one that is below count takes precedence over the schedule number of the crew member. Certain stations have an excess of crews booking on and these are the crews that are most often moved to higher volume stations that do not have the capability of having more than 2 vehicles due to garage space restrictions. These crews will have a rotation for the movement of crews out to cover deployment. Allow the medics the option to choose which crew will move for the shift; but if there is a delay or the crews can't decide then the Admin Senior will make the decision and inform the crews of that decision.

The Admin Senior should attempt to minimize the distance each crew being moved for the shift has to travel. Movements within the same quadrant are preferred, although not always possible. The Admin Senior must ensure the deployment model is followed so as to cover the expected high call volume areas.

## Booking crews on using WFC TeleStaff Viewer

During the actual book on times it is **imperative that TS/WFC Viewer be correct** with the proper vehicle number. TS drives the auto-rostering of crews and by having this correct the lunches will automatically be applied at the proper time. It also drives the entering of paramedic names into InformCAD, ensuring that TPS can properly follow up on missed meal breaks, infectious disease notifications and Professional Standards Investigations. By ensuring that TS is correct the Admin Senior can save themselves time by just double checking names, rather than adding them; double checking shift times in the Roster System rather than editing the times to match shift end times.

Paramedics have been taught to enter 000 as the vehicle number if there is no vehicle in the station for them to use when they book on. They are not to guess at a car number because there is always a chance that vehicle has been replaced during the time between shifts. If they were to enter the vehicle number of the unit replaced then it may auto-roster at HQ or the garage facility it has been taken to.

When a crew member enters 000 as their vehicle number the Admin Senior can change the vehicle number to the correct number by checking InformCAD to see which unit is being used by the crew finishing their shift. If the 15 station day BLS crew has entered 000 for a vehicle number and the night crew is out on 840 then we know that 840 will be the day crew number. The paramedics are correct entering 000 and the Senior EMD changing it to 840 will ensure the vehicle auto-rosters when available.

When a paramedic crew enters 000 when a vehicle is available to them then they are incorrect. Many times a crew will enter 000 because the vehicle they plan to use is out, even though another vehicle is in that station (A car vs C car). In this case the Senior EMD should enter the C vehicle number into TMS so that the crew will auto-roster onto a vehicle. The vehicle can always be changed when the proper unit returns to the station. By ensuring the crew auto-rosters the QEMD will have full resources showing available when making dispatch decisions, especially for high priority calls at the start of shift.

When a station or crew has not entered a vehicle number and there is more than one vehicle available the Senior EMD shall call into the station to determine which crew members will work on which vehicles.

### **Single Paramedics**

When an employee books on at a station alone, the expectation is the same as if they are a full crew; they are to swipe onto a vehicle in TS and perform a vehicle check. Auto-roster will now roster the vehicle, put it 'in quarters' at the book on station, and mark the unit 'OOS-Single Medic-FR.' This ensures that the QEMD has all possible resources available to them at the start of the shift.

### **Missing Employee**

When an employee can't be located the following list should be followed to contact them. This should be done after the quadrant sheets have been given to the front desks. Mark the employee as late on the rundown sheet until the status is known for certain.

1. Call the station to see if the employee is there and did not swipe
2. If the unit is out check the hospital, or have the QEMD check with the unit on air to see if the employee took an early call
3. Check the employee memo section as shift change dates may be entered incorrectly

4. Check with scheduling to see if the entry is correct. Occasionally lieu time or vacation can be erased when other entries are inputted.
5. Check with the Deputy Commander and District Superintendent to see if the employee booked sick or was granted lieu time. Many times an employee's book off from the previous day is not carried over into the future in TMS and they will show available even though they are sick. Checking the previous day's date in the Attendance screen will show if the employee booked off the previous shift
6. Call the employee at the contact number. This is usually done by the District Superintendent but on occasion they may ask for your assistance in this if they are busy with an incident or other detail.

## Quadrant Rundown Sheets

A copy of the quadrant rundown sheets will be stored on the [G: Drive](#) in the Senior EMD resource folder. These sheets are formatted in an Excel spreadsheet.

The information and how it is displayed should be consistent from all Senior EMDs. To that end an example of the proper way to enter the information is attached.

As soon as possible after book ons are complete the Senior EMD shall deliver the quadrant rundown sheets to the front desks. It is important that there be as little delay as possible in getting these sheets out as the QEMD relies on this information to select crews for calls and if there is incomplete information it can lead to closer crews being missed for early shift calls.

The quadrant sheets shall have the C shift crew numbers added in as soon as possible after the book ons during the day.

The quadrant rundown sheets should show the following information:

- Full crews booking on at a station (A for ATU, P for PTU) and the vehicle number they will be using
- Single medics booking on at a station (L1, L2 or L3)
- The District Superintendents working that day with EMS numbers and shift times
- Notes showing any movement or circumstance not easily shown in the station area

### Forecasts

After completing preparation of the sheets for the incoming shift a copy of the quadrant rundown sheets will be given to each quadrant desk to be used as a forecast for the time before book ons are completed.

## **ERU Deployment**

The Admin Senior will deploy ERUs in accordance with the CACC ERU deployment model, a copy of which is included in the quadrant rundown sheets Excel file. This deployment model changes from time to time as more information is gathered about the need for ALS response to certain areas.

Currently ARUs book on at locations across the city and are deployed according to a geographic model. The preference is that the standby location for the shift be close to the book on station for the ERU; however, if a paramedic requests a certain area for their post location, and it does not disrupt the deployment of other ERUs, the request can be granted.

The geographic deployment has locations for both ARU and PRU vehicles.

## **Check Vehicle Type in InformCAD**

As each shift is booked on and the crews auto-roster, in conjunction with checking the names in InformCAD, the vehicle type should be checked to ensure it is showing correctly (ATU, PTU, .ARU etc.). This is important in that Optima reads these vehicle types when recommending units for dispatch. An ALS crew will not be selected for an ECHO call if they are showing as a PTU even if they are the closest ALS to the call. If they are the closest unit to the call the system will still select an ALS to attend, thinking the crew is BLS.

## **Check names assigned to vehicles in InformCAD**

After all vehicles have rostered in InformCAD it is important to verify the correct names were added to the vehicle. This information is important for tracking the paramedics attending the scene of calls (Public Health, PSU investigations), lunches being recorded properly in the One Desk Application and the crew receiving pages with call details. If the names are incorrect it creates more work for One Desk, PSU and Admin staff to follow up on any issues by having to correctly identify who was actually on the unit. The names are transferred from TMS into InformCAD so if TMS is correct then InformCAD will be correct and much work will be saved for the Senior EMD.

## Checking end of shift times in Roster System

A few times during the course of a shift the Roster System will need to be checked to ensure that all vehicle shifts built in the Roster System program end at the proper time.

Shifts built after the scheduled start of shift will need to be adjusted to show a proper end time. For example a shift may show an end time of 19:43. This will need to be adjusted to 19:00.

This check needs to be completed after every set of book on times.

*See the Roster System Section 4.2 for instruction on adjusting shift times.*

## Entering Information

### One Desk Application

The One Desk Application is the main reporting system for daily activities including crew movements, book offs, incident reports, late/missed crew lunches and any notes that are recorded during the shift. The program automatically fills in (and sends out via e mail to selected senior staff) information such as projected crew vehicle counts, on time response percentages and number of missed lunches.

Daily movements, cab calls and mid-shift book offs must be entered manually by the Admin Senior as soon as practical after they happen.

Movements at the start of a shift should reflect the shift start time (regardless of the time entered), while movements done mid shift to create a crew should reflect the time they actually happen.

*The One Desk Application Section 3.3 details how to enter this information.*

### TS

When a crew changes vehicles the Admin Senior will change the vehicle ID in TS for the crew members.

Book off times for crew members leaving sick or ill dependent are automatically entered in TS after a swipe off is received from the crew member. This time is recorded in the book off section of the One Desk Application.

## Time Sheets

The time sheets are printed from TS and show the Admin Senior where crews are booking on for the shift and their hours of work. These sheets should be updated with movements and vehicle numbers *after* the quadrant rundown sheets are given to the QEMD. Any movements or changes can be reflected after the front desks have their crew information.

The Time Sheets are official payroll documentation. Book off times (lieu, ill), early call times and vehicle changes shall be accurately reflected on the time sheets as they happen. These sheets are important and must be kept accurate and up to date.

## Special Events

Special events occur regularly throughout the year and the Admin Senior is responsible for creating the incident in InformCAD as well as entering the information the crew will need (contact info, location for setting up etc.) in the comments of the call. The original information is found in the planning calendar, accessed through a shared calendar in Outlook, and is printed after the spreadsheet has been completed by scheduling with crew member and book on location information. A time sheet will also need to be printed for the crew(s).

When the crew books on the Admin Senior or designate will roster the vehicle and assign the crew to the call. The crew will be given instruction as to what radio channel to monitor and what time they are expected to be on scene. The vehicle home station will be set to SPEV and the vehicle type will be changed to sATU, sPTU etc. This will remove the crew from being used in the Optima selection process.

## Administrative details

The Admin Senior is responsible for creating incidents in InformCAD for crew member to attend court, attend meetings at various locations (grievances, health and safety, discipline etc.). These are usually known in advance and can be completed for the incoming shift (days for night and nights for days). There will be instances where notice of a meeting is sent late and the Admin Senior will have to create a form on the fly.

## Taxi Calls

When a crew requires a taxi for movement to make a full crew, relieve a crew at hospital or to pick up a vehicle the cab details shall be entered into the One Desk Application. Taxis should be used sparingly and all crews should be offered the choice of taking the own personal vehicle when switching stations for the shift. If a crew member takes their own vehicle to a different station advise Scheduling so they can change the station in TS and allow the employee to swipe off at end of shift.



## **Tow truck and Tire repair calls**

When a vehicle needs a tow truck or tire repaired the Admin Senior or designate will call for the service and record the date and time in the appropriate log, located at the Admin Senior EMD position.

## **Road Closures and Special Event information**

The Admin Senior shall print out and/or duplicate any road closure or special event information that is likely to have an impact on the QEMD and distribute the maps and operational plans to the quadrant desk(s) affected by the closure or event. This information is needed to ensure smooth movement of crews and timely responses to any emergency or non-emergency calls in the affected area.

## **Duplicating Rosters (Night Shift)**

The night shift Admin Senior shall duplicate the shifts needed for the following day. These will be the District Superintendents, Marine and Island Medic, HQER, Equipment vehicles, community medicine paramedics and Clinical Superintendents.

*See the Roster System Section 4.2 for instruction on duplicating shifts.*

## **Monitoring lunches (Night Shift, as needed)**

During the night shift, when the minimum Senior EMD count is at two, the Admin Senior is responsible for monitoring crew lunches and arranging the doubling up of crews as needed to achieve meal breaks.

## Rundown to relieving Admin Senior

The Admin Senior will exchange information pertinent to the incoming shift with the Admin Senior relieving them at shift change (0600 and 1800). This information should contain, but not be limited to:

- Staffing (numbers, special unit staffing - CBRNE, CCTU, ETF, ESU)
- Any Single C shift medics. Any pairing of C shift medics across quadrant and shift start times should be noted
- Any crew issues with the upcoming shift such as:
  - New medics paired together
  - Start of shift lieu time granted
  - Overbooked stations resulting in a crew with no vehicle at start of shift
- Any special event or pending administrative details
- Any ongoing incidents or noteworthy happenings during the shift



## Roles and Responsibilities

Section 2.1a  
Administrative Senior –  
Quadrant Rundown  
Sheets

# Toronto CACC Senior EMD Dispatch Manual

# Quadrant Rundown Sheets

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The quadrant rundown sheets are an Excel file with worksheets that can be filled out to show which crews have booked on at which stations. The sheets are broken down by quadrant and have a sheet for days and for nights.

The sheet will show how many vehicles, the vehicle number the crew will be using and the crew configuration for the shift (ATU, PTU or Single). There are separate areas for Day and C shift crews.

The quadrant rundown sheet should show the following information:

- Full crews booking on at a station (A for ATU, P for PTU) and the vehicle number they will be using
- Single medics booking on at a station (L1, L2 or L3)
- The District Superintendents working that day with EMS numbers and shift times
- Notations showing any movement or notes for circumstance not easily shown in the station area

The sheets need to be consistent across colour codes and Senior EMDs. The process for filling out the sheets has been left up to the individual in the past, but now a common instruction will be in place.

## Opening the sheets



A copy of the sheets will be placed in the G: Drive Senior EMD resource folder for access from any computer.

## Vehicle Count

On the first worksheet is a cell for entering the vehicle count by the specified times. Round this number down to the nearest integral of 5 (83 becomes 80, 94 becomes 90 etc.). This is done to cover any book offs or errors in the sheets and allows some discretion in the deployment of crews.

Today's Car Count @ 1400	95	<- put the projected Day count at 1400 Hrs here and then the Quadrant sheets will update automatically. <b>SHOULD NOT BE HIGHER THAN 95 AS NUMBERS START BEING TOO HIGH FOR STATIONS SUCH AS 40 ETC.</b>
Today's Car Count @ 0200	55	<- put the projected night count at 0200 Hrs here and then the Quadrant sheets will update automatically. <b>SHOULD BE WHATEVER THE NUMBER OF UNITS AVAILABLE IS -5</b>

## Quadrant Sheet

The Station numbers are listed across the top of the page, with the number of vehicles stationed in each shown above. These are shown as atu and ptu.

### North West

DAY SHIFT  
Wed, October 14, 2020

By 14:00	2	3	2	1	4	4	4	2	2			
Stn Units	2A 2P	4P	2A	4P	5P	1A 1P	1A 3P	1A 3P	CC10 TRAINING	BOOK ON / OFF	CCBRNE	
07:00	01	11	12	13	14	15	17P	18	19	51	53	54
8:00	01	11	12	13	14	15	17P	18	19	51	53	54
11:00	01	11	12	13	14	15	17P	18	19	51	53	54
14:00	01	11	12	13	14	15	17P	18	19	51	53	54

DISTRICT 1 SUPERVISORS		416-392-3000
D1A		1,1
D1G		1,3
D1C		1,2
D1H		1,4
DISTRICT 5 SUPERVISORS		416-392-3000
D5A		5,1
D5C		5,2
PT SUPERVISORS		416-392-3000
PT1 (W)		6,2
PT2 (E)		6,1

Notes: **S3 MUST BE COVERED DESPITE BOOK ON / OFFs HAPPENING ELSEWHERE.**

The **Need** line is the number of vehicles that must be assigned to each station by 1400/0200 based on the formula included in the spreadsheet (not adjusted by One Desk).

By 14:00		2	3	2	1	4		4	4		2	2	
+/-													
Stn Units	0600	2A 8P 0700	4P	2A	4P	5P	1A 1P		1A 3P	1A 3P	CCTU TRAINING	BOOK ON @ 01S	2CBRNE
07:00		01	11	12	13	14	15	17P	18	19	51	53	54

The +/- area is a workspace for the Admin Senior to plan movements for deployment.

**Crew Notations**

- A                    ATU
- P                    PTU
- L1                   Level 1 single
- L2                   Level 2 single
- L3                   Level 3 single
- A (3/1)            ATU with a split Level 3 and Level 1 crew
- P (53/56)        PTU with crew members from 53 and 56.
  - The vehicle is from the station listed first, so in this case 53

**Showing a crew at a station other than the original book on point:**

<b>15</b>
<i>P from 55</i>
<b>974</b>

The notation "P from 55" in the upper cell shows that this PTU crew was sent from 55 Station to 15 Station for the entirety of their shift.

**Showing crews that booked on at a station and were sent to another:**

<b>55</b>
<i>974 to 15</i>
<i>843 to 58</i>

The notation "974 to 15" in the upper cell shows that this crew was sent to 15 Station from 55 Station for the entirety of their shift. Unit 843 was sent to 58 Station for the shift.

Showing a split crew:

<b>53</b>
<i>P (53/56)</i>
<b>941</b>

The notation "P (53/56)" in the upper cell shows that this crew is comprised of one medic from 53 and one from 56. The vehicle is from the station listed first, in this case 53.

<b>12</b>
<i>A 3/1</i>

The notation "A 3/1" indicates the crew is and ATU with a Level 3 medic and a Level 1 medic. Useful for the QEMD when dispatching STEMI and Cardiac Arrest calls.

Showing a split crew where neither crew member started the shift at that station:

<b>18</b>
<i>P (11/13)*</i>
<b>908</b>

The notation "P (11/13)\*" in the upper cell shows that this crew this crew is comprised of one medic from 11 and one from 13. The asterisk indicates there is a note attached to this crew. In this case the single medic from 11 picked up the single at 13 and the crew was posted to 18 for the shift.

**Notes:** \* - 1808 -- Single L1 from 11 with 908 via 13 to pick up partner .. 908 to 11 by 2300

Superintendents

Show the EMS #, DOS Name and the hours of work if not Day/Night hours.

<b>DISTRICT 1 SUPERVISORS</b>			<b>416-392-3000</b>
D1A	138 Sam, Kevin	0600-1800	1,1
D1G	182 Piluso, Frank	0600-1800	1,3
D1C			1,2
D1H			1,4
<b>DISTRICT 5 SUPERVISORS</b>			<b>416-392-3000</b>
D5A	15 Galvan, Fred	1000-2200	5,1
D5C			5,2
<b>PT SUPERVISORS</b>			<b>416-392-3000</b>
PT1 (W)	43 Bastani, Caitlin	0600-1800	6,2
PT2 (E)			6,1



**Date:** Sat, Feb 26, 2022

Expected car count as of 14:00 : 95 Must be  $\leq 95$  or the "needed per station" gets to

Expected car count as of 02:00 : 55 Should be the actual number -5. No idea why t

oo big to be physically accommodated at most stations

his is required to make the formulae work. Call it a Dave-Lyons-ism.



# North East

**DAY SHIFT**  
Sat, February 26, 2022

By 14:00	3	2	2	2	1	3	2	2	2	3	
+/-											
Stn Units	4P	1A 1P	3P	2A 4P	2A 1P	2P	3P	1A	2P	4A	2ETF
07:00	20	23	24	25	26	27	28	29	56	57	58
											CCTU
											CCTU
9:00	20	23	24	25	26	27	28	29	56	57	58
11:00	20	23	24	25	26	27	28	29	56	57	58
14:00	20	23	24	25	26	27	28	29	56	57	58

<b>DISTRICT 2 SUPERVISORS</b>		416-392-3000
D2A		2,1
D2G		2,3
D2C		2,2
D2H		2,4
<b>DISTRICT 5 SUPERVISORS</b>		416-392-3000
D5A		5,1
D5C		5,2
<b>PT SUPERVISORS</b>		416-392-3000
PT1 (W)		6,2
PT2 (E)		6,1

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# South West

DAY SHIFT  
Sat, February 26, 2022

By 14:00	4	2	2	2	3	1		4	2	2	1
+ / -											
Stn Units	6P	1A	2P	1A 2P	2P	2P		2A 2P	1A 6P	2P	1P
07:00	30	31	32	33	34	35	36	37	38	39	59
							TFS BOAT 600				ISLAND 500
9:00	30	31	32	33	34	35	36	37	38	39	59
11:00	30	31	32	33	34	35	36	37	38	39	59
							TFS BOAT 2 DOAT2				
14:00	30	31	32	33	34	35	36	37	38	39	59

<b>DISTRICT 3 SUPERVISORS</b>		416-392-3000
D3A		3,1
D3G		3,3
D3C		3,2
D3H		3,4
<b>DISTRICT 5 SUPERVISORS</b>		416-392-3000
D5A		5,1
D5C		5,2
<b>PT SUPERVISORS</b>		416-392-3000
PT1 (W)		6,2
PT2 (E)		6,1

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# South East

**DAY SHIFT**  
Sat, February 26, 2022

By 14:00	3	2	7	2	1	2	3	3	2
+ / -									
Stn Units	1A 3P	4P	3A 3P 0600   0700	2P	3P	2P	2A 2P 0600   0700	1A 1P	2P
07:00	21	22	40	41	42	43	45	46	47
9:00	21	22	40	41	42	43	45	46	47
11:00	21	22	40	41	42	43	45	46	47
14:00	21	22	40	41	42	43	45	46	47

<b>DISTRICT 4 SUPERVISORS</b>		<b>416-392-3000</b>
D4A		4,1
D4G		4,3
D4C		4,2
D4H		4,4
<b>DISTRICT 5 SUPERVISORS</b>		<b>416-392-3000</b>
D5A		5,1
D5C		5,2
<b>PT SUPERVISORS</b>		<b>416-392-3000</b>
PT1 (W)		6,2
PT2 (E)		6,1

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



ARUs

	Div	VIN	ARU	Medic	Post	Stn	Shift
Fill 1st	SE				Danforth & Greenwood 4A90		
	NE				Don Mills & Lawrence 2A24		
	SW				Islington & Norseman 3A9		
	NE				Markham & Sheppard 2P2		
	NW				Weston & 401 1A30		
Fill 2nd	NW				Bathurst & Lawrence 1P4		
	SW				Dufferin & St Clair CD23		
	SW				Keele & Bloor 3P3		
	NW				Keele & Wilson 1P10		
	SE				Kennedy & Eglinton 4P8		
	NE				Warden & St Clair 2P15		

PRUs

	Div	VIN	PRU	Medic	Post	Stn	Shift
1st	SW				Bathurst & Queen 3P5		
	SE				Yonge & Wellesley 4A40		
2nd	SE				Sherbourne & Bloor 4P10		
	SW				Spadina & Bloor 3P9		
	NW				Yonge & Eglinton 1A3		

TRUs

	Div	VIN	TRU	Medic	Post	Stn	Shift
C-Shift	NE				Kennedy & 401 2A29	58	
	NW				Keele & Sheppard 1A32	58	

TTC

	Div	VIN	TTC	Medic	Post	Stn	Shift
AM	SE				Bloor		
	NW				Eglinton		
	SE				St Patrick		
PM	SE				Bloor		

Preceptors

	Div	VIN	PR	Medics	Stn	Shift
Preceptors						

	1	11	12	13	14	15	17P	18	19
1	many	PTU	ATU	PTU	PTU	ATU	PTU	ATU	ATU
2	many	PTU	ATU	PTU	PTU	PTU	PTU	PTU	PTU
3	some	PTU		PTU	PTU		PTU	PTU	PTU
4		PTU		PTU	PTU		PTU	PTU	PTU
5					PTU				
6									

	23	24	25	26	27	28	29	56	57
1	ATU	PTU	ATU	ATU	PTU	PTU	PTU	PTU	ATU
2	PTU	PTU	ATU	ATU	PTU	PTU	ARU	PTU	ATU
3		PTU	PTU	PTU		PTU			ATU
4			PTU						ATU
5			PTU						
6			PTU						

	30	31	32	33	34	35	37	38	39
1	PTU	ATU	PTU	ATU	PTU	PTU	ATU	ATU	PTU
2	PTU	ARU	PTU	PTU	PTU	PTU	ATU	ATU	PTU
3	PTU	ARU		PTU			PTU	PTU	
4	PTU						PTU	PTU	
5	PTU							PTU	
6	PTU							PTU	

	21	22	40	41	42	43	45	46	47
1	ATU	PTU	ATU	PTU	PTU	PTU	ATU	ATU	PTU
2	PTU	PTU	ATU	PTU	PTU	PTU	ATU	PTU	PTU
3	PTU	PTU	ATU	ARU	PTU		PTU		
4	PTU	PTU	PTU	ARU			PTU		
5			PTU						
6			PTU						

	51	52
1	ESU	PTU
2	ESU	PTU
3	ESU	PTU
4	ESU	PTU
5		
6		
7		
8		

ALS bags

11

13

30

ATU can be used as PTU

PTU can not be used as ATU

<b>53</b>	<b>54</b>
PTU	CBRNE
PTU	CBRNE
	ARU
	ARU
	ARU
	ARU

<b>58</b>	<b>26P</b>	<b>20</b>
ETF	ARU	PTU
ETF		PTU
CCTU		PTU
CCTU		PTU

<b>59</b>
PTU



### Activity by Station Area - Sorted by Unit Hour Consumption

Full Week 24/7

Area	Tsp UH	%T uH
40 Station	25,466	7.5%
15 Station	14,755	4.3%
10 Station	14,689	4.3%
37/35 Stns*	13,158	3.9%
30/19 Stns	13,059	3.8%
18 Station	12,631	3.7%
23 Station	12,425	3.6%
21 Station	12,405	3.6%
45 Station	12,317	3.6%
12 Station	11,283	3.3%
58 Station	11,276	3.3%
46 Station	11,073	3.2%
34 Station	10,432	3.1%
28 Station	9,185	2.7%
31 Station	8,874	2.6%
24 Station	8,278	2.4%
41 Station	8,270	2.4%
11 Station	8,247	2.4%
13 Station	8,239	2.4%
47 Station	8,167	2.4%
39 Station	8,001	2.3%
33 Station	7,621	2.2%
54 Station	7,453	2.2%
38 Station	7,341	2.2%
29 Station	7,277	2.1%
43 Station	7,170	2.1%
32 Station	7,119	2.1%
57 Station	6,894	2.0%
22 Station	6,611	1.9%
26 Station	6,525	1.9%
56 Station	6,491	1.9%
25 Station	5,854	1.7%

Area	Tsp UH
1 40 Station	25,466
2 15 Station	14,755
3 10 Station	14,689
4 37/35 Stns*	13,158
5 30/19 Stns	13,059
6 18 Station	12,631
7 23 Station	12,425
8 21 Station	12,405
9 45 Station	12,317
10 12 Station	11,283
11 58 Station	11,276
12 46 Station	11,073
13 34 Station	10,432
14 28 Station	9,185
15 31 Station	8,874
16 24 Station	8,278
17 41 Station	8,270
18 11 Station	8,247
19 13 Station	8,239
20 47 Station	8,167
21 39 Station	8,001
22 33 Station	7,621
23 54 Station	7,453
24 38 Station	7,341
25 29 Station	7,277
26 43 Station	7,170
27 32 Station	7,119
28 57 Station	6,894
29 22 Station	6,611
30 26 Station	6,525
31 56 Station	6,491
32 25 Station	5,854

16 Station	5,591	1.6%
36 Station	5,203	1.5%
42 Station	4,446	1.3%
14 Station	4,242	1.2%
27 Station	3,296	1.0%
TOTAL	341,363	100.0%

33	16 Station	5,591
34	36 Station	5,203
35	42 Station	4,446
36	14 Station	4,242
37	27 Station	3,296
	TOTAL	341,363



	Tier 1		Tier 2			Tier 1
NW	<b>19</b>	11	12	13	14	<b>15</b>
	4.30%	2.42%	3.31%	2.41%	1.24%	4.32%

	Tier 1		Tier 1			
NE	<b>21</b>	22	<b>23</b>	24	25	26
	3.63%	1.94%	3.64%	2.43%	1.71%	1.91%

%T uH

		Tier 1		Tier 1		
SW	<b>30</b>	31	32	33	34	35
	3.83%	2.60%	2.09%	2.23%	3.06%	1.52%

to 36

	Tier 1				Tier 2	Tier 2
SE	<b>40</b>	41	42	43	45	46
	7.46%	2.42%	1.30%	2.10%	3.61%	3.24%

100.00%

	Tier 1					
16/53	18	54	55	Hub		
1.64%	3.70%	2.18%				

*shipout*

	Tier 2				Tier 2	
27	28	29	56	57	58	Hub
0.97%	2.69%	2.13%	1.90%	2.02%	3.30%	

	Tier 2					
36	37	38	39	59	Hub	
	3.85%	2.15%	2.34%			

*island*

47	O4	Hub				
2.39%						

*3rd for 46*



# North West

DAY SHIFT  
Sat, February 26, 2022

By 14:00		2	3	2	1	4		4	4		2	2	
Stn Units	0600	2A 8P 0700	4P	2A	4P	5P	1A 1P		1A 3P	1A 3P	CCTU TRAINING	BOOK ON @ 01S	2CBRNE
07:00	01	11	12	13	14	15	17P	18	19	51	53	54	
	P	A	P	A	P	P	A 3/1		A	A			A
	L1	P	P	P	L1	P	P		P	P			A
						P							
						P							
9:00	01	11	12	13	14	15	17P	18	19	51	53	54	
		P to 11	P fr 01		P	P to 15	P fr 14						
11:00	01	11	12	13	14	15	17P	18	19	51	53	54	
			L1 to 18			L1 to 18		P (11/13)					
14:00	01	11	12	13	14	15	17P	18	19	51	53	54	
				P									

<b>DISTRICT 1 SUPERVISORS</b>		416-392-3000
D1A		1,1
D1G		1,3
D1C		1,2
D1H		1,4
<b>DISTRICT 5 SUPERVISORS</b>		416-392-3000
D5A		5,1
D5C		5,2
<b>PT SUPERVISORS</b>		416-392-3000
PT1 (W)		6,2
PT2 (E)		6,1

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# North West

**DAY SHIFT**  
Fri, October 16, 2020

By 14:00	2	3	2	1	4	4	4	2	2			
+ / -												
Stn Units	0600	2A 8P 0700	4P	2A	4P	5P	1A 1P	1A 3P	1A 3P	CCTU TRAINING	BOOK ON @ 01S	2CBRNE
07:00	01	11	12	13	14	15	17P	18	19	51	53	54
	P	A	P	A	P	P	A 3/1	A	A			A
	L1	P	P	P	L1	P	P	P	P			A
						P						
						P						
9:00	01	11	12	13	14	15	17P	18	19	51	53	54
		P to 11	P fr 01		P	P to 15	P fr 14					
11:00	01	11	12	13	14	15	17P	18	19	51	53	54
			L1 to 18			L1 to 18		P (11/13)				
14:00	01	11	12	13	14	15	17P	18	19	51	53	54
				P								

<b>DISTRICT 1 SUPERVISORS</b>		416-392-3000
D1A		1,1
D1G		1,3
D1C		1,2
D1H		1,4
<b>DISTRICT 5 SUPERVISORS</b>		416-392-3000
D5A		5,1
D5C		5,2
<b>PT SUPERVISORS</b>		416-392-3000
PT1 (W)		6,2
PT2 (E)		6,1

Notes: **53 MUST BE COVERED DESPITE BOOK ON / OFFs HAPPENING ELSEWHERE.**

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# North West

DAY SHIFT  
Fri, October 16, 2020

By 14:00	2	3	2	1	4	4	4	2	2			
+/-												
Stn Units	0600	2A 8P 0700	4P	2A	4P	5P	1A 1P	1A 3P	1A 3P	CCTU TRAINING	BOOK ON @ 019	2CBRNE
07:00	01	11	12	13	14	15	17P	18	19	51	53	54
	P	A	P	A	P	P	A 3/1	A	A			A
	L1	P	P	P	L1	P	P	P	P			A
					P							
					P							
9:00	01	11	12	13	14	15	17P	18	19	51	53	54
	P to 11	P fr 01		P	P to 15	P fr 14						
11:00	01	11	12	13	14	15	17P	18				
		L1 to 18			L1 to 18			P (11/13)				
14:00	01	11	12	13	14	15	17P	18				
				P								

When a crew is sent to cover another station make sure to enter the crew number in the station area where they are working. Also record where the crew booked on.

When a crew is a L3 with an L1 mark it after the A

When a crew is sent to another station record the vehicle number and where the crew was sent

When a complicated movement has happened, explain it in the notes area.

When a crew is split show both stations that crew member booked on at, with the station where the vehicle belongs listed first

# North West

DAY SHIFT  
Fri, October 16, 2020

By 14:00	2	3	2	1	4	4	4	2	2			
Stn Units	0600	0700	4P	2A	4P	5P	1A 1P	1A 3P	1A 3P	CCTU TRAINING	BOOK ON @ 018	2CBRNE
07:00	01	11	12	13	14	15	17P	18	19	51	53	54
	P	A	P	A	P	P	A 3/1	A	A			A
	L1	P	P	P	L1	P	P	P	P			A
					P	P						
					P							
9:00	01	11	12	13	14	15	17P	18	19	51	53	54
	P to 11	P fr 01		P	P to 15	P fr 14						
	<b>843</b>	<b>843</b>										
11:00	01	11	12	13	14	15	17P	18	19	51	53	54
		L1 to 18			L1 to 18			P (11/13)				
								<b>908</b>				
14:00				13	14	15	17P	18				
				P								

When a crew is sent to cover another station make sure to enter the crew number in the station area where they are working. Also record where the crew booked on.

When a crew is a L3 with an L1 mark it after the A

When a complicated movement has happened, explain it in the notes area.

When a crew is split show both stations that crew member booked on at, with the station where the vehicle belongs listed first

Notes: 1808 - Single L1 from 11 q2ith 908 via 13 to pick up partner ... 908 to 11 by 2300



# Roles and Responsibilities

Section 2.2  
Pit Senior

## Toronto CACC Senior EMD Dispatch Manual

## Pit Senior Duties

---

The Pit Senior EMD position is an oversight position for the Quadrant EMDs in CACC. The Pit Senior co-ordinates coverage citywide; monitors priority call assignments; books off crews at the end of shift; updates and notifies Allied Agencies, the SCS and the DC of serious and noteworthy calls, and generally assists the QEMDs in the daily tasks of dispatching for Toronto CACC.

### Booking off crews and End of shift overtime

The Pit Senior is responsible for monitoring crews in hospital to minimize the amount of overtime a crew works at the end of shifts. Arranging for relief crews with the QEMD and/or having a District Superintendent attend the hospital to arrange for the offloading of a patient are a couple of ways to mitigate EOS overtime. The Clearing Coordinator is also tasked with this job and the Pit Senior should be working closely with them to ensure a crew can be cleared or relieved.

The Pit Senior is responsible for recording the book off times on the time sheets when a crew is unable to swipe off. A crew past 80 minutes the end of their shift will be instructed to call One Desk for book off.

*Background: This was instituted to properly record extra lunches (a crew over 90 minutes past the end of their shift is entitled to an extra lunch). When a medic books off with One Desk the current time is recorded. Medics are entitled to a 10 minute wash up period at the end of their shift; an extra 10 minutes is granted to an ALS crew that has no relief. It is expected that when they book off with One Desk this wash up time will have been taken, or they are not using it.*

When a crew phones One Desk to book off they will be transferred to the Pit Senior who will record the book off time on the time sheets in a red pen to indicate overtime. The crew will indicate whether they want lieu time or cash for the overtime accrued. A \$ can be recorded after the time to indicate cash and a T to indicate lieu time. The use of LT as a short form in TS is for *Lieu Taken* and should not be used for showing lieu accrued.

If a crew is past the time threshold for an extra lunch (90 minutes) it will have to be entered in the One Desk Application. This can be recorded as either time (lieu), or cash, whichever is the medic's preference. Note that the 10 minute wash up time cannot put a medic into a second lunch occurrence. If the paramedic is back to station before 90 minutes after the end of shift then they are not eligible for the extra lunch. If the crew advises they have paperwork or cleanup that will put them past 90 minutes they will need to get authorization from the Deputy Commander to stay for this time and be eligible for the extra meal break.

## Monitoring Priority Call Assignments

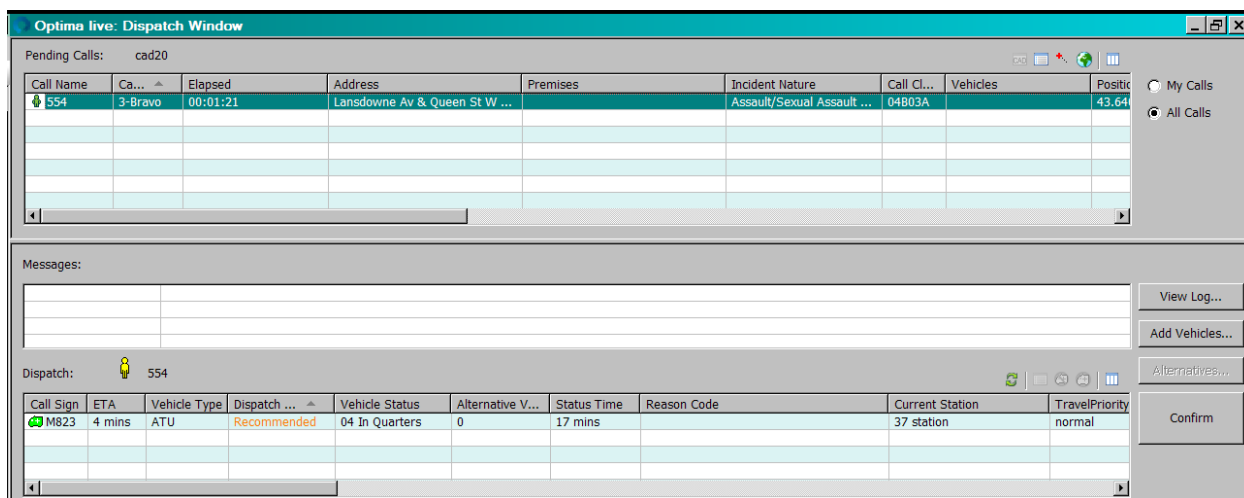
The Pit Senior is responsible for ensuring High Priority calls (Echo, Delta and Charlie level responses) are dispatched in a timely manner and that the most appropriate ambulance has been assigned to the call.

The Pit Senior will verify appropriate unit selection with the assistance of InformCAD and Optima Dispatch. Using the map in InformCAD will show the closest available unit. Once a unit has been assigned to the call, check to see if there are any closer, more appropriate units. There will be times when an ATU crew can arrive on scene within established time frames and even though a PTU crew may be closer it is appropriate to allow the ATU crew to continue alone to the call.

Optima Dispatch has built in logic that encompasses the Divisions dispatch requirements for all type of calls, and will recommend the units based on these policies. Optima reads the unit type (ATU, PTU, ARU, DOS etc.) when recommending assignments to emergency calls. If a unit that should be attending a call is not recommended it is usually a case where InformCAD is showing the wrong crew formation and will need to be fixed in the vehicle manager.

The process for using Optima Dispatch is as follows:

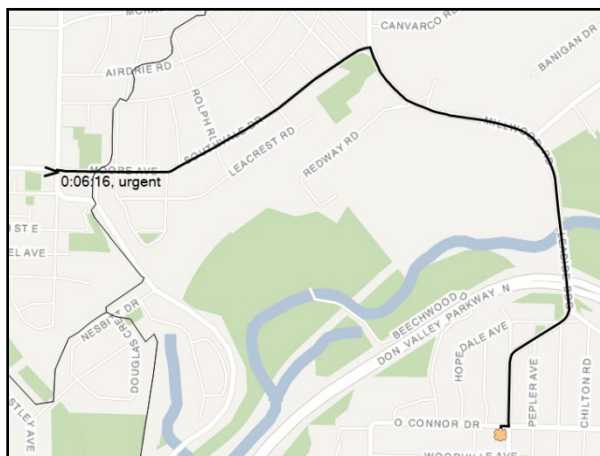
- 1) When a new Priority call is presented in Optima Dispatch the Pit Senior will highlight the call and review the "Add Vehicles to Dispatch" window to ascertain the closest units to the call.



- 2) Monitor the assignment ensuring Quadrant EMD has assigned the recommended vehicle as expected.

- 3) If the vehicle recommended to the Pit Senior was not the unit assigned then investigate to determine why the assigned unit was chosen. This can be achieved as follows:
  - Look in the Vehicle Status Queue (VSQ) to determine if the unit in question was assigned to a higher priority call
  - Look in the Vehicle Status Queue (VSQ) to see if an out of service reason has been assigned to that unit
  - Look in the Active Incident Queue (AIQ) to determine which unit was assigned to the call, locate it on the Optima Map and determine if it is a closer/more appropriate unit. This may be the case if the EMD was aware of a potentially available unit showing in a status that would have excluded it from the recommendation by Optima.
  
- 4) If the vehicle assigned does not appear to be the closest/most appropriate for the call the Pit Senior will contact the Quadrant EMD to determine if they are aware of the other unit being more appropriate; and, if they had considered the other unit.
  
- 5) Recommend to the Quadrant EMD that they should consider reassigning the call to the more appropriate unit unless aware of any situation that would prevent them from doing so. This may require the Pit Senior to direct the EMD to reassign the call (i.e. in extenuating circumstances when the unit currently assigned is clearly **not** the closest/most appropriate unit). Any disagreement should be directed to the shift Superintendent for follow up. It is **not** an expectation that the Senior EMD be responsible for managing or addressing EMD actions.

## 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.

## Monitoring City wide coverage

The Pit Senior is responsible for monitoring the coverage of Priority Posts city wide and facilitating the discussion and assignment of crews by the QEMDs to achieve this coverage. It is expected that the priority post stations will be covered and that the QEMDs will request coverage from their peers when it is required.

The goal is to have balanced coverage citywide and not have any one quadrant with a significantly greater number of available resources than any other. The Fleet monitor can give a quick approximation of the coverage balance. This program reads the number of available ambulances assigned to posts within each quadrant, regardless of the vehicles home station (i.e. a 40 station unit assigned to 33 will show in the SW count on the fleet monitor).

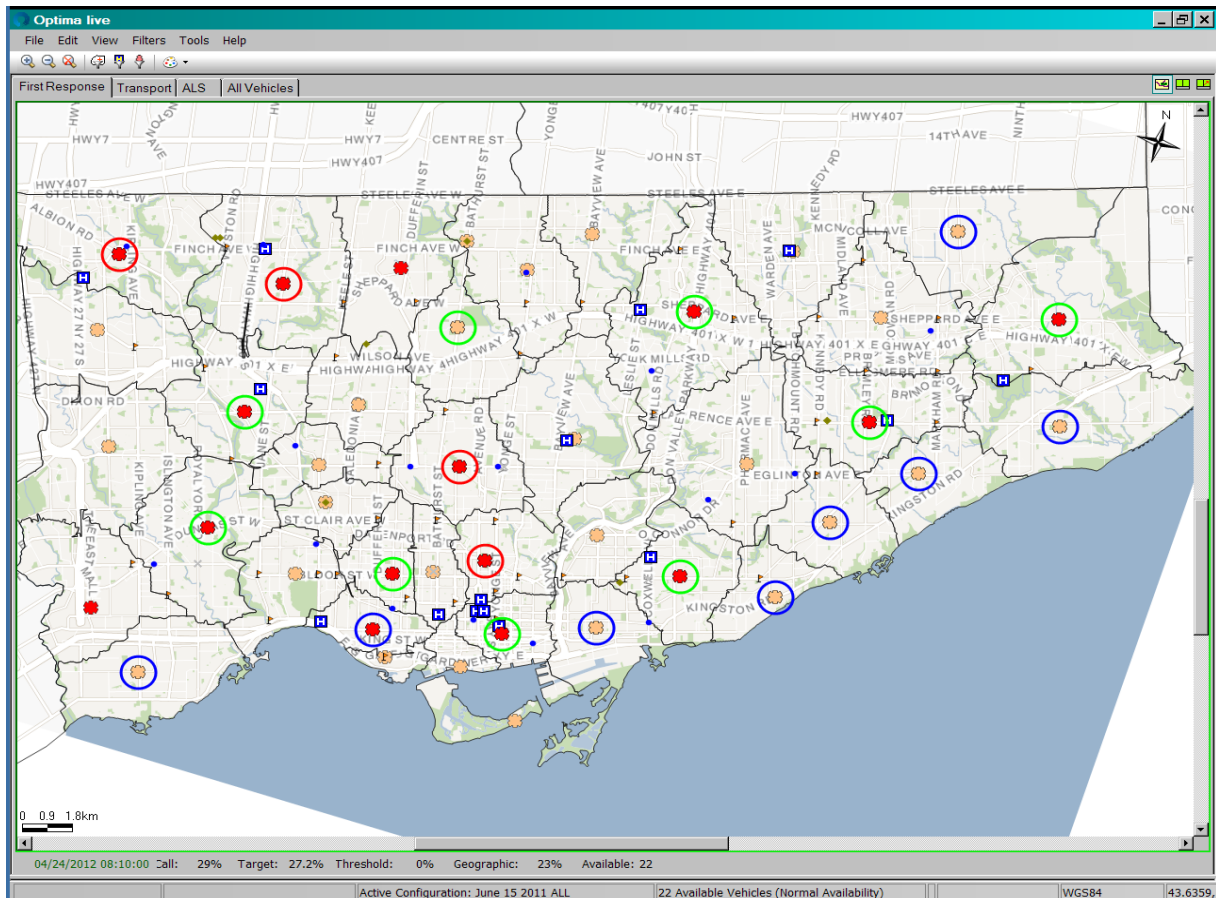
The process of covering an area is completed by assigning a crew to a priority post. These crews can be sent from an adjacent quadrant; or a crew that is in PTOC status in a hospital; or finishing up an out of service detail.




- Crews that are on scene and will be cancelling from a call soon are not to be considered coverage as the time frame for crew availability is unknown. These cancellations can take anywhere from 2 minutes to 30 or more minutes, depending on the situation.
- When coverage is needed in an area within a few minutes of a C shift starting time (0900 for example) the Senior EMD should check TS Viewer to see where crews will be booking on and whether they will be full crews at the time of book on (lieu time, late etc.). While it can never be assumed a full crew will be booking on, and on time, it is a reasonable expectation that coverage will soon be available in the area, if not already available.
- In situations where a post is showing covered by a crew returning to station from a distance, there may be a need to have another unit sent to cover that post until the returning unit is closer to the station area. The main factor to take into consideration is the length of time the crew will be in returning vs the time needed for another crew to cover that area.



## The Optima Map for Citywide Coverage

The Optima map can assist the Senior EMD in determining where to send units for coverage. Priority Station coverage is defined by the circles described below. When the number of available units falls below a set number the circles will not show; unless an available unit is sent to a non priority post station, then the red circles will appear until that unit is sent to a priority post. Additional location and map settings can show destination arrows that will show which crew is responding to cover the priority post.



-  **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)

## Monitoring of radio channels

During the course of a shift the PIT Senior is required to monitor radio channels used by ESU, DOSs, modified and operational crews switching to channels from their base quadrant channel. These radio channels are:

- A5 – Supervisor
- A6 – PCTU
- B6 – TTC Channel 1
- B7 – TTC Channel 2
- B8 – Tactical
- B9 – Staging

There will be busy times when the coordinators are taking emergency calls, or otherwise too busy to answer their radio channels. In these instances the Pit Senior should monitor the clearing and destination radio channels as well. If able, designate and clear crews, if also busy then advise the crews to switch to their quadrant channels for a destination or to clear. The volume of the radio channels must be at a level that allows the Senior EMD to respond to any requests on those channels.

The following users will be found on the radio channels listed:

- A5 – ESU, DOS, ACTS
- A6 – Community Medicine and modified medics
- B6 – Crews responding to subway calls
- B7 – Crews responding to subway calls
- B8 – CBRNE and ETF crews when responding to CBRNE and ETF calls, CCTU always
- B9 – Crews staged and the DOS responding to the staging incident

## Dispatching and Monitoring ESU crews

Optima will recommend the ESU crews to respond to calls that require their attendance. Occasionally Optima will select the C shift crews that are second up for the call. In this case the Pit Senior will assign the proper responding units and remove the ESU not responding.

In all cases where the ESUs are responding with a quadrant vehicle they will be instructed to change to that quadrant radio channel. The exceptions to this will be when the call is an Airport Standby or when the support units are responding to a call on their own, without a quadrant unit responding (Fires, Hazmat or Carbon Monoxide calls). In these cases the ESU crews will remain on channel A5 until instructed otherwise.

## Dispatching and Monitoring ACTS teams (dedicated Acute Care Transport Service)

HSC has partnered with the Ministry of Health to provide dedicated service to HSC's Neonatal Intensive Care Unit (NICU) with 2 PCP units staffed 24 hours per day, 7 days a week.

The PIT Senior will be primarily responsible for dispatching the ACTS team. ACTS Shift start times will be 0600/0700 and 1800/1900. Dedicated crew members will book on at HSC using the Kronos time clock. The ACTS units will use radio call signs "ACTS 1" and "ACTS 2", resource type ACTU, Home Station ACTS. 41 station C-shift paramedics have been trained as ACTS team members and can be used if a 3<sup>rd</sup> Team and Equipment has been booked or to prevent lengthy end of shift overtime. A Spare ACTS vehicle is located at 09 station.

The dedicated vehicles will be located at the Emergency Department entrance of HSC. Crews can be reached in the crew room at HSC, pager or via cell phone (ACTS #1 416-684-1447 & ACTS 2 416-684-9887). ACTS team paramedics are expected to monitor their portable radios on Channel A5 at all times while outside HSC. These cell phones have location services enabled and can be used to update their status when out of town (in case of urgent/emergent circumstances crews are to follow their usual procedures).

If a 3<sup>rd</sup> Team and Equipment transfer is booked and/or to avoid lengthy end of shift overtime the following options should be used:

- 1) 41 station C-shift to 09 station to pick-up spare ACTS ambulance if available
- 2) 41 station C-shift directly to HSC to complete transfer with 41 station ambulance
- 3) Gen pop car to 09 station to pick up spare ACTS vehicle
- 4) Gen pop car directly to HSC

**\*\*\*All OPS vehicles have upgraded inverters and can complete these transfer if necessary**

Managing ACTS Vehicle statuses:

- 1) ACTS crew will press/report 10-8 (Responding) when they depart HSC
- 2) ACTS crew will press/report 10-7 (At Scene) on arrival at the pick-up location
- 3) ACTS crew will wait with the Team at the pick-up location regardless of time frame
- 4) ACTS crew will press/report 10-9 (Depart Scene) when returning with the patient to HSC
- 5) ACTS crew will press/report 10-7 (At Destination) when they arrive at HSC

Both legs of the transfer must be on the same call-taking form. When ACTS crews are travelling out of town they have been reminded to use Provincial Common to contact neighbouring CACCs.

ACTS team members are expected to remain at HSC at all time while not assigned to a call or servicing an administrative detail. ACTS units are dedicated to HSC and are not equipped for

transport in the same manner as community units. If the ACTS crews comes across a call during their team-related duties, they may be able to act in a first response capacity but will require transports from the community.

If the crew is "In Quarters" at ACTS/HSC during their meal break window they will placed on lunch by the 'Auto-MB' process in CAD.

**For further detail refer to 2019-12-27\_[REVISED] ACTS Dedicated Transport Unit Trial - Dispatch Procedures Memo**

## Scene Safety Assessment (SSA)

Scene Safety Assessments (SSA) are done by the crew when there is suspicion of compromised paramedic safety on scene. SSAs should take no longer than 5 minutes.

When the crew determines that they are going to perform an SSA, they will notify the QEMD who will mark the /SSA into the Comments/Notes of the incident and notify the closest, available DOS. The crew will be in 'At Scene' status during the SSA. All communications regarding the SSA will be performed on B9 between the assigned DOS, the crew and the Pit Senior.

Three outcomes are possible from the SSA:

1. Crew and DOS agree to scene safety risk → crew switches to 'staged' status and fills out staging documentation
2. Crew and DOS disagree to scene safety risk → crew switches to 'staged' status and fills out staging documentation
3. Crew and DOS agree to NO scene safety risk → DOS liaises with the Deputy Commander who gives final authorization to enter the scene; no staging paperwork is required by the crew

## Staging Calls

Staging calls are when a crew decides to delay service to an emergency call. Reasons for this are they believe the situation to be volatile and could lead to violence, thereby endangering the crew, or those calls where the police radio room have advised us they have information about the possibility for violence and that they advise the crew stage and wait for police to arrive on scene before attempting to make contact the patient. The decision to stage is made by the crew attending the scene and can be influenced by call information or information the crew becomes aware of after arriving at the scene. Some seemingly benign situations can turn out to be completely different when a crew arrives on scene and the questioning of the crew is not to

be done by the Senior EMD. Any issues the Pit Senior may have with a crew decision should be brought to the attention of the DC and/or DOS involved.

Staging calls are serious issues that require the full attention of the Pit Senior. Any delay in responding to an emergency call due to the crew staging opens Toronto Paramedic Services to serious repercussions if the delay results in significant injury or health issues to a patient.

When a crew decides to stage at the scene of a call a notification will be received on Advisor and an audible tone will sound. The QEMD will advise the crew to switch to radio channel B9 (Staging) along with advising the nearest available DOD responding. The notification of the nearest DOS can be completed by the Pit Senior if the QEMD is too busy or unable to reach a DOS.

Once the crew has switched to B9 and advised that they are staging, the reason for the staging and the crews' location should be entered into the comments section of the Emergency Call Form if not already recorded by the QEMD. The Radio Room Supervisor shall be advised of the crews' decision to stage and their location. The Radio Room Supervisor will advise if a police unit has been dispatched. This information is recorded in the Emergency call form and also given verbally to the crew and DOS over the air.

The DC and SCS will be advised of the staging, either verbally, via mailroom or the SEND command in PowerLine.

Continually update the crew and DOS with information from the Radio Room Supervisor, as well as advising the Radio Room Supervisor of any information from the crew about the scene and scene safety. The Pit Senior should be checking for an ETA every 10 minutes if they police have not arrived on the scene of staging call.

At the end of the staging call, the Pit Senior will fill out an incident report from the One Desk Application. After entering the incident number the details will fill in and the Senior EMD can fill out a brief description of the reason for the staging, the length of time staged, the outcome of the call and the notification list (surname & EMS #s).

Please refer to the One Desk Application section 3.3.

### **Incoming Call Location Update**

The Incoming Call Location Update (ICLU) is located at the bottom right of the ANI/ALI display. This feature enables the EMD to update the cell phone caller's most recent position (within 150 metres). This can only be recalculated 35 seconds after the original location appears on the screen.

The EMD will:

1. Identify the caller's cellular ANI/ALI information in the list of calls stored on the desk.
2. Highlight with the cellular caller's information with the cursor. (*The ICLU button will be activated*).
3. Click on the activated ICLU button to recalculate the cell phone caller's location when required.

## Trace Pending Calls

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

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

- The call receiver will leave the block range in the 'Address' field.
- Copy the cell phone number into 'Location Name' field.
- Put the call up as an Unknown – Bravo (unless specific patient information was given before disconnect occurred).
- The call receiver will attempt to call back the wireless phone number x 2. If there is no answer on second attempt, the call receiver will leave a message.
- Ask Toronto Police Services Communication's (TPS Communications) call receiver to conduct a trace of the telephone number provided. Notify PIT Senior.
- The call receiver will record any known patient information into the Comments/Notes field.
- Enter /TP for "TRACE PENDING – Radio room currently conducting a trace".
- Notify **One Desk PIT Senior** via intercom or 'SEND' powerline command of call. This will ensure that One Desk is aware of the situation.

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

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

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

**Bell AQSP PlusP ANI/ALI** Toronto EMS CAONTOROEAS01

Name: **GAIL ROBITAILLE** Service Class: **RES**  
 Address: **40 PLEASANT BV** PSAP Answer Time: **2015-08-04 14:01:01**  
**2002** Call Taker Position: **0**  
**TORONTO** Call Taker Label: **DefaultPosition**  
**TORONTO ON** Transferring PSAP: **DONMILLSCERB**  
**M4T1J9** Transferring PSAP Duration: **29.758 Seconds**  
 Tel Number: **(647) 345-1033** Trunk ID: **0**

ESN: **00047**  
 TORONTO PCL: **(000) 000-0000** N/A: **(000) 000-0000**  
 TORONTO FIR: **(000) 000-0000** N/A: **(000) 000-0000**  
 TORONTO EMS: **(000) 000-0000** N/A: **(000) 000-0000**

Status: **Ok**  
 Call Time: **2015-08-04 14:01:01**

Pos	Label	Received Time	Phone Number	Name	Class	Address	Latitude	Longitude	Rvrs	ICLU
26	Pos26	2015-08-04 14:03:45	416-487-3392	BRITON HOUSE	CFB	720 MOUNT PLEASANT RD TORONTO ON			No	No
10	Pos10	2015-08-04 14:01:25	647-824-3855	(2014 QUEEN ST	WL2	47 CELLULAR ST TORONTO ON	46.804055	-71.237669	No	No
0	DefaultPosition	2015-08-04 14:01:25	647-824-3855	(2014 QUEEN ST	WL2	47 CELLULAR ST TORONTO ON	46.804055	-71.237669	No	No
0	DefaultPosition	2015-08-04 14:01:01	647-345-1033	GAIL ROBITAILLE	RES	40 PLEASANT BV 2002 TORONTO ON			No	No
26	Pos26	2015-08-04 14:00:35	416-493-4666	THE GIBSON LN	CFB	1925 STEELES AV OFC ADMIN NORTH YORK ON			No	No
26	Pos26	2015-08-04 13:57:52	647-625-3716	(399 HARKHAM R	WL2	49 CELLULAR ST SCARBOROUGH ON	46.804055	-71.237669	No	No
14	Pos14	2015-08-04 13:57:02	647-219-7880	(10 GLEN EVERES	WL2	49 CELLULAR ST SCARBOROUGH ON	46.804055	-71.237669	No	No
22	Pos22	2015-08-04 13:56:35	416-722-1986	(750 YORK HILLS	WL2	45 CELLULAR ST NORTH YORK ON	46.804055	-71.237669	No	No

Reverse Phone Number Lookup:

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

"Successfully sent Reverse Lookup to the AQSP PlusP"

This will only work for Bell land-lines.



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

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

**If the search does not produce an address or telephone number****The EMD will:**

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



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

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

**If no contact with scene is made EMDS will:**

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

**ONE DESK PROCEDURE****One Desk SEMD or Designate will:**

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

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

1. Locate the "Trace Pending" call in the Pending Incident Queue or the block range call that may have already been dispatched on.
2. TPS Communications will provide the subscriber's information.
3. Verify the address and confirm the major intersection with TPS Communications (*Once address is validated, the call will automatically default to the correct Division/Quadrant Dispatch desk.*)
4. If the subscriber information is for a trace pending call, the EMD or One Desk will erase "**TRACE PENDING**" in the address field and replace it with the address provided by TPS Communications.
5. If this is a fire notification call, the EMD will see in the Comments/Notes field that the notification has failed. The EMD **must** phone Fire Communications to notify them of the call, and record in Comments/Notes field that Fire has been notified by using the shorthand comment "/FD".
6. If the trace is for a block range, the EMD or One Desk will locate the address on the Geo map using the "Entity Locator" (the binoculars) and if the location is within the vicinity of the block range call, the EMD or One desk will erase the block range and replace it with the new location. If the location is not within that vicinity (i.e. block range is in the downtown core but address is in Scarborough), the EMD or One Desk will process this as a new call under Protocol 32, answering all Case Entry and Key Questions as "unknowns". This will generate a 32-B-3 and will auto tier to TFS.
7. Insert shorthand comment "/SI" (Subscriber Information) in the Comments/Notes field (i.e. Subscriber Information FOR TRACE PENDING CALL 416-888-0000).

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

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

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

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

1. Attempt to make a final contact with the scene using the telephone number provided.
2. If there is no answer on call back, record "no voice contact made at scene" in the Comments/Notes field.
3. Insert shorthand comment /NSI (No Subscriber Information) in the Comments/Notes field.

4. When appropriate, One Desk Pit Senior or Designate will call back the call originator and inform them that despite our attempts there was no contact made with patient or scene and ask them to call back 9-1-1 if they get any further information
5. One Desk Pit Senior or Designate will document the cancellation notice with originator in the Comments/Notes field.
6. One Desk Pit Senior or Designate will cancel the call request.

## Monitor Alerts

The Pit Senior is responsible for dealing with the alerts generated for the role of Dispatch Team Lead in the Advisor program. These notifications will include but are not limited to:

- Late Call Response
- Confirm on the Way (Wheels not Rolling)
- Scene Safety
- Crew Staging
- Check Alternate Vehicle
- Portable Radio ID missing
- Locution failure

The detailed responses to these notifications are outlined in the attached section of this manual.

## Monitor InformCAD statuses

As QEMDs we all know that keeping statuses up to date and accurate is important when deciding on unit selection.

As Pit Senior it is also important to know the correct statuses of crews to ensure that any recommendations are the best available. Look through the Unit Status Queue when you have a chance and advise the QEMD of any statuses that are, or appear to be, incorrect. Changing the status of the crew by the Pit Senior should only be done when there is no doubt they have changed status, but it has not been recorded (crew in hospital, AVL shows movement to a destined hospital, has booked into station, etc.).

When a crew books into station during the lunch hours and needs to be assigned a meal break the Senior EMD shall assign the OOS MB reason and IM or verbally advise the QEMD of the change in status for the crew.

## Monitor TS Viewer at book on

The Pit Senior shall monitor TS Viewer at book on times during the shift to ensure any crew possibly available for calls early in, or just before the start of shift. Occasionally crews will respond to a call before the start of their shift, thereby saving overtime at day/night changes; or a long response to a call at C shift start times.

The TS Viewer screen is available to the QEMD at any time, but they will often be too busy to properly read the display to see if there is a full crew available.

## Requests for crews to be Out of Service/Admin

When a crew is needed to attend a meeting, get equipment repaired or replaced or in need of a uniform change it is often the Pit Senior that is the first to be advised of the request. While many of these requests are known ahead of time, some do pop up without notice.

Administrative details that do not place a crew out of service should be evaluated at the time on the basis of coverage available. Out of service details, other than those obvious ones such as vehicle failure, crew sickness or uniform changes, will have to be authorized by the DC before the crew is placed out of service.

## Major and Escalating Incidents

The Pit Senior is responsible for monitoring major incidents (stabbings, shooting, MCIs) and notifying the SCS and DC of these situations, either via the SEND command in PowerLine or verbally.

These incidents may reach a point that a separate dispatch desk (TAC desk) needs to be set up to handle the volume of radio traffic and vehicles assigned to it. It is the responsibility of the Pit Senior to advise the SCS of these situations and to determine in discussion with the SCS, QEMD and DOS whether a separate TAC desk need be established.

## Computer Issues

There will be times when a QEMD has computer issues and the Pit Senior will have to determine quickly whether it is a minor issue or a major one that necessitates the moving of the Quadrant Desk to another physical location in CACC until the situation can be corrected.

*In the event a Quadrant Dispatch position is moved from its default desk the Optima dispatch mapping will have to be adjusted to show that quadrants new desk number.*

## **Calls to scene for updated information**

In cases where TPS will be delayed in sending a resource to an emergency call the Pit Senior will sometimes (when the PSA Senior position is not filled, or when directed by the SCS) be required to call the scene to check on the condition of the patient and to advise of the delay in TPS responding to the emergency call.

## **Assisting the Quadrant EMD**

The main function of the Pit Senior is to assist the QEMD with the dispatching of ambulances to emergency calls in a timely manner, and to help in the ongoing processes until a call is completed. This will consist of, but not be limited to, calling allied agencies for updates; contacting crews and DOS for the QEMD and covering radio channels for coordinators when required. Certain QEMDs will rely on the Pit Senior more than others and it is important to anticipate the needs of the QEMDs that are working for that shift.

The way in which the Pit Senior reacts to stressful and everyday situations will have a large influence on the CACC as a whole and QEMDs in particular. By being aware of growing situations and handling them before they become unmanageable the Pit Senior can control the anxiety level in CACC to a great degree.



# Roles and Responsibilities

Section 2.3  
Lunch/Offload Senior

## Toronto CACC Senior EMD Dispatch Manual

# Lunch/Offload Senior

---

The lunch/offload Senior EMD is primarily responsible for assisting and monitoring paramedic lunches and crew offload statuses.

The Lunch Senior EMD shall co-ordinate and monitor paramedic meal break and offload times. The SEMD will arrange relief and double ups to accommodate crews to have lunch.

There are several duties that can be delegated between the Lunch and Call Receiver seniors (depending on how many SEMDs are on duty) including:

- Monitoring modified paramedics on the radio
- Monitoring the Community Paramedicine vehicles on the radio and CAD
- Monitoring the Airport Crash Alarm and processing any incidents that occur

The Lunch Senior will assist the Admin Senior with book throughout the shift. This will happen for all night shifts and those day shifts where staffing requires.

***As with all Senior EMD positions the Admin Senior will be responsible for answering overflow emergency calls in accordance with the call taking hierarchy.***

## Co-ordination and Monitoring of Crew Meal Breaks

The Lunch Senior co-ordinates with the QEMDs to arrange appropriate meal breaks of all paramedic crews on duty.

The meal break windows are as follows:

- 6s: 1000-1400
- Days: 1100-1500
- C9: 1300-1700
- C11: 1500-1900
- C12: 1600-2000
- C2: 1800-2200
- Nights: 2300-0300

The crews are entitled to a 30 minute meal break as per the local 416 collective agreement. Please read the following to understand the rules associated with meal breaks:



**Article 45 – AMBULANCE APPENDIX 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 the 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.

The local 416 collective agreement can be accessed [HERE](#) starting on page 152.

The QEMD will make every effort to facilitate each crew getting a full meal break. There will be occasions where the SEMD will need to assist the QEMD with this task. The SEMD will be checking that each crew is being assigned to the correct meal break OOS reason based on their location. The SEMD will confirm and correct any meal break OOS reasons that are incorrect or need updating by speaking with the crew or the QEMD.



Most of the problems in completing lunches will be caused by offload delays, but there will be other issues as well. Administrative assignments will occasionally overlap the lunch hour period. These are to be brought to the DCs attention, but usually these details take as long as they take once they are started.

The Senior EMD will attempt the necessary steps to attempt to complete as many crew lunches as possible.

These steps can include:

- Discussing with the DC having the DOS attend the hospital and attempt to free up crews.
- Discuss with any DOS in a hospital the chances of having crews double up patients to allow crews to have lunch at the closest station
- Discuss with the QEMD the possibility of having another crew attend the hospital to relieve the crew needing a meal break
- The SEMD will make the changes in PDS and create a stretcher P/U ticket for the crew to return to the hospital once they have completed their meal break.

Late lunches/No Lunches/2<sup>nd</sup> Lunches will be verified by the SEMD throughout the shift by continuously checking the USQ in InformCAD and by doing Optima Playback at the end of each shift's meal break window. All of the information regarding lunches will be recorded by the One Desk App using information from Optima. If that information needs to be corrected, the SEMD will go into the One Desk App and update it. Please refer to section 3.3 and 3.7 for procedures related to the One Desk App and Optima Playback, respectively.

The steps listed above are the primary function of the Lunch SCS but the SEMD does sometimes have to verify this information for the paramedic.

## PIA crash alarm

Located above Desk 17 in the CACC near the current SCS position is a speaker that transmits the crash alarm from PIA (Pearson International Airport). These alarms require the dispatching of the ESU Bus and ESU Truck to the airport; and confirmation of receipt of the call with Mississauga CACC (MISS CACC) and the Pearson Operations Centre (PIA OPS CTR).

Upon receiving an alarm the Call Receiver Senior or designate will create an emergency call in VisiCAD with the Nature/Problem being "AIRPORT STANDBY".

If the call is at PIA the location will be entered as:

AP PIA STAGING PRIMARY at 303 Airport Access Road

If the call is off the airport proper then the location given will be used in VisiCAD.

The alarm will be broadcast in the same order twice so if information is missed at first it will be repeated. The broadcast will report the planes call sign, type of aircraft, hazardous cargo and souls on board, landing on which runway and an ETA along with the reported problem. Record this information in the comments section of the emergency call form.

The ESU units will attend the call and be on radio channel A5 (SUPV) for the duration of the call and be monitored by the Pit Senior EMD until a stand down is received from PIA.

PIA Crash Alarms are as follows:

1A (Alpha)	Crash: On Airport
1B (Bravo)	Crash: Off Airport
1C (Charlie)	Malfunction: Aircraft in Flight
1D (Delta)	Incident: Aircraft on Ground
1E (Echo)	Bomb threat: On Aircraft
1F (Foxtrot)	Highjacking
2A (Alpha)	Fire: Structural
2B (Bravo)	Bomb Threat: Structural
2C (Charlie)	Malfunction: Structural
2D (Delta)	Fuel Spill
2E (Echo)	Chemical Spill
2F (Foxtrot)	Radioactive Spill
3A (Alpha)	Medical Emergency: On Aircraft
3B (Bravo)	Medical Emergency: Not on Aircraft

## Community Medicine Paramedics

The Lunch Senior may be required to monitor the Community Medicine paramedics as they do their daily visits. This is the primary responsibility of the Call Receiving Senior but is sometimes shared with the Lunch Senior.

The Community Medicine Paramedic(s) will deliver to CACC a list of the addresses they will be visiting that day before the start of their rounds. The Call Receiver Senior shall create incidents in VisiCAD for each address and assign the paramedic to each call when notified by the paramedic they are responding. The Call Receiver Senior will monitor and dispatch each of the Community Medicine paramedics throughout their shift on the radio channel A5 (soon to be A6 PCTU).

The incidents in VisiCAD shall be assigned to the Personnel division. This will allow the other Senior EMD positions to select that division if they have to assign the Community Medicine paramedics for any reason, but not fill the Pending Incident Queue with calls while doing normal daily functions.

## Modified Duty Paramedics

The Lunch Senior may be required to monitor the modified duty Paramedics as they travel across the city during the shift. This is the primary responsibility of the Call Receiving Senior.

The Call Receiver Senior will monitor the radio channel A6 and respond to crew calls. The crews will advise which unit they are using and the CR Senior will then OTF the vehicle and post them to their destination. The unit will be moved to the Personnel division so as not to show on the QEMD Optima or VisiCAD screen. These vehicles shall have their Unit ID (call sign) switched to the three digit vehicle number for the duration of the detail.

When advised that the modified duty Paramedics have completed the detail the unit shall be put in off duty status at the location given.

## Crew Book Ons

All requirements associated with booking crews on shall be completed before concentrating on the Lunch Senior role. Please refer to section 2.1 regarding crew book on procedures.



# Roles and Responsibilities

Section 2.4  
Call Receiving Senior

## Toronto CACC Senior EMD Dispatch Manual

# Call Receiver Senior

---

The Call Receiver Senior EMD is primarily responsible for assisting and monitoring the call receivers in the CACC. Secondly they will follow modified medics on the radio and be responsible for lunch monitoring.

The Call Receiver Senior EMD shall co-ordinate and monitor the break times (using Swipe Reporting) of the call receivers, monitor DND times for call receivers, answer call receiver inquiries and issues and answer public inquiries to CACC. The Call Receiver Senior EMD shall monitor the call times from T0 to T1 (Ring time to In Queue) for the CACC.

The Call Receiver Senior will monitor the Community Medicine paramedics, modified duty paramedics and CCTU medics and dispatch them on radio.

The Call Receiver Senior will monitor the Airport Crash Alarm and generate a call in InformCAD when one is received.

The Call Receiver Senior will monitor crew lunches and arrange relief and double ups to allow crews time to finish lunch.

The Call Receiver Senior will assist the Admin Senior with book ons before moving to the Call Receiver Senior position. This will happen for all night shifts and those day shifts where staffing requires.

***As with all Senior EMD positions the Admin Senior will be responsible for answering overflow emergency calls in accordance with the call taking hierarchy.***

## **Handling Inquiries from the Call Receivers**

The Call Receiver Senior will be the primary point of contact for questions or concerns that the Call Receivers have during the shift.

The Call Receiver Senior will act as a mentor to new call receivers and as an experienced voice for those that have more seniority. Call receivers will have situations arise throughout the shift that will require some guidance and advice and the Call Receiver Senior will be able to provide that help as needed.

It is important that the call receiver have immediate access to the Call Receiver Senior so position 12 will be set up and manned 24 hours for this purpose. The exception to this is when the Call Receiver Senior will be required to book on crews at shift start.

## **Co-Ordination and Monitoring of Breaks**

The Call Receiver Senior will co-ordinate with the call receivers to ensure the break times are set up to maintain a balanced number of call receivers at all times. The breaks will be monitored using the Swipe Reporting System. It is expected the Call Receiver Senior will advise the SCS if there are any issues with the break times.

## **Monitoring T0 to T1 times on incoming calls**

The Call Receiver Senior will monitor the time call receivers spend on calls and ensure that calls are sent to the queue in a timely manner.

The expectation is that when a Senior EMD notices that a call receiver has been on a call for an extended period, but does not yet have the call sent to the Pending Incidents Queue on a dispatch desk, that the Senior EMD will advise the call receiver to send the call as an UNKNOWN PROBLEM and continue to try to gather further details to generate a determinant.

## **Monitor DND time for call receivers**

The Call Receiver Senior will monitor the time a call receiver is showing in the DND (Do Not Disturb) status on AVTEC and take appropriate action should this time be extended past the normal time to finish a call. This will include investigating the reason for the DND status and determining if there is a persistent issue with a particular EMD. If no resolution can be found then the issue will be brought to the attention of the on duty SCS.

## Answer Public Inquiries

The Call Receiver Senior will be the primary point of contact for the call receivers to send any caller with an inquiry about a call or patient. If the Call Receiver Senior is unable to answer the inquiry or the caller decides to escalate the issue or complaint the call will be forwarded to the DC or SCS depending on the pertinent issue.

The Senior EMD is allowed to divulge the hospital to which a patient was transported as long as the caller is someone associated with the original call (originator, family member, neighbour, CCAC etc.) and the call does not involve any violence or domestic dispute issues.

## PIA crash alarm

Located above Desk 17 in the CACC near the current SCS position is a speaker that transmits the crash alarm from PIA (Pearson International Airport). These alarms require the dispatching of the ESU Bus and ESU Truck to the airport; and confirmation of receipt of the call with Mississauga CACC (MISS CACC) and the Pearson Operations Centre (PIA OPS CTR).

Upon receiving an alarm the Call Receiver Senior or designate will create an emergency call in InformCAD with the Nature/Problem being "AIRPORT STANDBY".

If the call is at PIA the location will be entered as:

AP PIA STAGING PRIMARY at 303 Airport Access Road

If the call is off the airport proper then the location given will be used in InformCAD.

The alarm will be broadcast in the same order twice so if information is missed at first it will be repeated. The broadcast will report the planes call sign, type of aircraft, hazardous cargo and souls on board, landing on which runway and an ETA along with the reported problem. Record this information in the comments section of the emergency call form.

The ESU units will attend the call and be on radio channel A5 (SUPV) for the duration of the call and be monitored by the Pit Senior EMD until a stand down is received from PIA.

*Please see the following page for a breakdown of the crash alarms*

PIA Crash Alarms are as follows:

1A (Alpha)	Crash: On Airport
1B (Bravo)	Crash: Off Airport
1C (Charlie)	Malfunction: Aircraft in Flight
1D (Delta)	Incident: Aircraft on Ground
1E (Echo)	Bomb threat: On Aircraft
1F (Foxtrot)	Highjacking
2A (Alpha)	Fire: Structural
2B (Bravo)	Bomb Threat: Structural
2C (Charlie)	Malfunction: Structural
2D (Delta)	Fuel Spill
2E (Echo)	Chemical Spill
2F (Foxtrot)	Radioactive Spill
3A (Alpha)	Medical Emergency: On Aircraft
3B (Bravo)	Medical Emergency: Not on Aircraft

## CCTU and ORNGE

The Call Receiver Senior is responsible for notifying ORNGE of any on duty CCTU crews and will generate any calls for the CCTU crew using the transfer form in InformCAD. The Senior EMD will assign the crew to the call in InformCAD. This call will be moved to the 1-Desk division in InformCAD.

Information needed for the CCTU transfer form is as follows:

- Patient Name
- Pick up location
- Caller name + type
- Pick-up department
- Phone number in pick-up area
- Pick-up/Ready time
- Destination location
- Drop off department
- Comments Section:
  - Gender
  - Age
  - Weight
  - Equipment required
  - Diagnosis
  - Isolation/Outbreak
  - MT number



The SEMD would make sure that the Destination field is filled out with the pick-up – drop-off locations prior to dispatch. Notify the Pit SEMD, Admin SEMD and QEMD (NE) via IM that CCTU is going out. The sharing of this information attempts to keep everyone on the same page and is considered best practice.

The CCTU uses channel B8 (TAC C Spec Ops) and will be monitored by the Call Receiver Senior at all times. Overflow goes to the Pit Senior.

## **Community Medicine Paramedics**

The Call Receiver Senior will monitor the Community Medicine paramedics as they do their daily visits.

The Community Medicine Paramedic(s) will deliver to CACC a list of the addresses they will be visiting that day before the start of their rounds. The Call Receiver Senior shall create incidents in InformCAD for each address and assign the paramedic to each call when notified by the paramedic they are responding. The Call Receiver Senior will monitor and dispatch each of the Community Medicine paramedics throughout their shift on the radio channel A5 (soon to be A6 PCTU).

The incidents in InformCAD shall be assigned to the Personnel division. This will allow the other Senior EMD positions to select that division if they have to assign the Community Medicine paramedics for any reason, but not fill the Pending Incident Queue with calls while doing normal daily functions.

## **Modified Duty Paramedics**

The Call Receiver Senior will monitor the modified duty Paramedics as they travel across the city during the shift.

The Call Receiver Senior will monitor the radio channel A6 and respond to crew calls. The crews will advise which unit they are using and the CR Senior will then OTF the vehicle and post them to their destination. The unit will be moved to the Personnel division so as not to show on the QEMD Optima or InformCAD screen. These vehicles shall have their Unit ID (call sign) switched to the three digit vehicle number for the duration of the detail.

When advised that the modified duty Paramedics have completed the detail the unit shall be put in off duty status at the location given.

## Crew Book Ons

When required the Call Receiver Senior will book on the day or night crews before assuming the role of Call Receiver Senior. All requirements associated with booking crews on shall be completed before concentrating on the Call Receiver Senior role.

## Lunches

During the hours of 1100-1500 and 2300-0300, the Call Receiver Senior will monitor crew lunches in cooperation with the Lunch/Offload SEMD.

Most of the problems in completing lunches will be caused by offload delays, but there will be other issues as well. Administrative assignments will occasionally overlap the lunch hour period. These are to be brought to the DCs attention, but usually these details take as long as they take once they are started.

The Senior EMD will attempt the necessary steps to attempt to complete as many crew lunches as possible.

These steps can include:

- Discussing with the DC having the DOS attend the hospital and attempt to free up crews.
- Discuss with any DOS in a hospital the chances of having crews double up patients to allow crews to have lunch at the closest station
- Discuss with the QEMD the possibility of having another crew attend the hospital to relieve the crew needing a meal break.

The Senior EMD will check the One Desk Application to ensure any late lunches are recorded. Optima Playback can be used to see who was in a critical lunch stage at the required times if the Senior EMD is unable to check at the exact times.



# Roles and Responsibilities

Section 2.5  
Patient Safety Advocate  
Senior

## Toronto CACC Senior EMD Dispatch Manual

# PSA Senior Duties

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The Patient Safety Advocate (PSA) Senior EMD is an oversight position that monitors the Paramedic Crew chute and response times, as well as the QEMD unit assignment selection and dispatch times.

The goals of the PSA position are to:

- Address the number of "Confirm on the Way" alerts
- Early identification of late responses
- Reviewing "Late Response" alerts
- Do call backs to the scene for late and anticipated late responses
- Provide callback support to the SCS on call deferrals

The PSA position can help provide better customer service and improve response times for Toronto Paramedic Services.

***As with all Senior EMD positions the Admin Senior will be responsible for answering overflow emergency calls in accordance with the call taking hierarchy.***

## Training Package

The PSA Senior position has had a manual describing the expectations and workings of the position created and this training package is attached and will serve as the basis for performing the tasks required as the PSA Senior EMD.

This package will describe guidelines for workstation setup, dealing with alerts, callback to the scene of a call, priority call unit selection and also introduce a web based page showing incident detail and unit activity logs.

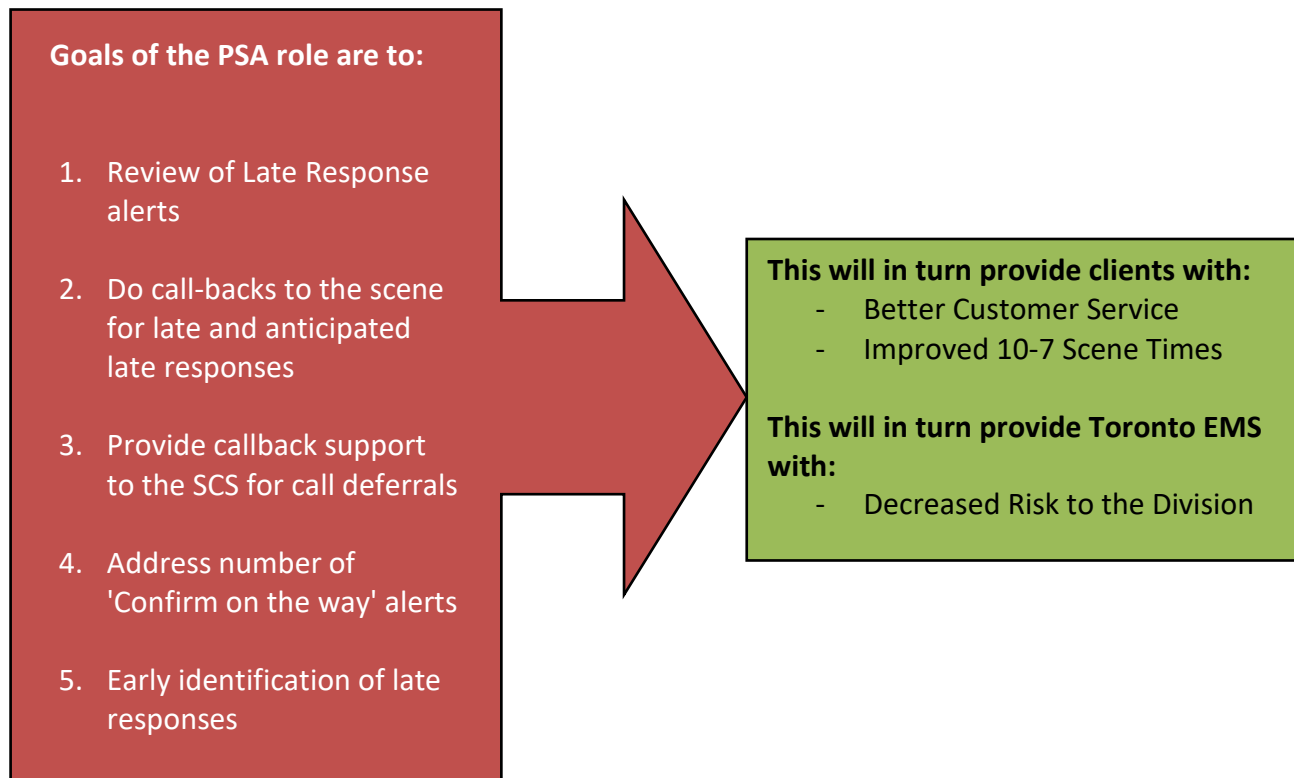
## Patient Safety Advocate (PSA) Senior EMD Program

### Objective

The objective of this training package is to:

- provide mandatory PSA workstation setup for workflow efficiency
- provide guidelines to confirm correct unit response to priority calls
  - Confirm on the Way (COTW) (wheels not rolling)
- provide guidelines on how to deal with specific alerts
  - Late Response
  - Confirm on the Way (COTW) (wheels not rolling)
- provide training and understanding of both Incident Detail and Unity Activity logs
- provide guidelines and/or script for PSA during call backs to the scene

### Goal of the PSA Role



**Mandatory Workstation Set-Up**

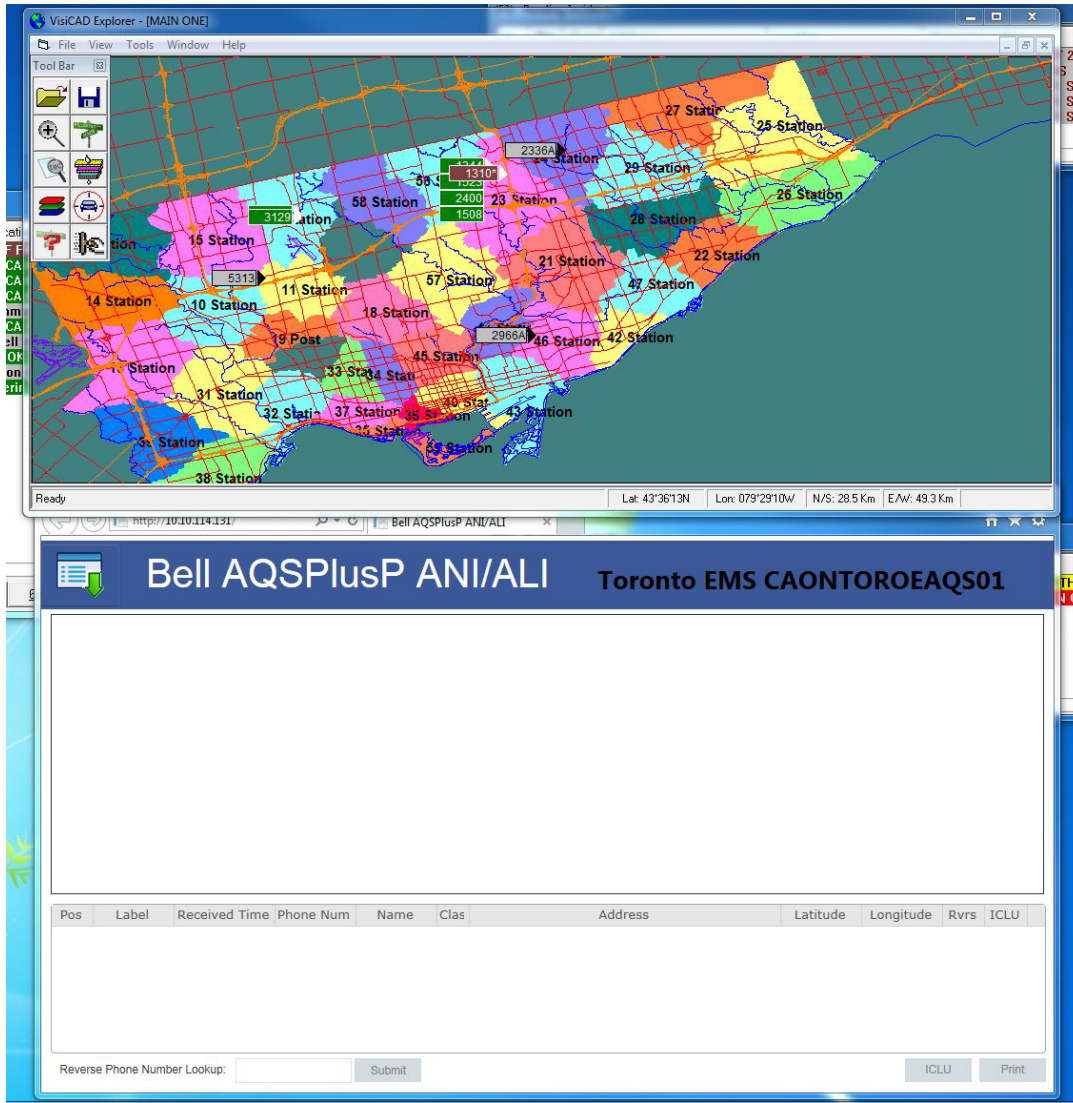
It is mandatory for each workstation to have the following CAD programs/applications open and visible at all times.

InformCAD – Alert Line, Push-to-Talk, Map, Fleet Monitor

Optima – Map, Dispatch Window, Mealbreak Window, Add Vehicles Window

**1. Right Monitor:**

- a. InformCAD Explorer (Map)
- b. ANI / ALI
- c. Fleet Monitor
- d. Command Line



**2. Centre Left Monitor:**

- a. InformCAD Main Toolbar
- b. Push-to-talk
- c. Clock (optional)
- d. Alert Line (optional location – can be placed on the Centre monitor)
- e. InformCAD Pending Incident Queue
- f. InformCAD Unit Status Queue
- g. InformCAD Assigned Incidents Queue



**14:41 PM**

CAD North PTT Client v3.02 (build 001)

Config View Log Shrink

D5A	D3A	2275	3052	4557
NE	SW	CLRING	SW	CLRING

(F3) Pending Incidents

Id	Pri	Quad	Address	Location	Main Intersection	GeoCode	Problem	RC	Icons	Elapsed
208	Adm	NW	50 Toryork Dr	1210 EMS DISTRICT 1 OF	WESTON & FINCH	09460E3.3	Other - See Note	Ruff		00:41:23
201	Adm	NW	150 Disco Rd	PAD TW DISCO YARD	+1599 HEADLIGHT REPA	09059A3.3	Administration	Tod		00:46:26
739	Adm	SW	674 Markham St	34 STN	NO SUPPLIES# OPEN FO	09062E3.2	Administration	Sch		08:16:34
839	Adm	NE	12 Canterbury Pl	EMS 58 STN	+ MACNEVIN (11-23) FO	09462C3.2	Administration	Lee		08:57:12
219	COU	NW	1901 Weston Rd	PAD YORK WEST SR CITI	WESTON & LAWRENCE	09060A5.4	Falls-A	Rec		00:23:41

(F6) Unit Status

Sl	Unit	VIN	Type	Status	OOS	Priority	Current Location	CT	Enroute to	Warning	Elapsed	#Staff
32	3229	829	PTU	14 Depart S		4-Alpha	BLOOR ST W/MARGUERITA S	3	CHO MTS		00:09:53	2
32	3255	955	PTU	12 At Scene		4-Alpha	DUNDAS/BLOOR JUNCTION		Dundas St W & Bloor St W [DUN		00:04:25	2
33	3322	822	PTU	08 At Destin	TOC Start	3-Bravc	HO TWH	2	C		02:48:05	2
33	3364A	864	ATU	08 At Destin		1-Delta	ELIZABETH ST/GERRARD ST W	2	C		00:11:18	2
33	3386	986	PTU	04 In Quarte			45 Station		45 Station		00:38:29	2
34	3402	902	PTU	08 At Destin		1-Delta	10-165 LIFE SAVING DR	1	C		00:50:05	2
34	3417	817	PTU	08 At Destin	.Offload Delay	3-Bravc	HO TWH	2	C	Readine	02:11:47	2
35	3538	838	PTU	02 Enroute	1.Single Medic-FR		QUEEN ST E/SEATON ST		57 Station		00:03:47	2
35	3570	970	PTU	09 Respondi		4-Alpha	YONGE ST/WOOD ST		550 Ontario St		00:10:21	2
37	3715	915	PTU	12 At Scene		Schedu	1-10 EIREANN QUAY		1 ISLAND AIRPORT [TIA>TWH		00:12:24	2
37	3721	821	PTU	14 Depart S		4-Alpha	0-0 ST ENOCHS SQ	3	CHO STM		00:03:37	2

1 Responding   2 Staged   3 At Scene   4 Pt Contact   5 Dpt Scen   6 At Hosp   7 PTOC   8 Available   9 In Quarters   10 Out Of Svc

(F5) Assigned Incidents

Id	Pri	Quad	Unit	Address	Location	Incident/Problem	Icons	RC	Elapsed
218	3-Brav	SW	3083	20 The Queensway	TTC RONCESVALLES GARAG	Sick Person(spec diag)		Martin	00:24:43
217	4-Alpha	SW	3871	103 Sixteenth St		Abdominal Pain/Proble		Kelly	00:26:17
216	Admin	SE	TTC13	8 Bedford Rd	TTC ST GEORGE STN BLOOR	Administration		Kyle	00:27:33

**Choose Roles**

Select roles here. NOTE, if no roles are selected, then ALL roles will be selected.

00	Call Taker	CLTK	<system role>
01	Dispatcher	DISP	<system role>
02	Supervisor	SUPR	<system role>
03	Duty Officer	DUTY	<user role>
04	Deployer	DPLY	<user role>
05	Clear Coordinat	CLEAR	<user role>
06	Dest Coordinato	DEST	<user role>
07	Test **DO NOT U	TEST	<user role>
08	Follower	FOL	<user role>
09	Dispatch Team L	DTL	<user role>
10	ASSIGN1	A1	<user role>
11	Rsrc Mgt Team L	RMTL	<user role>
12	ASSIGN2	A2	<user role>
13	ASSIGN3	A3	<user role>
14	PSA-CACC	PSAC	<user role>
15	PSA-Ops	PSAO	<user role>

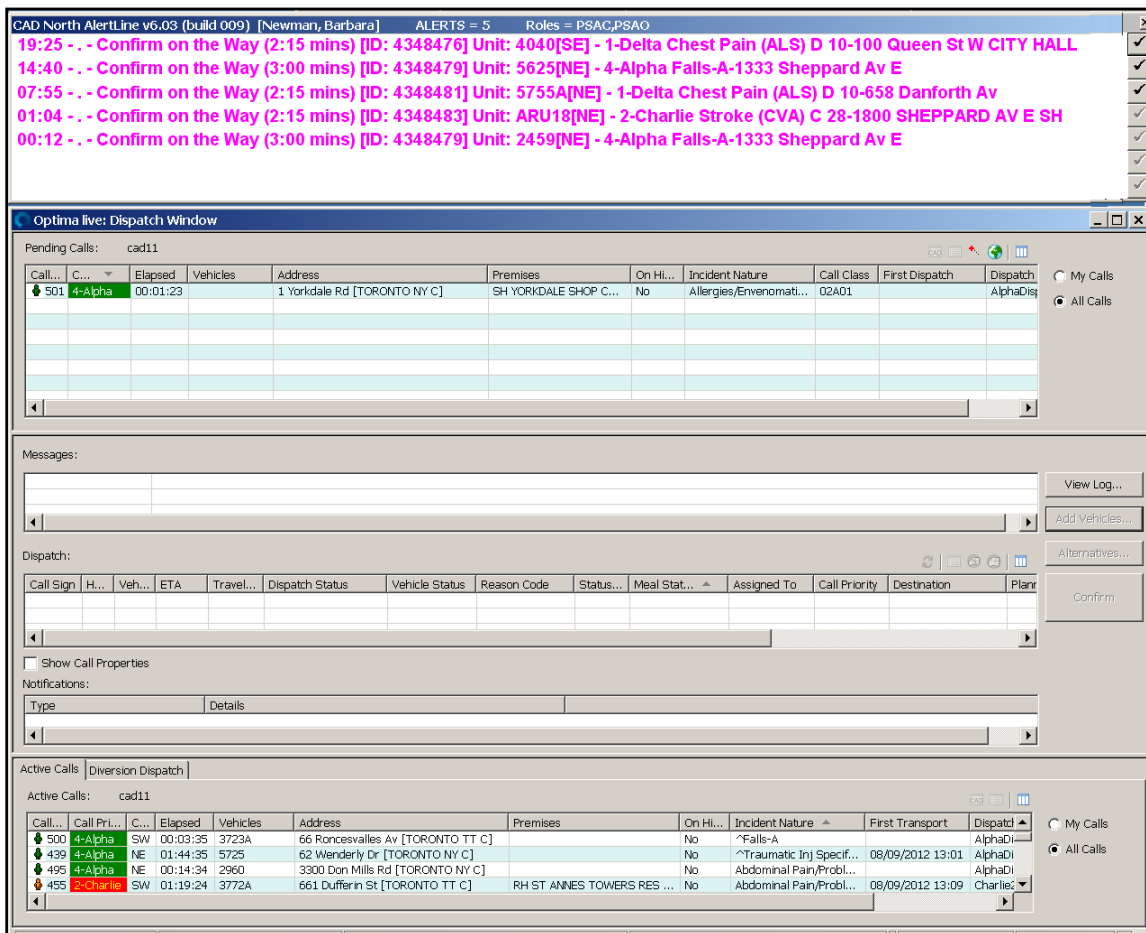
OK



When working in the role as the PSA, the Senior EMD must select the Alert Line role of PSA-CACC & PSA Ops. This will ensure that the appropriate alerts are received in your Alert Line.

**3. Centre Right Monitor:**

- a. Optima Dispatch Window
- b. Alert Line (optional location – can be placed on the left monitor)



**Left Monitor:**

- c. Optima Map (only if fourth screen available)
- d. Add Vehicles to Dispatch
- e. Mealbreak Window

The screenshot displays the Optima live software interface. The main window shows a map of Toronto with various streets and landmarks. A sidebar on the right contains a 'Meal Monitor Window' with a table of call statuses. Below the map is a table for 'Add Vehicles to Dispatch' with columns for Call Sign, Vehicle, Status, Reason Code, Meal Status, and Current Station. The interface also includes a menu bar, toolbars, and a status bar at the bottom.

Ca...	Meal Status	Status T.L...	Re
2643A	Required	20 mins	
2749	Achieved	25 mins	
2764	Critical	14 mins	
2807	Achieved	43 mins	
2814	In Progress, ...	21 mins	.M
2995A	Achieved	9 mins	
3019	Achieved	< 1 min	
3051	Critical	18 mins	.O
3070	Achieved	1 min	
3129A	In Progress, ...	19 mins	.M
3171	Critical	8 mins	
3233	In Progress	14 mins	.M
3255	Achieved	76 mins	.O
3364A	In Progress, ...	38 mins	.M
3386	Achieved	28 mins	
3402	Achieved	1 min	
3417	Critical	34 mins	
3422	Critical	12 mins	
3515	Achieved	14 mins	
3538	Pending	7 mins	.C
3721A	Pending	34 mins	
3731	Achieved	23 mins	
3772	Achieved	33 mins	
3850	Critical	139 mins	.O
3862	In Progress	2 mins	.M
3883	Achieved	29 mins	
3889	Achieved	47 mins	
3890A	Achieved	52 mins	
3939	Achieved	40 mins	
3984	Critical	1 min	
4022	Critical	17 mins	
4040	Achieved	4 mins	
4046A	Critical	8 mins	.O
4051	Achieved	8 mins	
4054	Pending	29 mins	
4112	Achieved	6 mins	
4153	Required	73 mins	.O
4245	Achieved	7 mins	

Call Sign	H...	Veh...	Vehicle Status	Reason Code	Status...	Meal Status	Planne...	Current Station
4051	SE	PTU	04 In Quarters		8 mins	Achieved	19:00:00	40 Station
4668	SE	PTU	04 In Quarters		16 mins	Achieved	22:00:00	46 Station
3731	SW	PTU	04 In Quarters		23 mins	Achieved	19:00:00	37 station


Call Sign	H...	Veh...	E...	Vehicle Status	Reason Code	Status...	Meal Status	Deploy...	Call Pri...	Destination	Planned ...	Current Sta...
4051	SE	PTU	04	In Quarters		8 mins	Achieved	Now			19:00:00	40 Station
4054	SE	PTU	04	In Quarters		29 mins	Pending	Now			02:01:00	40 Station
04A	SE	DOS	01	Available		638 mi...	Not Required	Never			18:00:00	DISTRICT 4...
2517	NE	PTU	02	Enroute To		9 mins	Achieved	Now			19:00:00	25 Station
4311	SE	PTU	04	In Quarters		30 mins	Achieved	Now			19:00:00	43 Station
4112	SE	PTU	04	In Quarters		6 mins	Achieved	Now			19:00:00	41 Station
3019	SW	PTU	05	Assign To...		< 1 min	Achieved	Now			19:00:00	30 Station
4532	SE	PTU	02	Enroute To		8 mins	Achieved	Now			19:00:00	45 Station
3402	SW	PTU	10	Dispatched		1 min	Achieved	Never	Admin		23:00:00	34 Station
3721A	SW	ATU	04	In Quarters		34 mins	Pending	Now			02:00:00	37 station


**THINGS TO CONSIDER WHEN DEALING WITH ALERTS:**

**Paramedic Transfer of Care (PTOC)**

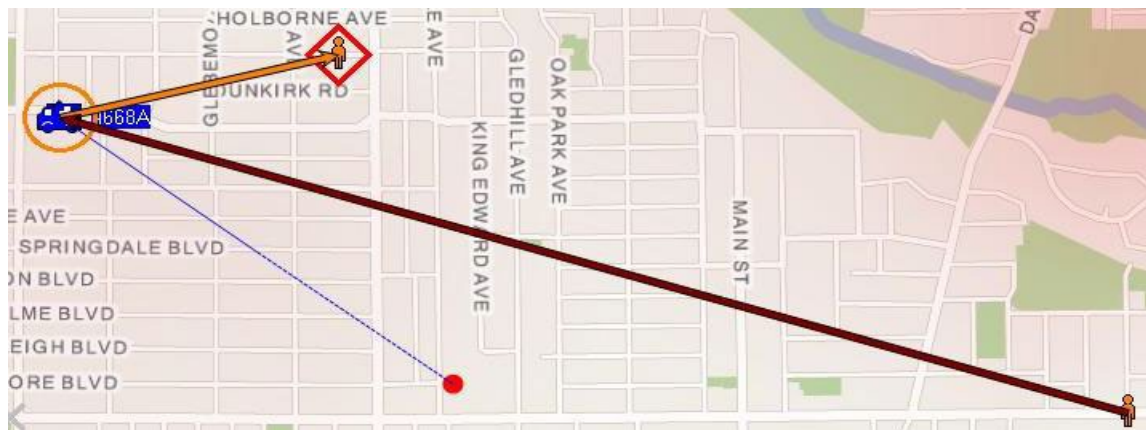
Units in Paramedic Transfer of Care (PTOC) status that are recommended for a call will also show as "diversions".

In the following example, 4668A is Paramedic Transfer of Care (PTOC) at TEG. It is being recommended for a Charlie emergency call. The Dispatch Status field shows 4668A is being diverted ("Diverting to") from their current call they are still on.

Dispatch:  279

Call Sign	H...	Veh...	ETA	Travel...	Dispatch Status	Vehicle Status
 4668A	SE	ATU	3 mins	urgent	Recommended (Diverting to)	07 Delayed A...

The Optima map displays a maroon coloured line from 4668A's current call to its present location (Paramedic Transfer of Care (PTOC) at TEG). The orange line pointing to the call with a diamond around it is the new call 4668A is being recommended for.



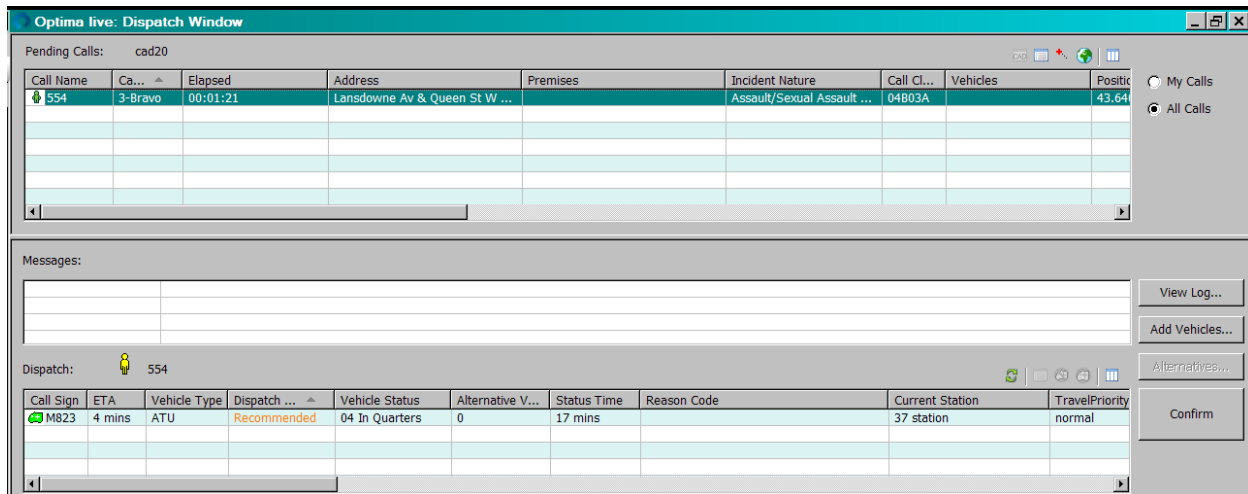
Paramedic Transfer of Care (PTOC) status must be updated to 'Available' status prior to assignment to any recommended call.

**Unit Assignment Verification:**

The Pit Senior will verify appropriate unit selection for all Priority calls (Echo, Delta and Charlie level responses with the assistance of Optima Dispatch).

The process is as follows:

- 1) When a new Priority call is presented in Optima Dispatch the PSA will highlight the call and review the "Add Vehicles to Dispatch" window to ascertain the closest units to the call.



Monitor the assignment ensuring Quadrant EMD has assigned the recommended vehicle as expected.

- 2) If the vehicle recommended to the PSA was not the unit assigned then investigate to determine why the assigned unit was chosen. This can be achieved as follows:
  - Look in the Vehicle Status Queue (VSQ) to determine if the unit in question was assigned to a higher priority call
  - Look in the Vehicle Status Queue (VSQ) to see if an out of service reason has been assigned to that unit
  - Look in the Active Incident Queue (AIQ) to determine which unit was assigned to the call, locate it on the Optima Map and determine if it is a closer/more appropriate unit. This may be the case if the EMD was aware of a potentially available unit showing in a status that would have excluded it from the recommendation by Optima.

- 3) If the vehicle assigned does not appear to be the closest/most appropriate for the call the PSA shall intercom/IM the Pit Senior and/or Quadrant EMD to determine if they are aware of the other unit being more appropriate; and, if they had considered the other unit.
- 4) Recommend to the Pit Senior and/or Quadrant EMD that they should consider reassigning the call to the more appropriate unit unless aware of any situation that would prevent them from doing so. This may require the PSA to direct the EMD to reassign the call (i.e. in extenuating circumstances when the unit currently assigned is clearly **not** the closest/most appropriate unit). Any disagreement should be directed to the shift Superintendent for follow up. It is **not** an expectation that the PSA be responsible for managing or addressing EMD actions.

**Alert Messages:**

There are four alerts that Senior EMDs will be presented with in their Alert Line. This will depend on what Senior EMD role they are assigned to for the shift.

1. Late Unit Assignments alerts **[Pit Senior Only]**
2. Confirm on the Way alerts (COTW) **[PSA]**
3. Late Response alerts **[PSA]**
4. Alternate Vehicle alerts **[Pit Senior Only]**

The *primary responsibility* for any PSA related alert (#2 and 3 above) falls to the PSA unless clearly delegated/handed-off to the Pit Senior EMD.

The processes for handling each alert are on the following pages.

## 1. LATE ASSIGNMENT ALERT: [Pit Senior EMD ONLY]

10:54:10 - LATE ASSIGNMENT - Inc [736 - 3787736] Not Assigned for > 2.5 min(s) : 3-Bravo @ 555 UNIVERSITY AV

The *Pit Senior EMD* will receive a **Late Unit Assignment alert** at the following times if the call has not been assigned within a specified time period.

- 1:15 Delta and Echo priority calls
- 2:00 Charlie priority calls
- 2:30 Bravo priority calls

There are **NO** Late Unit Assignment alerts for Alpha, Alpha 1, 2 & 3 and Code2 calls.

The purpose of the Late Unit Assignment alert is to ensure that emergency calls are not being delayed for non-emergency tasks and being assigned as soon as possible.

***When the Pit Senior EMD receives a Late Unit Assignment alert and has not already dealt with it they will:***

- **Locate** the call in Optima Dispatch Pending Call Queue and determine which vehicle is recommended for the call
- **Check** to see if delays are due to:
  - Duplicate calls or call deferral by the SCS
    - Action:** Ignore and clear/acknowledge the late assignment alert
  - A vehicle being in a Paramedic Transfer of Care (PTOC)
    - Action:** Monitor the call and ensure that the EMD and/or Co-Coordiators are actively trying to contact and assign a crew
  - If necessary intercom/IM the controlling EMD to determine cause of the delay
  - **Monitor** the late assignment until the call is assigned -- noting the cause of the delay in the Call Backs section
  - **Notify** the on-duty SCS if required.



## 2. CONFIRM ON THE WAY (COTW) ALERT:

22:48 - . - Confirm on the Way (4 mins) [ID: 3777672] Unit: 1627 - 3-Bravo Falls-B 17-299 Parkview Av 

The *primary responsibility* for any PSA related alert falls to the PSA Senior EMD unless clearly delegated/handed-off to the Pit Senior EMD.

### Operations SOP 03.06.1 (Response to Calls)

#### URGENT CALL RESPONSE

Upon receipt of an assignment to a high priority emergency call (Charlie, Delta, Echo) the paramedic crew will update their status (as per SOP 03.05.01) to 'Responding' via MobiCAD and by voice and will be in motion toward the assigned location (i.e., "Wheels Rolling") within **1.5 minutes**.

#### OTHER CALLS and POST ASSIGNMENTS

Upon receipt of any other calls e.g. Alpha, Bravo and non-emergency/transfer and post assignments, the paramedic crew will update their status (as per SOP 03.05.01) to 'Responding' via MobiCAD and by voice and will be in motion toward the assigned location (i.e., "Wheels Rolling") within **2.0 minutes**.

The Confirm on the Way (COTW) alert is received when a vehicle has been assigned to a call or a post assignment and the vehicle has not moved > 50 m within a specified time period as **displayed in brackets** on the alert.

- 2:15 (Echo, Delta and Charlie priority calls)
- 3:00 (Bravo, Alpha, Alpha 1, 2, 3 and Code 2 priority calls)
- 4:15 (Transfers & Post Assignments)

Follow-up with crews is to occur within **30-45 seconds** once the alert is displayed if the crew is still not showing Wheels Rolling.



The following table shows at what time intervals the COTW alert will display at each desk based on the priority of the call.

Priority	Senior EMD (PSA)	EMD	Pit Senior	Superintendent	Deputy Commander
Echo	2:15	4:00	5:00	6:00	7:00
Delta	2:15	4:00	5:00	6:00	7:00
Charlie	2:15	4:00	5:00	6:00	7:00
Bravo	3:00	5:00	6:00		
Alpha	3:00	5:00	6:00		
Alpha1	3:00	5:00	6:00		
Alpha2	3:00	5:00	6:00		
Alpha3	3:00	5:00	6:00		
Code 2	3:00	5:00	6:00		
Courtesy Code 2	4:15	6:00	7:00		
Scheduled XFRs	4:15	6:00	10:00		
Ser/Adm	4:15	6:00	10:00		
Post Assignment		4:15	6:15		

**When the COTW alert appears, the PSA will:**

1. Double click on the COTW alert in the Alert Line. This will launch
  - a) the InformCAD Incident and
  - b) the Incident Detail Report
2. Check the Comments/Notes tab of the call to see if the EMD has provided an explanation for the delay; and if not, ask EMD for reason.
3. Scroll down to the Unit Response Detail area (highlighted in yellow) of the Incident Detail report and the review the call. Be sure to check the disposition of the call (highlighted in green in the window below) for any cancelled vehicle. May have multiple vehicles assigned to the call.

Unit Response Details					
Description	Time	Elapsed	User/Details	Information	Detail
<b>943/5743 Date: May 15, 2012</b>					
Dispatched from				Location	NEW ST/BELMONT ST
Dispatched	14:32:23	0:00:00	S2C	Status @ Dispatch	15 Out Of Service 45 Station
First AVL after Disp	14:34:11			First AVL movement	14:37:24
MobiCAD Success	14:32:30	0:00:07	943	Alert Route	AIQ: 45S
Alert @ Stn	14:32:24	0:00:01		Dist from Station @ Dispatch (m)	45S:53m
Locution ACK	14:33:06	0:00:43	45S	First Unit At Scene ?	Yes
Alert @ Radio					
Responding (Chute)	14:34:18	0:01:55	943	Wheels Rolling Dist (m)	158m
Placed into Drive	14:37:32			Veh Driving already	NO
Wheels Rolling	14:37:44	0:05:21	158m	Difference Chute vs WR	0:03:26
Staged				Staged Distance to scene (m)	
At Scene (Veh RT)	14:50:14	0:17:51	943	At Scene Duration	0:19:29
Depart Scene	15:09:43	0:37:20	943	Transport Duration	0:04:32
Arrive Destination	15:14:15	0:41:52	Auto	Time Before TOC	
EDTOC				Time after TOC to Clear	
Delayed Available				Total Time at Destination	2:15:42
Moved From HOSP				Moved From HOSP to CLR	
Response Completed	17:29:57	2:57:34		Vehicle Service Time	2:57:34
01 - Incident Complete				Cancel Reason	
Dist to inc			1.720 km	Avg. Speed	8.2500 km/h
Act Dist travelled			1.600 km	Act Avg. Speed	17.65 km/h
Routed Dist			2.000 km		
<b>Disposition: 01 - Incident Complete Cancellation Reason:</b>					

4. Refresh the report (30 sec after the alert) just before calling the crew on the radio.
5. Check to see the following:
  - a) Where was the crew when they were dispatched? (in Station, in Hospital or mobile)
  - b) What status was the unit in?

- c) Determine if MobiCAD is working (times & vehicle # will display). Check Alert Route (second column from right fourth down) – if question marks visible (???) clarify with EMD via intercom/IM that crew received the call.
- d) Did the crew acknowledge the Locution alert? (18S, MobiCAD or Radio) . Check Locution ACK (left hand column sixth down) – if question marks visible (???) refer to Activities tab (in InformCAD call) to confirm locution success.
  - Do they show Responding? (vehicle # will display if medics pressed their button)
  - Are their wheels rolling? (> 50 meters movement toward the call. >50m is considered a long AVL hit)

**Note:**

1. Once the PSA or Pit Senior EMD has looked at and dealt with the alert, the Senior EMD will place the following notation in the **Comments tab** of the Incident Record for all COTW alerts.
  - **PSA Reviewed: wheels rolling [vehicle #] Good WR time [location]**  
Example: **PSA Reviewed: wheels rolling 1138 Good WR time from HRC**

This will advise all CACC staff looking at the ticket that the call was reviewed and dealt with.

2. If the crew has taken an extended length of time to go wheels rolling, the PSA will place the following notation in the **Comments tab** of the Incident Record.
  - **PSA Reviewed: wheels rolling [vehicle #] @ [time] ... if the time is over the COTW standard <add any reason given by the quadrant EMD and acknowledge the ODD actual WR time.**

Example: **PSA Reviewed: wheels rolling 1138 @ 3:18 mins**

**Note:** The Deputy Commander must be notified for any delay in response by using the /DON in comments.

Unit Response Details					
Description	Time	Elapsed	User/Details	Information	Detail
<b>943/5743 Date: May 15, 2012</b>					
Dispatched from				Location	NEW ST/BELMONT ST
Dispatched	14:32:23	0:00:00	S2C	Status @ Dispatch	15 Out Of Service 45 Station
First AVL after Disp	14:34:11			First AVL movement	14:37:24
MobiCAD Success	14:32:30	0:00:07	943	Alert Route	AIQ: 45S
Alert @ Stn	14:32:24	0:00:01		Dist from Station @ Dispatch (m)	45S:53m
Locution ACK	14:33:06	0:00:43	45S	First Unit At Scene ?	Yes
Alert @ Radio					
Responding (Chute)	14:34:18	0:01:55	943	Wheels Rolling Dist (m)	158m
Placed into Drive	14:37:32			Veh Driving already	NO
Wheels Rolling	14:37:44	0:05:21	158m	Difference Chute vs WR	0:03:26
Staged				Staged Distance to scene (m)	
At Scene (Veh RT)	14:50:14	0:17:51	943	At Scene Duration	0:19:29
Depart Scene	15:09:43	0:37:20	943	Transport Duration	0:04:32
Arrive Destination	15:14:15	0:41:52	Auto	Time Before TOC	
EDTOC				Time after TOC to Clear	
Delayed Available				Total Time at Destination	2:15:42
Moved From HOSP				Moved From HOSP to CLR	
Response Completed	17:29:57	2:57:34		Vehicle Service Time	2:57:34
01 - Incident Complete				Cancel Reason	
Dist to inc			1.720 km	Avg. Speed	8.2500 km/h
Act Dist travelled			1.600 km	Act Avg. Speed	17.65 km/h
Routed Dist			2.000 km		
<b>Disposition: 01 - Incident Complete Cancellation Reason:</b>					

**Incident Detail Report:**

The Incident Detail report is a web-based program that automatically launches when the PSA double clicks on an alert in the Alert Line. All call details are provided within this report which provides the Senior EMD with everything they require.

The Incident Detail Report displays the following information:

- Incident Information
- Incident Location
- Call Receipt
- Elapsed Times
- Address Changes
- Priority Changes
- Alarm Level (Priority) Changes
- Comments (both in the comments/notes tab and also the call backs tab)
- Resources Assigned
- Crew Information
- Destinations
- Individual Unit Response Details
- Call Activities
- Edit Log
- Time Stamps

**Unit Response Details of a Crew in Quarters**

Unit Response Details					
Description	Time	Elapsed	User/Details	Information	Detail
<b>943/5743 Date: May 15, 2012</b>					
Dispatched from				Location	NEW ST/BELMONT ST
Dispatched	14:32:23	0:00:00	S2C	Status @ Dispatch	15 Out Of Service 45 Station
First AVL after Disp	14:34:11			First AVL movement	14:37:24
MobiCAD Success	14:32:30	0:00:07	943	Alert Route	AIQ: 45S
Alert @ Stn	14:32:24	0:00:01		Dist from Station @ Dispatch (m)	45S:53m
Locution ACK	14:33:06	0:00:43	45S	First Unit At Scene ?	Yes
Alert @ Radio					
Responding (Chute)	14:34:18	0:01:55	943	Wheels Rolling Dist (m)	158m
Placed into Drive	14:37:32			Veh Driving already	NO
Wheels Rolling	14:37:44	0:05:21	158m	Difference Chute vs WR	0:03:26

Unit Response Details of a Mobile Crew

Unit Response Details					
Description	Time	Elapsed	User/Details	Information	Detail
<b>954/M954 Date: May 16, 2012</b>					
Dispatched from				Location	
Dispatched	09:54:55	0:00:00	S2C	Status @ Dispatch	05 Assign To Post 21 Station
First AVL after Disp	09:58:37			First AVL movement	09:58:37
MobiCAD Success	09:56:53	0:01:58	954	Alert Route	AQR: 26S
Locution ACK	09:55:12	0:00:17	26S	First Unit At Scene ?	Yes
Alert @ Stn	09:54:57	0:00:02		Dist from Station @ Dispatch (m)	26S:10997m
Alert @ Radio					
Responding (Chute)	09:57:04	0:02:09	954	Wheels Rolling Dist (m)	201m
Placed into Drive				Veh Driving already	NO
Wheels Rolling	09:59:07	0:04:12	201m	Difference Chute vs WR	0:02:03

### How to Read the Unit Response Details of the Incident Detail Log

Row Titles	Details / Explanation
Dispatch From	The station or cross streets when the EMS resource is dispatched to the call
Dispatched	Displays the time and how the call was dispatched (e.g. S2C refers to Siren to CAD, initials refers to the EMD that dispatched the call not through Optima)
MobiCAD Success	The vehicle # is displayed stating that MobiCAD received the call successfully and how long it took for MobiCAD to receive the call
Alert @ Stn	The time the call was alerted in the station
Alert @ Radio	The time the call was alerted to the radio
Locution ACK via Portable	The time and location of where the locution alert was acknowledged. The station will display if the call is acknowledged at the station. This is done by the paramedic pressing the green button. MobiCAD will display if the call is acknowledged by the paramedics by using MobiCAD.
Responding	10-8 responding status Displays Unit# if crew depresses their 10-8 button Displays EMD initials if EMD manually places crew in 10-8 status
Wheels Rolling (WR)	The time and distance that the vehicle is showing wheels rolling at 50m or greater from where the crew acknowledged the call.
Status @ Dispatch	The vehicles unit status at the time of the call
Alert Route	What method the crew received the alert AIQ – Alert in Quarters AOR – Alert on Radio AQR – Alert in Quarters and on Radio
Difference Chute vs WR	The difference in time from when the crew depressed that they were 10-8 and when they actually went Wheels Rolling

**3. LATE RESPONSE ALERT:**

**10:17:37 - LATE RESPONSE - Inc [708 - 3787708] Late Response > 20 min(s) : 2-Charlie @ 2282 Queen St E**

The **Late Response alert** is received when a unit has not arrived on scene within a specific time period based on the call priority. There is a late response (Alert A) and a very late response (Alert B). The late response time is generated from the phone pick-up.

<u>Priority</u>	<u>Alert A</u>	<u>Alert B</u>
Delta and Echo calls	10:00	15:00
Charlie calls	10:00	15:00
Bravo calls	15:00	20:00
Alpha calls	25:00	30:00

There are **NO** Late Response alerts for Alpha 1, 2 & 3 and Code2 calls.

The purpose of receiving the alert is to assess response times and to determine:

1. Where the assigned unit is in proximity to the call,
2. If there is any other vehicle that may be closer to the call, that can be assigned,
3. If Toronto Fire is required for a delay in response, and
4. If it warrants a callback to the scene based on how far the first EMS resource is from the call.

***When a Late Response alert is received, the PSA will review the reason for the late response:***

1. Find the call in Optima Dispatch by clicking anywhere in the Optima Dispatch Active call queue & type in the 3 digits of the ID # that is displayed in the alert. In the example alert above, the 3 digit ID# is **708**.
2. Click on the call in the Active call queue to put it in 'focus'.
3. Determine what vehicle(s) is/are assigned to the call
4. Ensure it is not a duplicate call or recently upgraded call.
5. Determine the ETA of the responding vehicle is to the call. This can be found in the Optima Dispatch window.
  - a. If another unit is clearly closer and/or more appropriate, suggest to the respective EMD via IM that it be assigned. (ETA >4 minutes for the closer more appropriate unit)



- b. If the ETA > 4 minutes then call back to the scene or delegate this task (see Delayed response later in this document)
  - c. Make a notation in the InformCAD comments once the callback is completed.
    - /PSA <Comment>e.g. **PSA reviewed - callback made to scene – no change in pt condition**
  - d. In consultation with the SCS consider adding a 'No Divert D/E' reason (OOS code 99) to the closest responding unit.
6. Determine if there is another vehicle that may be closer or more appropriate for the call by clicking on the call in the Active Call queue (and the Optima map) by using the <Add Vehicle to Dispatch> application.

**NOTE:** *Placing a 'No Divert D/E' OOS reason should only be used based on the patient's condition and possibly due to environmental factors (heat or cold etc.) This decision must be made in consultation with the SCS. Placing a 'No Divert D/E' as a result of the call being reassigned multiple times may not warrant this OOS reason. A simple call back to the scene advising of the delay, informing them there will be a further delay and ensuring there is no change in the patient's condition may be sufficient. See script below for placing call back to the scene.*

- a. Based on patient condition consider requesting the SCS or his/her designate to send TFS if the ETA is long and patient condition warrants it. (if TFS is sent note '/FD for delayed response' in InformCAD)

**Note:** if TFS has not been sent – there will be no 'SENT TO TFS' notation in the InformCAD call details.

**NOTE:** *Sending Toronto Fire to a call as a result of a long delay is not necessarily the most appropriate decision. A simple call back to the scene advising of the delay, informing them there will be more of a delay and ensuring there is no change in the patient's condition may be sufficient. See script below for placing call back to the scene. If Toronto Fire is required as a result of a change in the patient's condition after going through Pro-QA, then the automatic notation 'SENT TO TFS' will be placed in the comments/notes tab of the call.*

7. Notify the on-duty SCS if required.

**Note:**

Once the PSA has looked at and dealt with the alert, the Senior EMD will place the following comment in the Call backs tab of the Incident Record.

- **PSA Reviewed: [unit #] [ETA] [and any other comment]**

This will advise all CACC staff looking at the incident record that the call has been reviewed and dealt with.

#### 4. ALTERNATE VEHICLE ALERT [Pit Senior EMD ONLY]

09:09 - AltVeh - Check Incident # 718 - 1-Delta - Unit 3086 

The **Alternate Vehicle alert** launches when there is an available vehicle in the vicinity of an active call. The Alternate Vehicle alert will also launch should there be an EMS resource in any Available, Dispatched or Responding status to a Delta or Echo call.

***When an Alternate Vehicle alert is displayed in the Senior EMDs AlertLine, he/she will:***

1. Find the call in the Optima Dispatch Active Call queue by clicking anywhere in the queue & typing in the 3 digits of the ID # that is displayed in the alert. In the alert above, the 3 digit ID# is **718**. The alert will also tell you what vehicle it is suggesting that maybe an option to an active call. In the example above, the unit # associated with ID#718 is **Unit 3086**.
2. See what vehicle is assigned to the call (**a reddish-brown arrow will be displayed**)
3. See if the Alternate Vehicle being recommended is actually closer than the assigned car by either;
  - a. checking the Optima 'Add Vehicles' application and see what the ETA of the Alternate Vehicle is compared to the assigned resource or
  - b. click on the vehicle icon on the Optima map of that unit that is being considered as the Alternate Vehicle and drag it to the call. (**an orange arrow will appear**) Optima will display the ETA of both the assigned resource and the ETA of the Alternate Vehicle
4. Assess and determine which the more appropriate vehicle to the call is.
5. If the Alternate Vehicle or any other TEMS resource is
  - a. > 4 min closer to the call,
  - b. is a more appropriate unit for the call or
  - c. should also be sent to the call
 then assign the unit(s) to the call or reassign the call to the Alternate Vehicle.
6. Wait up to 30 seconds to see if the EMD notices the Alert and acts on it.
  - a. If there is a more appropriate resource and the EMD does not act on the alert
7. Approach the EMD and advise of your direction
8. Notify the on-duty SCS if required.

**Call-backs FROM and TO the scene**

**1. Callbacks FROM the Scene**

Whenever the PSA takes a callback FROM the scene, the PSA will:

Ask the caller if anything has changed with the patient's condition.

If the answer to the above is:

YES	NO
<p>The PSA will:</p> <ul style="list-style-type: none"> <li>• Confirm the address</li> <li>• Confirm the phone number</li> <li>• Ask the caller, "Tell me what has changed"</li> <li>• Launch Pro-QA</li> </ul> <p>The PSA will then say and do the following:</p> <ul style="list-style-type: none"> <li>• "I'm going to confirm some information with you to update the call."</li> <li>• Verify <b>ALL</b> Case Entry (CE) information (this DOES NOT need to be verbatim). This will show the caller that we KNOW and UNDERSTOOD them the first time.                             <ul style="list-style-type: none"> <li>• "Are you STILL with the patient now?"</li> <li>• "Is s/he STILL awake?"</li> <li>• "Is s/he STILL breathing?"</li> </ul> </li> <li>• The PSA will re-configure the CE answers <u>IF</u> necessary.</li> <li>• If there is NO change in CE, continue with the previous Chief Complaint.</li> </ul>	<p>The PSA will:</p> <ul style="list-style-type: none"> <li>• Confirm the address</li> <li>• Confirm the phone number</li> <li>• Launch Pro-QA</li> </ul> <p>The PSA will then say and do the following:</p> <ul style="list-style-type: none"> <li>• "I'm going to confirm some information with you to update the call."</li> <li>• Verify <b>ALL</b> Case Entry (CE) information (this DOES NOT need to be verbatim). This will show the caller that we KNOW and UNDERSTOOD them the first time.                             <ul style="list-style-type: none"> <li>• "Are you STILL with the patient now?"</li> <li>• "Is s/he STILL awake?"</li> <li>• "Is s/he STILL breathing?"</li> </ul> </li> <li>• The PSA will re-configure the CE answer IF necessary.</li> <li>• If there is NO change in CE, continue with the previous Chief Complaint.</li> </ul>

<ul style="list-style-type: none"> <li>• If there are changes in CE, select the chief complaint that best addresses these changes (using the Chief Complaint Rules)</li> <li>• The PSA will then proceed to the Key Questions (KQs) tab and confirm <u>EACH</u> KQ. The KQs do not have to be verbatim, but each must be individually confirmed</li> </ul> <p>For example,</p> <ul style="list-style-type: none"> <li>• "Is s/he <b>STILL</b> completely alert?"</li> <li>• "Is his/her pain <b>STILL</b> below the navel?" or, "I have that his pain is below the navel. Is this correct?"</li> </ul> <p>Reconfigure the KQ if there is a change in the answer previously given.</p> <ul style="list-style-type: none"> <li>• Provide the caller with the appropriate PDIs/PAIs</li> <li>• Record <b>ALL</b> new pertinent patient details in the comments/notes tab of the incident record.</li> </ul>	<ul style="list-style-type: none"> <li>• If there are changes in CE, select the chief complaint that best addresses these changes (using the Chief Complaint Rules)</li> <li>• The PSA will then proceed to the Key Questions (KQs) tab and confirm <u>EACH</u> KQ. The KQs <b>DO NOT</b> have to be verbatim, but each must be individually confirmed</li> </ul> <p>For example,</p> <ul style="list-style-type: none"> <li>• "Is s/he <b>STILL</b> completely alert?"</li> <li>• "Is his/her pain <b>STILL</b> below the navel?" or, "I have that his pain is below the navel. Is this correct?"</li> </ul> <p>Reconfigure the KQ if there is a change in the answer previously given.</p> <ul style="list-style-type: none"> <li>• Provide the caller with the appropriate PDIs/PAIs and</li> <li>• Record <b>ALL</b> new pertinent patient details in the comments/notes tab of the incident record.</li> </ul>
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If the PSA is aware that there will be a delay in responding to the call, the PSA will advise the caller by using the following statements.

- *Your call is important to us.*

- *Your call has been processed and I will am watching it closely.*
- *However, we are experiencing a high volume of priority calls at this time and we will send you an ambulance as soon as we are able to.*
- *I will keep in touch with you to ensure that there has been no further change with [THE PATIENT'S] condition.*
- *If s/he gets worse in any way, call us back immediately for further instructions*

*The PSA will continue to contact the caller on a regular basis (every 20 – 29 minutes) to advise them of further delay and to check if the patient's condition has worsened.*

**NOTE:**

[THE PATIENT] can be replaced with MOTHER, FATHER, DAUGHTER, SON, BROTHER, SISTER, GRANDMOTHER, GRANDFATHER, FRIEND or COUSIN etc.

This will provide a personal touch and may possibly develop a better rapport with the caller.

## 2. Callbacks **TO** the Scene

Prior to making any call-backs to the scene:

1. The PSA will coordinate 'PENDING' incident call-backs with the on-duty SCS or his/her designate. The SCS may do the initial callback.
2. For 'ACTIVE' incidents, the PSA and/or SCS will monitor response times and make call-backs to the scene, as required.
  - a. Enter the time of the call-back in the 'Main Intersection' field of the incident record to advise all EMDs of the time of the call-back.
    - i. i.e. '+ calling @ [time]'

Post callback to the scene:

1. After the callback has been made, change 'calling' to 'ADV' in the 'Main Intersection' field of the incident record to advise all EMDs that callback has been made to the scene.
  - i.e. '+ ADV @ [time]'
2. The PSA will also place a comment into the 'Comments' tab of the incident record indicating that a callback was made to the scene. This can be achieved by using the /PSA shorthand comment.
  - i.e. /PSA [PSA comment] or /PSA doing callback

Other callback related notifications

- Consider using '+ v/mail @ [time]'
- Consider using '+ busy @ [time]'
- Consider using '+ n/answer @ [time]'

Whenever the PSA makes a callback **TO** the scene to advise of a delay, the PSA will state the following:

- *"Hello, may I please speak to [ORIGINATOR]. "*
- *My name is [PSA's name]. I am calling from the Toronto EMS Communications Centre.*
- *I am calling to check on [THE PATIENT] and see how s/he is doing.*
- *"Has anything changed with [THE PATIENT'S] condition" **[[Wait for response]]***

If the answer to the above is:

YES	NO
<p>The PSA will:</p> <ul style="list-style-type: none"> <li>• Launch Pro-QA</li> </ul> <p>The PSA will then say and do the following,</p> <ul style="list-style-type: none"> <li>• "I'm going to confirm some information with you to update the call."</li> <li>• Verify <b>ALL</b> Case Entry (CE) information (this DOES NOT need to be verbatim). This will show the caller that we KNOW and UNDERSTOOD them the first time. <ul style="list-style-type: none"> <li>• "Are you STILL with the patient now?"</li> <li>• "Is s/he STILL awake?"</li> <li>• "Is s/he STILL breathing?"</li> </ul> </li> <li>• The PSA will re-configure the CE response <u>IF</u> necessary.</li> <li>• If there is NO change in CE, continue with the previous Chief Complaint.</li> <li>• If there are changes in CE, select the chief complaint that best addresses these changes (using the Chief Complaint Rules)</li> <li>• The PSA will then proceed to the Key Questions (KQs) tab and confirm <u>EACH</u> KQ. The KQs <u>DO NOT</u> have to be verbatim, but each must be individually confirmed</li> </ul> <p>For example,</p> <ul style="list-style-type: none"> <li>• "Is s/he STILL completely alert?"</li> <li>• "Is his/her pain STILL below the navel?" or, "I have that his pain is below the navel. Is this correct?"</li> </ul>	<p>The PSA will:</p> <ul style="list-style-type: none"> <li>• Launch Pro-QA</li> </ul> <p>The PSA will then say and do the following,</p> <ul style="list-style-type: none"> <li>• I'm going to confirm some information with you to update the call.</li> <li>• Verify <b>ALL</b> Case Entry (CE) information (this DOES NOT need to be verbatim). This will show the caller that we KNOW and UNDERSTOOD them the first time. <ul style="list-style-type: none"> <li>• "Are you STILL with the patient now?"</li> <li>• "Is s/he STILL awake?"</li> <li>• "Is s/he STILL breathing?"</li> </ul> </li> <li>• The PSA will re-configure the CE answer <u>IF</u> necessary.</li> <li>• If there is NO change in CE, continue with the previous Chief Complaint.</li> <li>• If there are changes in CE, select the chief complaint that best addresses these changes (using the Chief Complaint Rules)</li> <li>• The PSA will then proceed to the Key Questions (KQs) tab and confirm <u>EACH</u> KQ. The KQs <u>DO NOT</u> have to be verbatim, but each must be individually confirmed</li> </ul> <p>For example,</p> <ul style="list-style-type: none"> <li>• "Is s/he STILL completely alert?"</li> <li>• "Is his/her pain STILL below the navel?" or, "I have that his pain is below the navel. Is this correct?"</li> </ul>



<p>Reconfigure the KQ if there is a change in the answer previously given.</p> <ul style="list-style-type: none"> <li>• Provide the caller with the appropriate PDIs/PAIs</li> <li>• Record <b>ALL</b> new pertinent patient details of the callback in the comments/notes tab of the incident record.</li> <li>• Advise the SCS and/or Deputy Commander via IM whenever a callback results in a priority upgrade causing a late response. The PSA will document this change in the 'Callbacks' tab of the incident record by using the following shorthand comment.</li> </ul> <p>For example,</p> <ul style="list-style-type: none"> <li>• /PSL [comment]@ [time]</li> <li>• PSA Reviewed: Late Response due to call being upgraded on callback @ [time] with change in patient condition. 3364A ETA 10 mins</li> </ul> <ul style="list-style-type: none"> <li>• If there will be a 'delay', the PSA will also enter into the comments 'ADV of Delay' indicating that the caller has been made aware that there will be a delay. The goal here is to realign the caller's expectation of when to expect an ambulance.</li> </ul>	<p>Reconfigure the KQ if there is a change in the answer previously given.</p> <ul style="list-style-type: none"> <li>• Provide the caller with the appropriate PDIs/PAIs</li> <li>• Record <b>ALL</b> new pertinent patient details of the callback in the comments/notes tab of the incident record.</li> <li>• If there will be a 'delay', the PSA will also enter into the comments 'ADV of Delay' indicating that the caller has been made aware that there will be a delay. The goal here is to realign the caller's expectation of when to expect an ambulance.</li> </ul>
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Once the PSA has gone through or confirmed ALL Case Entry and Key Questions and has provided the appropriate PDIs/PAIs, should there be further delay in sending an ambulance, the PSA will state the following:

- *Your call is important to us.*
- *We wanted you to know that your call has been processed and I/we will am/be watching it closely.*
- *However, we are experiencing a high volume of priority calls at this time and we will send you an ambulance as soon as we are able to.*

- *I will keep in touch with you to ensure that there has been no further change with [THE PATIENT'S] condition.*
- If s/he gets worse in any way, call us back immediately for further instructions

*The PSA will continue to contact the caller on a regular basis (every 15 - 20 minutes) to advise of further delay and to check if the patient's condition has worsened.*

**NOTE:**

[THE PATIENT] can be replaced with MOTHER, FATHER, DAUGHTER, SON, BROTHER, SISTER, GRANDMOTHER, GRANDFATHER, FRIEND or COUSIN etc.

This will provide a personal touch and may possibly develop a better rapport with the caller.

**Shorthand comments related to PSA:**

DON	Duty Officer Notified
PSA	*PSA Note: <either in comments or call backs>
PSACOTW	*PSA* Crew contacted and now confirmed to be on the way for: <comments>
PSAmOFF	*PSA* MobiCAD off / AVL issue. Crew advised to reboot. <EMD used – add /DON to confirm notification of duty officer>
PSAmON	*PSA* MobiCAD on / AVL issue. Crew advised to reboot. <EMD used – add /DON to confirm notification of duty officer>
PSAxP	*PSA* Crew did not respond when called on phone. CONFIRM ON THE WAY <EMD used – add /DON to confirm notification of duty officer>
PSAxR	*PSA* Crew did not respond when called on radio. CONFIRM ON THE WAY <EMD used – add /DON to confirm notification of duty officer>
PSL:	PSA Reviewed: Late Response <call-backs – add veh#, ETA and reason for delay>
PSR	PSA Reviewed: Response <call-backs – add veh#, ETA>
PSW:	PSA Reviewed: Wheels Rolling <comments from location (STN or ER)>

**Training Checklist:**

- Student was shown the Mandatory Workstation Set-up
  
- Navigation of OPTIMA
  - Student was shown how to access InformCAD from the Optima Dispatch windows Pending and Active Queues
  - Student was shown the Optima Dispatch window
  - Student was shown how to add vehicles to recommendations to see what the ETA of other units are
  - Student was shown how to search through Active calls by typing in the 3 digit ID#
  
- Reviewed with student: Process for verification of unit assignment for Priority Calls (Echo, Delta and Charlie)
  
- Student was shown the process of what is expected with each alert
  
- Student was shown the NEW Incident Detail report and Unit Response Details Report
  - Each section was reviewed with the Student showing the similarities to InformCAD
  
- Student was shown how to ensure the correct unit is responding to priority calls





# Roles and Responsibilities

## Section 2.6 Senior EMD Processes

# Toronto CACC Senior EMD Dispatch Manual

# Senior EMD Processes

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## Patches

One Desk staff will be asked to patch crews to hospitals, Base Hospital physicians, the coroner's office, language line and stations or other numbers by paramedic crews and District Superintendents. The Senior EMD should attempt to listen to those patches relating to stroke and coroner calls to record information. However, there will be times when the Senior EMD will have to disconnect from the patch. These times will include:

- To answer a high priority call
- To deal with a situation where an EMD or SCS needs immediate assistance
- When the volume level on the patch is too low for the participants to hear each other. This will happen occasionally and the removal of one of the parties tends to boost the levels for the remaining parties

## Coroner patches

Paramedic crews are required to notify the Coroner's Office of most Code 5 and pronounced patients. Exceptions to these are deaths in a nursing home that have a doctor to sign the death certificate, and expected terminal illness deaths where arrangements have been made for the palliative care doctor to attend the scene for the death certificate. All other circumstances will require a patch through CACC to the coroner's office.

When a crew calls CACC it will usually be on a crew line. When starting a coroner patch it is important to try to use 489-2118 as one of the lines involved as it is recorded any time it is used, even if the patch is not actively being listened to. Other lines are not recorded in the same way and occasionally a recording will need to be listened to clarify information before the tapes can be pulled by PSU.

The Senior EMD will take the originating line and patch it to the Coroner's Office line that is located in the 1Desk tab in the AVTEC phone book.

The Senior EMD should try to listen to all coroner patches and record the following information in the COMMENTS tab:

- PC number and division
- Time of pronouncement and name of Base Hospital Physician that pronounced
- Any pertinent information (homicide, unusual circumstance or other noteworthy item) can be recorded in the Call Backs section of the emergency call form.

## ALS patches

ALS crews have preset numbers in the departmental cell phones that automatically patch through to Sunnybrook Base hospital physicians. There will be occasions when the ALS crew has a failure and will call CACC for an ALS patch. This patch is set up in the same way as stroke patch. Whichever line the crew called on will be patched with the "SUN EMS 1" or "SUN EMS 2" lines located on the Hospitals page of AVTEC.

These patches only need be occasionally monitored to be disconnected when they are finished.

## STEMI patches

These are completed the same as they are when done at the Coordinator positions. Patch the incoming line with an outgoing line and dial the proper STEMI lab speed dial on the STEMI speed dial page in AVTEC.

## PIA crash alarm

Located above Desk 17 in the CACC near the current SCS position is a speaker that transmits the crash alarm from PIA (Pearson International Airport). These alarms require the dispatching of the ESU Bus and ESU Truck to the airport; and confirmation of receipt of the call with Mississauga CACC (MISS CACC) and the Pearson Operations Centre (PIA OPS CTR).

Upon receiving an alarm the Call Receiver Senior or designate will create an emergency call in InformCAD with the Nature/Problem being "AIRPORT STANDBY".

If the call is at PIA the location will be entered as:

AP PIA STAGING PRIMARY at 6300 Airport Road

If the call is off the airport proper then the location given will be used in InformCAD.

The alarm will be broadcast in the same order twice so if information is missed at first it will be repeated. The broadcast will report the planes call sign, type of aircraft, hazardous cargo and souls on board, landing on which runway and an ETA along with the reported problem. Record this information in the comments section of the emergency call form.

The ESU units will attend the call and be on radio channel A5 (SUPV) for the duration of the call and be monitored by the Pit Senior EMD until a stand down is received from PIA.



The crash alarms are as follows:

<b>PIA Crash Alarm</b>	<b>Description</b>
1-Alpha	Crash: On Airport
1-Bravo	Crash: Off Airport
1-Charlie	Malfunction: Aircraft in Flight
1-Delta	Incident: Aircraft on Ground
1-Echo	Bomb Threat: On Aircraft
1-Foxtrot	Highjacking
2-Alpha	Fire: Structural
2-Bravo	Bomb Threat: Structural
2-Charlie	Malfunction: Structural
2-Delta	Fuel Spill
2-Echo	Chemical Spill
2-Foxtrot	Radioactive Spill
3-Alpha	Medical Emergency: On Aircraft
3-Bravo	Medical Emergency: Not on Aircraft

## Taxi calls

Taxi cabs can be used to move paramedics from station to station to create full crews; pick up vehicles or drop crew members back at their original book on location.

Every attempt should be made to use departmental and personal vehicles before using taxis to move paramedics. However, end of shift movements to save on overtime are usually done by taxis.

The process for a taxi request is as follows:

- On AVTEC, go into the 1Desk tab in the phonebook; select the taxi service that you want to call
- Identify yourself and request a pickup
- The taxi dispatcher requires
  - The pickup location (station, hospital name, incident address, etc.)
  - The drop off location (see above)
  - The paramedic's first name
  - Your name
- You are required to get the taxi dispatcher's name
- Go into the One Desk App; select the correct date; book offs tab; then Cab Calls tab.

- Enter the appropriate information (including EMS# of the on-duty SCS) and save your info

## Tire repairs

When a vehicle gets a flat tire it is the responsibility of the Senior EMD to call the current tire repair contractor and they will respond to the location. Record this information in the log in the folder at the Admin Senior position.

Information needed:

- Unit number and location
- Which tire and position (driver side front tire, passenger side rear outside tire)
- Size of the tire (225/75 R16 for example)
- Nature of repair or is a total replacement needed.

## Tow trucks

When a vehicle needs to be towed to a location the Senior EMD will call the current contracted tow truck company and request a pick up at the vehicle location. Record this information in the log in the folder at the Admin Senior position.

Information needed:

- Unit number and location
- Location unit will be towed to (District Hub, HQ or other repair facility)
- Nature of the problem (involved in MVC, won't start, fluids leaking)
- Will the crew be with the unit; and if not where will the keys be located

Before a tow truck is called the DOS will have arranged for the crew to either be cabbed or shuttled to a location (usually the district hub) to pick up a replacement vehicle and what will be happening to the equipment the crew needs to switch off the vehicle being picked up.

## CCTU

The CCTU medics are dispatched by One Desk to calls approved by ORNGE. ORNGE will call with the details of the call and will require the confirmation number to enable them to send the call details to the CCTU crew on the ORNGE supplied Blackberry device.

CCTU vehicles are available for first response to DELTA and ECHO responses. Occasionally they will transport patients from these calls.

***IN ALL CASES A CCTU VEHICLE IS USED FOR A CALL NOT GIVEN BY ORNGE, ORNGE MUST BE NOTIFIED THAT THE CREW IS UNAVAILABLE.***

Any time a CCTU crew does a call not approved by ORNGE they are only certified as an ALS crew, and therefore unable to use the more advanced skills they have. This is important to remember when a call is received from a hospital that has not gone through ORNGE, but would probably qualify for CCTU response. The ORNGE physician must approve the call before the CCTU crew can use their advanced skill set.

ORNGE should be notified at the start of shift of the CCTU vehicle and crew members, as well as any time their availability changes (Book offs, lieu etc.)

The CCTU crews will use channel TAC C/B8.

### **ETF / TRU (2020-08-26 MEMO New Tactical Response)**

Requests for the ETF medics to attend Command Post calls will be received on the administration lines from the ETF police. When taking the call inform the ETF police if the ETF paramedic crew is available, and if not whether they require an ALS crew to stand by until they are.

These calls are to be sent to NE as a BRAVO Command Post. If an ETF crew is unavailable the closest ALS crew and the D5 Superintendent will be assigned. If there is no D5 Superintendent on duty then the closest District Superintendent shall be advised of the call.

Once the ETF crew/D5 DOS is advised of a target address, they will let the SEMD know via phone or radio to check their activity log for that information. The target address and any incident related details should never be broadcast over any radio channel.

The ETF medics will use channel TAC C/B8.

### **Emergency Button Testing**

Each Sunday evening, CACC is required to do emergency button testing with one crew on Destination and Clearing Channels in addition to each quadrant. This is to verify that the system is functioning correctly and to practice procedure with the EMD and the paramedic crew.

The procedure checklist is accessible at all times in a duo tang under the SmartZone radio console in the black cabinet behind the DC.

Two SEMDs are involved in the emergency button testing; one to knockdown the SmartZone radio and the other to speak to the crews directly and document any issues.

The SEMD assigned to speak with the crew will follow the procedure listed below:

- Choose a crew from the first quadrant; preferably one that has just arrived back at the station
- Notify the EMD, CACC staff and appropriate DOS of the vehicle chosen
- Call into the station and notify the crew that they will be required to perform emergency button testing. Advise the crew to get both of their portable radios and return to the phone. The SEMD will remain on the phone with the crew for the duration of the test
- Instruct the crew to press and hold the orange emergency button on the first portable radio for at least two seconds to activate the emergency system. Once the alarm is activated, there is 20 seconds of open carrier where the EMD will be able to hear the crew on the Emergency Channel
- Upon alarm activation, the QEMDs will respond on their selected radio channels with, "Unit #, Copy 10-2000, 10-20, TEST, TEST, TEST"
- The QEMD involved will proceed by:
  - Creating a 10-2000 ticket by using E2000 in PowerLine; and adding TEST to the comments
  - Confirming with One Desk and the DOS that the alarm is a test
  - After the 20 seconds of open carrier, the QEMD will manually select the Emergency Channel on their AVTEC and respond with, "Unit #, Copy 10-2000, 10-20, TEST, TEST,TEST"
- Instruct the crew to respond during the open carrier with, "Unit #, 10-2000, state their location, TEST, TEST, TEST"
- Once the crew copies the QEMD on the Emergency Channel, they are to respond with, "Unit #, 10-2000, state their location, state how the transmission was copied (i.e. 5 x 5, etc), TEST, TEST,TEST"
- Once the test is complete, instruct the crew to press and hold the orange emergency button on the portable to clear the emergency. The portable should switch back to the previously selected channel.
- Document the appropriate information on the log sheet
- Repeat the process for the second portable radio
- Repeat the entire process for all four quadrants as well as Destination and Clearing channels/EMDs
- Report any issues to the SCS when they receive the log sheet

Weekly Emergency Button Test							
Date: 4-Jan-16							
Quadrant	Unit No. Tested	Time	EMD	Crew	Worked Properly	Concerns	Reported
N/W							
N/E							
S/W							
S/E							
HDC							
HCC							

Senior EMD		
Superintendent		
Commander		

*Print Name and Date*
*Signature*

\*\*\*Please forward to CACC Commander for review and signature when test has been completed.\*\*\*

Dec.30.11/eb

The SEMD assigned to knockdown the SmartZone radio will follow the procedure below:

When a paramedic activates the emergency button on a TPS portable radio, or on one of the ambulance SmartZone mobile radios, or on a Provincial Radio, a warning tone is generated from the corresponding Centracom Gold Elite Console at One Desk or the Out of Town desk. This tone must be silenced as soon as possible.

**To silence the tone:**

1. Ensure the correct Gold Elite console is accessed by cycling through the available screens using the 'Select' button (silver button) on the SwitchView machine beneath the centre screen

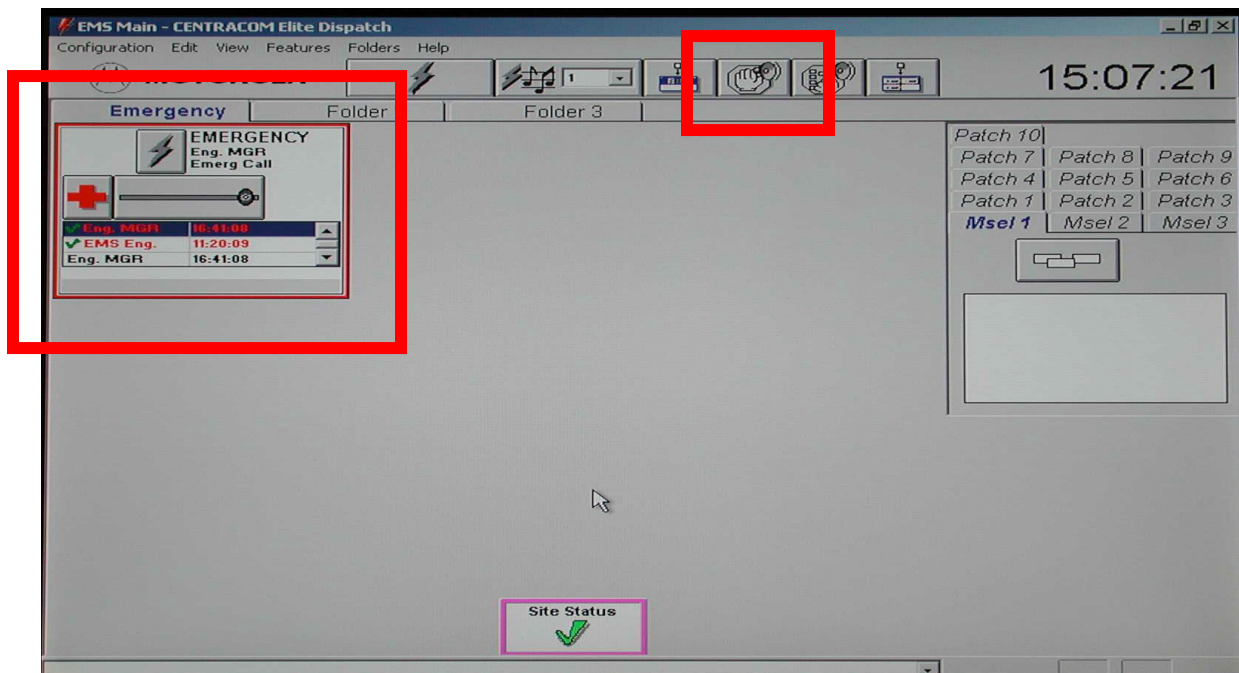
**TPS = "SmartZone"**

**GMCP = "GMCP Radio"**

2. Click on this icon displayed **in the Toolbar** of the appropriate Gold Elite Console



**1.**  
**Click here to  
silence tones**



→ Deal with the Emergency as per Emergency message procedures

- After the emergency has been dealt with, the Centracom Gold Elite Console must be reset to prepare for the next emergency.

To **cancel the previous emergency message** and **reset** the system, follow the steps below:



2.  
When the emergency has been dealt with, click on the “Red Cross” in the list window to launch this window

3.  
Click on the correct unit to be cleared from the list (there should only be one unless there are multiple alarms or a previous emerg has not been properly cleared).

4.  
Click on this icon (it will be **RED**) to silence the alarm in Avtec

5.  
Click on this icon to remove the unit from the list and *reset the system* when the emergency has been dealt with.



- Document any issues on the log sheet

**GMCP RADIO - System Alarms**

To silence system alarms:

1. Click on “Features” in the menu bar.
2. Click on “End Emergency Tones”.
3. Call on-duty Engineering Support.



6.  
Ensure that the background of the talkgroup is now **WHITE** again with a **GREEN** border. If it’s not white simply select it with the mouse.

## COMPLEX CARE CASES (CCC)

Sector EMDs will be receiving calls in their PIQs for Complex Care Cases. These incidents require a particular dispatch requirement which the EMD will, most likely, have to do manually via CAD or manually add/remove vehicles in the Optima dispatch window.

EMDs will be following the dispatch requirements listed in the automatic premise information listed in the Comments/Notes of the incident. Only one of the three options below will be displayed as it will be specific to that particular CCC patient:

1. CACC: CCC – Dispatch Requirements: ALS Mandatory
2. CACC: CCC – Dispatch Requirements: ALS Preferred
3. CACC: CCC – Dispatch Requirements: BLS Preferred

Sector EMDs will be notifying the Pit SEMD that they have a CCC incident. Once notified, the SEMD will follow the procedure outlined below:

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

Update the SCS as changes arise.

## INCIDENTS AT 4330 DUFFERIN ST & THE HEADQUARTERS EMERGENCY RESPONSE TEAM (HQR)

The Headquarters Emergency Response Team (HQR), 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 HQR **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 HQR will be assigned by 1-Desk in addition to the transport unit. **This applies even when the caller specifically requests only for HQR attendance and no transport.**

See Education Bulletin 2020-6 for further details.





## Roles and Responsibilities

Section 2.7  
Notifications

# Toronto CACC Senior EMD Dispatch Manual

# Notifications

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The Senior EMD is responsible for many notifications to a varied list of agencies and individuals during the course of a shift. While these notifications will depend on the situation at the time there are certain types of calls that will always require a notification to a certain group.

The Senior EMD is required to notify the SCS and DC when major incidents occur. This can be done verbally or through the SEND command in PowerLine.

- Shootings and stabbings
- Fire standbys
- Airport standbys
- Departmental accidents
- Toronto Police and Toronto Fire Services departmental accidents
- Accidents/Incidents involving off duty Toronto Paramedic Services employees
- Crews staging
- Suspicious deaths
- Any noteworthy incident

The Senior EMD is also responsible for notifying Toronto Police, O.P.P. and Toronto Fire of the need for their attendance at certain events or incidents. There will be occasions when the TTC (Wheel Trans and regular) is needed to attend calls such as fire scenes or bariatric or wheelchair patients, and the Pit Senior will usually be the one arranging such notifications.



Communication  
Equipment &  
Software

# Toronto CACC Senior EMD Dispatch Manual



# Communication Equipment & Software

Section 3.1  
TeleStaff &  
Workforce Central

# Toronto CACC Senior EMD Dispatch Manual

# KRONOS (TeleStaff & Workforce Central)

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Kronos TeleStaff (TS) and Workforce Central (WFC) are the Division's scheduling and payroll software.

The **most important** tool that the Senior EMD uses is the TeleStaff. This system drives many functions that are essential to the workings of Toronto CACC.

Proper use of this system allows for the units to Auto-roster in InformCAD and the paramedic crew names to be added to the units. It is essential this information be correct for follow up on everything from missed meal break payments; Health and Safety (infectious disease notifications, MVC and 10-2000 situations) and Professional Standards Unit investigations involving the Police and SIU. The automatic daily pages to senior staff are based on the information in TeleStaff when the counts are generated; if this information is not complete it can lead to incorrect information being sent out which can lead to issues ranging from an overtime callout being generated when not needed to medics not being granted lieu time when they could have in fact been eligible for it. Many inquiries can be answered with very little follow up if this information is maintained correctly at all times.

WFC is the main source of information for payroll calculation. Book on and book off times are recorded for on time, late and mid shift incidents such as sick or lieu time being granted.

**All entries into the TS system are tracked by user name and logged. Senior EMDs should only be changing vehicle numbers for paramedics. Badging on paramedics PRIOR to the start of their shift is also acceptable. Any other change in status or payroll entries will be done on the time sheets and entered into TS by the payroll department.**

**\*\*\*Late staff entries should only be entered/corrected in KRONOS when directed by a management personnel. The EMS # and Last Name should be recorded where possible.**



## Using TeleStaff (TS)

Double click on this desktop icon (TeleStaff Internal Admin):



Login using your Novell User ID & Novell Password:

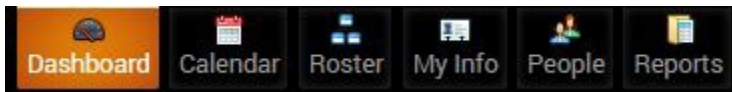
A screenshot of the KRONOS Workforce TeleStaff login interface. The background is a dark blue gradient. In the top left corner is the KRONOS logo, which consists of an orange circle with white lines radiating from it, followed by the word "KRONOS" in white. In the top right corner, the text "Workforce TeleStaff™" is displayed in white, with the version number "5.4.5.8.2" below it. The main area contains two white input fields. The first is labeled "User ID" and contains the placeholder text "Your User ID". The second is labeled "Web Login Password" and contains the placeholder text "Your Password". Below the password field is an orange "Sign In" button with white text.

The main landing page:

The screenshot shows the KRONOS main landing page. At the top, there is a navigation bar with tabs for Dashboard, Calendar, Roster, My Info, People, and Reports. The user is identified as ADMIN KUZYK, NICHOLAS. The main content area is divided into several sections:

- My Info:** Includes links for Update My Password, View Personal History Report, and View Contact Log.
- Upcoming Schedule:** A table showing the schedule for the period 06/26/2018 - 07/10/2018. Each row represents a day with a 24.0h shift from 07:00 - 07:00. The schedule includes days off (Canada Day on July 1st) and a pay day on Thursday, June 28th.
- Requests:** Shows 06/26/2018 - 07/10/2018 with 0 Requests Approved and 0 Requests Awaiting Approval. A link to View My Personal Calendar is provided.
- Featured Vacancies:** Shows 06/26/2018 - 07/10/2018 with the note "None exist".

Main Toolbar:



Not all toolbar icons are used by One Desk. The following are the commonly used icons/links:

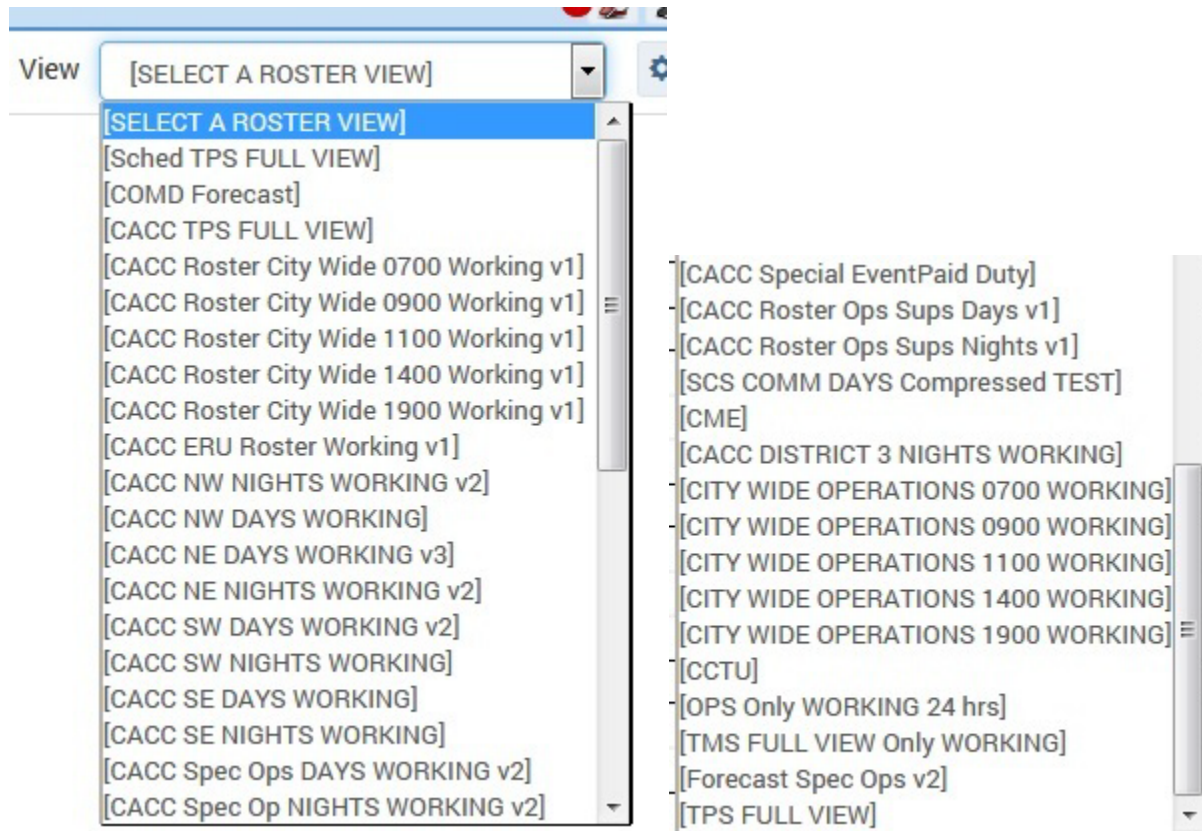


The Roster link is where all staffing information can be found. This is where information can be viewed to create forecast sheets and cross-check the report sheets.

After clicking on the Roster icon, this is the landing screen. Minimal information will be displayed until a View "filter" is selected.

The screenshot shows the Roster landing screen. The navigation bar is the same as the main landing page, but the "Roster" tab is highlighted. The main content area shows a date filter set to 06/26/2018 and a "View" dropdown menu with the option "[SELECT A ROSTER VIEW]".

View Filters cause specific staff groups to be displayed:



These filters are occasionally changed/updated by scheduling management to help capture staff working different shifts.

The common filters used are:

- CACC TPS FULL VIEW
  - This view shows all staff booking on at 0700 **INCLUDES NON-PRODS** (all Districts)
- CACC Roster City Wide 0700 Working v1
  - This filter shows all Paramedic staff booking on at 0700 (all Districts)
- CACC Roster City Wide 0900 Working v1
  - This filter shows all Paramedic staff booking on at 0900 (all Districts)
- CACC Roster City Wide 1100 Working v1
  - This filter shows all Paramedic staff booking on at 1100 (all Districts)
- CACC Roster City Wide 1400 Working v1
  - This filter shows all Paramedic staff booking on at 1400 (all Districts)
- CACC Roster City Wide 1900 Working v1
  - This filter shows all Paramedic staff booking on at 1900 (all Districts)
- CACC Special EventPaid Duty
  - This filter shows all staff booking on for Special Events/Paid Duty assignments



- CACC Roster Ops Sups Days v1
  - This filter shows all supervisors working days & c-shift
- CACC Roster Ops Sups Nights v1
  - This filter shows all supervisors working night shift
- TMS FULL VIEW Only WORKING
  - This filter shows all staff working all shifts in all divisions on the selected date

After selecting a View filter, the associated information will be displayed:

Station	Staff Name	Qualification	Contact Info	Status	Shift Times
10B 6F	MACDONALD, SCOTT (St/Z) (D1)	West 08146746 - 3160 - [VTBD]	Vac	09:00 21:00 12	
	LAU, ALEXANDER (S/St) (D1)	West 08163090 - 5155 - [V]	ILL	09:00 21:00 12	
	LAU, ALEXANDER (S/St) (D1)	West 08163090 - 5155 - [V]	#1	09:00 21:00 12	
10 BLS *FIXED* JS6 07-19	SINCLAIR, MITCHEL (PT/St) (D1)	West 08169689 - 8225 - [V893]	RegPT	07:00 19:00 12	
	MACCUSH, ADAM (PT/St) (D1)	West 08168398 - 7960 - [V]	RegPT	07:00 19:00 12	
10B SIBAC	HQ, CYNTHIA (F/S/St) (D1)	West 08154868 - 3780 - [VTBD]	SSwp-O	07:00 19:00 12	
	MULDER, CHERENE (S/St) (D1)	West 08161372 - 4725 - [V805]	SSwp...	07:00 19:00 12	
	SHERAN, CHRISTOPHER (S/St) (D1)	West 08152298 - 3540 - [V805]	Reg	07:00 19:00 12	
10A S1CAC	JOHNSTON, SCOTT (S/St) (D1)	West 08161364 - 4710 - [V834]	Reg	07:00 19:00 12	
	BARTHA, SYDNEY (S/St) (D1)	West 08161323 - 4770 - [V834]	Reg	07:00 19:00 12	
10B S1BAD N	TRIMMER, DAVID (S/St) (D1)	West 08162135 - 4900 - [VTBD]	Reg	19:00 07:00 12	
	??	#1		19:00 07:00 12	
10A S1CAD N	ARAUJO, JOSE (St) (D1)	West 00730077 - 1826 - [VTBD]	Reg	19:00 07:00 12	
	VIOLA, ALESSANDRA (S/St) (D1)	West 08163110 - 5180 - [V]	Reg	19:00 07:00 12	
10B FTOB N	WALKER, CHRISTOPHER (F/St) (D1)	West 08146766 - 3260 - [VTBD]	Reg	19:00 07:00 12	
	MOSTAFA, ISSAM (NEW/PT/St) (D4)		T-1rg	19:00 07:00 12	
	LAW, YEUK SAN BOAZ (NEW/PT/St) (D4)		T-1rg	19:00 07:00 12	

The main columns displayed are:

Station Coding and Seat Level:

<b>10 BLS *FIXED* JS6 07-19</b>
Paramedic 1
Paramedic 1

Station Coding and the expected Paramedic Level for that "Ambulance Seat".

\*\*\*Note that this does not always reflect the Employee's actual Paramedic level. Often Level 1 Paramedics are incorrectly displayed as being a "Paramedic 3". This will be corrected in a future KRONOS update.\*\*\*

Employee Information:

JOHNSTON, SCOTT (S/St) (D1)	West 08161364 - 4710 - [V834]
BARTHA, SYDNEY (S/St) (D1)	West 08161323 - 4770 - [V834]

Paramedic name, qualification codes, district, employee number and selected vehicle.

## Paramedic Qualification Codes

BIKE	K
CBRNE	X
CCTU	E
ERU	Z
ESU	O
ETF	G
FTO	F
HUSAR	HSR
ISLAND	I
MARN (Marine)	W
NEW ( <i>less than 1 year</i> )	N
PSU	P
RECRUIT	R
SWING	S
STRYKER TRAINED	St

**New Employees will be displayed in RED (< than 1 year for paramedics – still in training for CT)**

**Swing Employees will be displayed in BLUE**

**Permanent employees will be displayed in BLACK**

**FTOs will be displayed in GREEN**

## Staffing Status:

**BL** Bereavement Leave Off

**CSOff** **SSwp-O...** Shift Change Off

**CSOn**

**.FSH**

**IDEP** Ill Dependent Off

**.ILL** Ill Off

**Lt-Reg** Lieu Time Off

**^Me...** Memo/Note Added to Employee

**MOD-A**

**PAR** Parental Leave

**PT-SSwp...** **SwSSwp...**

**Reg**

**RegPT** Regular Shift Part-Time

**Swing** Swing Staff

**T - Trg**

**Vac**

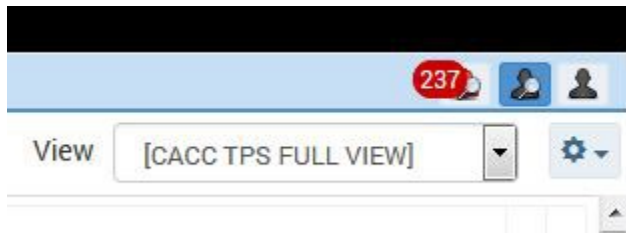
**.WSIB-A...**

## Shift Hours:

18:00	06:00	12
19:00	06:00	11

This displays each employee's scheduled start & end time. It also displays the total number of work hours in their shift. In this case, the bottom employee has 1 hour of beginning of shift (BOS) lieu time.

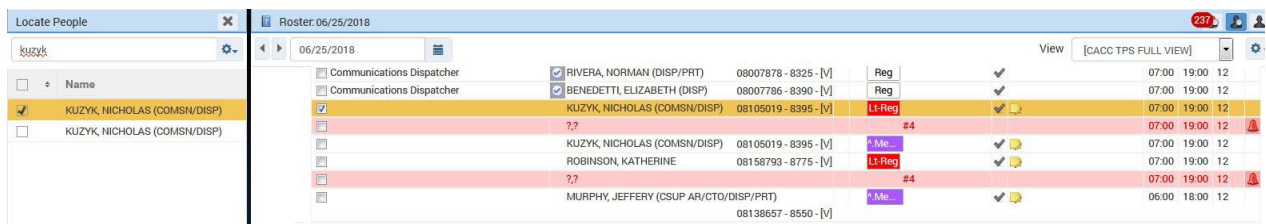
Searching for Scheduled Staff:



Searching for staff scheduled to work on the selected date can be achieved by clicking on the Silhouette with a Magnifying Glass icon. This can be found in the upper right corner.

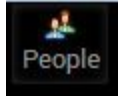


A search bar will open in the upper left corner. Typing in a name will narrow down the results. Select the appropriate name being searched for.



Once a name is selected, the associated name will also be highlighted in the main roster.

\*\*\*For best results, the CACC TPS FULL VIEW filter should be used to capture potential non-prod staff that were scheduled in on that date.\*\*\*



The People link landing page displays all staff members.

KRONOS ADMIN KUZYK, NICHOLAS Sign Out

Dashboard Calendar Roster My Info People Reports

People Filters 06/26/2018 Now Search

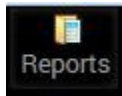
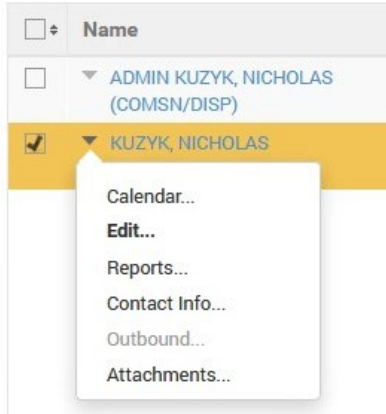
Name	Rank	Opportunit...	1st Co...	2nd C...	Employee ID	Payroll ID	Specialties	Group	Can Act As
A ADEMOLU, LA TANYA (COMSN)	Communication...	8490.00	*4162782590		A08130358		COMSN	DNC	COMSN
A AUSTIN, MELANIE (COMSN/DISP)	Communication...	8370.00	*4163460522	*9056864326	A08118978		COMSN, DISP	DNC	COMSN, DISP, AR
A BANZ, CAROLINE (COMSN)	Communication...	8210.00		*4167786974	08101216		COMSN	DNC	COMSN
A BURGIN, JAMES	Communication...	8180.00	*7056279108	E.ems175@...	A00721621			DNC	CSUP
A DART, JENNIFER (COMSN/CSUP AR/CTO/DISP)	Communication...	8575.00	*222-2222				COMSN, CSUP AR, CTQ, DISP	DNC	CSUP, COMSN, AR
A DOUGLAS, KRISTOPHER (COMSN/CTO/DISP)	Communication...	8635.00		*7053093771	A08148439		COMSN, CTO, DISP	DNC	COMSN, DISP, AR
A EDMARK, A. KRISTINA	System Admin	1586.00			A00658427	A00658427			SCHED, SUP AR
A Galvan, LEANNA (COMSN/CSUP AR)	Communication...	8280.00	*4167218151	*9055330329	08106793		COMSN, CSUP AR	DNC	CSUP, COMSN, AR
A GILLIES, ROBERTA (COMSN/Un)	Communication...	8245.00		*9059873534	A08105698		COMSN, Un	DNC	COMSN
A HAMMOND, LORIE MAY (COMSN)	Communication...	8095.00			A00553339		COMSN	DNC	COMSN
A LARSEN, JEANETTE (COMSN)	Communication...	8075.00	*7059773875	*6139025231	A00518894		COMSN	DNC	COMSN
A LEES, GREGORY JOHN (COMSN/CSUP AR)	Communication...	8150.00	*6472945535		A00635144	00635144A	COMSN, CSUP AR	DNC	CSUP, COMSN, AR
A MACK, ISA (COMSN/CT)	Communication...	8205.00	*(416)540-3...	*(905)332-9...	A00735589		COMSN, CT	DNC	COMSN, AR
A POOLSAAR, KRISTINE K C C. (DISP)	Communication...	8425.00	*(416)995-7...		A08126715		DISP	DNC	COMSN
A SCOTT, SANDRA (COMSN)	Communication...	8420.00	*(905)242-7...	*(905)243-0...	A00554808		COMSN	DNC	
A SIBBERT, RAE (COMSN)	Communication...	8100.00	*(905)434-1...	*(905)432-5...	A00558254		COMSN	DNC	

One desk staff will have two accounts. Any account with an "A" before the name is an "Admin" account and does not have any personal information. Any account without an "A" is each employee's personal account (that will have their personal schedule). This is also where specific staff names can be searched by using the field in the upper right-hand corner.

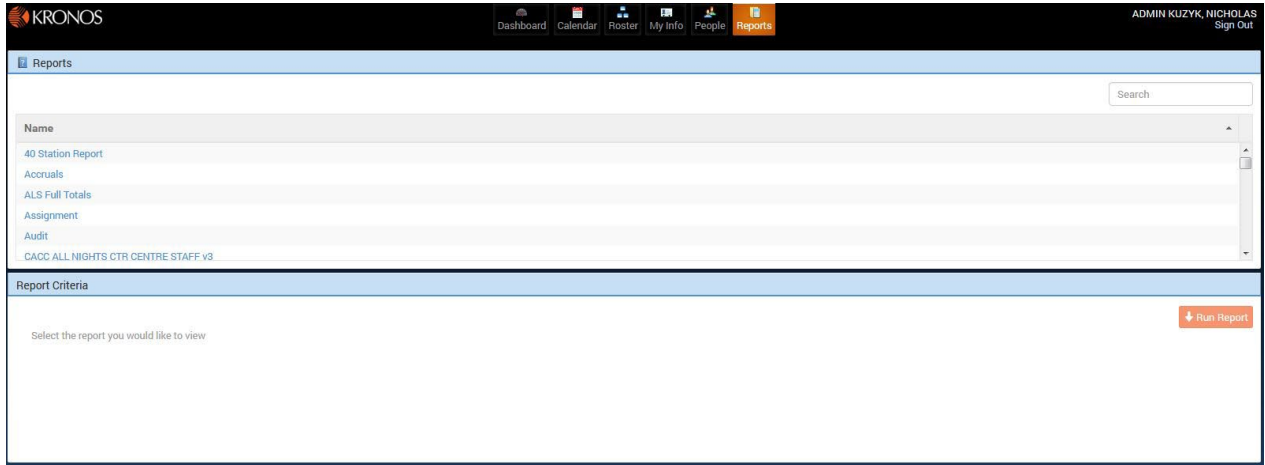
Filters 06/26/2018 Now Search kuzyk

Name	Rank	Opportunit...	1st Co...	2nd C...	Employee ID	Payroll ID	Specialties	Group	Can Act As
ADMIN KUZYK, NICHOLAS (COMSN/DISP)	Communication...	8395.00			A8105019		COMSN, DISP	DNC	COMSN, DISP
KUZYK, NICHOLAS (COMSN/DISP)	Communication...	8395.00	E-64799959...		08105019	08105019	COMSN, DISP		COMSN, DISP, CCR

Further information including the employee's calendar and contact information can be found by clicking on the small down-arrow to the left of the employee's name. This is typically required when an employee fails to report for work and follow-up is needed.



The reports link is where Excel files can be created for attendance sheets.



The common filters used to create Excel files are:

- CACC ERU Roster Working v1
  - Used to create Response Car attendance sheet (all hours)
- CACC Roster City Wide Working 0700 v1
  - Used to create 0600/0700 Day Shift attendance sheets
- CACC Roster City Wide Working 0900 v1
  - Used to create 0900 C-Shift attendance sheets
- CACC Roster City Wide Working 1100 v1
  - Used to create 1100 C-Shift attendance sheets
- CACC Roster City Wide Working 1400 v1
  - Used to create 1400 C-Shift attendance sheets
- CACC Roster City Wide Working 1900 v1
  - Used to create 1800/1900 Night Shift attendance sheets
- CACC Special Event Paid Duty
  - Used to create special event & paid duty attendance sheets
- Roster ESU Island Marine Bike Equip DAYS
  - Used to create special unit Day & C-Shift attendance sheets
- Roster ESU Island Marine Bike Equip Ngts
  - Used to create special unit Night attendance sheets
- Roster Ops Sup NIGHTS v3
  - Used to create Superintendent Night attendance sheets
- Roster Ops Sups DAY v3
  - Used to create Superintendent Days & C-Shift attendance sheets

\*\*\*If any errors are found in KRONOS applications, please e-mail:

[PS-SchedulingMgmt@toronto.ca](mailto:PS-SchedulingMgmt@toronto.ca)

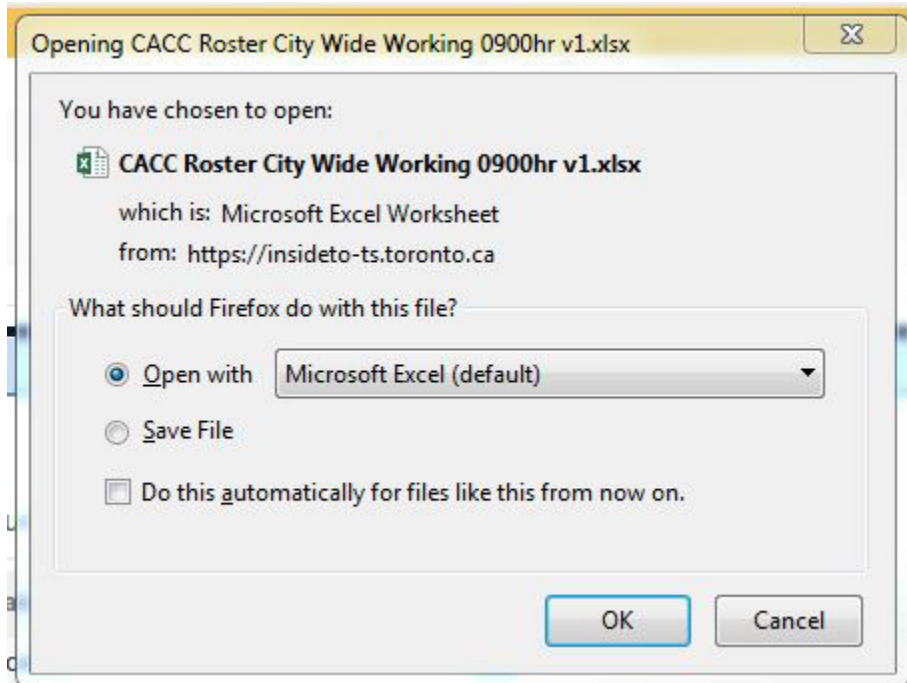
To create an Excel attendance sheet, click on one of the filter links in the list:

Name
<a href="#">CACC Roster City Wide Working 0700hr v1</a>
<a href="#">CACC Roster City Wide Working 0900hr v1</a>
<a href="#">CACC Roster City Wide Working 1100hr v1</a>
<a href="#">CACC Roster City Wide Working 1400hr v1</a>
<a href="#">CACC Roster City Wide Working 1900hr v1</a>
<a href="#">CACC Roster Ops Sup Days v1</a>

Once done loading, the Run Report button will change to Excel Report & change bright orange. Click it to run the Excel Report.



This will cause a pop-up window to open. Clicking OK will open an excel sheet with the selected information.





## Using Workforce Central (WFC)

WFC is where staff timecards can be found that allow for manual badging-on and adding/changing vehicle numbers.

Double click on this desktop icon (WFC Internal Admin):



Login using your Novell User ID & Novell Password:

A screenshot of the Workforce Central login interface. The background is a solid blue color. In the top left corner, the Kronos logo (a stylized orange and white wheel) is followed by the text "KRONOS®". In the top right corner, the text "Workforce Central®" is displayed in a larger font, with "Version 8.0.14" in a smaller font to its right. Below the logos, there are two white input fields. The first is labeled "User Name" and the second is labeled "Password". To the right of the password field is a small blue button with a white right-pointing arrow.

The main landing page:

The screenshot shows the Kronos 'Manage My Department' interface. At the top, there's a navigation bar with 'KRONOS' logo, user name 'NICHOLAS KUZYK', and 'Sign Out' button. Below that, the main content area is titled 'Manage My Department' and 'Genies'. It features a table with columns: Name, Person ID, Employee Approval, Manager Approval, Signed Off, Missed In-Pun..., Unexcused Absence, Expected PP Hours, Total Variance..., and Total PP Hours. The table lists various employees like ABBEY MAURICE, ABDUL RAZAQ, KHA..., ABUKAR, ABDILHALIM, ADAMKQ, KATHERINE, etc. To the right, there's a 'Timecards' section with a 'Recent Activity' table showing dates and times. A sidebar on the far right contains navigation links for Timecards, Genies, Audits, Attendance Editor, Exceptions, Calendar, and Schedules.

In order to search for specific employees, click on the Filter button.

This image shows a close-up of the filter controls. There are four icons: 'Select All Rows', 'Column Selection', 'Filter' (circled in red), and 'People'. Below the icons are two text input boxes labeled 'Name' and 'Person ID'.

This will cause a text box to appear for both Employee Name and/or Employee Number (Person ID). Entering information in either text box will narrow down the results displayed below.

This image shows the search results after clicking the 'Filter' button. The 'Filter' icon is still circled in red. Below it, the table shows a single result for 'kuzyk' with Person ID '08105019'. The 'Name' and 'Person ID' columns are circled in red.

Name	Person ID	Employee Approval	Manager Approval	Signed Off	Missed In-Pun...	Unexcused Absence	Expected PP Hours	Total Variance ...	Total PP Hours
kuzyk	08105019						80:00	36:00	48:00

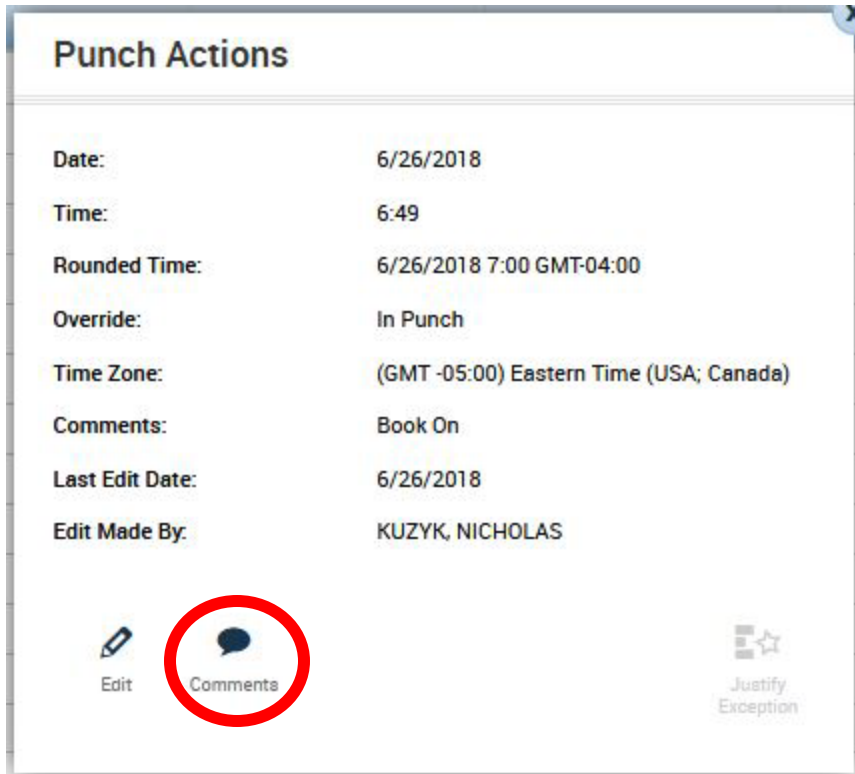
Double-clicking on the employee name or employee number will open that individual's timecard where they can be badged-on and vehicle added/changed.

		Date	Schedule	In	Out	Transfer
+	✕	Wed 6/20		7:00		
+	✕	Thu 6/21				
+	✕	Fri 6/22				
+	✕	Sat 6/23				
+	✕	Sun 6/24				
+	✕	Mon 6/25		7:00		
+	✕	Tue 6/26	7:00-19:00	6:49	19:00	/////800
+	✕	Wed 6/27				
+	✕	Thu 6/28				
+	✕	Fri 6/29				
+	✕	Sat 6/30				
+	✕	Sun 7/01				
+	✕	Mon 7/02				
+	✕	Tue 7/03				

The "In" column displays badge-on times. This can be entered manually by clicking on the field associated with the appropriate date. The time recorded should be the time One Desk speaks with the staff member (even if it before the actual start time of their shift).

The "Transfer" column displays the 3-digit vehicle VIN number. This can be entered/changed manually by clicking on the field associated with the appropriate date. The required format is 6 forward slashes followed by the 3-digit VIN number (/////XXX).

Comments can be attached to badge-on times. This is typically where comments regarding the reason for the manual badge-on can be documented (Staff forgot badge, late badge-on's requested by management). Reasons along with EMS numbers and last names can be documented here. To do this, right-click on the appropriate "In" field. This will open a new window:



**Punch Actions**

Date: 6/26/2018

Time: 6:49

Rounded Time: 6/26/2018 7:00 GMT-04:00

Override: In Punch

Time Zone: (GMT -05:00) Eastern Time (USA; Canada)

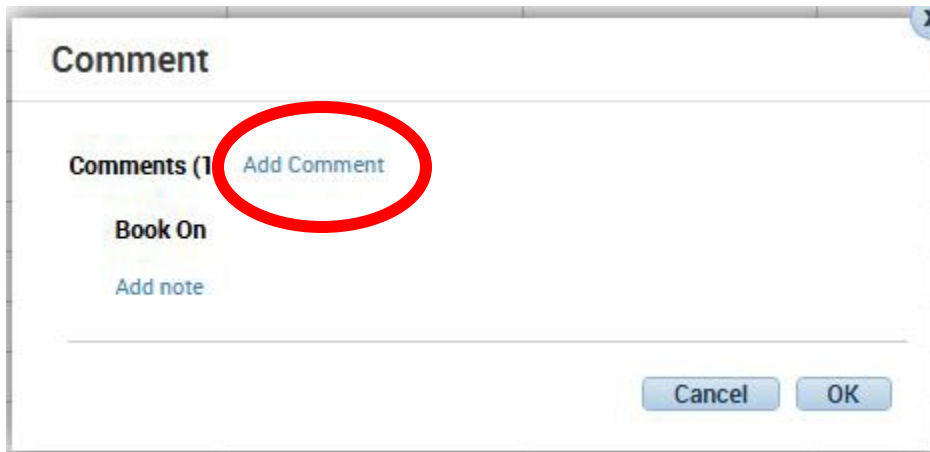
Comments: Book On

Last Edit Date: 6/26/2018

Edit Made By: KUZYK, NICHOLAS

Edit Comments Justify Exception

Click on the Comments button near the bottom of the window.



**Comment**

Comments (1) Add Comment

Book On

Add note

Cancel OK

Click on Add Comment

There are a number of pre-set selections available in the drop-down menu. After selecting a reason, additional comments can be added in the comment field. This is where EMS numbers and last names can be added. "Other" is also an option if none of the pre-set selections are appropriate. Click OK when complete.

Once all changes are complete, click the save button.



After clicking the save button, the individual timecard can be closed by clicking the small "x" on the Timecards tab.





# Communication Equipment & Software

Section 3.2  
TeleStaff WFC VisiCAD  
Roster View

# Toronto CACC Senior EMD Dispatch Manual

# TeleStaff WFC VisiCAD Viewer PROD

In order to simplify manual badge-on of paramedics and to add/change vehicle numbers, a new application was created that communicates with Workforce Central (WFC).

The TeleStaff WFC Visicad Viewer PROD application allows One Desk to badge-on paramedics and add/change vehicle numbers in one place. This is one of the most important tools that the Senior EMD will use on a daily basis.

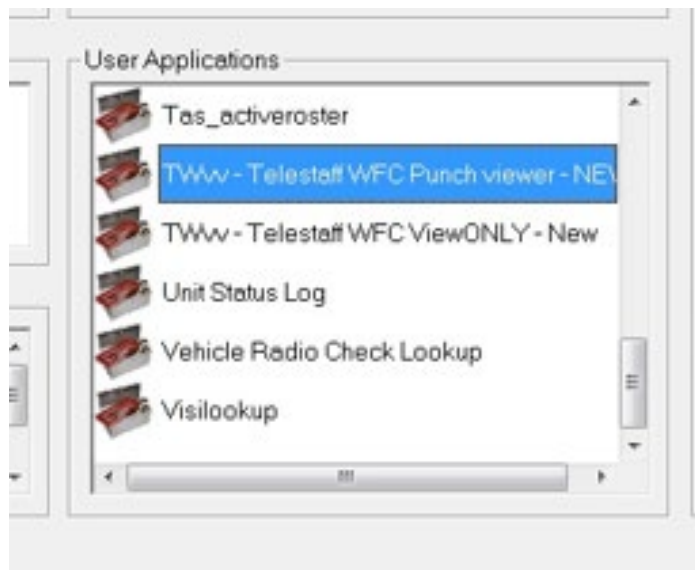
Similarly to WFC, proper use of this system allows for the units to Auto-roster in InformCAD and the paramedic crew names to be added to the units.

**All badge-on entries into this application are tracked by user name and logged in WFC. One desk should only badge on paramedics PRIOR to the start of their shift. Vehicle additions/changes are acceptable at any time in the shift.**

**\*\*\*Late staff entries should only be entered/corrected in KRONOS when directed by a management personnel. The EMS # and Last Name should be recorded directly in WFC.**

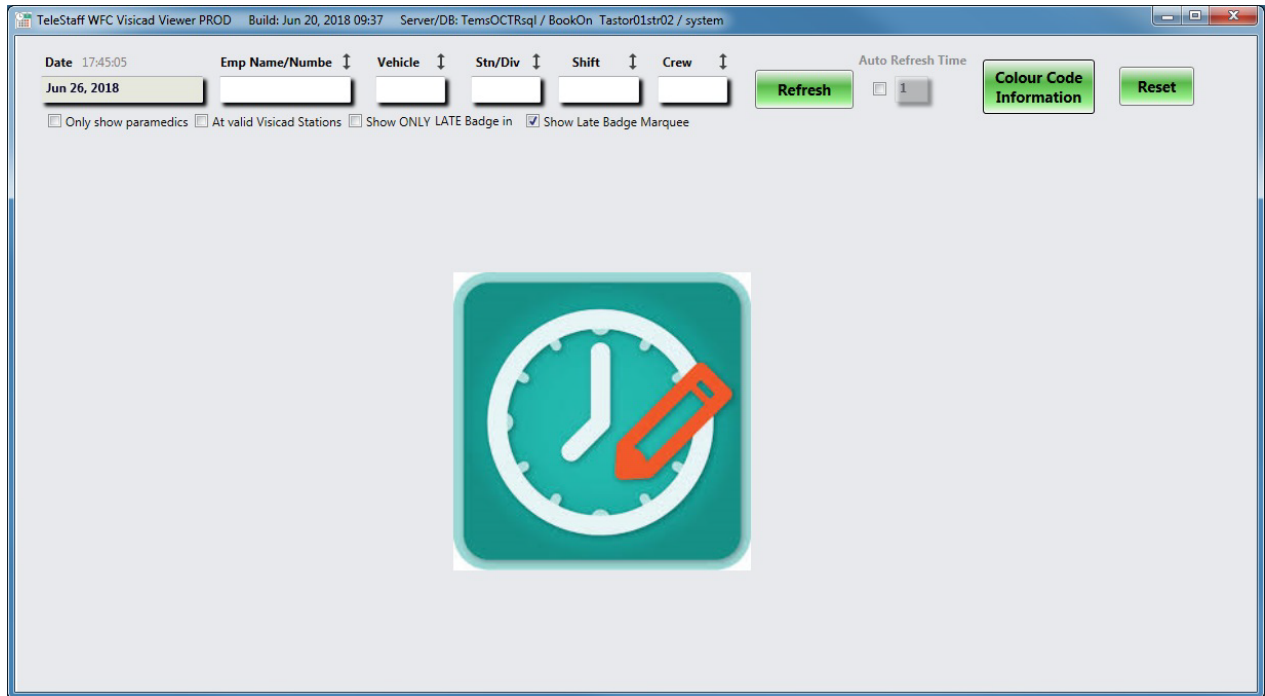
## Launching Telestaff WFC Visicad Viewer PROD

From the VisiCAD Toolbox, select "TWw – TelestaffWFC Punch Viewer – New" from the User Applications."





This will launch the program (in its default view):



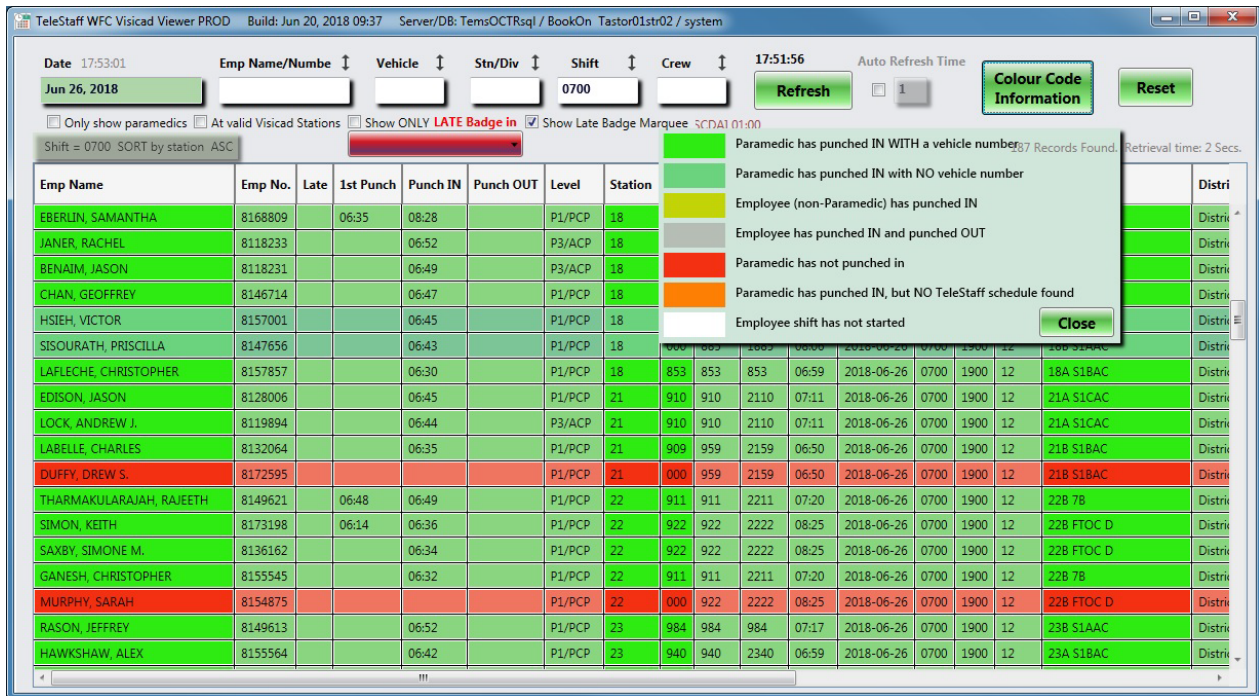
No information will be displayed until information is entered in to any of the fields near the top of the window. Numerous filters can be applied. The most commonly used by One Desk will be "Stn/Div" and "Shift".

Stn/Div entries can include specific station numbers by typing in the station number. Individual districts can be filtered by entering "D1, D2, D3, D4 or D5". Quadrants can be filtered by entering "NW, NE, SW or SE". Finally, half the city can be filtered by entering "E or W".

Staffing can also be displayed by hours worked in the "Search" field. "0600, 0700, 0900, 1000, 1100, 1200, 1400, 1800 or 1900" will display paramedics scheduled to start at those times.

Once a Stn/Div or Shift is entered, click the "Refresh" button to load the desired data.

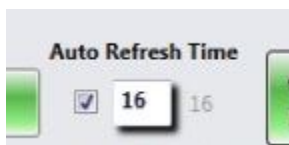




Staff are colour-coded based on their status. Clicking on the "Colour Code Information" button will display the legend. Each row colour will change as the application updates.

Colour	Meaning
Green	Paramedic has punch IN WITH a vehicle number
Light Green	Paramedic has punched IN with NO vehicle number
Yellow	Employee (non-paramedic) has punched IN
Grey	Employee has punched IN and punched OUT
Red	Paramedic has not punched in
Orange	Paramedic has punched IN, but NO TeleStaff schedule found
White	Employee shift has not started

One Desk can manually update at any time by clicking the "Refresh" button. The application will also updated automatically by clicking the check-box under "Auto Refresh Time". Refresh intervals as low as 16 seconds can be entered.



The application can be sorted as desired by clicking on the column headers. This includes sorting by station number, badge-on time and vehicle number. Here 40 station at 0700 was selected and grouped by vehicle number to view with paramedics are working together:

Date 17:53:32 Emp Name/Numbe ↓ Vehicle ↓ Stn/Div ↓ Shift ↓ Crew ↓ 17:53:23 Auto Refresh Time

Jun 26, 2018 [ ] Refresh [ ] Colour Code Information [ ] Reset

Only show paramedics  At valid Visicad Stations  Show ONLY LATE Badge in  Show Late Badge Marquee

Station = 40 Shift = 0700 SORT by station ASC 8 Records Found. Retrieval time: 2 Secs.

Emp Name	Emp No.	Late	1st Punch	Punch IN	Punch OUT	Level	Station	Veh ^	V Veh	Unit	Roster	Shift Date	Start	End	Hours	Crew Code	District	TES Code	Note
BENJAMIN, COLIN	8169657		06:35	06:51		P1/PCP	40	943	943	4043	06:59	2018-06-26	0700	1900	12	40B S1AAC	District 4	PT REG HRS	Rost
HANLEY, KEVIN	8146731			06:49		P1/PCP	40	943	943	4043	06:59	2018-06-26	0700	1900	12	40B S1AAC	District 4	REG	Rost
BRUNO, LAURA	8118465			06:39		P1/PCP	40	950	950	4050	06:59	2018-06-26	0700	1900	12	40B S1CAC	District 4	REG	Rost
MACLEAN, AMANDA	8101782			06:26		P1/PCP	40	950	950	4050	06:59	2018-06-26	0700	1900	12	40B S1CAC	District 4	REG	Rost
QUINN, MATTHEW	8108011			06:40		P3/ACP	40	956	956	4056A	06:52	2018-06-26	0700	1900	12	40A 4A	District 4	REG	Swit
DOYLE, MICHAEL JOSEPH	0654210			06:39		P3/ACP	40	956	956	4056A	06:52	2018-06-26	0700	1900	12	40A 4A	District 4	REG	Swit
ADAMKO, KATHERINE	8157842			06:47		P1/PCP	40	978	978	4078	07:45	2018-06-26	0700	1900	12	40B S1BAC	District 4	REG	Emp
RIGBY, KRISTYN	8153877			06:46		P1/PCP	40	978	978	4078	07:45	2018-06-26	0700	1900	12	40B S1BAC	District 4	REG	Emp

**Data Displayed (you can sort the list by any column):**

- STN (the book-on location)
- SHIFTCODE (2 paramedics scheduled to work together will have the same shift code)
- Shift (Day, Night, etc)
- Veh (the vehicle that the paramedic swiped on to)
- V Veh (the vehicle that the roster system used to build the shift)
- Capability (The Paramedic's skill level: PCP, PCP2 (Level II), ACP, CCTU)
- Unit (Inform CAD Radio Call Sign)
- Res (Resource Type in Inform CAD: PTU, ATU, ETF, etc)
- Emp Name (employee name)
- Empno (employee number)
- BOOK ON (the swipe on time)
- BOOK OFF (currently not captured... will be in the future)
- RS Start (Scheduled Start of Inform CAD Shift)
- RS End (Scheduled End of Inform CAD Shift)
- ES Start (Actual Inform CAD Start Shift time for the Unit)
- ES End (Actual Inform CAD End Shift time for the Unit)
- DIV (Division)
- Error Note (Auto-Roster specific errors for this paramedic)

**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).

### Viewing Earlier Shifts:

Under "Shift" you will see a list of current (i.e. within this hour) and future shifts. A shift listed as +0700 refers to TOMORROW's 0700h shift. If you wish to see a prior shift (or a prior date), you can modify the "Date" field as follows:

Displays: "March 6, 2017" (default shows today's date, but no "time").

After the displayed date, enter a space, and then the Start Shift time (e.g. " March 6, 2018 07:00"). Press Refresh. You will now see the swipe-on times and vehicle selections for all Paramedics who booked on for the 07:00h shift(s).

You can also enter a prior date to see shift data from that day (e.g. enter "March 4, 2018 14:00" to see the C2 book-ons from March 4th).

### Badging-On Staff & Adding/Changing Vehicle Numbers

One Desk has the ability to badge-on staff and add/change vehicle numbers. This is typically due to staff forgetting their badge card or errors in the KRONOS punch system within the book-on location.

Prior to staff badging-on, an employee's row will have a white background.

Emp Name	Emp No.	Late	1st Punch	Punch IN	Punch OUT	Level	Station	Veh	V Veh	Unit	Roster	Shift Date	Start	End	Hours	Crew Code
FAYE, RYAN	8113454			17:43		P1/PCP	01	817	817	9817	R-SCHED	2018-06-26	1800	0600	12	S9 Rot 3 Orange Nights
EDWARDS, RACHEL	8156971			17:37		P1/PCP	01	817	817	9817	R-SCHED	2018-06-26	1800	0600	12	S9 Rot 3 Orange Nights
BOGUSLAWSKI, MICHAL	8161325			17:04		P1/PCP	01	809	809	9809	R-SCHED	2018-06-26	1800	0600	12	S9 Rot 2 Orange Nights
CAIRNS, VANESSA	8158709					P1/PCP	01	000	809	9809	R-SCHED	2018-06-26	1800	0600	12	S9 Rot 2 Orange Nights
AUSTIN, MELANIE	8118978					??/COMSN	CSENA 18	000			NO	2018-06-26	1800	0600	12	CSENA 18
TOMKINSON, ANGELA L.	8126713			17:35		??/DISP	CSENF 18	000			NO	2018-06-26	1800	0600	12	CSENF 18
MAGIROGLOU, CHRIS	8102227			17:32		P1/PCP	D1 OPS Nights	000			NO	2018-06-26	1800	0600	12	D1 OPS Nights
SKANDALIS, STERGIOS	8113608			17:26		??/SUP	D2	000			NO	2018-06-26	1800	0600	12	D2 OPS NIGHTS
GOLDENBERG, ARNON	8006751			17:31		??/SUP	D3	000			NO	2018-06-26	1800	0600	12	D3 OPS NIGHTS
BURNS, LORNE D	0543371			17:26		??/SUP	D4	000			NO	2018-06-26	1800	0600	12	D4 OPS NIGHTS
HENDERSON, STEVEN D	0519025			17:26		??/DUTY	Duty Nights	000			NO	2018-06-26	1800	0600	12	Duty Nights
RAINS, YORR	8172974			17:29		??/EQUIPT	EQUIP Nights2	000			NO	2018-06-26	1800	0600	12	EQUIP Nights2
JOHNSTON, CHRISTOPHER D.	8171289					??/EQUIPT	EQUIP Nights2	000			NO	2018-06-26	1800	0600	12	EQUIP Nights2
MAUTI, FABIO	8171301					??/EQUIPT	EQUIP Nights2	000			NO	2018-06-26	1800	0600	12	EQUIP Nights2
NEAVE, DAVID J.	8126353					??/CSUP	NEW SCSA NIGHTS	000			NO	2018-06-26	1800	0600	12	NEW SCSA NIGHTS

To select a staff member, click on their row. This will highlight the selected employee.

NEAVE, DAVID J.	EE #			
-----------------	------	--	--	--

In order to badge them on, click a second time on the "Punch IN" column. This will open the text field to accept a time input.

NEAVE, DAVID J.	EE #		1730	
-----------------	------	--	------	--

After entering the time, "Tab" off. This will then write the entered time on to the employee's timecard in WFC. It may take some time but eventually clicking the "Refresh" button will also display in the Punch Viewer application that the employee has been successfully badged-on.

NEAVE, DAVID J.	EE #		17:30	
-----------------	------	--	-------	--


In order to add/change a vehicle number, click on their row. This will highlight the selected employee. In order to add/change their vehicle number, click a second time on the "Veh" column. This will open the text field to accept a time input.

CSENF 18	000		
D1 OPS Nights	572	D1A	
D2	000	514	D2S

Enter the 3-digit vehicle VIN and "Tab" off. A new window will open confirming that the vehicle number has been added/changed. Click "OK".

	17:37		P1/PCP	01	817	817	9817	R-SCHED	2018-06-26
	17:40							SCHED	2018-06-26
	17:43							SCHED	2018-06-26
	17:46								2018-06-26
	17:50								2018-06-26
	17:53							47	2018-06-26
	17:56								2018-06-26
	17:59								2018-06-26
	17:26		??/SUP	D4		000		NO	2018-06-26
	17:36		??/DUTY	D-ops-Nights		000		NO	2018-06-26

**WFC Vehicle Changed**

 Vehicle changed from [000] To [572] For MAGIROGLOU, CHRIS

After clicking "Refresh," the employee's column colour will change and the appropriate vehicle number will be recorded.



Occasionally, the vehicle entered will not match the vehicle number the auto-roster system uses to build an InformCAD shift. If this happens, follow the above steps but under the "V Veh" column so it matches the "Veh" column. The auto-roster system will then create the correct shift.

Vehicle numbers can (and should) be changed/updated throughout the shift as vehicle changes occur. These updates will be written back to WFC timecards.

**Prefixes Listed in front of Veh Number (will only appear in Red/Yellow and Blue rows):**

Prefixes in front of Vehicle Numbers will only appear when there was an error in the AutoRoster process; the prefix indicates the problem encountered by the AutoRoster program.

- (P) – means that the vehicle was predicted (anticipated) by AutoRoster but NO roster record was created in Inform CAD
  - This row is RED.
- (PV) – means that the vehicle was predicted by the AutoRoster and we also have a roster record for this Vehicle
  - Shift in Inform CAD. This row is ORANGE.
- (B) – means that the paramedic has booked on, but the roster has not been created or started.
  - This row is BLUE.

**REMINDER: You must press Refresh to execute a new search OR to update data that is currently displayed if you do not have 'auto-refresh' selected.**



# Communication Equipment & Software

Section 3.3  
One Desk Application

# Toronto CACC Senior EMD Dispatch Manual

# One Desk Application

The One Desk Application is the main reporting system for the daily activities including crew movements, book offs, incident reports, late/missed crew lunches and any notes that are recorded during the shift.

The program is launched from the Novell desktop and accessed with a login and password.

The One Desk Application replaced the following:

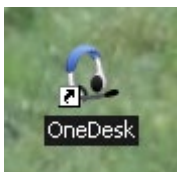
- Duty Sheet
- Duty Roster
- Communication Report (Incident Generator)

Some new key features:

- The system will calculate vehicle counts at scheduled intervals and notify necessary management via email
- The system will pull late and no lunches from Optima, match the crews (from InformCAD) and populate the Late Lunches list
- You can drag multiple Medics/Dispatchers to Book Off, Movements & Cab Calls tabs
- Screens dynamically refresh when multiple users are using the same screen

## Using the One Desk Application

Click on the new icon located on your desktop or click on Start - All Programs - EMS Application then OneDesk. Use the username and password provided to login.

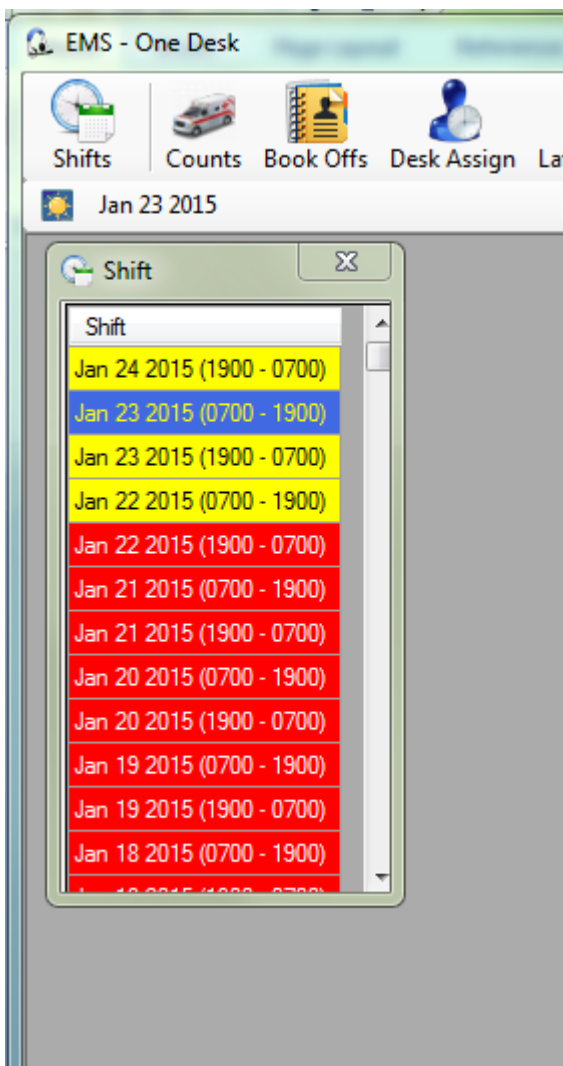




Your access rights will determine the screens you have access to. Everyone will have access to Shifts, Counts, Book Offs, Desk Assign, Late Lunch, Incident, Search, Password, & Update.

## Shifts

The Shift Button will display the Shifts available. Select the shift you are required to enter your information.



The dates in **yellow** are accessible. These choices are representative of the TMS dates, meaning that the 1900 starts are for the next day's date. (i.e. Jan 24 2015 (1900-0700) shift starts at 1900 on Jan 23 2015.

The dates in **red** are dates that have been filed and no information should be added or edited to these files.

Double click on the desired date.



## Counts – Not used anymore

This screen displays the vehicle counts according to TMS data. The day shift counts are processed at 0830, 1115, and 1600. The night shift counts are processed at 2030. Anyone on the email distribution can be resent a vehicle count. Select the desired time tab, then check off the user(s) and click Send Email.

Jan 13 2014

0830 1115 1600

Ops	0700	0900	1100	1400	OT
<b>TOTAL</b>	56	67	81	91.5	0
<b>Als</b>	<b>0700</b>	<b>0900</b>	<b>1100</b>	<b>1400</b>	
NW	4	6	6	7	
NE	7	7	7	8	
SW	4	4	4	5	
SE	3	3	3	4	
<b>TOTAL</b>	18	20	20	24	
<b>Bls</b>	<b>0700</b>	<b>0900</b>	<b>1100</b>	<b>1400</b>	
NW	9.5	11	17	18.5	
NE	11	14	18.5	20.5	
SW	9	11.5	14	15	
SE	8.5	10.5	11.5	13.5	
<b>TOTAL</b>	38	47	61	67.5	
<b>ERU</b>	<b>0700</b>	<b>0900</b>	<b>1100</b>	<b>1400</b>	
<b>TOTAL</b>	6	9	13	13	
ARU	4	7	10	10	
BRU	2	2	3	3	
<b>CACC</b>	<b>0700</b>	<b>1100</b>	<b>1400</b>	<b>OT</b>	
<b>TOTAL</b>	18	20	21	0	
SEN	3	5	5	0	
SCS	2	2	2	0	

Special Teams	
Type	Count
0700	
ETF	1

Email List

- Bik Chawla [bchawla@toronto.ca]
- Chris Olynyk [colynyk@toronto.ca]
- Cindy Nicholson [cnicol@toronto.ca]
- Dan Hunter [dhunter@toronto.ca]
- Danny Antonopoulos [dantono@toronto.ca]
- Dave Viikainen [dviikak@toronto.ca]
- Derek Crocker [dcrocker@toronto.ca]
- Frank Hurlhey [fhurleh@toronto.ca]
- Gamie Wright [gwright4@toronto.ca]
- George Eliadis [geliadi@toronto.ca]
- Gord McEachen [gmceach@toronto.ca]
- Ian McClelland [imcclel@toronto.ca]
- James Burgin [jburgin@toronto.ca]
- Jamie Rodgers [jrodger@toronto.ca]
- Joe Moyer [jmoyer2@toronto.ca]
- Karim Daya [kdaya@toronto.ca]
- Leo Tsang [ltsang2@toronto.ca]
- Mark Toman [mtoman@toronto.ca]
- Mike McCallion [mmccall@toronto.ca]
- Paul Raftis [praftis@toronto.ca]
- Peter Rotolo [protolo@toronto.ca]
- Rhonda Hamel-Smith [rhamels@toronto.ca]
- Roy Suthons [rsuthons@toronto.ca]
- Russ Olynyk [rolynyk@toronto.ca]
- Stephanie Rahilly [srahill@toronto.ca]
- Sue McConnell [smcconn@toronto.ca]

Select All      Send Email

Unselect All

This screen also shows the Special Teams (CCTU, ETF etc) vehicle counts, Non-productive counts and the 12 hour Delta response time.

## Book Offs

This screen dynamically updates if more than one user is in a tab at the same time, so information will not be lost if multiple entries occur at the same time. You can select multiple medics or dispatchers and drag them to movements, book offs and cab calls. Click the first employee, then press the CTRL key and click the additional employees you wish to select, they will be highlighted. Then drag them to the desired movement, book off or cab call. For Cab Calls drag the employee to the Crew: textbox (highlighted yellow).

Once, you have finished entering or editing the data click on **Update Book Offs**, **Update Movements**, **Update Cab Calls**, or **Save Notes** to save your changes.

The screenshot shows a software interface with two main sections. On the left is a list of medics with columns for Medic, Veh, Strn, and Start. On the right is the 'Book Offs' section, which includes a table for recording movements and buttons for 'Update Book Offs' and 'Update Movements'.

Medic	Veh	Strn	Start
LYNAGH, PAUL	000	52	1200
MORRIS, BRIAN	000	25	1400
FLOWERS, DAVE	000	25	1400
MCMAHON, CHUCK	000	12	1400
ROBINSON, MURRAY	000	54	1200
JENKINS, GARY	000	54	1200
BELANGER, JUDY	000	40	1400
CHRISTIDIS, GEOR...	000	22	1100
O'DONNELL, MARK	000	12	1400
HILL, RON	000	99	0700
CHARTERS, BRUCE	000	40	1400
KELLY, BRIAN	000	52	1200
COTTON, RYAN	000	22	1100
YOUNG, BILL	000	43	1400
CLEMENT, MARK	000	22	1100
LEITMANN, ROSEM...	000	25	1100
MUZZIN, LISA	000	37	1400
HICKS, ROBIN	000	37	1400
MORELLI, YVONNE	000	38	1100
SMITH, MICHAEL	000	38	1100

Name	Shift	Lvl	Strn	Time	Reason	AuthorizedBy

Shift	From	Veh	Name	Time	To	Reason	By
0700 - 1900	04B1	840	WRIGHT, KOACH	07:00	43	DEPLOYMENT	James Tomkinson
0700 - 1900	32A1	OWN	DANYLUK, JANET	07:00	32	M/U CREW 3251A	James Tomkinson
0700 - 1900	45B1	P/U	PHILLIPS, MORGAN	07:00	37	M/U CREW 3702	James Tomkinson
0700 - 1900	10B1	P/U	HO, CYNTHIA	07:48	21	m/u crew	Leanna Shlemkevich
0700 - 1900	14B1	910	KATES/Schleifer	07:48	12	deployment	Leanna Shlemkevich
0700 - 1900	18A1	own	CONFORTI, MICHAEL	07:50	54	m/u crew	Leanna Shlemkevich
0700 - 1900	30B1	961	TUCKER/Butler	07:50	33	deployment	Leanna Shlemkevich

The time that the movement is entered will be recorded as the time the movement was made. This time should be edited to show the start of shift for most movements. When a crew is moved for deployment or to marry up a crew the start of shift time is the time to be recorded as the movement time. The time should be recorded differently when a movement is made in the middle of the shift to marry up a crew.

## Desk Assign

This screen replaces the Duty Roster. You simply select the dispatcher(s) and drag them to desk assignment position. You are able to select multiple dispatchers and drag them to the Call Receivers, Seniors & Supervisors positions. The remaining positions will only accept 1 dispatcher. You are able to print out the desk assignments.

The Call/Disp % column is the dispatcher recorded position for the last 120 days between Call Receiver & Dispatcher (Relief positions are not counted). If the sum of the 2 numbers does not equal 100 %, this could be a result of some dispatchers being scheduled as Senior Dispatcher, or Coordinator and Out of Town.

This particular application is used by the SCS primarily.

**Dispatchers** Search

Dispatcher	Start	Call/Disp %
ARMSTRONG, CINDY	700	44/48
ATKINSON, JENNETTE	600	
BACKMAN, GAIL	700	18/56
BANZ, CAROLINE	600	37/33
CAMERON, TANYA	1100	30/52
CAVALLO, JENNIFER	800	48/36
CORDEIRO, KIMBERLY	700	
DART, JENNIFER	700	8/35
DAVIES, WILLIAM	700	3/82
DONOGHUE, RORY	700	19/61
EVERETT, CHARLOTTE	700	40/35
GILLIES, ROBERTA	1000	
HINTERMEISTER, JASON	700	33/35
KENNEDY, SUSAN A	700	34/54
KYLE, REBECCA A.	700	28/44
LARSEN, JEANETTE	600	
LORETI, LAWRENCE	700	50/37
LOTTERING, LEONARD GRA...	700	34/57
LUK, STEPHEN	700	
MARSHALL, MARLA	1100	38/40
MCFATER, MARINA D	700	24/58
MONESTIER, ADRIANA	700	
MUNNS, MELISSA	700	8/85

North West: KYLE, REBECCA A. North East: DART, JENNIFER  
LOTTERING, LEONARD GRAEME

South West: RUFFOLO, ROCCO ANTHONY South East: DONOGHUE, RORY

West Relief: HINTERMEISTER, JASON East Relief: TERRY, STEPHANIE

Out of Town: DAVIES, WILLIAM  
KENNEDY, SUSAN A Clearing: BACKMAN, GAIL

Tac Relief: POOLSAAR, KRISTINE K C Destination: MUNNS, MELISSA

PSA: SMITH, TERRYLEE LOUISE

Call Receivers:  
ARMSTRONG, CINDY  
CAMERON, TANYA  
EVERETT, CHARLOTTE  
LORETI, LAWRENCE  
MARSHALL, MARLA  
SIVANADIAN, SHIVANA

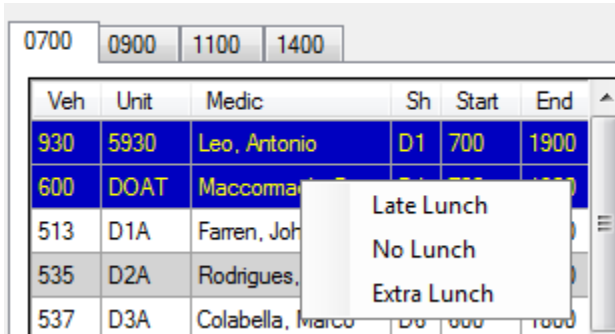
Seniors:  
Senior Admin: BANZ, CAROLINE  
Senior Pit: TODA, LESLIE  
Senior (10-10): GILLIES, ROBERTA  
Senior Relief: LARSEN, JEANETTE

Supervisors:  
PERSCHY, DAVID  
SCHMIDT, CRAIG

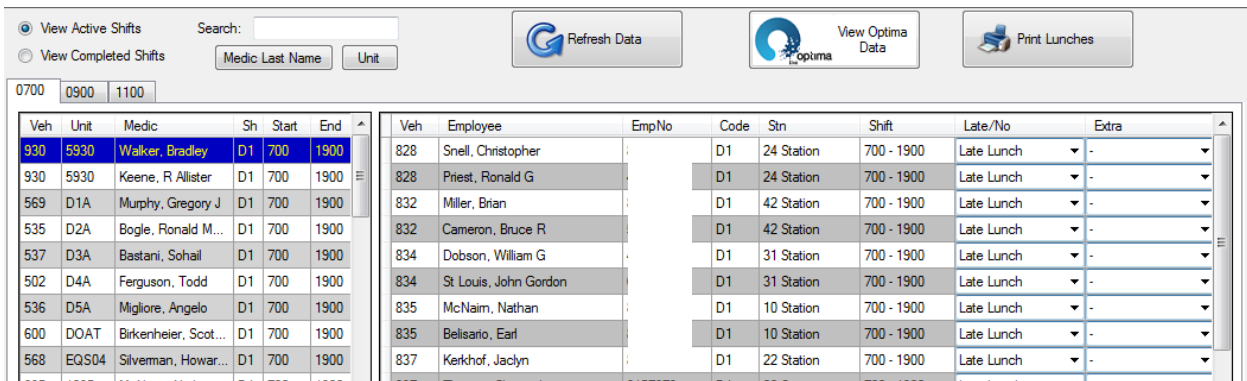
Print

## Late Lunches

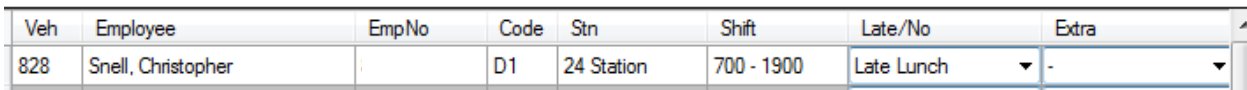
This screen now pulls data from Optima (vehicle based) and matches the crew according to the data in InformCAD for late and no lunches. Extra lunches still need to be managed by One Desk staff as well any exceptions. To manually add a medic for a late, missed or extra lunch highlight the desired medic(s) (use the CTRL key to select more than one) and right click and select the desired lunch. There is an option for each to have the payout in lieu if requested. The default payment is cash.



**Removing Late/No Lunch:** If you need to remove a medic from having a late or no lunch. Highlight the medic in the Lunch grid and press the Delete Key. Pressing the Delete key will prompt to confirm deleting this lunch entry. Otherwise if you select blank ("-") in both the Late/No and Extra pull downs, the medic will be removed.



**Adding Extra lunch:** If the medic already shows a Late or No lunch then highlight the medic and from the Extra drop down menu (Extra Lunch or Extra Lunch-Lieu) select the desired option.



**Finding Medics or Units:** If you are having trouble finding a medic or unit among the tabs, enter the medic's last name or unit name (radio) and click either "Medic Last Name" or "Unit" button in the search window. The system will find the first match and highlight that record.

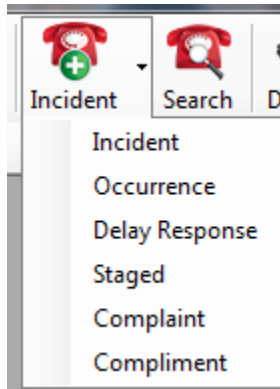
**View Optima Data:** This button displays the list of units that had not achieved lunch from Optima by the cut off time. On this screen you can search for the vehicle (3 digit number).

The screenshot shows a software window titled "OptimaData". At the top, there is a search bar labeled "Search Vehicle:" with a "Search" button and a "Refresh" button. Below the search bar is a table with the following data:

Vehicle	MealStatus	Lunch	Shift	Start	End	CutOff
828	In Progress	Late	Day Shift - 12 Ho...	07:00	19:00	14:59:59
832	Reduced Critical	Late	Day Shift - 12 Ho...	07:00	19:00	14:59:59
834	In Progress	Late	Day Shift - 12 Ho...	07:17	19:00	14:59:59
835	Critical	Late	Day Shift - 12 Ho...	07:00	19:00	14:59:59
837	In Progress, Partial Ac...	Late	Day Shift - 12 Ho...	07:00	19:00	14:59:59
856	Critical	Late	Day Shift - 12 Ho...	07:00	19:00	14:59:59
857	Critical	Late	Day Shift - 12 Ho...	07:00	19:00	14:59:59
864	Critical	Late	Day Shift - 12 Ho...	07:00	19:00	14:59:59
865	In Progress, Partial Ac...	Late	Day Shift - 12 Ho...	08:16	19:00	14:59:59
871	In Progress	Late	Day Shift - 12 Ho...	07:00	19:00	14:59:59
881	Critical	Late	C Shift (07:00 - 1...	07:00	19:00	14:59:59
889	Critical	Late	Day Shift - 12 Ho...	07:00	19:00	14:59:59
891	Critical	Late	Day Shift - 12 Ho...	07:22	19:00	14:59:59
903	Critical	Late	Day Shift - 12 Ho...	07:00	19:00	14:59:59
904	In Progress	Late	Day Shift - 12 Ho...	07:00	19:00	14:59:59
905	Critical	Late	Day Shift - 12 Ho...	07:00	19:00	14:59:59

## Incidents

This screen is used for recording incidents. Click the Incident button and select the type of Incident to create. The Senior EMD will use this for staging reports mostly, but there will be instances when other reports need to be generated.



**Entering Incident Information:** Enter Master Incident number and click ">>" button to load the Incident Details.

Incident #: 14-0045564 >> Occurrence DateTime: Feb 21 2014 07:59 Writer: Derek Crocker  
 Incident: Location: 175 Claireville Dr (HUDDERSFIELD RD/HUMBERLI Date/Time: 07-08-2014 03:28:48 PM

Responses



ResponseNum	Unit	Dispatch	Resp	At Scene	AtDest	Destination	Patient	Crew
14-0053476	1436	08:00:52	08:01:12	08:10:18	08:34:48	HO EGH - 101 H...	BANH, HUU	Babiak, William R. / Thompson, Robert W

Vehicle: 1436 Update Unit Info  
 Crew: Babiak, William R. / Thompson, Robert W Destination: HO EGH - 101 HUMBER COLLEGE BV

Details ABC  
 Notifications

Give the Incident a Title (Incident field), add your details and notifications and press Save. Once the Incident has been created you cannot edit it. You can only create amendment to the incident.

If the Incident is a Complaint or Compliment an Incident number is not required. However, if you have an incident related to the Complaint or Compliment enter it in and press ">>" button load the Incident details. Complaints will require to select the nature of the complaint from the drop down list.

**Complaint Desc:**

Writer:   
 Date/Time:

**Callers Info**

Name: <input type="text"/>		Phone 1: <input type="text"/>					
Address: <input type="text"/>		Phone 2: <input type="text"/>					
City: <input type="text"/>	PCode: <input type="text"/>	Phone 3: <input type="text"/>					
Apt: <input type="text"/>		Email: <input type="text"/>					

Incident #:  >> Occurrence DateTime:

Incident:  Location:

**Responses**

ResponseNum	Unit	Dispatch	Resp	At Scene	AtDest	Destination	Patient	Crew

Vehicle:  Crew:

Destination:

**Allegations**

**Notifications**

## SCS Log – SCS access only

This screen is only for the SCS/Supervisors for the control centre. The SCS Log screen consists of the Current Log, Search Logs, Message Board, and End of Shift Report.

The Current Log is the SCS current log to enter in the following:

- Attendance Management Program
- Labour Relations Issue
- Major Incident
- Employee Book Off
- Employee Book Fit
- Wellness Check
- Call Deferral Start
- Call Deferral End
- One on One Meeting
- Meeting
- TMS Coding Change
- Performance Coaching
- OTHER
- PSU Incident
- End of Shift Report

The Search Log tab allows the SCS to search through logs based on date, time, the log entry with wildcards, the SCS, and/or log type.

The Message Board is area for SCS and management to share important information. Anyone who has access to the Message board can create a new post. Anyone can reply to a post if needed. Only the author or administrators can delete/remove a post.

Post Date	Posted By	Post
Mar-09-2014 21:55:00		<p><b>Seniors - Duty Sheet vs EMS-One Desk</b></p> <p>There is confusion as to which application the Seniors are to be using. I have spoken with [redacted] and they will continue to primarily use the Duty Sheet (as they have identified problems with missed lunch accuracy, not able to transfer names from date to date, no option to input Supervisor information in the One Desk app). They will become familiar with and report any issues they have with the One Desk application. I have written to D. Crocker requesting clarification as to which application to use. FYI.... Linda</p>





# Communication Equipment & Software

Section 3.4  
Polar Help Desk

# Toronto CACC Senior EMD Dispatch Manual

# Polar Help Desk

---

Polar Help Desk is a portal designed as an all-encompassing problem reporting site.

Problems with the following systems can be entered into Polar and the appropriate division and contact will be paged with the details of the issue and the priority assigned to it:

- InformCAD
- Paging Server (VisiCad)
- AVTEC –Telephones
- PTT
- MobiCad
- PDS
- Radios
- OPTIMA
- Hardware and Console issues
- Fire Interface – InterCad
- Locution

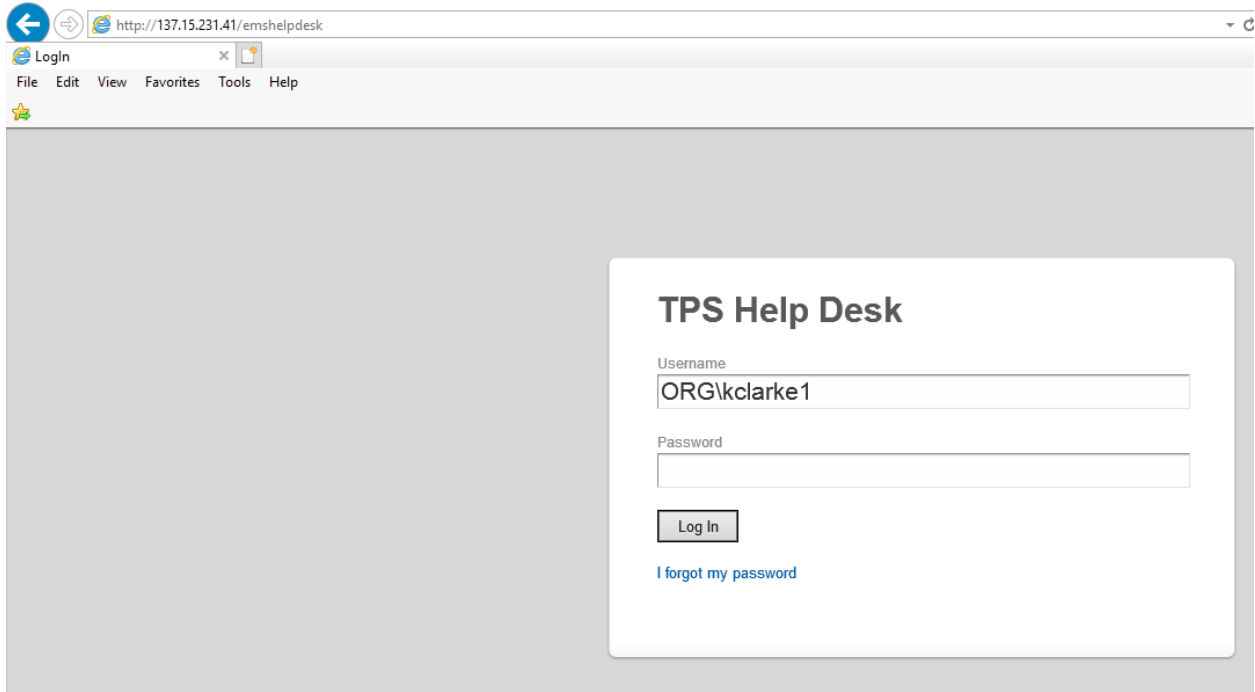
Ongoing updates are recorded in the system until the issue has been resolved. An incident history can be updated by One Desk staff as well.

Polar is accessed through the icon on the desktop, or from Internet Explorer at the following address:

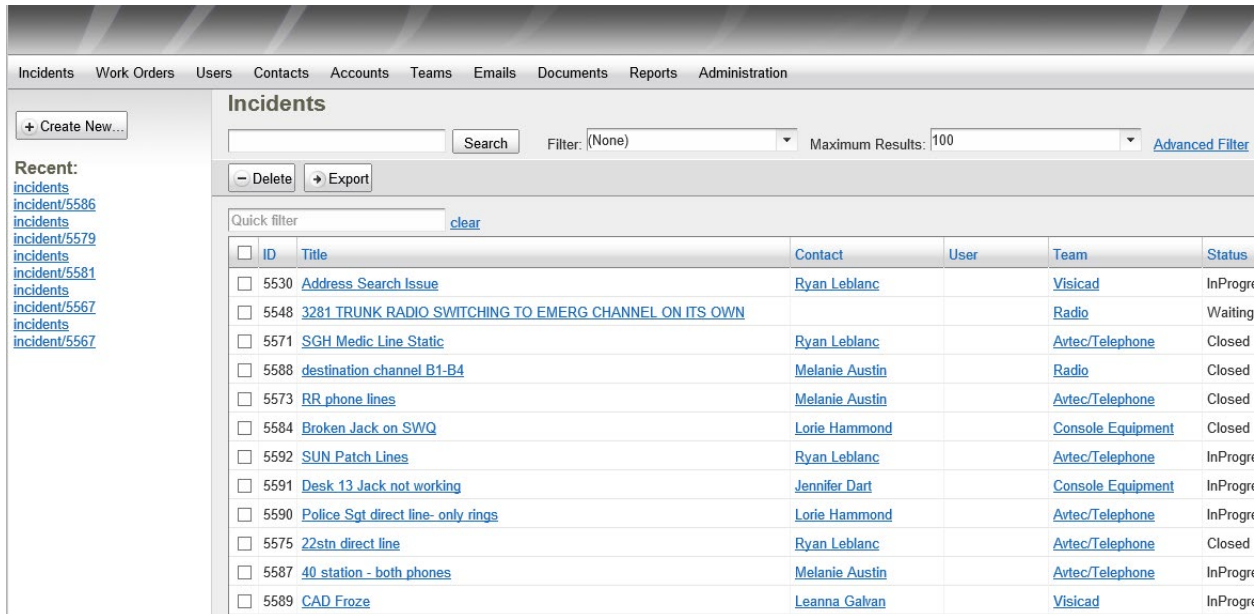
<http://137.15.231.41/emshelpdesk>

## Logging In

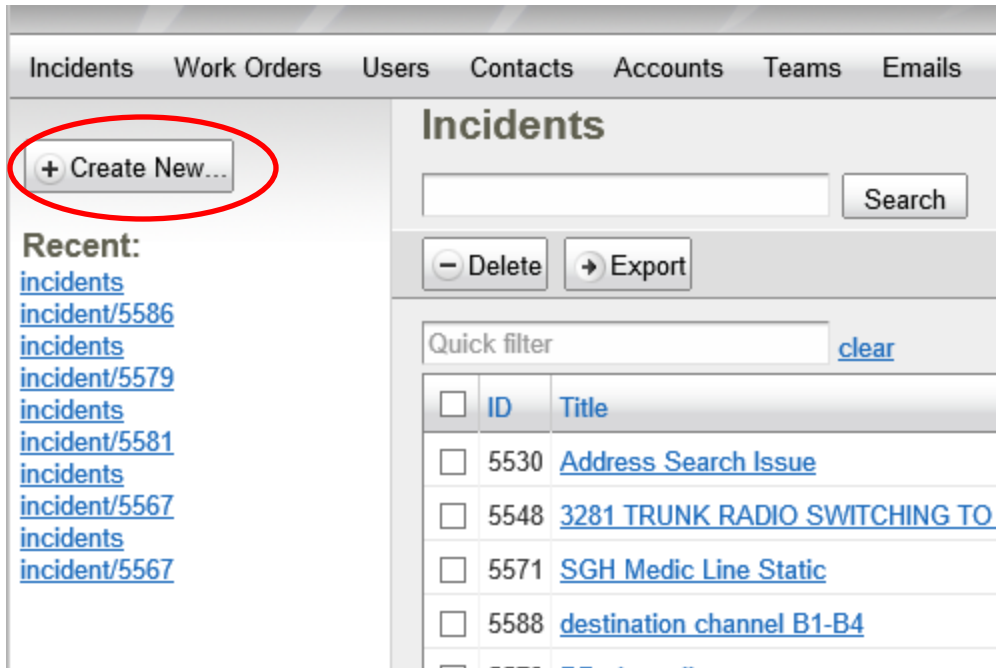
Login will be ORG\<(Novell username). No password is required.



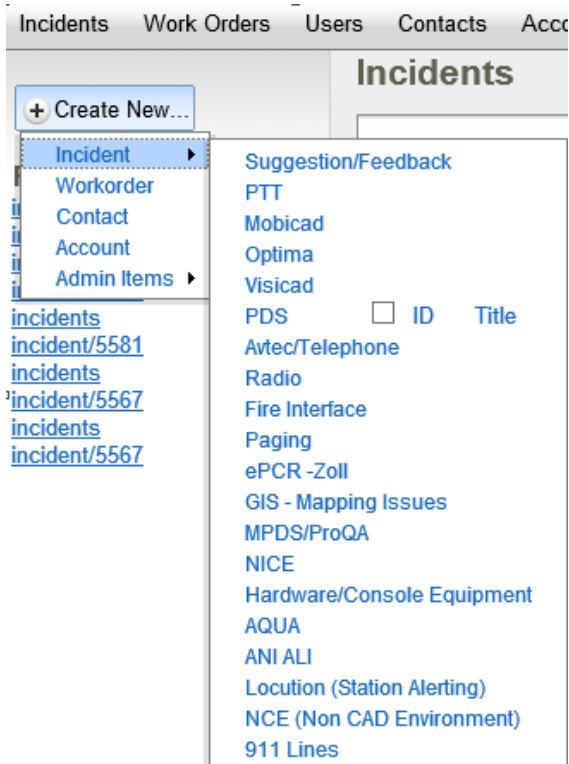
Upon login the main screen will be seen:



To enter a new incident into polar you must select the **New Incident** button after logging in.



Choose from the list of Incident Templates that best matches the issue. There are 2 pages to choose from.



Enter the problem details, select the priority and enter the details of the issue. A page will be sent for urgent matters, but either way the person or unit responsible will be notified of the request for repair. *Occasionally an incident will be taken care of before it is entered into Polar (seeing the person responsible in CACC and asking them to repair it then and there for example). In these cases an incident should still be generated to ensure a history of any issues is maintained in case the problem is more widespread.*

### Incident

Create And Redirect + Create Assign to me More Actions Category... << Incidents ID: 0

Title	<input type="text"/>	Service	Default Service
Contact	<input type="text"/>	Service Level	Gold
Account	OneDesk	SLA	
User	<input type="text"/>	Incident Origin	One Desk
Team	Visicad	Closure Classification	
Status	New	Attachments	Browse... Upload Delete
Priority	Medium		

Description

OCCURRENCE DATE/TIME:  
(For Urgent Issues) "On-Call" Paged Time:  
CONSOLE #:  
PROBLEM:

Resolution

Conversation History

After receiving the notification of the problem the person or unit responsible for repair will update the history of the incident to be tracked by all who have access to Polar. Always check the incidents in progress to see if the problem has already been reported.

## History:

Account	OneDesk	SLA	
User		Incident Origin	One Desk
Team		Closure Classification	
Status	InProgress	Attachments	<input type="button" value="Browse..."/> <input type="button" value="Upload"/> <input type="button" value="Delete"/>
Priority	Medium		

Description

Resolution

Conversation History

[Rob Pietrobono](#) - ( May 9, 2018 6:03:47 PM)

**Description**  
Assuming this issue is only related to the Scheduled Call form. Previously users were able to enter the "/" character only in the source field to display a blank Geo Locator window in which the can search for the pickup hospital location. It appears that they now need additional text to follow the "/" such as "/HO". We will contact Tritech to confirm if the "/" alone can no longer be used.

[Ryan Leblanc](#) - ( May 9, 2018 3:17:28 PM)

**Description**  
OCCURRENCE DATE/TIME: May 9/18  
(For Urgent Issues) "On-Call" Paged Time:  
CONSOLE #:  
PROBLEM:  
Call taker used forward slash icon "/" in the address field, trying to bring up search window for address. This no longer works. Doesn't seem to have worked since the CACC upgrade this morning.

The newest entries into the history will be on top, and will show the name of the person making the entry.

Conversation History

[Rob Pietrobono](#) - ( May 9, 2018 6:03:47 PM)

**Description**  
Assuming this issue is only related to the Scheduled Call form. Previously users were able to enter the "/" character only in the source field to display a blank Geo Locator window in which the can search for the pickup hospital location. It appears that they now need additional text to follow the "/" such as "/HO". We will contact Tritech to confirm if the "/" alone can no longer be used.

[Ryan Leblanc](#) - ( May 9, 2018 3:17:28 PM)

**Description**  
OCCURRENCE DATE/TIME: May 9/18  
(For Urgent Issues) "On-Call" Paged Time:  
CONSOLE #:  
PROBLEM:  
Call taker used forward slash icon "/" in the address field, trying to bring up search window for address. This no longer works. Doesn't seem to have worked since the CACC upgrade this morning.

## Reviewing In Progress Incidents

In order to avoid duplicating incidents in Polar first check the In Progress incidents to see if a problem has been reported previously. If an update to the information is needed then it can be entered in the History section here. This is where the ongoing work to resolve the issue will be recorded as well.

**Incidents**

Search Filter: (None) Maximum Results: 100 [Advanced Filter](#)

[- Delete](#) [+ Export](#)

Quick filter  [clear](#) << 1  >>

<input type="checkbox"/>	ID	Title	Contact	User	Team	Status	Priority	Modified
<input type="checkbox"/>	5530	<a href="#">Address Search Issue</a>	<a href="#">Ryan Leblanc</a>		<a href="#">Visicad</a>	InProgress	Medium	June 15, 2018 5:48:56 AM
<input type="checkbox"/>	5548	<a href="#">3281 TRUNK RADIO SWITCHING TO EMERG CHANNEL ON ITS OWN</a>			<a href="#">Radio</a>	Waiting	Medium	June 15, 2018 5:47:18 AM
<input type="checkbox"/>	5571	<a href="#">SGH Medic Line Static</a>	<a href="#">Ryan Leblanc</a>		<a href="#">Artec/Telephone</a>	Closed	Medium	June 15, 2018 5:45:39 AM
<input type="checkbox"/>	5588	<a href="#">destination channel B1-B4</a>	<a href="#">Melanie Austin</a>		<a href="#">Radio</a>	Closed	Medium	June 15, 2018 5:44:09 AM
<input type="checkbox"/>	5573	<a href="#">RR phone lines</a>	<a href="#">Melanie Austin</a>		<a href="#">Artec/Telephone</a>	Closed	Medium	June 15, 2018 5:43:02 AM
<input type="checkbox"/>	5584	<a href="#">Broken Jack on SWQ</a>	<a href="#">Lorie Hammond</a>		<a href="#">Console Equipment</a>	Closed	Medium	June 15, 2018 5:42:10 AM
<input type="checkbox"/>	5592	<a href="#">SUN Patch Lines</a>	<a href="#">Ryan Leblanc</a>		<a href="#">Artec/Telephone</a>	InProgress	Medium	June 15, 2018 5:39:26 AM
<input type="checkbox"/>	5591	<a href="#">Desk 13 Jack not working</a>	<a href="#">Jennifer Dart</a>		<a href="#">Console Equipment</a>	InProgress	Medium	June 13, 2018 10:35:09 AM





# Communication Equipment & Software

Section 3.5  
PDS Web

# Toronto CACC Senior EMD Dispatch Manual



# PDS Web and PDS

---

## PDS Web

PDS Web is a program that allows the Deputy Commander and One Desk to see at a glance the status of crews in hospitals. It is directly tied in to the system used by hospital Emergency Departments.

The system records time in hospital; CTAS level when transported and when triaged; patient trip number; type of service needed; Ambulance Service (Toronto, Peel, York etc.). The Deputy Commanders can also broadcast system wide messages to all hospitals.

This system allows for the removal of transfer of care times that were in error and that the Deputy Commander has confirmed.

PDS Web is accessed from Internet Explorer at the following address:

<http://137.15.231.41/pdsweb/SignIn.aspx>



The User Name and Password are both **scs** in lower case. If the Hospital is not showing EMS Management then be sure to change it to this selection.

<b>User Name :</b>	<input type="text"/>
<b>Password :</b>	<input type="password"/>
<b>Hospital :</b>	EMS Management ▼
	<input type="button" value="Login"/>

After login the screen will display the number of available Transport Units, the number of Out of Service Units and TPS units in three distinct categories:

En-Route EMS Units, In-Hospital Patients and Paramedic TOC Units

The screenshot displays the PDS System interface with the following sections:

**System Header:** PDS System, 137.15.231.41/pdsweb/AllIEDs.aspx, Thu Dec 17, 2015, 13:38:32. Review Broadcast: OFF.

**Navigation:** All ED's, Reports, Search, Dashboard, Admin, Help, Chat, Broadcast, Sign Out.

**Summary:** All Emergency Department Queues, Teme Hospitals, Available Transport Units: 37, Out of Service Vehicle: 0.

**En-Route EMS Units (8)**

ED Name	ETT	CTAS	Pts	Vehicle	Paramedic Service	Vehicle Status	Services	Special Distribution
Humber River	3	3	1	1070	Toronto	Depart Scene	Adult	
Mount Sinai	(3)	3	1	4094	Toronto	At Scene	Adult	
North York Gen	(9)	2	1	5479A	Toronto	At Scene	Adult	CTAS 1/2: Closest ED
RV Centenary	3	2	1	2542	Toronto	Depart Scene	Adult	CTAS 1/2: Closest ED
St. Michael's	(1)	3	1	4155	Toronto	At Scene	Adult	
Sunnybrook	2	2	1	1825	Toronto	Depart Scene	Adult	CTAS 1/2: Closest ED
UHN Western	1	3	1	3432	Toronto	Depart Scene	Psych	
WO Etobicoke	2	3	1	1099	Toronto	Depart Scene	Adult	

**In-Hospital Patients (27)**

ED Name	ED Time	CTAS	Pt/Trip #	Vehicle	Paramedic Service	Vehicle Status	Arrival	Special Distribution	ED CTAS	HTOC	PTOC	Time Since HTOC
Humber River	01:03	3	2643	1074	Toronto	At Destination	12:34					
Humber River	00:55	3	2642	2397	Toronto	TOC Start	12:42		2/12:52	13:15		00:23
Humber River	00:27	2	2665	5886A	Toronto	At Destination	13:11	CTAS 1/2: Closest ED	2/13:17			
Humber River	00:21	3	2650	1547	Toronto	At Destination	13:16		2/13:27			

**Paramedic TOC EMS Units (13)**

ED Name	Vehicle #	CTAS	Paramedic Service	Vehicle Status	PTOC	HTOC Time	Time Since HTOC	In ED Time
UHN Western	3572	2	Toronto	PTOC	13:35 (4)	13:10	00:28	00:36
St. Michael's	2158A	2	Toronto	PTOC	13:38 (1)	13:13	00:26	00:36
WO Etobicoke	OOT3237	5	Toronto	Available	13:38 (1)	13:24	00:14	00:41
Trillium	3826	2	Toronto	PTOC	13:25 (14)			00:58
North York Gen	OOT3240	3	Toronto	Available	13:39 (0)	12:37	01:02	01:15
Humber River	OOT3023	3	Toronto	Available	13:39 (0)			02:40
Humber River	OOT3115	2	Toronto	Available	13:39 (0)			03:00
WO Etobicoke	OOT3087	3	Toronto	Available	13:39 (0)			03:13
WO Etobicoke	OOT3169	2	Toronto	Available	13:39 (0)	11:56	01:42	03:12
North York Gen	OOT3133	3	Toronto	Available	-1			
Humber River	OOT3114	3	Toronto	Available	-1	17:20		
Humber River	OOT3129	3	Toronto	Available	-1	13:51		
WO Etobicoke	OOT3021	2	Toronto	Available	-1			

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These queues are able to be sorted using the highlighted column title.

All Toronto ED's

Available Transport Units: 14  
Out of Service Vehicle: 0

En-Route EMS Units (6)

Reset Sort Order

ED Name	ETA	CTAS	Pts	Vehicle	EMS Service	Vehicle Status	Services	Special Distribution
Humber Church	(5)	2	1	1310	Toronto	At Scene	Adult	CTAS 1/2: Closest ED
North York Gen	(8)	2	1	2365A	Toronto	At Scene	Adult	CTAS 1/2: Closest ED
Scarborough Grace	(11)	3	1	2539	Toronto	At Scene	Adult	
Scarborough Grace	10	3	1	4261	Toronto	Depart Scene	Adult	
UHN Toronto Gen	(7)	3	1	3715	Toronto	At Scene	Adult	
UHN Western	(12)	3	1	3823	Toronto	At Scene	Adult	

The longer a crew is in hospital the darker the line colour gets in the In-Hospital Patients queue.

In-Hospital Patients (35)

Reset Sort Order

ED Name	ED Time	CTAS	Trip #	Vehicle	EMS Svc	Vehicle Status	Arrival	Special Distribution	ED CTAS	HTOC	PTOC	Time Since HTOC
Humber Church	0:48	3	0202	3186A	Toronto	Offload Delay	11:35					
Humber Church	0:47	3	0212	1149	Toronto	Offload Delay	11:36	REPAT: Ext. Related Hx				
Humber Church	0:41	3	0218	1145	Toronto	Offload Delay	11:42	REPAT: Ext. Related Hx				
Humber Finch	0:06	3	0236	1108	Toronto	At Destination	12:17					
Humber Finch		3	0177	3235*	York		10:44 (Clear)		3/11:47	11:47		0:36
Mount Sinai	0:14	3	0234	3721	Toronto	TOC Start	12:09		3/12:18	12:18	00:10	0:05
North York Gen	0:31	3	0220	5756A	Toronto	TOC Start	11:52	♿** SUPERVISOR O.R.	2/11:55	12:07		0:16
RV Centenary	1:25	2	0190	2206	Toronto	Offload Delay Refuel	10:58		2/11:08			
RV Centenary	0:41	3	0214	5888A	Toronto	Offload Delay	11:42	REPAT: Ext. Related Hx	3/12:03			
RV Centenary	0:25	3	0225	2647	Toronto	At Destination	11:58	REPAT: Ext. Related Hx	3/12:09			
Scarborough Gen	0:45	3	0222	2907A	Toronto	TOC Start	11:38		3/11:58	12:06		0:17
Scarborough Gen	0:42	3	0213	2517	Toronto	Offload Delay	11:41					
Scarborough Gen	0:16	2	0232	4029	Toronto	At Destination	12:07					
Scarborough Gen	0:15	3	0235	2643	Toronto	At Destination	12:08	REPAT: Ext. Related Hx				

Paramedic TOC EMS Units (5)

ED Name	Vehicle #	CTAS	EMS Service	Vehicle Status	PTOC	HTOC Time	Time Since HTOC	In ED Time
Humber Finch	1847A	3	Toronto	PTOC	12:19 (5)	11:54	0:30	0:47
Mount Sinai	3402	3	Toronto	PTOC	12:22 (2)	11:57	0:27	0:43
Scarborough Gen	2904	3	Toronto	PTOC	12:11 (13)	11:34	0:50	1:08
St Joseph's	3517	3	Toronto	PTOC	12:13 (11)			1:01
Toronto East	4689	2	Toronto	PTOC	12:10 (14)	11:39	0:45	0:55

23/02

There are several tabs along the top of the page. Each has a different function. The SEMD will primarily be looking at the All EDs tab. The DC is the primary user of PDS web and is responsible for checking the information displayed.

Thu Dec 17, 2015

13:40:12

H All ED's
Reports
Search
Dashboard
Admin
Help
Chat
Broadcast
Sign Out

Review Broadcast OFF

All Emergency Department Queues

**Tems Hospitals**

Available Transport Units: 38
Out of Service Vehicle: 0
6

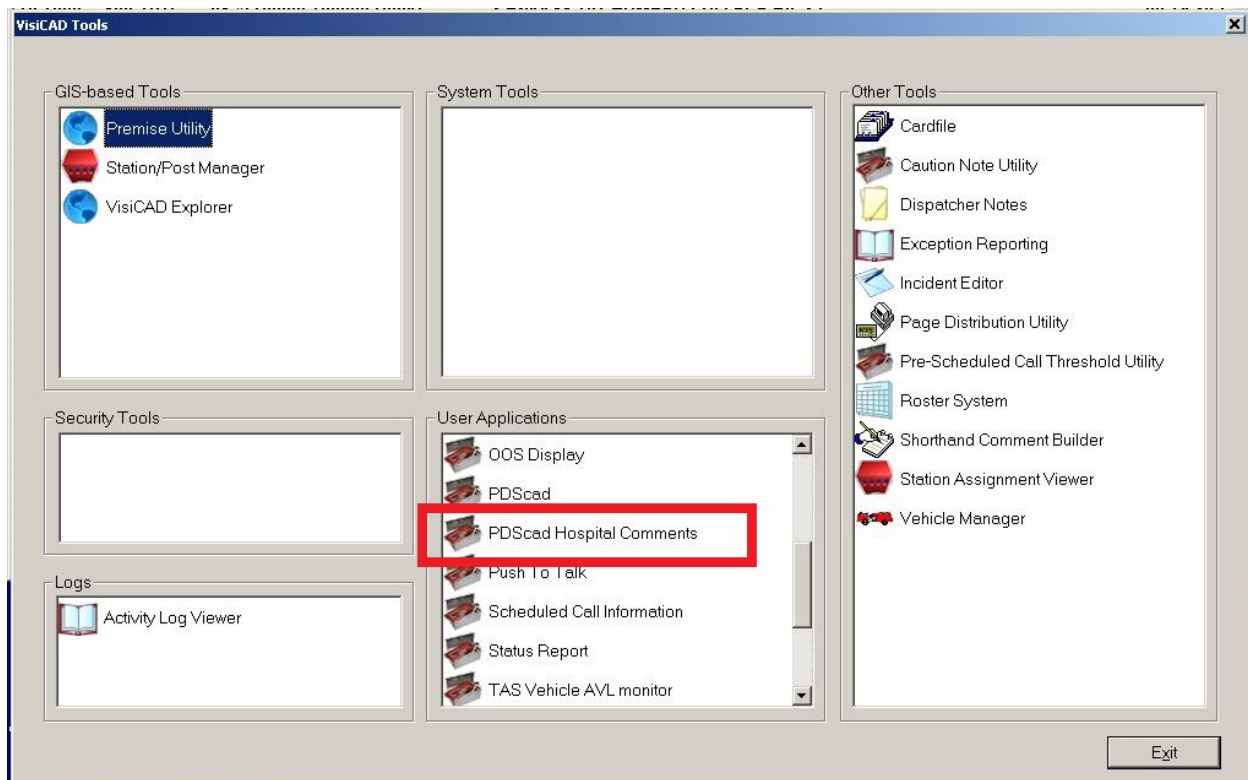
The tabs are as follows:

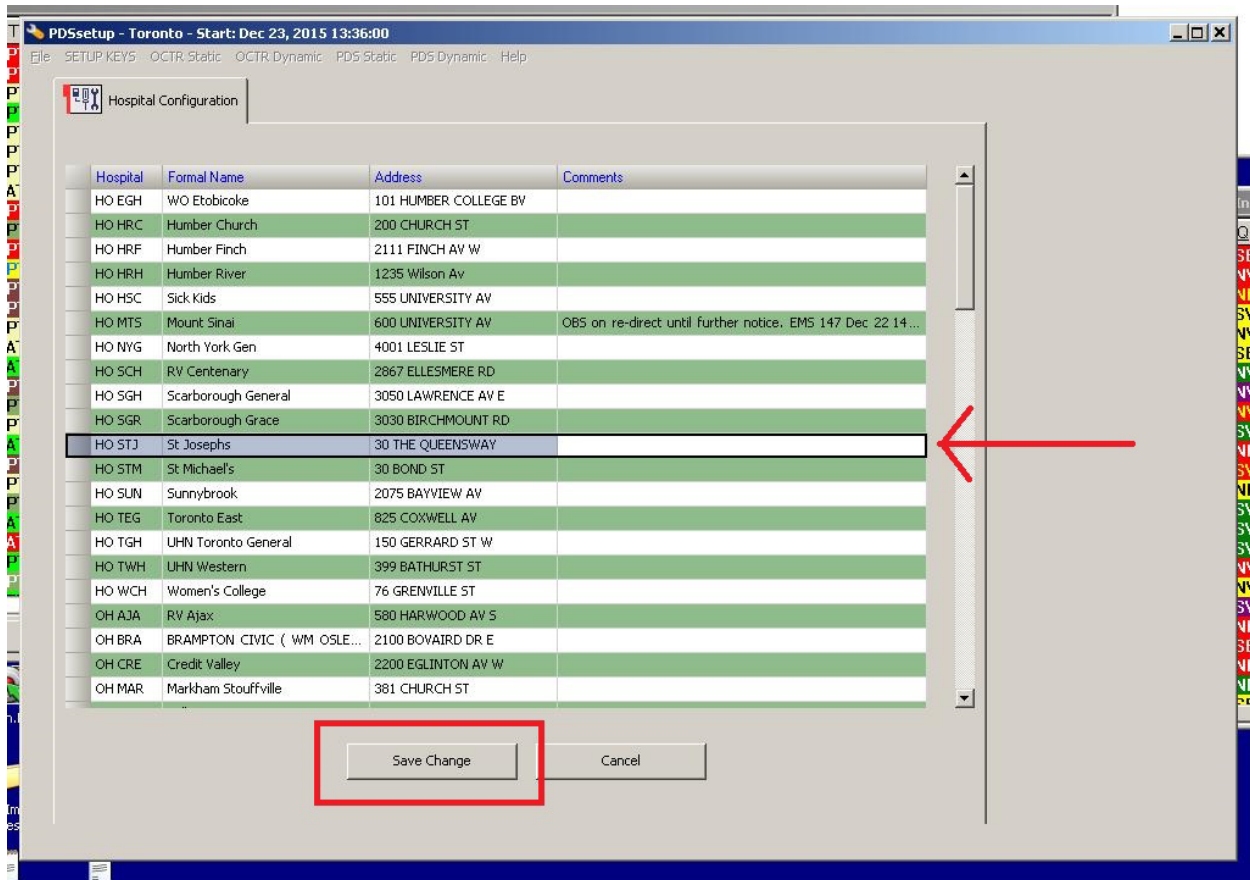
- All EDs – used by the SEMD/SCS/DC to check ED status
- Reports – used by the DC to generate any required reports
- Search – used by the DC to search
- Dashboard – used by the SEMD/SCS/DC to check recent ED history
- Admin – used to change the password to PDS web – DO NOT USE
- Help – general help screen
- Chat – used by the DC for two way communication with EDs
- Broadcast – used by the DC to broadcast a message to the ED(s)
- Sign Out – clicking on this signs you off

## PDScad Hospital Comments

PDScad Hospital Comments in the VisiCAD toolbox is the program that allows for the updating of hospitals. This will allow for the Destination Coordinator to see when a particular hospital ED has been granted some consideration by the Deputy Commander, a particular service is unavailable for a length of time, or any other information deemed necessary.

This information is usually entered by the SCS or DC but will from time to time be needed to be done by a Senior EMD.





Enter the comment and Save them to have them displayed every time that hospital is a choice for a destination.

Sample comments are along the lines of:

- Redirect CTAS 3, 4, 5 pts until 2030 hours
- SGH CRT down for repair until 2300 hours





# Communication Equipment & Software

Section 3.6  
Novell Tools

# Toronto CACC Senior EMD Dispatch Manual

# Microsoft Excel and Word

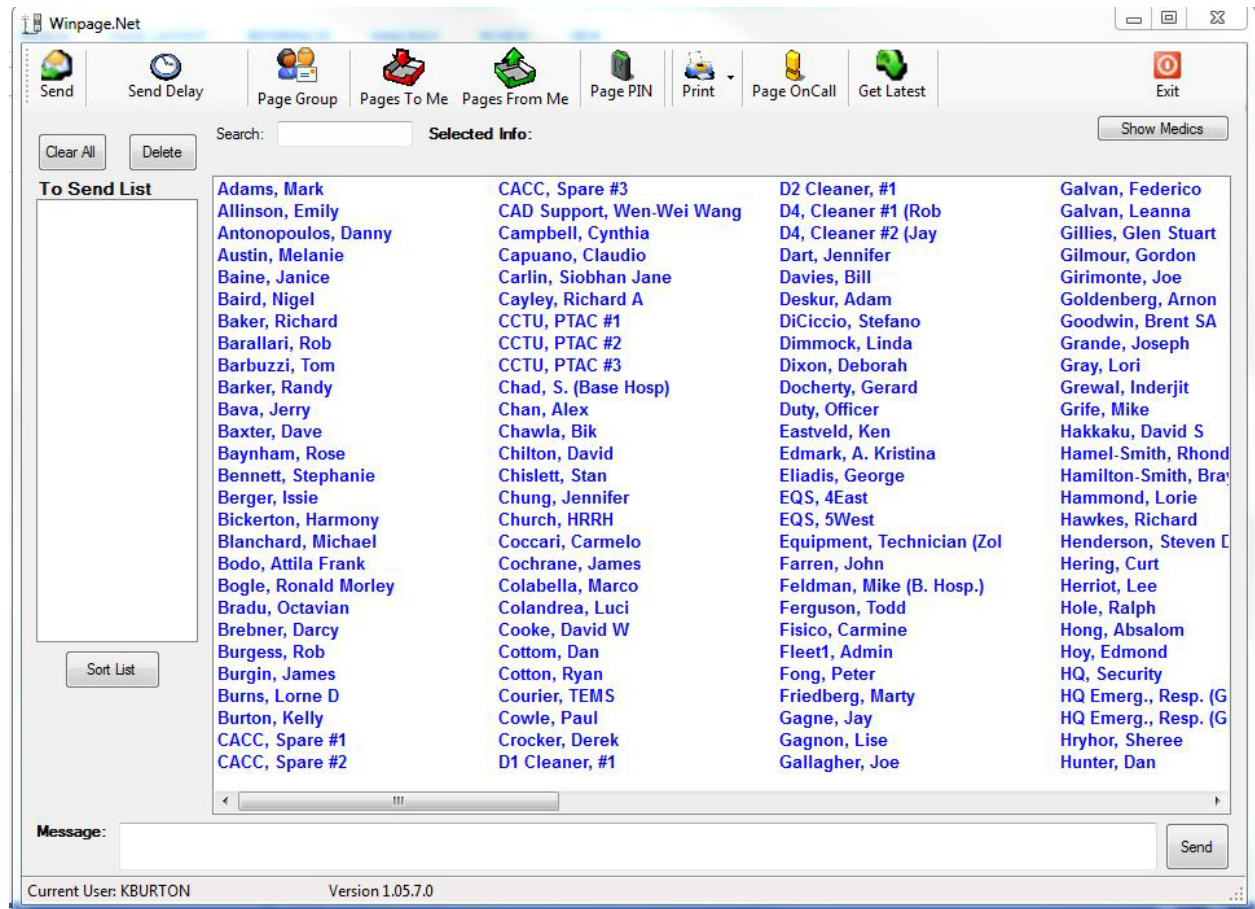
Almost all of the documents received at One Desk are formatted in Word or Excel. It is to the Senior EMDs advantage to have a working knowledge of these programs.

Excel is the program that the quadrant run down sheets is formatted in. These sheets are used on a daily basis.

# WinPage

WinPage is the Divisions paging system used to send pages to paramedics and supervisory staff. The on call staff also set up to be automatically paged when you choose an on call listing. There is a page for paramedics and a page for all other. Anyone with a pager assigned will be listed in this program including Peer Resource team members, SCSs and paramedics.

It should be noted that the paging system is not designed for emergency use.



# Break Reporting

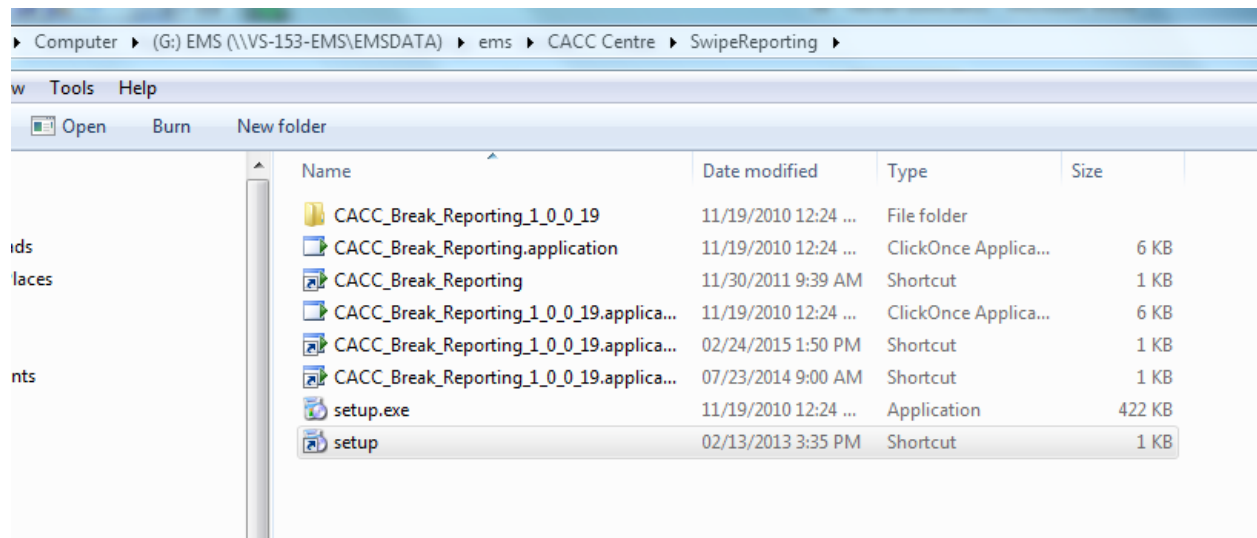
The Break Reporting program tracks the break times of EMDs.

The Call Taking Senior EMD will be tasked with co-ordinating and monitoring the break times of EMDs assigned to the call receiving role.

This program allows for break reporting for the shift as well as a specified period of time going back a few months.

The program is accessed through the G: drive on the city computer in the CACC CENTRE folder.

**G:\ems\CACC Centre\SwipeReporting** ; Click Setup to open the program





Once you have the program open, select the appropriate date and shift, then click on Staff Currently on Break. This will show you which EMDs are on break and how long it's been since they swiped.

**CACC Staff Break Reporting System**

Shift:  D  C11  C2  N

Date: From: 12/17/2015 To: 12/17/2015 Time: 07:00 19:00

Go

**TORONTO**  
Emergency Medical Services

**CACC Staff On Break**  
as of: 12/17/2015 3:02:24 PM

Empl No.	Empl Name	Swipe Out	Elapsed (min)
	SHIRLEY, JOHN	12/17/2015 2:36:58 PM	26
	Hargreaves, Shawn	12/17/2015 2:45:35 PM	17
	AUSTIN, MELANIE	12/17/2015 2:51:51 PM	11

Staff: -Armstrong, Cindy  
-AUSTIN, MELANIE  
-Chang, Brian  
-CONTARDI, SONIA  
-England, Lindsay  
-FREEDMAN, ROSS  
-Hargreaves, Shawn  
-Hintemeister, Jason  
-LORETI, LAWRENCE  
-LYNAS, JOHN  
-Menzies, Shannon  
-MONESTIER, ADRIANA  
-NEAVE, DAVID  
-PHILLIPS, JUDY  
-Poirier, Courtney  
-SHIRLEY, JOHN  
-TODA, LESLIE

Clear Select All Run Report

Staff Currently on Break

If you need to check the total amount of time that an EMD/SEMD has taken throughout their shift, you need to run a report. You can do this for everyone on duty that shift, or you can select a particular staff member and run an individual report.

Ensure that you have the date and shift selected for the report that you want to run. If you want to run a general report for everyone on duty in CACC, click on RunReport.

**CACC Staff Break Reporting System**

Shift:  D  C11  C2  N

Date: 12/17/2015 Time: 07:00

From: 12/17/2015 To: 12/17/2015 19:00

Go

Staff List:

- Armstrong, Cindy
- AUSTIN, MELANIE
- Chang, Brian
- CONTARDI, SONIA
- England, Lindsay
- FREEDMAN, ROSS
- Hargreaves, Shawn
- Hintermeister, Jason
- LORETI, LAWRENCE
- LYNAS, JOHN
- Menzies, Shannon
- MONESTIER, ADRIANA
- NEAVE, DAVID
- PHILLIPS, JUDY
- Poirier, Courtney
- SHIRLEY, JOHN
- TODA, LESLIE

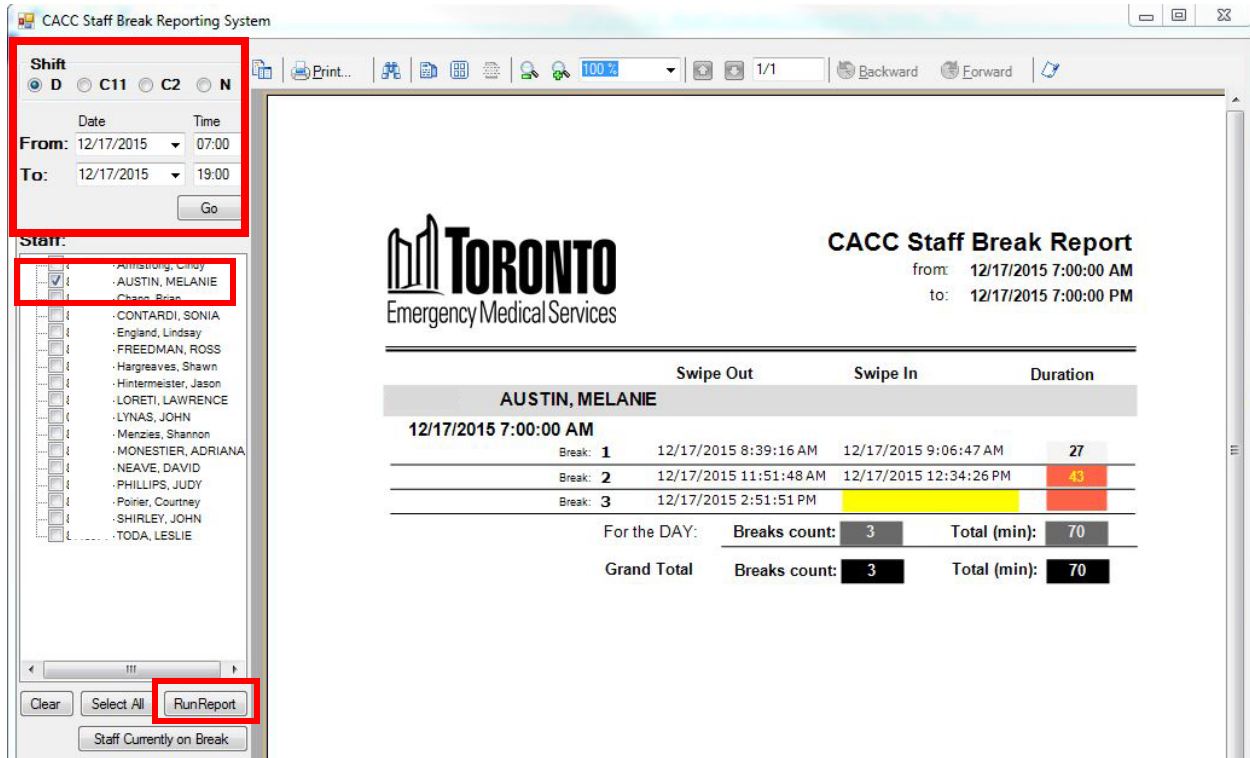
Buttons: Clear, Select All, RunReport, Staff Currently on Break

### CACC Staff Break Report

from: 12/17/2015 7:00:00 AM  
to: 12/17/2015 7:00:00 PM

	Swipe Out	Swipe In	Duration
<b>Armstrong, Cindy</b>			
<b>12/17/2015 7:00:00 AM</b>			
Break: 1	12/17/2015 1:18:00 PM	12/17/2015 1:47:53 PM	29
For the DAY: Breaks count: 1 Total (min): 29			
Grand Total Breaks count: 1 Total (min): 29			
<b>AUSTIN, MELANIE</b>			
<b>12/17/2015 7:00:00 AM</b>			
Break: 1	12/17/2015 8:39:16 AM	12/17/2015 9:06:47 AM	27
Break: 2	12/17/2015 11:51:48 AM	12/17/2015 12:34:26 PM	43
Break: 3	12/17/2015 2:51:51 PM		
For the DAY: Breaks count: 3 Total (min): 70			
Grand Total Breaks count: 3 Total (min): 70			
<b>Chang, Brian</b>			
<b>12/17/2015 7:00:00 AM</b>			
Break: 1	12/17/2015 1:20:11 PM	12/17/2015 1:50:19 PM	30
For the DAY: Breaks count: 1 Total (min): 30			

If you would like to run a report for an individual, select your date and shift. Add a checkmark to the box beside the employee's name and then select RunReport.

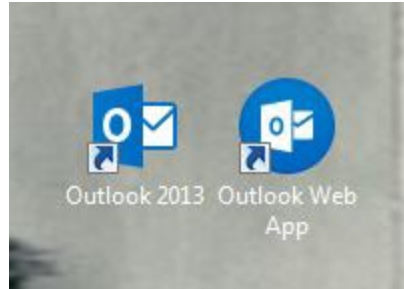


## Outlook

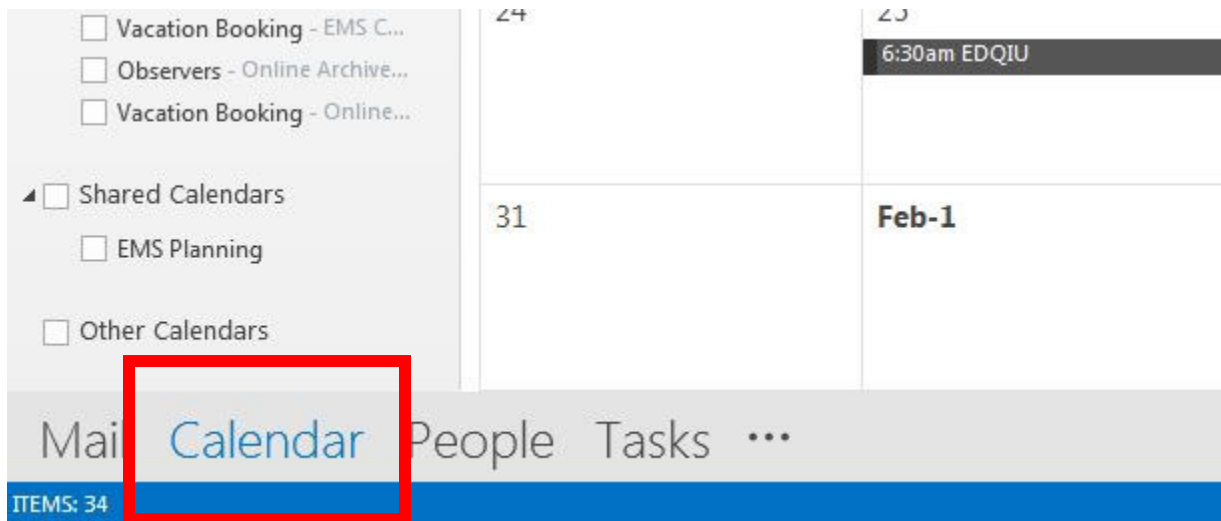
Outlook is the SEMD's primary email tool. It is also used to access any shared calendars that are available. The shared calendar that is accessed the most is the Planning calendar. This is where the SEMD can see any scheduled events by date. Each separate event will have a time frame associated with it, as well as the G drive location of the associated files.

Access to the Planning folder will be granted upon approval.

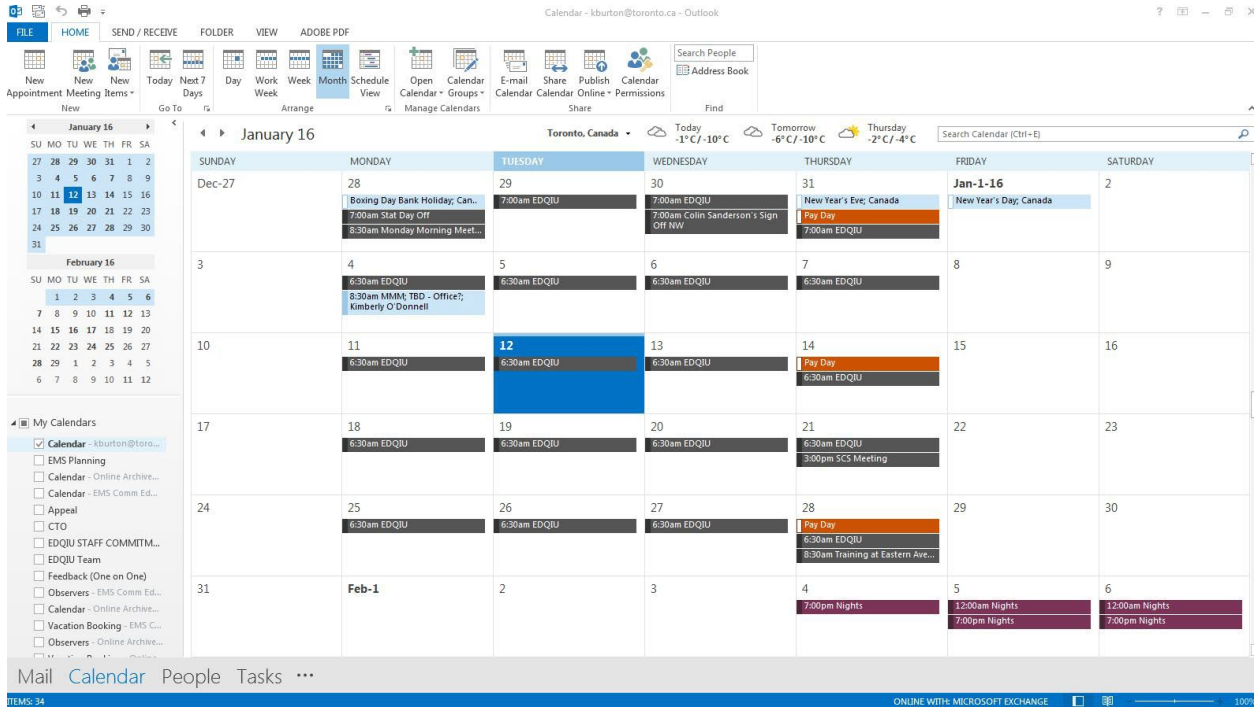
To access a shared calendar open up Outlook 2013. This can be done by selecting either desktop icon. The icon on the left opens up the Outlook program itself whereas the icon on the right opens up the web version of Outlook.



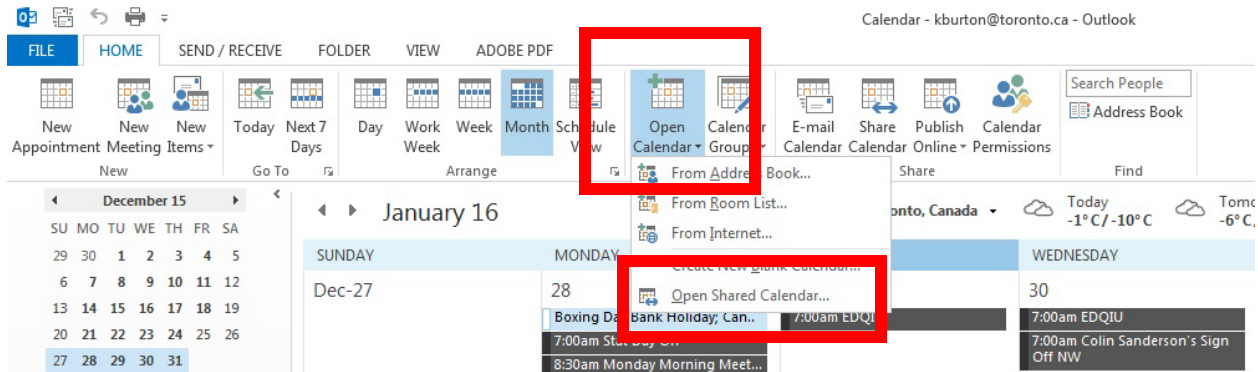
Once Outlook is open, click on the Calendar icon to access the Calendar function.



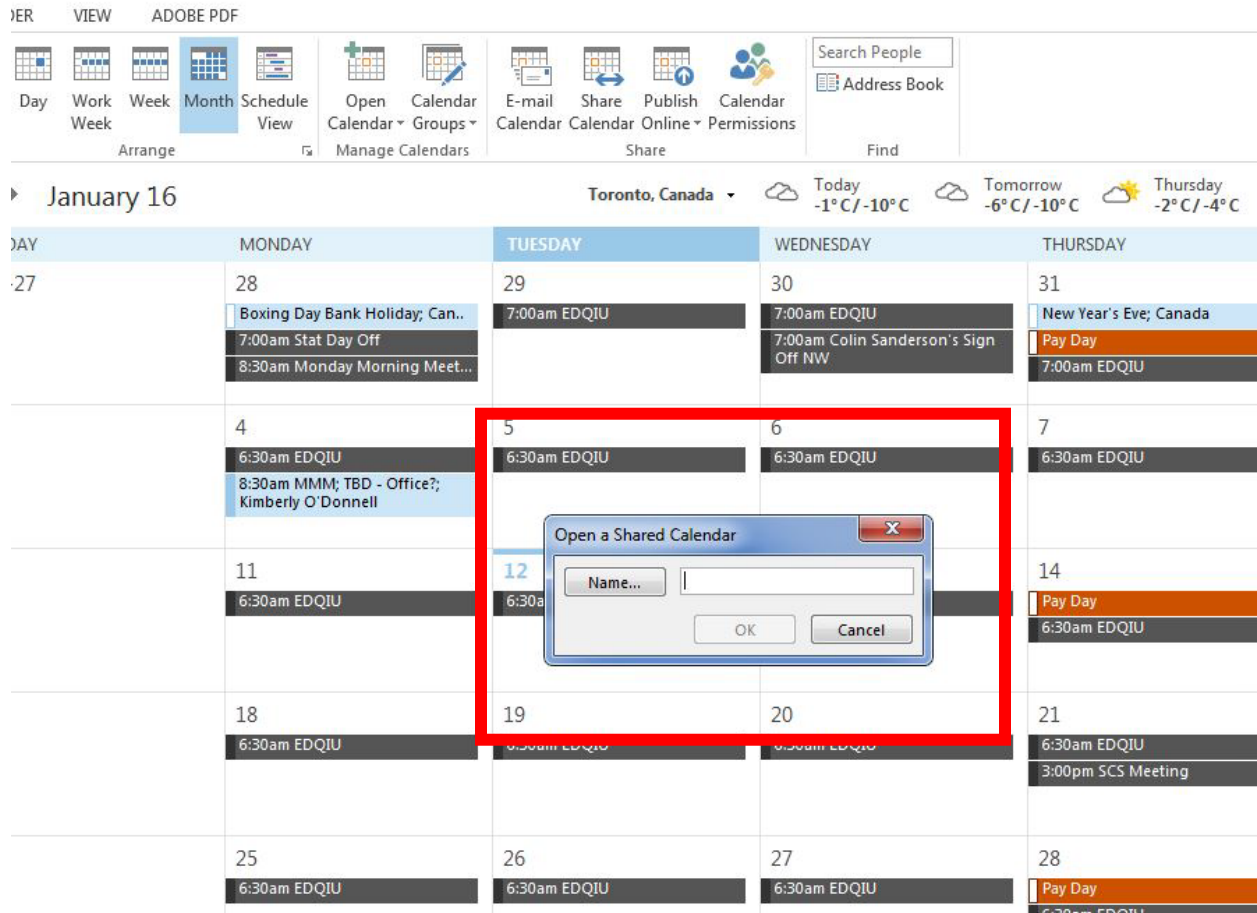
This screen will appear:



To select a shared calendar, click on 'Open Calendar' and then 'Open Shared Calendar'

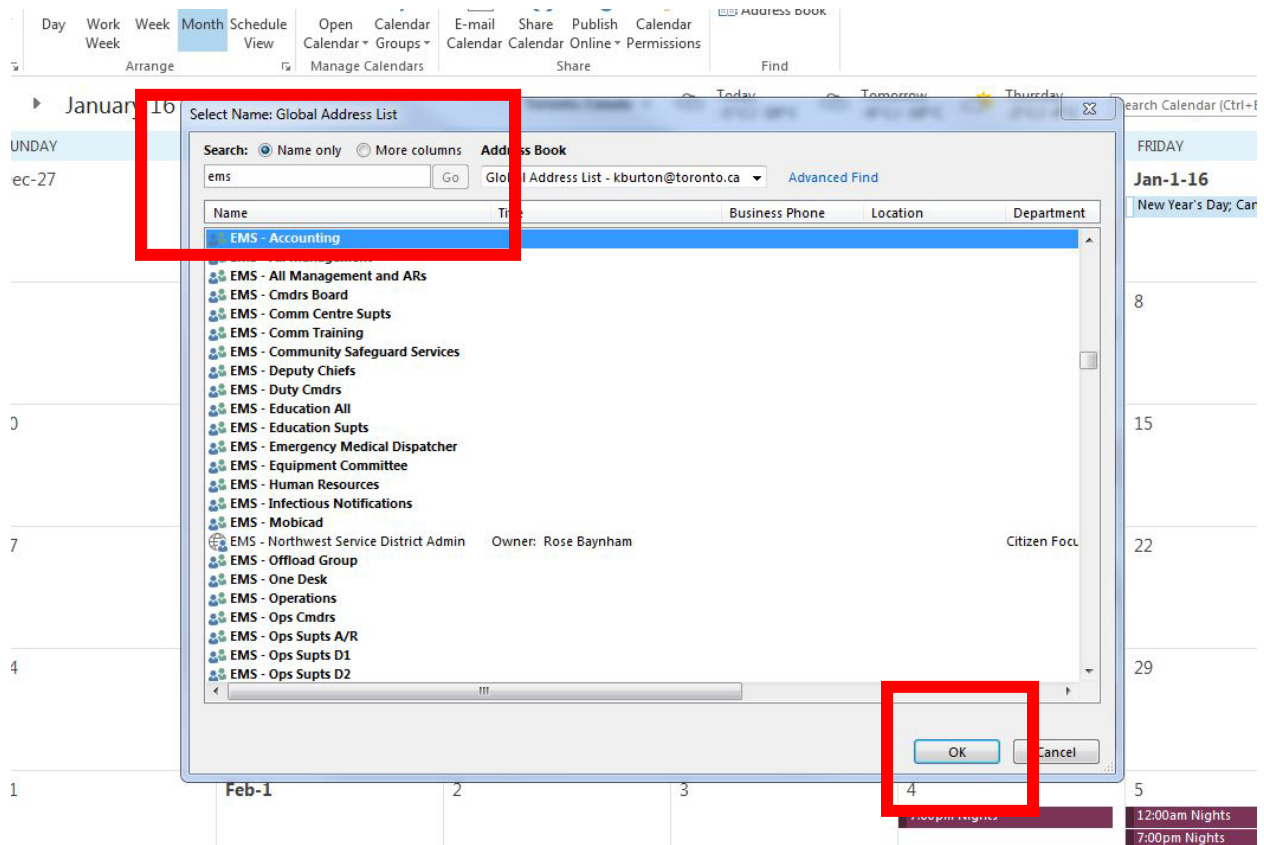


Outlook will then ask which shared calendar you would like to view. Click on the 'Name' button to search for the correct calendar.

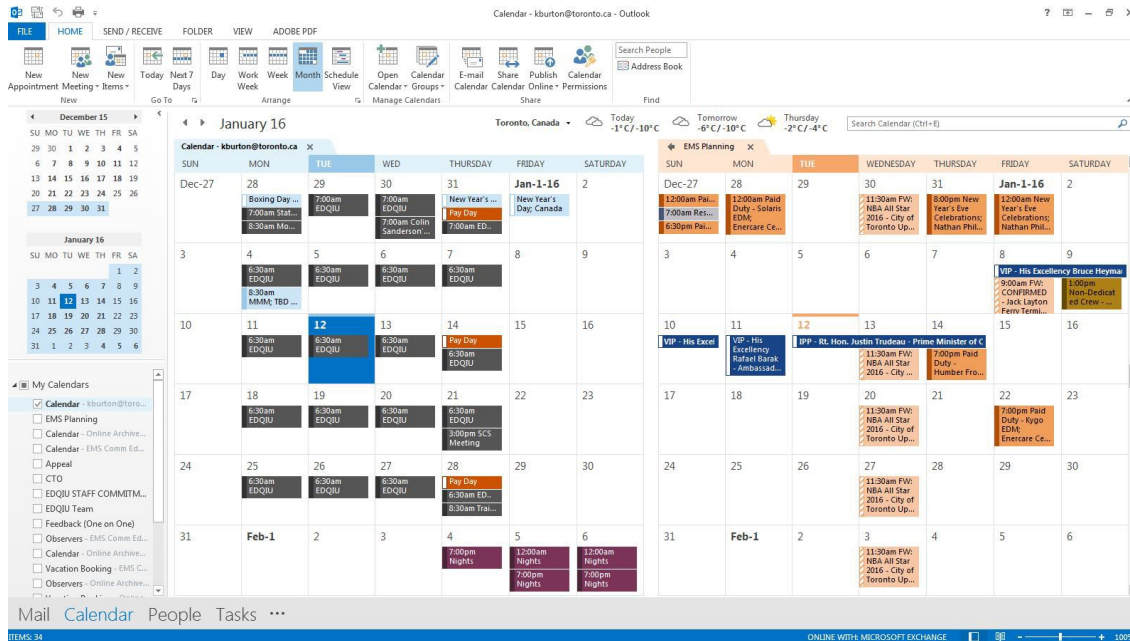


Enter the search information for the calendar that you want to add and click 'OK.'

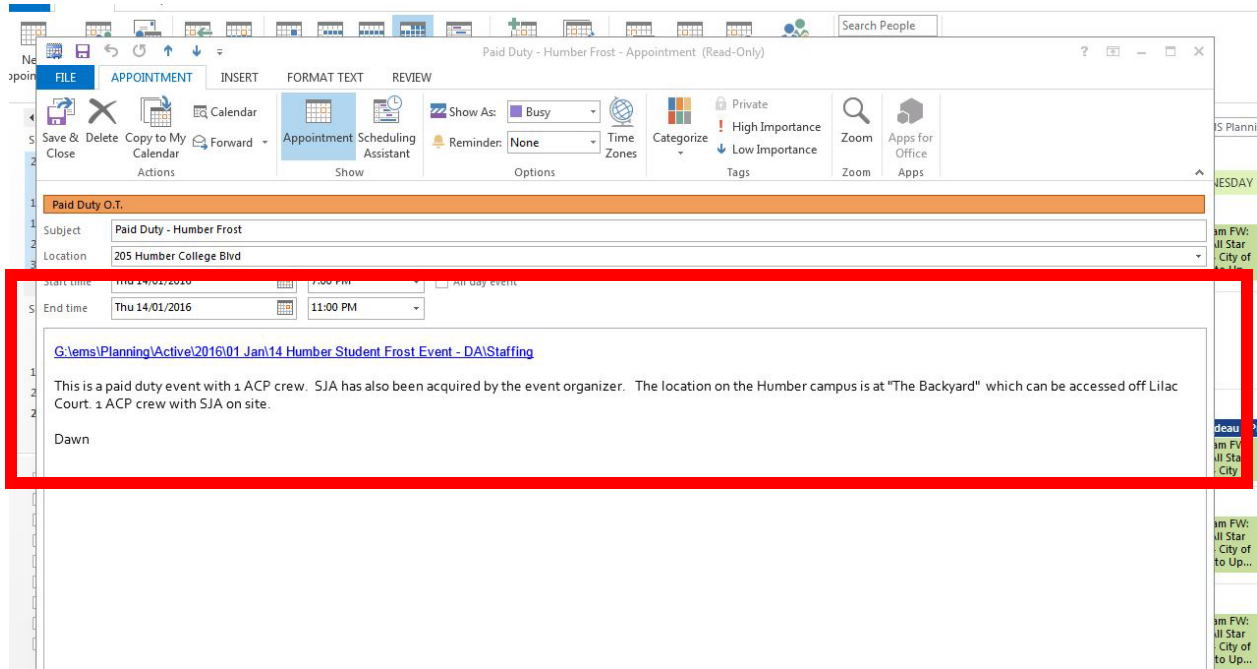




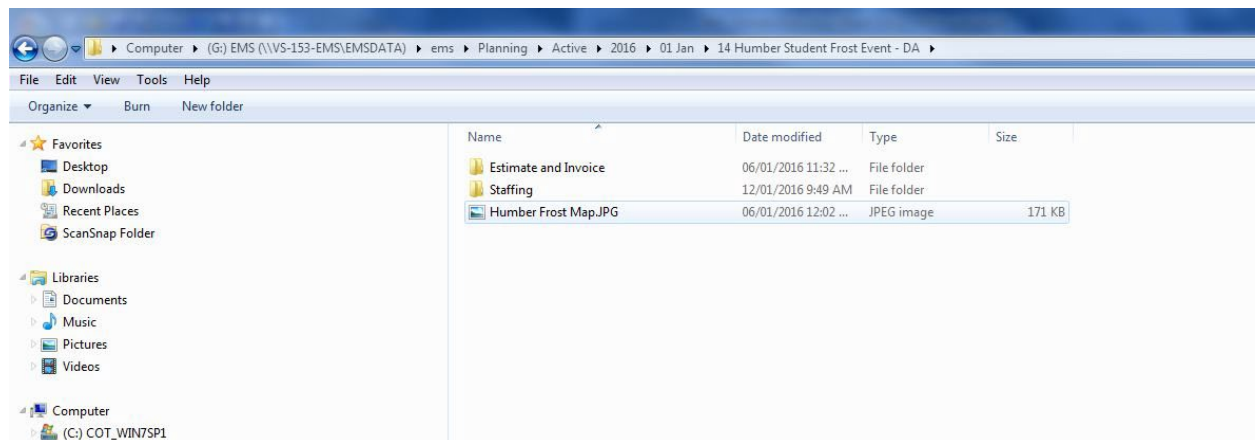
This will add the selected calendar (shown on the right hand side beside the user's primary personal calendar.)



To get information for a specific event, click on the event in the calendar. The link to the event will be in the comments section of the Outlook even pop up.



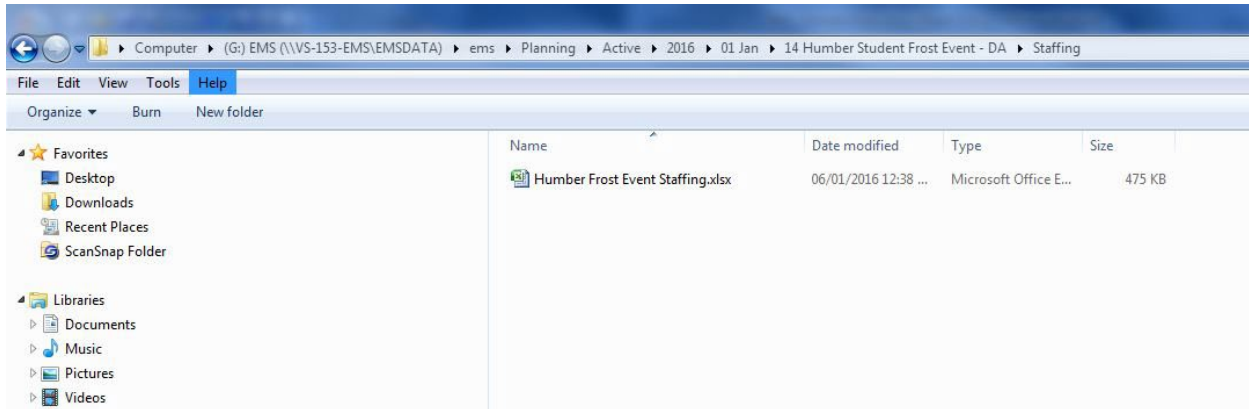
To get the staffing and specific event documents, click on the G drive link. The G drive folder will open up at the proper destination.



Click on the staffing folder to access the staffing excel spreadsheet. The Admin senior will print off this document for tracking and payroll purposes. Any relevant event information and maps will be distributed to the appropriate EMDs. There are always two parts to the document. The first sheet is always the staffing/overtime information. The second sheet is the event information regarding time frames, book on location, on-site contact persons, and paramedic



instructions, etc. This information will be transferred into the appropriate DUTY-PAID/DUTY-AVAILABLE CAD incident.



An example of an event would look as follows:

Sheet 1:

The screenshot shows an Excel spreadsheet with the following structure:

SPECIAL EVENT/PAID DUTY TRACKING 2016																	
B29300 - STANDBY - SPECIAL EVENTS		AREAS FOR PLANNER/LIASON OFFICER/QUADRANT TO FILL						AREAS FOR SCHEDULING TO FILL					AREAS FOR CACC STAFF TO FILL				
Event Name:		Humber Student Frost Event															
Date:		January 14, 2016															
(If Req) Approve d by EMS#	RESOURCE	Medic(s) on DT or from the Count?	REQUESTED/REQUIRED				INFO FOR CREWS	STN	Employee Number	Medic 1	Level	Employee Number	Medic 2	Level	ACTUAL		
			BOOK ON	ON SITE	OFF SITE	BOOK OFF									VEH	AFRI SCEN E	DPT SCEN E
	ACP Ambulance	OT	18.00	19.00	23.00	0.00											
	n/a																
	n/a																
	n/a																
	n/a																
	n/a																
	n/a																

Additional text in the spreadsheet: 'Crews are to book on as per Scheduling. After vehicle check they are to proceed to 205 Humber College Blvd at the Backyard, Located behind the School on Lilac Court.'

Page 1

Sheet 2:

SPECIAL EVENT/PAID DUTY TRACKING 2016			
ROAD CLOSURE INFORMATION	NOTES	ON-SITE CONTACT(S)	ANTICIPATED ATTENDANCE
None	(Hold down the ALT key and hit ENTER to start a new line of text)	Marlon Peters (647) 865-0681	1000 students aged 17+
EVENT DETAILS	Medics to book on as directed by scheduling. After vehicle check, proceed to the event location at 205 Humber College Blvd. On arrival, they should meet with onsite contact person who will instruct them where to park.		
Outdoor DJ Event Alcohol Served St. John Ambulance on Site	Mobicad MUST be on at all times when crew is in the vehicle. Medics must notify CACC regarding all patient care, obtain a run number and complete an EPCR record.		
COMMUNICATIONS INFORMATION	Paramedics should only leave the location with a CTAS 2 or 1 patient. Less acute patients should have a unit from the car count respond, rendezvous and transport the patient. It is understood that there may be situations where the dedicated crew may have to transport less acute patients. In any case, if this crew does leave during the event, please have an ALS or BLS unit from the car count proceed to the event and maintain coverage until the dedicated crew returns.	BILLING NAME/ADDRESS/PHONE	SCHEDULING INFORMATION
	Once the paramedics are cleared from the event, they are welcome to contact the D.O. for approval to go into the car count. Otherwise, they should proceed directly back to the station for wash up and book off.	Marlon Peters 3199 Lakeshore Blvd. W Etobicoke, ON M8V 1K8	Preference is for ALS if unable to fill please contact Planning for further direction
		COST CENTRE	
		B29300 - STANDBY - SPECIAL EVENTS	

If the SEMD needs to check the planning folder for any events not showing in the calendar, the SEMD can access the same information via the G drive then select the following:

- Planning,
- Select Active,
- Select the appropriate year,
- Select the appropriate month,
- Select the appropriate day and event to open up the folder.

Typically, if an event is not showing in the planning calendar, but is showing in the planning folder without any data in it, the event wasn't booked and confirmed. The planning department sets up the documents in anticipation of booking the event. When an event doesn't move forward, the documents don't get erased immediately.

If there is a question about an event, speak to the appropriate planning superintendent and/or the scheduling department via 416 392 2130 x 8.



## Communication Equipment & Software

Section 3.6  
Optima Playback  
& Shift Editor

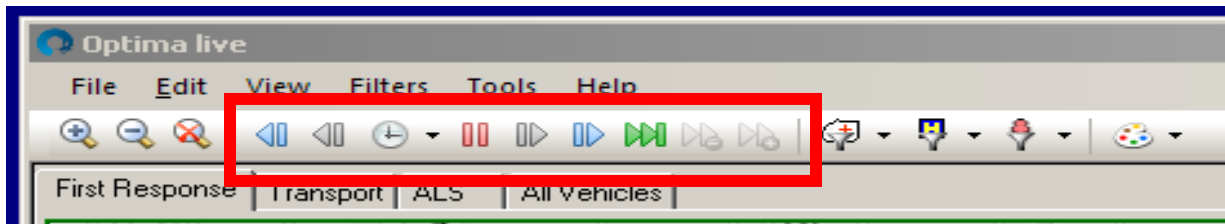
# Toronto CACC Senior EMD Dispatch Manual

# OPTIMA Live

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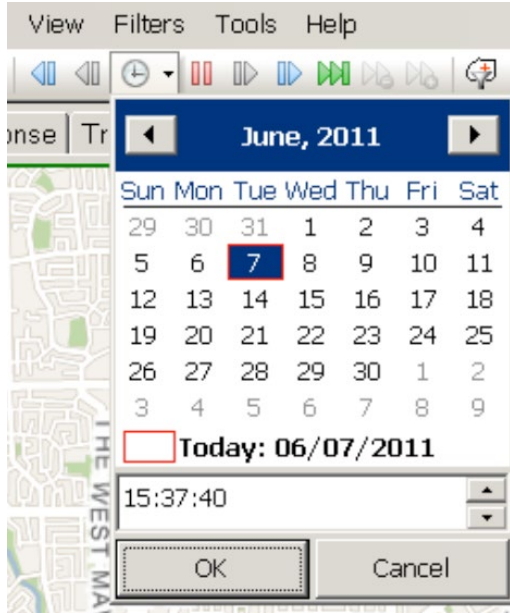
OPTIMA Live has tools available for the Senior EMD that are not used by the Quadrant EMD. These are Playback and Shift Editor. The region selector is included as refresher for when a quadrant desk is moved to another CACC position due a computer or console issue.

## Optima Live Playback



Many of the Senior EMD positions have Optima Playback installed at the desk. With Playback you can reset the Optima display to how it looked at a particular point in time. This is useful for checking on late/missed lunches; where a unit was at the time they were assigned a call; and what the citywide coverage looked like at that time.

Rolling your mouse over an icon will give you a display of its function. There are options to go back 1 hour, 1 minute, select a date and time, pause, forward 1 minute, forward 1 hour and return to real time.



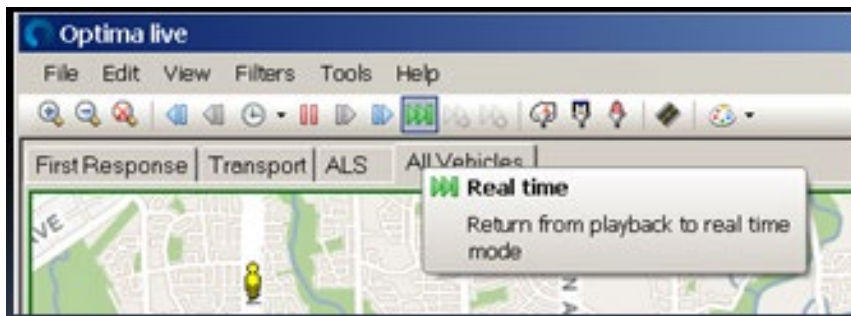
After selecting the clock icon a pop up screen will give the option to select a date and time that you would like to reset Optima to. Usually these are done to check lunches so the time would be 14:59:59 or something similar.

It is important to the playback is paused before setting the date and time or the time will advance before you have a chance to see the screen after exiting the selection box.

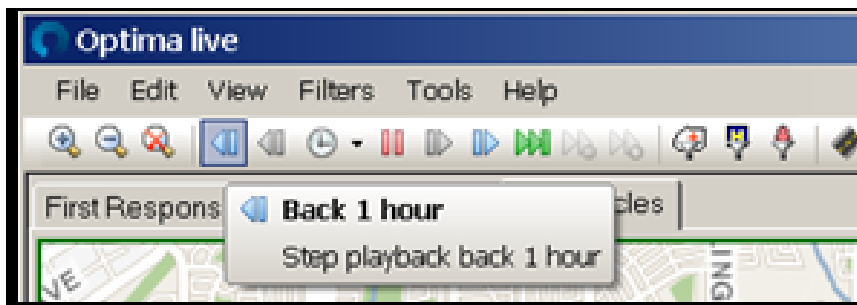
***Be sure to return to real time after you have finished your inquiry; otherwise the screen will be stationary at the selected time, or running behind from the time selected.***

Examples of Playback option icons:

Return to Real time:



Reverse time 1 hour:





Double arrows to slow down or speed up rate of the playback:

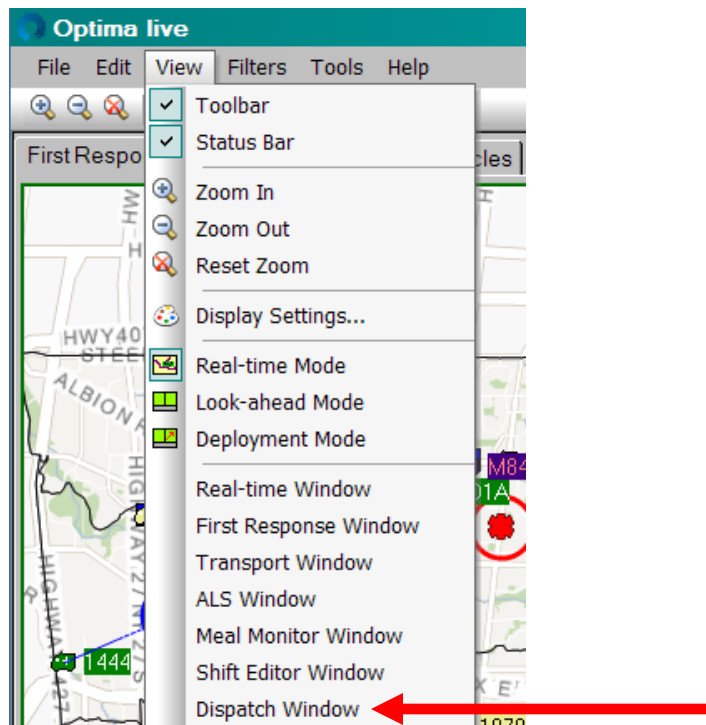


## Shift Editor

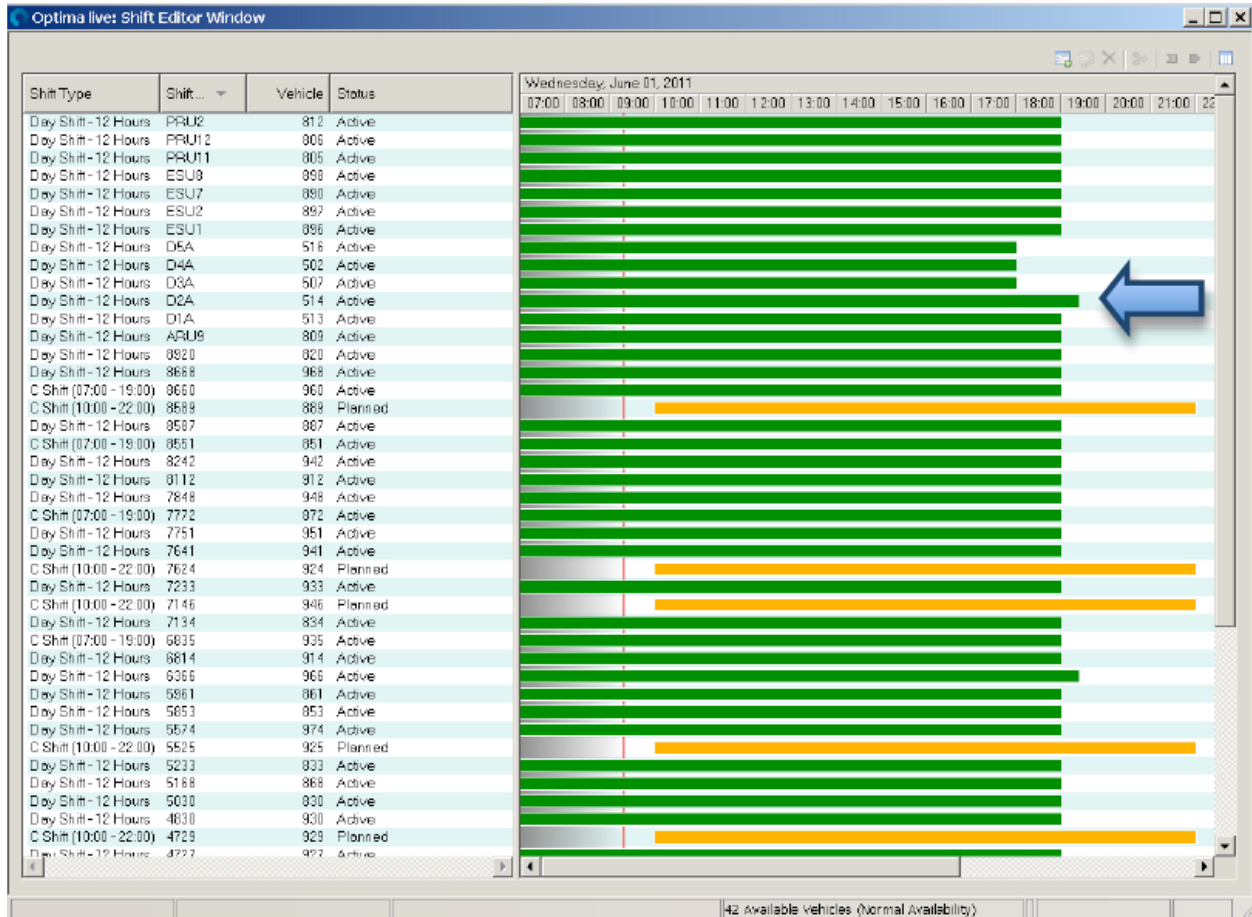
The Shift Editor is a great tool to use to quickly identify errors that may affect Optima recommendations. **Remember that the problem should always be rectified in VisiCad first, and the information should then carry over to Optima.** The following instructions are how to manually update Optima if it doesn't.

The most common issue found is that the unit is not showing in the Optima screen, and is therefore not being considered for assignment or recommendation to emergency calls. This is usually due to a shift not existing in Optima for that particular unit.

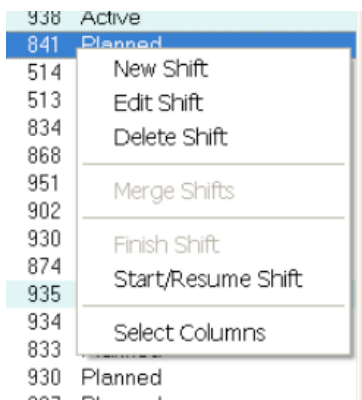
The Shift Editor is found in the view drop down menu.



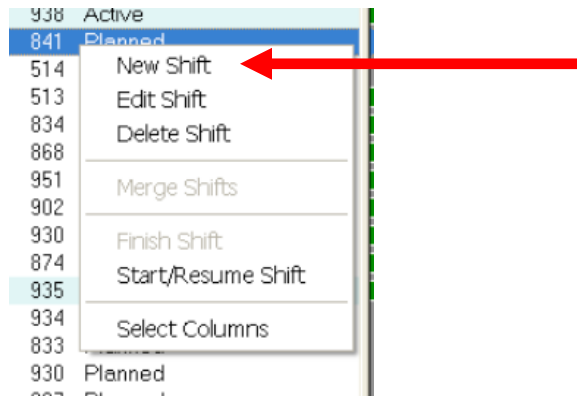
This screen will be seen upon opening the Shift Editor Window. The blue arrow indicates a shift length longer than the normal time of 19:00. This can be fixed in the Roster System by changing the shift length to correct the shift end time.



This is the screen where you can add, delete, edit and start shifts in Optima. You can access these functions by right clicking anywhere on the shift editor screen.



To build a shift for a unit not showing in the editor, right click somewhere in the left side of the screen and select New Shift.



The Add Shift box will open up. You will need to fill in the required information to build the shift in Optima.

The 'Add Shift' dialog box contains the following fields and controls:

- Shift:** Text input field.
- Team:** Dropdown menu.
- Shift Type:** Dropdown menu.
- Version:** Text input field with value '0'.
- Station:** Dropdown menu.
- Current Station:** Dropdown menu.
- Vehicle:** Dropdown menu.
- Vehicle:** Dropdown menu.
- Planned Start:** Date and time picker.
- Planned End:** Date and time picker.
- Actual Start:** Date and time picker.
- Actual End:** Date and time picker.
- Follow On:** A section with a 'Follow On' label, a small icon, and a close button. Below it are three tabs: 'Team', 'Shift Type', and 'Version'. The 'Team' tab is selected, showing '<None>' in the text field below.
- Buttons:** 'OK' and 'Cancel' buttons at the bottom.



Please see the following table for an explanation for each required field.

SHIFT	IS THE VEHICLE NAME
SHIFT TYPE	IS THE SHIFT THE VEHICLE IS CURRENTLY ROSTERED ON AS
STATION	IS THE VEHICLE'S BOOK ON/OFF STATION
CURRENT STATION	IS THE STATION THE VEHICLE IS CURRENTLY ASSIGNED TO
VEHICLE (LEFT SIDE)	IS THE 3 DIGIT VIN OF THE VEHICLE
VEHICLE (RIGHT SIDE)	IS THE VEHICLE TYPE
PLANNED START	IS THE TIME THE SHIFT IS SET TO START. NOTE: IF THE SHIFT WAS BUILT AFTER THE BEGINNING OF SHIFT, THIS WILL REFLECT THE TIME THE SHIFT WAS BUILT.
PLANNED END	IS THE TIME THE SHIFT IS SCHEDULED TO FINISH. IT IS ESPECIALLY IMPORTANT THAT THIS TIME BE CORRECT AS THE MEALBREAK TIME WINDOW AND THE EOS TIME IS BASED ON THIS INFORMATION. NOTE: IT WILL AFFECT DISPATCH AND DEPLOYMENT RECOMMENDATIONS.

An example of a shift already built; showing the values for each box:

The screenshot shows a dialog box titled "Edit shift" with the following fields and values:

- Shift:** D1A
- Team:** (empty dropdown)
- Shift Type:** Day Shift - 12 Hours
- Version:** 0
- Station:** DISTRICT 1 HUB
- Current Station:** DISTRICT 1 HUB
- Vehicle:** 513
- Vehicle:** DOS
- Planned Start:**  05/01/2011 7:31
- Planned End:**  06/01/2011 19:00
- Actual Start:**  06/01/2011 6:30
- Actual End:** (empty)

At the bottom, there is a "Follow On" section with a table:

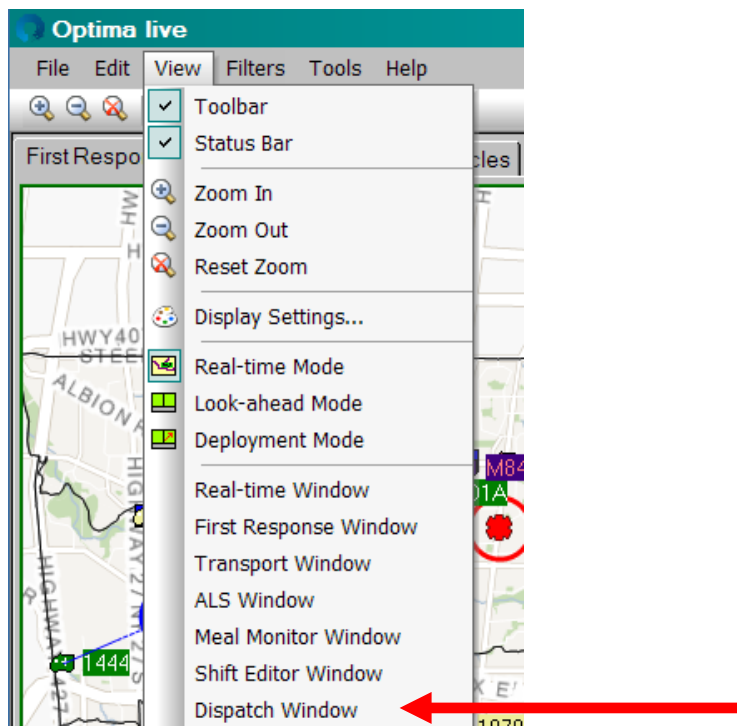
Team	Shift Type	Version
<None>		

Buttons for "OK" and "Cancel" are located at the bottom right of the dialog box.

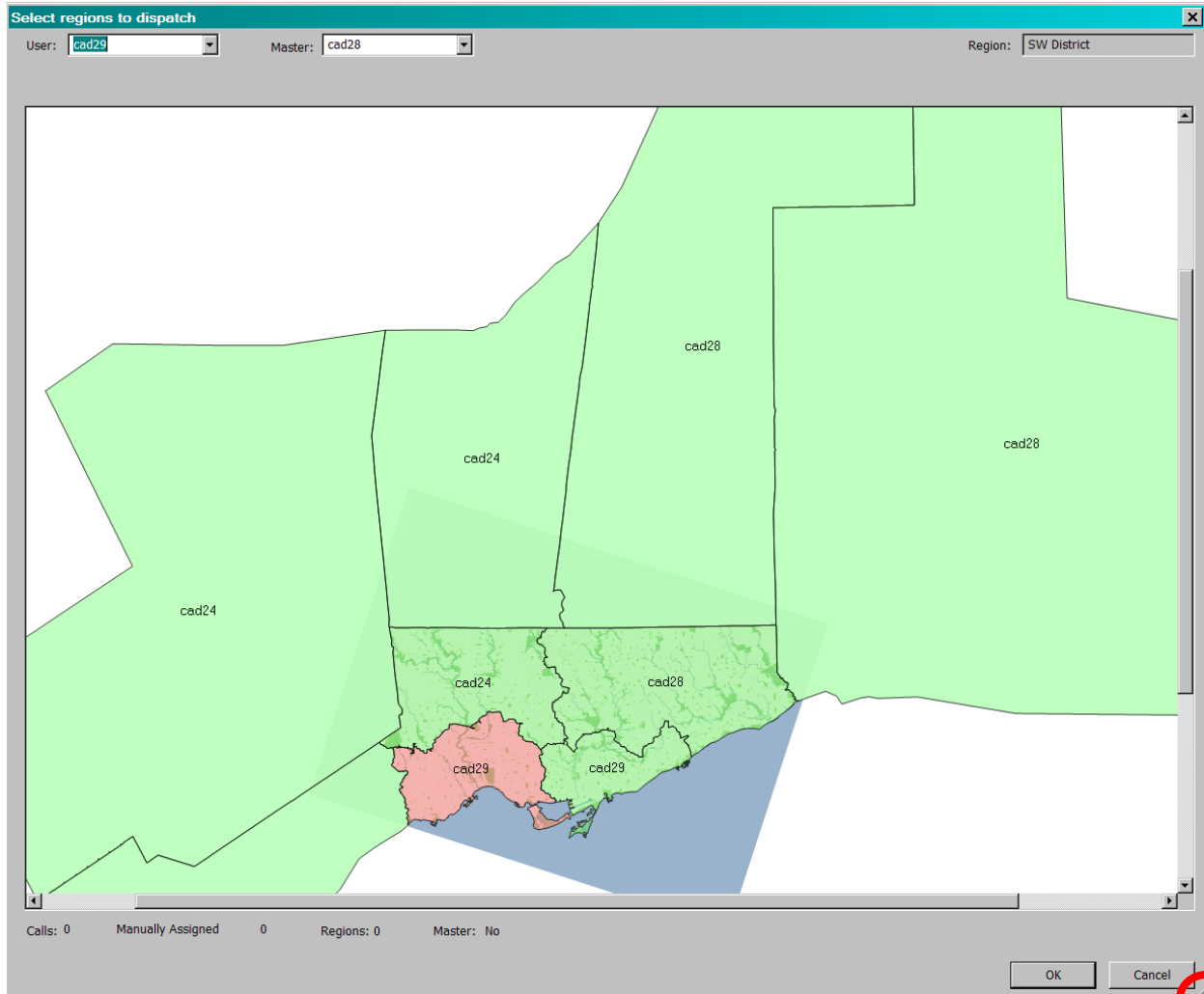
The Team and Version sections do not need to be filled in and are set at default values.

## OPTIMA Region Selector

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.

**As the SEMD**, you will not be selecting any regions to dispatch. You will open up the dispatch window, the region selector will open and you will hit cancel immediately. This will allow you to watch all of the calls without "controlling" any of them. If you select a particular quadrant that another EMD is controlling, you will get an error message.

Note: Ensure that if the region that is highlighted when you begin isn't the one that you are meaning to select, that you unselect it before you change the 'user' position. If you set the user before you select your geographic regions, it will change the original selection as well as your new selections to the new user.

Note: Only one EMD can be in this region selector at a time. If more than one EMD has it open, you will get an error message when you select OK.



## Communication Equipment & Software

### Section 3.8 Radios

# Toronto CACC Senior EMD Dispatch Manual

# Radios & Radio Channels

---

There are a number of radio systems and radio channels used by Toronto CACC.

The radio channels specific to the Senior EMD role are:

- **Metro Net radio channel.** An emergency channel set up for the City of Toronto. Currently the radio unit is located in the console behind the Deputy Commander Desk. A system wide test is conducted Tuesday mornings at 1000

Channels located on the AVTEC Radios screen:

- A5 – ESU and District Superintendents
- A6 – Community Medicine Paramedics and Modified Paramedics in vehicles
- B8 – CCTU continuously and ETF when assigned to a call
- B9 – Crews Staged at scene of call
- B10-15 – Special Event channels used by Special Event desks and monitored by One Desk. Also used for MCIs and TAC desks set up in response to the need to separate an incident from a quadrant desk
- JES 1 thru 4 (Joint Emergency Services). A weekly test of the PATHCOM system is done on JES4 every Wednesday at 1000. PATHCOM is a network of locations on the PATH underground passage network in downtown Toronto. These channels are used in a widespread emergency setting to co-ordinate communication between Toronto Police, Toronto Fire and Toronto Paramedics.

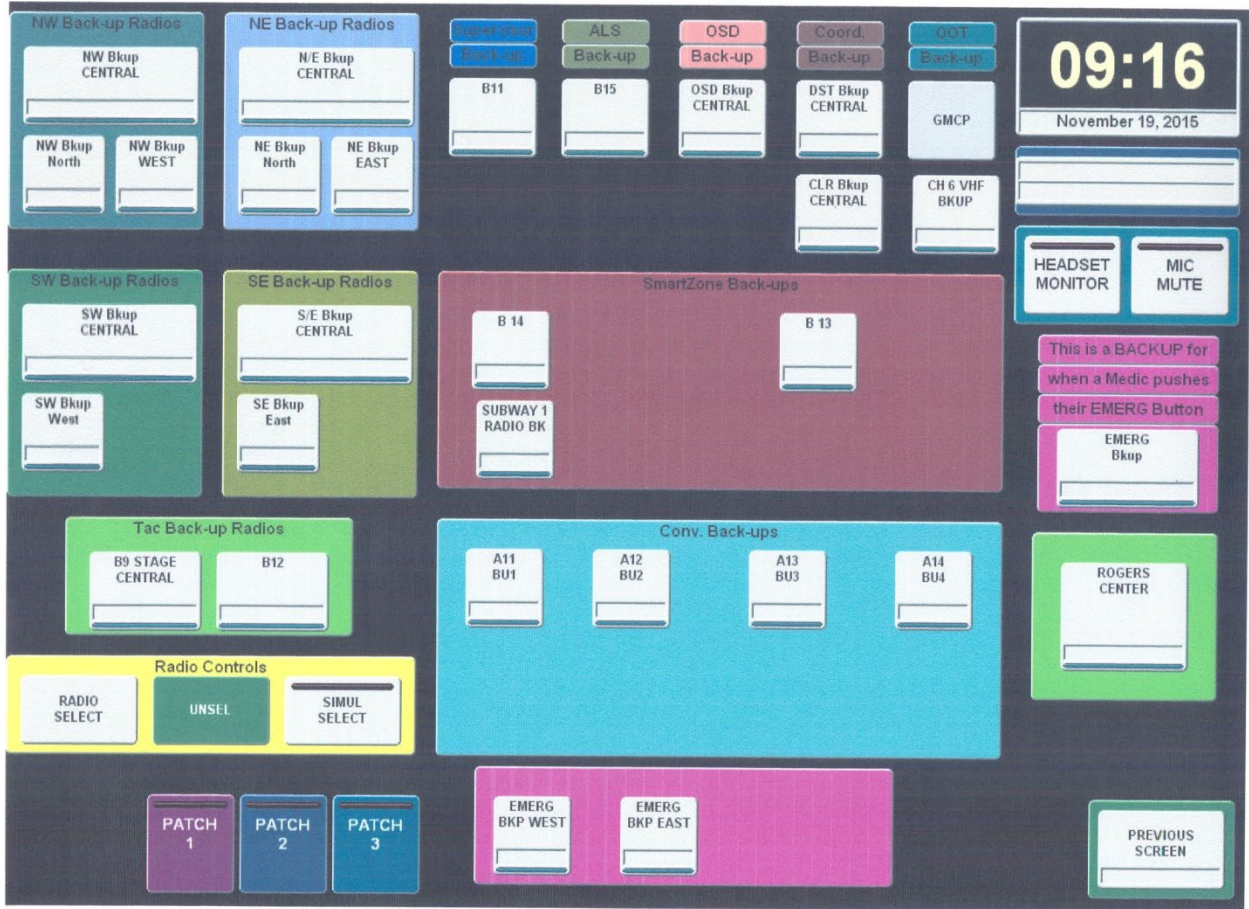
Senior Avtec Screen Setup:

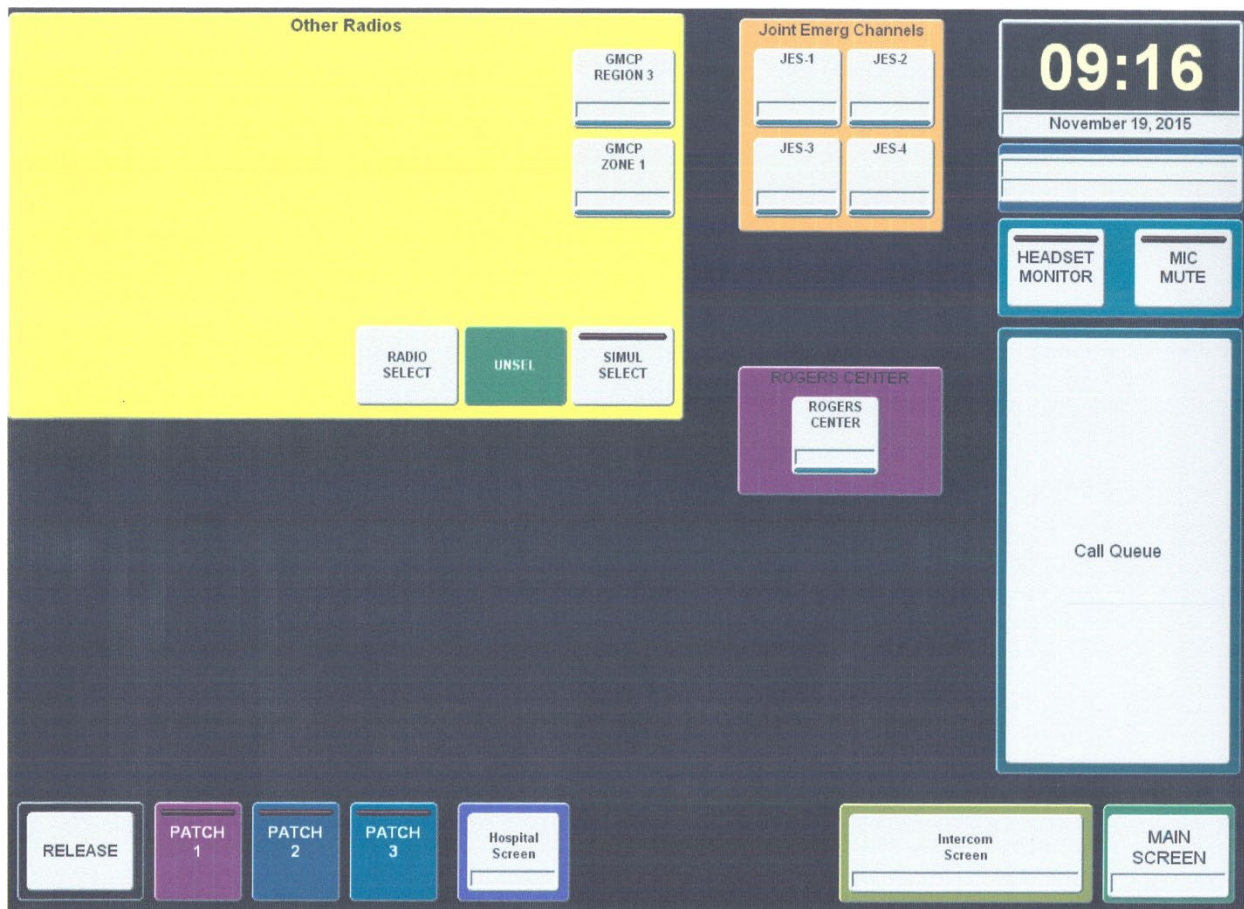
The interface is organized into several main sections:

- Radios (Yellow Header):** Includes buttons for NW/A1, NE/A2, TAC A/B9 STAGE, TAC C/B8 SpOps, SUBWAY 1, A5/SUPV, DEST/B1-B4, CH 6 VHF PROV RSL, HDOC, SW/A3, SE/A4, TAC B/B5 Fire, A6, A8 COMM MED, CLRING, TOR CACC, CH 5 VHF TAC, and Back-up Radios.
- MCI Radios (Orange Header):** Includes buttons for B10, B11, B12, and B15.
- 911 Lines (Yellow Header):** Divided into 911-A (A1-A6) and 911-B (B1-B12).
- Crews (Cyan Header):** Includes buttons for 489 2115, 489 2116, 489 2117, and 489 2118.
- Admin Lines (Purple Header):** Includes buttons for ADMIN 1, 2, 3, and 4.
- Toronto Fire (Purple Header):** Includes buttons for TFS, TFS 2, EMERG BKP EAST, EMERG BKP WEST, STN 51, and LINE.
- Emerg Radio (Pink Header):** Includes a button for TRK PORT EMERG.
- Supports (Blue Header):** Includes buttons for Wild Line and Medic Landline.
- GTA CACCs (Green Header):** Includes buttons for MISS CACC, OSHAWA CACC, GEORGIAN CACC, and CNE.
- Police (Blue Header):** Includes buttons for District 4-B, POLICE SGT, ETF, MARINE CENTREX, POLICE CENTREX, and OPP.
- Other Functionality:** Includes buttons for RADIO SELECT, UNSFL, SIMUL SELECT, Others / JES Chan, ROGERS CENTER, HEADSET MONITOR, MIC MUTE, T-Health 911 Conf, 911 Ring Back, HOLD, SCS BlckBery, and various screen selection buttons (Hospital, Other, Stations, Intercom).
- Call Queue:** A large white rectangular area on the right side labeled "Call Queue".
- Time and Date:** A digital display at the top right showing "09:14" and "November 19, 2015".



Senior Avtec Back up Radios Screen:



**Senior Avtec JES Channels Screen:****SmartZone radios**

The portable radio system runs on a Motorola Radio System.

There is a screen located behind the Deputy Commander Desk in CACC that has a program running the Smart Zone radio system that will generate an alarm when a crew presses their emergency button on the portable. This alarm will have to be knocked down by One Desk. A manual is located by the screen that shows the process.

**Radio Verification List**

TPS keeps a log of when each radio was last verified. If the SEMD needs to check a particular radio, please refer to the following website:

<http://137.15.231.41/radiolist/>

Portable Radio Tab

Radio ID  contains 

 Printer: HP LaserJet 2420 near Programmers

Wednesday, 06 January 2016 06:56:09

Radio ID	Radio Name	Alias	Last Radio Check
724000	4056A	SPARE	<b>29 Dec 2015 01:59:54</b>
724001	3762	37 C2	05 Jan 2016 14:17:21
724002	3085	31 A	05 Jan 2016 16:31:34
724003	ARU5	31 C	05 Jan 2016 11:22:14
724004	3839A	38 A	05 Jan 2016 09:21:25
724005	3423	34 C	05 Jan 2016 08:56:21
724006	3786	33 A 2	<b>01 Jan 2016 19:03:33</b>
724007	3861	38 C	05 Jan 2016 20:41:28
724008	3951	39 A	05 Jan 2016 17:08:41
724009	3229	32 A	05 Jan 2016 16:02:57
724010	3238	32 C	04 Jan 2016 21:04:16
724011	3533	36 A	05 Jan 2016 19:36:12
724012	D3A	SW Spare 1	05 Jan 2016 18:05:30
724013	3572	36 C	05 Jan 2016 22:28:18
724014	3350A	33 A 1	05 Jan 2016 07:22:54
724015	3626	33 C 1	04 Jan 2016 19:00:04
724016	3024	30 A3	05 Jan 2016 23:09:40
724018	3832	38 A1	05 Jan 2016 13:23:57
724020	3951	39 C	05 Jan 2016 17:00:40
724021	3075	34 A	05 Jan 2016 21:51:53
724022	D3A	EMS SW A	05 Jan 2016 18:06:22
724023	D3C	EMS SW C	05 Jan 2016 15:01:12
724024	3846	38 A4	05 Jan 2016 09:03:00
724025	EMS2	EMS 3	<b>21 Sep 2014 20:04:31</b>
724026	4240	40 C1	05 Jan 2016 20:47:11
724027	4007A	40 A1	06 Jan 2016 00:20:04
724028	2765	27 B1	05 Jan 2016 09:18:56
724029	4620	40 A2	05 Jan 2016 23:48:52
724031	ARU15	ERU 10	<b>11 Dec 2015 21:56:50</b>



Vehicle Radio Tab

Wednesday, 06 January 2016 06:59:20

Radio ID	Radio Name	Alias	Last Radio Check
724017	4576	976	
724213		BACC 213	
724266		BACC 266	
724267		BACC 267	
724268		BACC 268	
724269		BACC 269	
724270		BACC 270	
724271		BACC 271	
724272		BACC 272	
724339		HBAC-SCS	
724350	5489A	889	
724351		CACC 17	
724352		CACC 20	
724353		CACC 21	
724354		CACC 19	
724360	ARU23	991	
724361	ARU1	811	
724362	5888A	888	
724363	1569A	869	
724364	2994A	994	
724365	1487	987	
724366	ARU4	814	18 Oct 2013 08:23:35
724367	3762	962	
724368	D3C	537	
724369	3173A	873	
724370	3786	986	
724371	ESU7	890	
724372	D4A	532	
724373	PR1	540	

Search Function

This site is where the SEMD can verify radio ID numbers. Sometimes a radio transmits as the radio ID instead of the radio name. Please reference this site and list to confirm which radio name is associated with a particular radio ID.

Select the search type from the drop down list.



Enter the criteria into the search box and click the search button.

Portable Radios Mobile (vehicle) Radios Provincial Radios Radio Activity

Page 1 of 14 Refresh Radio ID contains 724003 Search Print

The result will display below the search bar.

Portable Radios Mobile (vehicle) Radios Provincial Radios Radio Activity

Page 1 of 1 Refresh Radio ID contains 724003 Search

Wednesday, 06 January 2016 07:04:27

**Portable Radios**

Radio ID	Radio Name	Alias	Last Radio Check
724003	ARU5	31 C	05 Jan 2016 11:22:14

CAD



# Toronto CACC Senior EMD Dispatch Manual



**CAD**

**Section 4.1  
InformCAD**

# **Toronto CACC Senior EMD Dispatch Manual**

# InformCAD

Some InformCAD usages are available that the Senior EMD will find beneficial.

## Power Line

**CHS** – Change Home Station – Used to change a vehicles home station without having to open Vehicle Manager. The station and post numbers are listed in the menu used to assign a crew to a post. The home stations for the ERUs are listed on the ERU sheet in the quadrant run down sheets.

	A	B	C	D	E	F	G	H
1								
2						<b>ARU Home Stations</b>	STN	Time
3						<b>Fill in any order</b>		
4		N/W				Weston & 401 (1A30)		
5		N/E				Markham & Sheppard (2P2)		
6		N/E				Don Mills & Lawrence (2A24)		
7		S/E				Danforth & Greenwood (4A90)		
8		S/W				Islington & Norseman (3A9)		
9		N/W				Bathurst & Lawrence (1P4)		
10		S/W				Keele & Bloor (3P3)		
11		N/W				Keele & Wilson (1P10)		
12		N/W				St Clair & Dufferin (CD23)		
13		S/E				Kennedy & Eglinton (4P8)		
14		S/E				Warden & St.Clair (2P15)		
15								
16						<b>PRU Home Stations</b>	STN	Time
17						<b>Fill in any order</b>		
18		S/W				Bathurst & Queen (3P5)		
19		S/E				Yonge & Wellesley (4A40)		
20		S/E				Sherbourne & Bloor (4P10)		
21		S/W				Spadina & Bloor (3P9)		
22		N/W				Yonge & Eglinton (1A3)		
23		N/W				Keele & Sheppard (1A32)		
24								
25						<b>TTC Postings</b>	STN	Time
26						<b>AM</b>		
27	f	N/W				Eglinton	30	6:00
28	e	S/E				Bloor	30	6:00
29	s	S/E				St Patrick	30	6:00
30						<b>PM</b>		



**OOS** – Out of Service – Allows the ability to add an out of service reason for crew that are in a status that does not show out of service as a right click menu option (En route, Depart Scene)  
Add an Out of Service Reason using the following codes:

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

## Edit Log

The Edit Log is accessed from an Emergency Incident Viewer form. The Edit Log records all actions taken in InformCAD with regards to that particular call. If a call has been closed for any length of time and is viewed later, the Edit Log will record the initials of the person logged in viewing and the Terminal they were using.

The information recorded allows a viewer to see any information that had been deleted. This will allow the Senior EMD to look back in the log and check for phone numbers, apartment numbers or entry codes that have been erased. It will also record the time a call priority was changed and what it was changed from and to.

Time	Edits/Updates	Reason	Changes By	Terminal
13:26:43	Read Comment: False → True	(Response Viewer)	GL	TRNADMIN
13:14:55	ProQATerminationStateCode: (Blank) → C	(Response Viewer)	RAK	CAD09
13:14:44	Read Comment: False → True	(Response Viewer)	MA	CAD24
13:12:25	Caller Type: Citizen → Relative	(Response Viewer)	RAK	CAD09
13:12:19	Caller Type: (Blank) → Citizen ADDITIONAL CHANGES: MethodOfCallRcvd: (Blank) → 911	(Response Viewer)	RAK	CAD09
13:12:02	Read Comment: False → True	(Response Viewer)	MA	CAD24
13:11:40	Pri: 0 → 4 ADDITIONAL CHANGES: Determinant: (Blank) → 25E03	Updated by (Response Viewer)	RAK	CAD09
13:10:32	Map Info: (Blank) → 448	(Response Viewer)	RAK	CAD09
13:10:26	Apt: (Blank) → 2314	(Response Viewer)	RAK	CAD09

Time	Edits/Updates	Reason	Changes By	Terminal
13:12:19	Caller Type: (Blank) → Citizen ADDITIONAL CHANGES: MethodOfCallRcvd: (Blank) → 911	(Response Viewer)	RAK	CAD09
13:12:02	Read Comment: False → True	(Response Viewer)	MA	CAD24
13:11:40	Pri: 0 → 4 ADDITIONAL CHANGES: Determinant: (Blank) → 25E03	Updated by (Response Viewer)	RAK	CAD09
13:10:32	Map Info: (Blank) → 448	(Response Viewer)	RAK	CAD09
13:10:26	Apt: (Blank) → 2314	(Response Viewer)	RAK	CAD09
13:10:11	Jur: (Blank) → Toronto ADDITIONAL CHANGES: Div: (Blank) → NW / Batt: (Blank) → NW 13 / RA: (Blank) → 13 Station / ResponsePlanType: 0 → 0 / Address: 320 DIXON → 320 DIXON RD / City: (Blank) → TORONTO ET C / Lat: 0 → 43695833 / Lon: 0 → 79552222 / Bldg: APT → 09060B2.2	Premise Verified (Response Viewer)	RAK	CAD09
13:10:09	Address: (Blank) → 320 DIXON	New Entry	RAK	CAD09

## Resetting User Settings in InformCAD

Occasionally, there will be a need to reset the InformCAD settings for an EMD. This happens when a map or emergency form is moved to a screen that is not available when the EMD returns to a call receiving position.

On the Admin Senior and SCS desks is an icon for "RESET CAD USER DISPLAY". This will reset the setting to the default and allow screens to be seen. For this process to work the EMD needs to be completely out of InformCAD (EXIT). When the need for this arises there is often a need to use the Task Manager to exit and close the InformCAD screen; this is due to the Emergency form being open, but off screen.

Once the employee has exited from InformCAD open the "RESET CAD USER DISPLAY" program using the icon found on the Admin Senior screen and enter the employee name. Hit RESET, and then have the EMD log back in to InformCAD, but only after the reset process has been completed. If the EMD is still logged in to InformCAD this process will not take and the issue will still remain.

Occasionally, a window (such as the map or the add vehicles window) will only be partially visible on a screen. The SEMD might need to assist the EMD through the process of returning the window to the visible work area. The following process should be followed:

- Ensure that the missing window is selected (this can be confirmed by checking the windows taskbar and selecting the window from there)
- Hold ALT + SPACE + M
- Either press the appropriate arrow key or move the mouse and the previously lost window will be "shadowing" the arrow/mouse movements

## **PTT (push To Talk)**

The push to talk should have all channels selected so that any emergency button will show on the screen. A second PTT can be opened showing the channels specific to the Senior EMD positions (A5, A6, B8, B9 etc) if desired.

## **Pending Incident Queue**

The Senior EMD positions have to monitor all incoming calls. This can result in a very large Pending Incidents Queue. It is important that this queue be sorted by call priority and the top be visible. The best way for this queue to be viewed is to have it open completely so that there is no scroll bar showing on the side of the window. This may involve having to move or shorten the other InformCAD Queues.

CAD

Section 4.2  
Rostering



# Toronto CACC Senior EMD Dispatch Manual

# Roster System (Rostering)

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## AUTO-ROSTER

The Roster System reads information from TS and automatically builds the shifts for the vehicles being used on that day. This process also will automatically populate the names of the paramedic crew into the InformCAD system.

Unit shifts are built automatically in the Roster System when the correct Paramedics have swiped on to the correct unit at the correct station. For transport units, either two (2) Paramedics assigned to the same shift code, at the same station must swipe on to the same unit OR a single paramedic swipe to a 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.

InformCAD will automatically start the shifts and roster the vehicle of any paramedic crew properly rostered for up to 30 minutes after the start of the scheduled shift. After this 30 minute time frame the vehicle shift will have to be manually started.

**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).

## BUILDING SHIFTS

Shifts may need to be built when the auto-roster system does not build them. This may be for reasons such as a crew swiped on without a unit number and now has one or there were more than 2 crew member names on a vehicle and it would not start shift. Be sure to check the roster system prior to building the new shift.

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.

The most common shifts used in CACC:

- D6 – 0600-1800 – used for District Superintendents and TTC Medics
- D1 – 0700-1900 – used for all other day shifts
- C7 – 0700-1900 – used by the automatic shift builder only
- C9 – 0900-2100
- C10 – 1000-2200
- C11 – 1100-2300
- C12 – 1200-0000
- C2 – 1400-0200
- N1 – 1900-0700 – used for all night shifts (except DOS adjusted to 1800 start)
- D8 – various times used for Community Medicine staff and special events

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 Senior EMD must type in a correct Shift Length time in order for the End Time to be correct for the selected shift type.

Day shift: The unit **2433** shift start is logged at 07:46 showing an end time of 19:46, but the actual start time is 07:00. The shift length must be modified to end the shift at 19:00.

**Start Time 07:46      Shift Length 11:14      End Time 19:00**

**Roster System**

Start Shift Date  
 From: 01/27/2015  
 To: 01/27/2015

Agency: EMS  
 Jurisdiction: Toronto  
 Division: NE  
 Station: 24 Station

Include Closed Shifts

Search Refresh

Shift	Start Date	Start Time	End Date	End Time	Meal	Status	Vehicle ID	Radio Name	Crew	Station
D1	01/27/2015	07:00	01/27/2015	19:00		Schedule 859	4259	4259	0	42 Station
D1	01/27/2015	07:00	01/27/2015	19:00		Schedule 946	3746A	3746A	4	41 Station
D1	01/27/2015	07:00	01/27/2015	19:00		Schedule 962	3062	3062	5	30 Station
D1	01/27/2015	07:00	01/27/2015	19:00		Schedule 979	1079A	1079A	2	30 Station
D1	01/27/2015	07:00	01/27/2015	19:00		Schedule 830	1430	1430	0	14 Station
D1	01/27/2015	07:00	01/27/2015	19:00		Schedule 833	2433	2433	2	24 Station
D1	01/27/2015	07:00	01/27/2015	19:00		Schedule 863	1463	1463	4	14 Station
D1	01/27/2015	07:00	01/27/2015	19:00		Schedule 892	4592	4592	0	45 Station
D1	01/27/2015	07:00	01/27/2015	19:00		Schedule 897	ESU2	ESU2	0	51 Station
D1	01/27/2015	07:00	01/27/2015	19:00		Schedule 844	4644A	4644A	2	46 Station
D1	01/27/2015	07:00	01/27/2015	19:00		Schedule 995	4595	4595	2	45 Station
D1	01/27/2015	07:00	01/27/2015	19:00		Schedule 879	5479A	5479A	2	54 Station
D1	01/27/2015	07:46	01/27/2015	19:46		Active 833	833	2433	2	24 Station
C9	01/27/2015	09:00	01/27/2015	21:00		Active 807	807	ARU7	1	29 Station
C9	01/27/2015	09:00	01/27/2015	21:00		Active 921	921	2821	2	28 Station
C9	01/27/2015	09:00	01/27/2015	21:00		Active 920	920	2720	2	27 Station
C9	01/27/2015	09:00	01/27/2015	21:00		Active 981	981	ARU16	1	26 Station
C9	01/27/2015	09:00	01/27/2015	21:00		Active 964	964	2564	2	25 Station
C9	01/27/2015	09:00	01/27/2015	21:00		Active 860	860	2260	2	22 Station
C9	01/27/2015	09:00	01/27/2015	21:00		Active 830	830	1430	2	14 Station

Edit Add Delete Duplicate Proof Begin Shift End Shift Select All Unselect All

Print Exit

**Shift Information**

Agency: EMS  
 Jurisdiction: Toronto  
 Division: NE  
 Station: 24 Station  
 Shift Name: D1

Vehicle ID: 833  
 Radio Name: 2433  
 Primary Resource: PTU

Start Date: 01/27/2015  
 Start Time: 07:46  
 Shift Length: 11:14

Extended Shift  
 Meal Date: 01/27/2015  
 Meal Time:   
 Meal Length:   
 End Date: 01/27/2015  
 End Time: 19:00

AVL Enabled  
 AVL ID: 833

MST/MDT Enabled  
 MST/MDT ID: 833

Auto-Odometer Enabled  
 Odometer: 0

Min Staff: 0

Assigned Personnel

Personnel	Start Date	Start Time	End Date	End Time	Shift Type	Status	Page	Radio ID
Gabey, Shachar	01/27/2015	08:22	01/27/2015	19:00	12 Hour	Active	Yes	
Mpeletzikas, Steven	01/27/2015	08:22	01/27/2015	19:00	12 Hour	Active	Yes	

Include Closed Shifts

Edit Add Delete On Duty Off Duty

Save Cancel

The checking of the end time of shifts is something that must be done after every set of book on times (0700, 0900, 1100 1400 and 1900).

Shifts need to be checked in Roster System for accuracy of end of shift times:

- to ensure OPTIMA chooses vehicles accurately
- to ensure lunches are automatically assigned at proper time



- to ensure crews are credited for late/missed lunches properly
- so dispatchers know who is available for dispatch/deployment and can accurately see end of shift warning (EOS)

OPTIMA recommends units based on Vehicle type (ATU/PTU) and shift end time. Rostering needs to be accurate to ensure proper unit selection and recommendations.

All other shifts will be automatically built (and should auto-roster) after the vehicle numbers have been entered in TMS.

## DUPLICATING SHIFTS

There are certain shifts that will not be automatically built. The following shifts need to be duplicated nightly for the following day:

- Equipment Trucks
  - EQS04 and EQS05 – Day and Night
- Island Medic
  - 59 Station unit – Day and Night
- Marine Medic
  - DOAT for Days (0700-1900) and NOAT for Nights (1900-0700)
- District Superintendents
  - A shifts for Days (0600-1800) and Night (1800-0600)
  - C Shifts for C10 (can be adjusted during the day if for other hours)
  - G Shifts (D1 and D4) for Days (0600-1800)
  - H Shifts (D1 and D4) for C2 (1400-0200)
- HQR – Day and Night
- Community Medicine Paramedics - 8 hour days
- Clinical Supervisors – 12 hour days

When duplicating shifts ensure the proper day is selected. Duplicating should be done after midnight on the night shift and should only be done for the next day.

**Also note** that if a shift is duplicated with names attached those names will continue to be assigned to a vehicle until removed manually. Ensure no names are assigned to vehicles that are being duplicated.

## Checking Names in InformCAD

Every shift that starts must have the proper crew names attached to the unit in InformCAD. Any medic, superintendent or even dispatch observers should be rostered onto the vehicle. This is essential for many reasons:

- Paramedic crews will receive pages sent to their unit
- Tracking meal breaks and overtime
- Follow up on possible infectious disease calls with Public Health/WSIB etc.
- Tracking who was involved when Professional Standards opens an investigation for a call or incident involving a particular unit or crew member
- As a double check for the Senior EMD that all crews have been rostered on

If the names are incorrect or missing it adds another level of investigation that is both time consuming and unnecessary.

Below are three units (3285, 4632 and 5765A) that have only one medic name assigned, yet are showing as full crews. This will lead to an increased time frame for investigative purposes if the crews attend any calls that need further follow up.

Unit	VIN	Type	Status	OOS	Priority	Current Location	Enroute to	Warning	Elapsec	#Staff	Crew
ESHQER	HQE	DOS	04 In Quarte	Unattended		ESU Units	ESU Units	Readine:	01:48:16		
32 3285	885	PTU	02 Enroute			LAWRENCE AV	18 Station		00:06:33	1	Prentice, Sarah
40 ARU19	999	.ARU	03 Local Arr			CLOUSTON AV/C			00:08:28	1	Robinson, Murray J
46 4632	832	PTU	08 At Destin.	Offload Dela	1-Delta	HO SGH	2 C		01:11:05	1	Wright, Paul D
53 5366	866	PTU	04 In Quarte	.Single Medic		53 Station	53 Station		00:31:13	1	Burnett, Brenda
57 5765A	965	ATU	08 At Destin	in TOC Start	3-Eravn	HO SUN	2 C		00:57:55	1	Toliver, Michael T
59 5930	930	PTU	04 In Quarte	.Single Medic		59 Station	59 Station	Readine:	02:47:08	1	Marshall, Randy T
59 DOAT	600	Mar-P	04 In Quarte	.Single Medic		59 Station	59 Station	Readine:	02:47:15	1	Cochrane, Raymond William
DIH1A	569	DOS	01 Available			29-47 KENDLET	DISTRICT 1 HUB		03:49:17	1	Mialiore, Angelo
DIH1G	513	DOS	01 Available			LOUISE AV/VAUC	DISTRICT 1 HUB		03:48:32	1	Lambert, Paul
DIH2A	508	DOS	01 Available			EGLINTON AV E/			02:28:53	1	Hamilton-Smith, Brayden
DIH3A	507	DOS	01 Available			ST CLAIR AV W/			00:17:21	1	Palmer, Ian
DIH4A	502	DOS	04 In Quarte	Administrativ		RAMP 401 C W I	DISTRICT 4 HUB		03:32:56	1	Staley, Kris
DIH4G	521	DOS	01 Available			DISTRICT 4 HUB	DISTRICT 4 HUB		03:47:03	1	Janson, John Karl
DIH5A	533	DOS	01 Available			95-380 BROWNS			02:27:15	1	Cooke, David W
DQARU1	811	.ARU	12 At Scene		1-Delta	ALLENBURY GS	21 Allenbury Gs		00:12:32	1	Jenkins, Gary M
DUARU15	980	.ARU	12 At Scene		1-Delta	15 Eva Rd [TH V			00:13:30	1	Price, Glenn C
EGARU16	981	.ARU	12 At Scene		0-Echo	SCARBOROUGH	733 Scarborough		00:17:09	1	Dickinson, Timothy A
ESCL4	506	DOS	03 Local Arr			KNOX AV/LN S E			03:17:59	1	Levinter, Harry S
ESCPTA	552	CREMS	01 Available			HELENA AV/LN V			00:08:13	1	Grant, Michele
ESCPTB	552	CREMS	10 Dispatch		Admin	ESU Units	1400 Bathurst St	LATE	00:08:02	1	Carlin, Stobhan Jane
ESCP2A	525	CREMS	12 At Scene		Admin	825 Coxwell Av			00:12:34	1	Wicks, Debbie P
ESCP3A	570	CREMS	12 At Scene		Admin	TH TWO FIFTY I	250 Davenport F		00:36:55	1	Yandt, Mark Dennis
ESEQS04	567	DOS	01 Available			780-900 STEEP			00:26:07	1	Blanchard, Michael J
ESEQS05	568	DOS	01 Available			RICHGROVE DR			00:26:14	1	Dlugosz, Anna
ESFPU	896	DOS	10 Dispatch		Admin	ESU Units	58 Trapp Rd	LATE	01:25:00	1	Johnson, H Kenneth

ARU19, 5366, 5930 and DOAT all have only one name attached and are showing correctly. The others need to be fixed as soon as it is noticed.

### Adding a pager to a crew member

Occasionally there will be a need to add a temporary or permanent pager to a crew member. Either a new or temporary pager has been issued or the number has been deleted somehow.

In much the same way we add a name to a vehicle we can add a pager to a crew member through the Roster System.

Steps:

1. Open the Assign Personnel to Selected Shift window by double clicking the crew member name or highlighting it and hitting edit.
2. Select the Permanent Pagers or Temporary Pagers tab
3. Pager Vendor will always be Pagenet Direct
4. Pager Pin will be the 7 digit telephone number on the printed label on the back of the pager. Currently these start with 714 and 715.

Shift Information

Agency: EMS Vehicle ID: 536

**Assign Personnel to Selected Shift**

Selected Shift:

Start Shift: 01/26/2015 11:00:00 Meal Time: 01/26/2015

Shift Length: 12:00 Shift Name: C11

End Shift: 01/26/2015 23:00

Employee Name: Lees, Gregory  Page with Unit

Employee ID: 635144

Shift Type: 12 Hour

Start Shift Date: 01/26/2015 Start Time: 13:51

Shift Length: 09:09

End Shift Date: 01/26/2015 End Time: 23:00

Radio ID:

Employee may have their own start and end shift times within scheduled shift.

Permanent Pagers | Temporary Pagers

Paging Vendor: Pager Pin:

Edit Add Delete Cancel Save

Pager Vendor: Pagenet Direct

Pager Pin: Pagenet Dialup  
Pagenet Direct  
Pagenet TAP  
Rogers Dialup  
Rogers Direct

Save Cancel



**CAD**

**Section 4.3  
Advisor**

# **Toronto CACC Senior EMD Dispatch Manual**

# Advisor

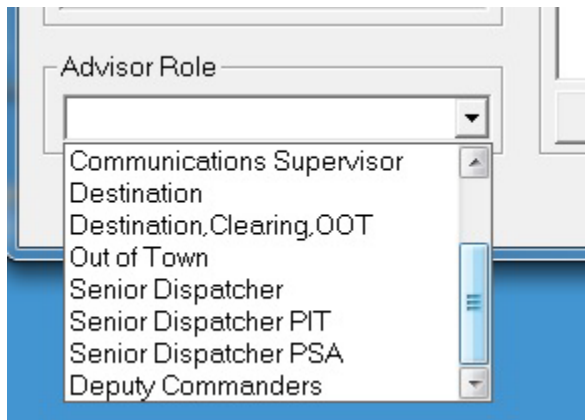
The Senior EMD will receive different notifications from Advisor than those received by the QEMD.

Notifications will be triggered for incidents such as: LATE CALL RESPONSE, SCENE SAFETY Issues, Confirm on the way (Wheels not rolling), Portable Radio ID Missing, Locution Failures, Check Alternate Vehicle and Late Call Assignments among others.

## Selecting Roles

The roles chosen will depend on the position the Senior EMD is sitting.

- Administrative Senior – Supervisor and Resource Management Team Lead
- Call Receiving Senior - Supervisor and Resource Management Team Lead
- Pit Senior – Supervisor and Dispatch Team Lead
- PSA Senior – Supervisor and PSA-CACC and PSA-OPS



## Notifications received by the Senior EMD

### Timing for Confirm on the Way Notifications being generated:



The following table shows at what time intervals the COTW notification will display at each desk based on the priority of the call.

Priority	Senior EMD (PSA)	EMD	Pit Senior	Superintendent	Deputy Commander
Echo	2:15	4:00	5:00	6:00	7:00
Delta	2:15	4:00	5:00	6:00	7:00
Charlie	2:15	4:00	5:00	6:00	7:00
Bravo	3:00	5:00	6:00		
Alpha	3:00	5:00	6:00		
Alpha1	3:00	5:00	6:00		
Alpha2	3:00	5:00	6:00		
Alpha3	3:00	5:00	6:00		
Code 2	3:00	5:00	6:00		
Courtesy Code 2	4:15	6:00	7:00		
Scheduled XFRs	4:15	6:00	10:00		
Ser/Adm	4:15	6:00	10:00		
Post Assignment		4:15	6:15		

It is important for the Senior EMD to investigate all "Confirm on the Way" (Wheels not Rolling) notifications in a timely matter to ensure the paramedic crew is actually driving to the call, rather than just pressing the responding button to change their status. Access the Unit Activity Log to check AVL data to ensure speed and location updates are being recorded.

Accessing the Activities tab of the Emergency Incident Viewer is the quickest way to ascertain if a crew is moving towards a call. Access the Unit Activity Log through the Unit Status right click menu to check on vehicles on post assignments.

COTW for 4029:

Date/Time	Vehicle/Unit	Activity	Location	Comment	Disp
02/02/2015 07:49:53		Read Comment		Comment for Incident 614 was M	GL
02/02/2015 07:49:52	4029	MobiCadAVL	QUEEN ST E/BERTI ST	Spd=0, Hdg=0, Fix=3Dd, Age=Ne	BTMo
02/02/2015 07:49:44		MobiCadAVL	QUEEN ST E/BERTI ST	Same OLD Long-Lat,Ins=0	BTMo
02/02/2015 07:49:44		MobiCadAVL	QUEEN ST E/BERTI ST	Same OLD Long-Lat,Ins=3	BTMo
02/02/2015 07:49:32		MobiCadAVL	QUEEN ST E/BERTI ST	Same OLD Long-Lat,Ins=0	BTMo
02/02/2015 07:49:30		MobiCadAVL	QUEEN ST E/BERTI ST	Same OLD Long-Lat,Ins=0	BTMo
02/02/2015 07:49:30		MobiCadAVL	QUEEN ST E/BERTI ST	Same OLD Long-Lat,Ins=3	BTMo
02/02/2015 07:49:28		MobiCadAVL	QUEEN ST E/BERTI ST	Same OLD Long-Lat,Ins=0	BTMo
02/02/2015 07:49:27	4029	MobiCadAVL	QUEEN ST E/BERTI ST	Spd=0, Hdg=348, Fix=3Dd, Age=	BTMo
02/02/2015 07:49:27	4029	MobiCadAVL	QUEEN ST E/BERTI ST	Spd=0, Hdg=175, Fix=3Dd, Age=	BTMo
02/02/2015 07:49:24		InterCAD Event		UPDATE TO FIRE SUCCESSFUL	
02/02/2015 07:49:13		Read Comment		Comment for Incident 614 was M	IDE
02/02/2015 07:49:09	4029	MobiCadAVL	QUEEN ST E/BERTI ST	Spd=0, Hdg=267, Fix=3Dd, Age=	BTMo
02/02/2015 07:49:06		MobiCadAVL	RICHMOND ST E/BERTI S	Same OLD Long-Lat,Ins=0	BTMo
02/02/2015 07:49:06		MobiCadAVL	RICHMOND ST E/BERTI S	Same OLD Long-Lat,Ins=0	BTMo
02/02/2015 07:49:05		MobiCadAVL	RICHMOND ST E/BERTI S	Same OLD Long-Lat,Ins=10	BTMo
02/02/2015 07:49:05	4029	DRYC	RICHMOND ST E/BERTI S	Driving Lights ON (AVL)	429

The VisiCad system will record in the Activity Log when a crew has moved far enough from their location at the time of call assignment to be considered on the way. This message will be recorded as "Wheels Rolling in xx:xx at xxx metres" where xx:xx is the time and xxx is the number of metres travelled.

07:51:12	4029	WheelsROLLi	QUEEN ST E/VICTORIA ST	Msg=4029:Wheels Rolling in 04:40 @ 151 meters WRLat=43651920 WRLon=79376680 Dist=0.150987 WRDist=0.050000 Dryc=Driving/Lights ON AvlHits=9 DrycHits=3
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As it appears in the Activity Tab of the call form:

Date/Time	Vehicle/Unit	Activity	Location	Comment	Disp
02/02/2015 07:51:17		MobiCadAVL	QUEEN ST E/VICTORIA ST	Same OLD Long-Lat,Ins=0	BTt
02/02/2015 07:51:14		MobiCadAVL	QUEEN ST E/VICTORIA ST	Same OLD Long-Lat,Ins=0	BTt
02/02/2015 07:51:14		MobiCadAVL	QUEEN ST E/VICTORIA ST	Same OLD Long-Lat,Ins=0	BTt
02/02/2015 07:51:13		MobiCadAVL	QUEEN ST E/VICTORIA ST	Same OLD Long-Lat,Ins=0	BTt
02/02/2015 07:51:12	4029	MobiCadAVL	QUEEN ST E/VICTORIA ST	Spd=15, Hdg=236, Fix=3Dd, Age BTt =New, Sta=RESP,Ins=50,Dist=0.	
02/02/2015 07:51:12	4029	WheelsROLLi	QUEEN ST E/VICTORIA ST	Msg=4029:Wheels Rolling in 04:2 0 @ 151 meters WRLat=4365192 0 WRLon=79376680 Dist=0.1509 87 WRDist=0.050000 Dryc=Drivir g/Lights ON AvlHits=9 DrycHits= 3	
02/02/2015 07:50:52		MobiCadAVL	QUEEN ST E/BERTI ST	Same OLD Long-Lat,Ins=0	BTt
02/02/2015 07:50:49		MobiCadAVL	QUEEN ST E/BERTI ST	Same OLD Long-Lat,Ins=0	BTt
02/02/2015 07:50:48		MobiCadAVL	QUEEN ST E/BERTI ST	Same OLD Long-Lat,Ins=0	BTt
02/02/2015 07:50:47		MobiCadAVL	QUEEN ST E/BERTI ST	Same OLD Long-Lat,Ins=0	BTt

As 4029 starts to the call the AVL hits will update the location and speed to show the arrival route to the call.

Date/Time	Vehicle/Unit	Activity	Location	Comment	Disp
02/02/2015 07:52:48	4029	MobiCadAVL	SIMCOE ST/QUEEN ST W	Spd=29, Hdg=246, Fix=3Dd, Age BTMo	
02/02/2015 07:52:41	4029	MobiCadAVL	UNIVERSITY AV/QUEEN ST W	Spd=31, Hdg=253, Fix=3Dd, Age BTMo	
02/02/2015 07:52:34	4029	MobiCadAVL	QUEEN ST W/YORK ST	Spd=30, Hdg=254, Fix=3Dd, Age BTMo	
02/02/2015 07:52:32	4029	MobiCadAVL	QUEEN ST W/YORK ST	Spd=28, Hdg=256, Fix=3Dd, Age BTMo	
02/02/2015 07:52:30	4029	MobiCadAVL	QUEEN ST W/YORK ST	Spd=25, Hdg=256, Fix=3Dd, Age BTMo	
02/02/2015 07:52:21	4029	MobiCadAVL	QUEEN ST W/YORK ST	Spd=21, Hdg=243, Fix=3Dd, Age BTMo	
02/02/2015 07:52:14		MobiCadAVL	JAMES ST/QUEEN ST W	Same OLD Long-Lat,Ins=0	BTMo
02/02/2015 07:52:13		MobiCadAVL	JAMES ST/QUEEN ST W	Same OLD Long-Lat,Ins=0	BTMo
02/02/2015 07:52:10		MobiCadAVL	JAMES ST/QUEEN ST W	Same OLD Long-Lat,Ins=3	BTMo
02/02/2015 07:51:47	4029	MobiCadAVL	JAMES ST/QUEEN ST W	Spd=26, Hdg=282, Fix=3Dd, Age BTMo	
02/02/2015 07:51:17		MobiCadAVL	QUEEN ST E/VICTORIA S	Same OLD Long-Lat,Ins=0	BTMo
02/02/2015 07:51:14		MobiCadAVL	QUEEN ST E/VICTORIA S	Same OLD Long-Lat,Ins=0	BTMo
02/02/2015 07:51:14		MobiCadAVL	QUEEN ST E/VICTORIA S	Same OLD Long-Lat,Ins=0	BTMo
02/02/2015 07:51:13		MobiCadAVL	QUEEN ST E/VICTORIA S	Same OLD Long-Lat,Ins=0	BTMo
02/02/2015 07:51:12	4029	MobiCadAVL	QUEEN ST E/VICTORIA S	Spd=15, Hdg=236, Fix=3Dd, Age BTMo	
02/02/2015 07:51:12	4029	WheelsROLLi	QUEEN ST E/VICTORIA S	Msg=4029:Wheels Rolling in 04:2	
02/02/2015 07:50:52		MobiCadAVL	QUEEN ST E/BERTI ST	Same OLD Long-Lat,Ins=0	BTMo



The screenshot shows a software interface for Toronto Central Ambulance Communications Centre. At the top, there is a header bar with the text 'TORONTO CENTRAL AMBULANCE COMMUNICATIONS CENTRE'. Below this is a data entry form with fields for 'Location', 'Destination', 'Confirmation #', 'Pick up Time', 'Appt Time', 'Leg#', 'Escort', 'Multi', and 'SI'. The 'Location' field contains 'AJAX - MTS CCTU HO MTS', 'Confirmation #' is '15-0023860', and 'Pick up Time' is '01/26/2015 13:16'. To the right of the form is a calendar grid for the month of January 2015, with the 26th highlighted. Below the form are buttons for 'New Trip', 'Remove Co-Pat', 'Dup. Trip', 'Edit', and 'Remove'. The main part of the interface is a table titled 'Activity / Edit Log' with columns for 'Date', 'Activity', 'Vehicle/Unit', 'Location', and 'Comment'. The 'Location' column is circled in red. The entries in this column include various highway and ramp locations such as 'HIGHWAY 401 C W /L', 'AMP 401 C W', '0-0 RAMP 401 C W BA', 'HIGHWAY 401 C W /B', '0-0 HIGHWAY 401 X E', '0-0 HIGHWAY 401 C E', '0-0 HIGHWAY 401 X W', 'HIGHWAY 401 C E /Y C', 'YONGE ST N 401 C E', 'LORD SEATON W 401 Spd=57', 'LORD SEATON W 401 Spd=58', 'RAMP 401 C E YONGE', 'HIGHWAY 401 C W /Y', and '0-0 RAMP 401 C E YO'. The 'Comment' column contains details like 'Age=New, Sta=RESP,Ins=76,Dist=0.352'.

## Late Response Notification

The **Late Response Notification** is received when a unit has not arrived on scene within a specific time period based on the call priority. There is a late response (Notification A) and a very late response (Notification B). The late response time is generated from the phone pick-up.

Priority	Notification A	Notification B
Delta and Echo calls	10:00	15:00
Charlie calls	10:00	15:00
Bravo calls	15:00	20:00
Alpha calls	25:00	30:00

There are **NO** Late Response notifications for Alpha 1, 2 & 3 and Code2 calls.

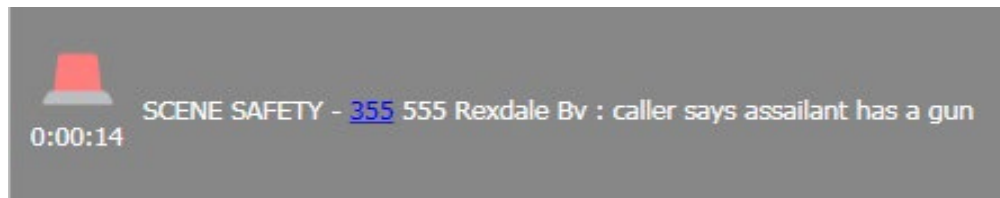
The purpose of receiving the notification is to assess response times and to determine:

- Where the assigned unit is in proximity to the call,
- If there is any other vehicle that may be closer to the call that can be assigned,
- If Toronto Fire is required for a delay in response, and

- If it warrants a callback to the scene based on the ETA of the first EMS resource

## Scene Safety Notifications

When a **Scene Safety Notification** is received it indicates a possibility for the paramedic crew to be entering an unsafe situation. The Notification is triggered by key words in the comments section of the VisiCad call form. It is imperative that all Scene Safety Notifications are investigated to determine the threat, and if indeed there is a threat.



***Scene Safety: This notification will no longer trigger on the words "Stage", "Staged", or "Staging". The notification will continue to trigger on "Gun", "Knife", etc.***

There will be instances where the notification is triggered by an entry such as "flu shot" or "stabbing pain". These are easily determined to not be scene safety issues and can be acknowledged and dismissed.

When a Scene Safety Notification is received and is determined to be a credible situation the Senior EMD will ensure that the QEMD is aware of the threat and is taking appropriate measures as spelled out in the Quadrant Dispatch Training Manual to deal with the issue. Many times the Senior EMD will be able to determine this by listening to the QEMD and the processes they are involved in. The Senior EMD can assist in notifications to the SCS, DC or DOS involved, or updating Allied Agencies as needed.

## Staging Notifications

When a **Crew Staging Notification** is received advising that a crew is staging at a call the Pit Senior will acknowledge the Notification and confirm that the crew has changed channels to B9 for the duration of the staging incident. Other procedures for Staged crews are listed under Staging in the Pit Senior Duties Section.

## Vehicle Radio ID Missing Notifications

When the Senior EMD receives an Notification advising the Vehicle Radio ID is missing a page shall be sent to the crew in question advising them that a portable radio check is required with their QEMD.

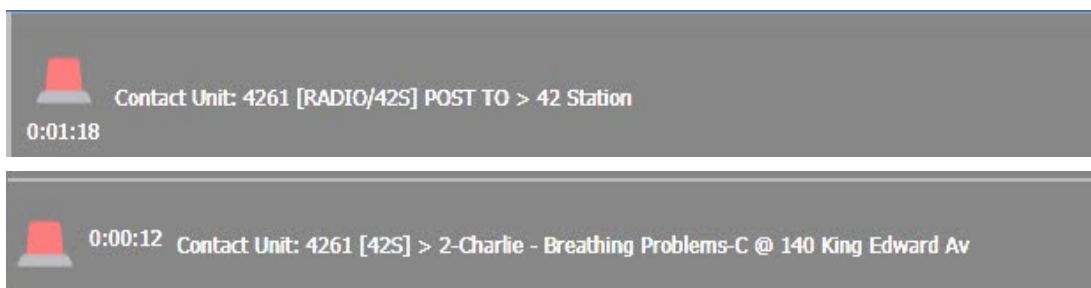


## Contact Unit Notifications & Station Offline Notifications

### Contact Unit

A **Contact Unit Notification** is received at the QEMD position well before the Pit Senior position and is normally dealt with before a need for an notification to the Pit Senior. However, if an notification is received, advise the QEMD of the fact the crew has not confirmed receipt of the call and instruct them to contact the crew assigned to determine their status, and to determine if they are still the most appropriate vehicle to respond to the call, if applicable.

This notification is most often generated when crews are assigned calls from hospitals and need time to unit to respond to the call.



### Station Offline

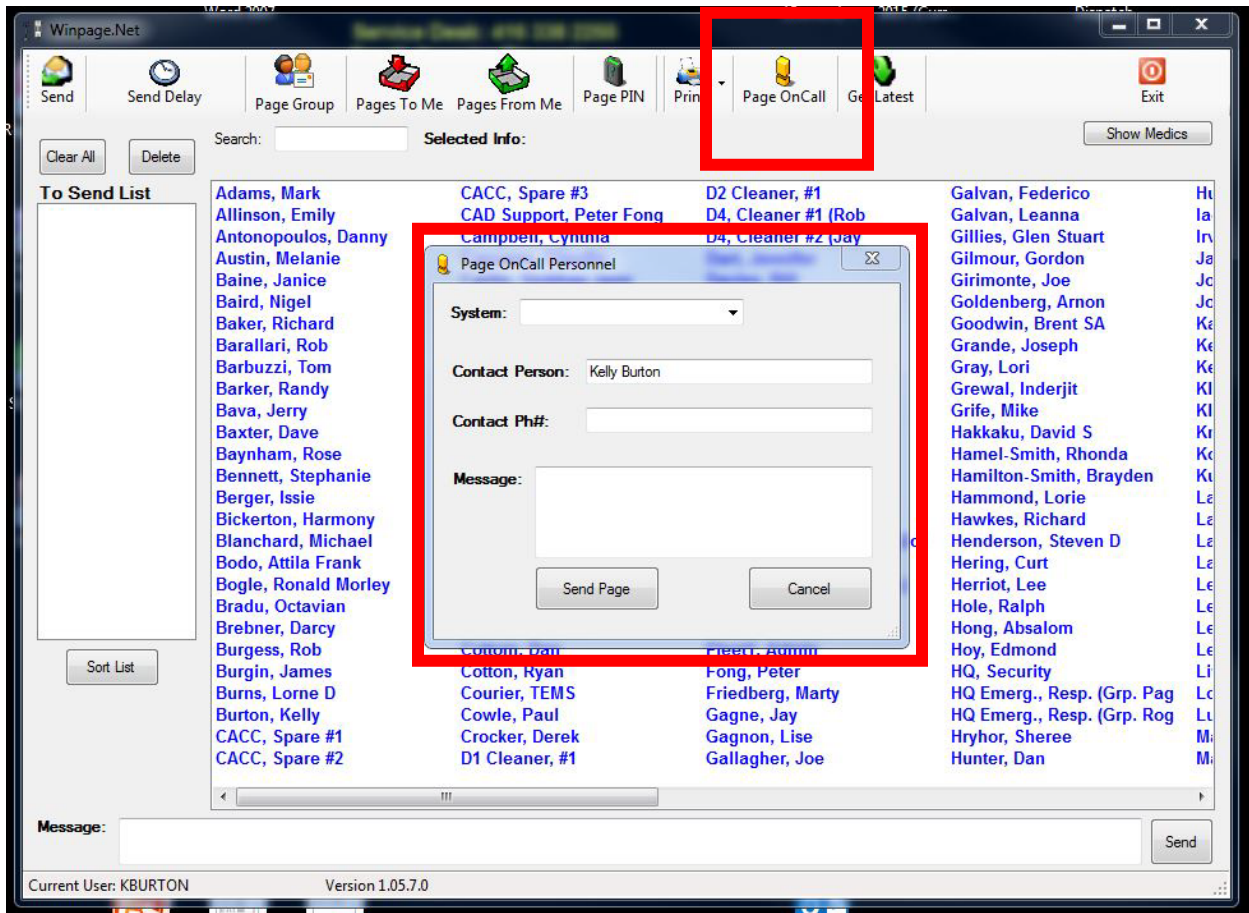
When a **Station Offline Notification** is received it indicates a communication failure between the location system and the network computer at that station. Any interruption will trigger this notification.

A page to the on call IT person for that time period is required when this notification is received. A list of the on-call staff is mailed out on a weekly basis. Use Winpage to contact the appropriate staff member.

Follow the following process to page the on-call staff member:

- Open the Winpage application on the Novell computer

- Click the Page OnCall button; a Page OnCall Personnel pop up box will open up
- Select the appropriate system from the drop down menu
  - AVL
  - Avtec
  - Fire Interface
  - Locution
  - Mobicad
  - Optima
  - Other
  - Paging Interface
  - PDS
  - PTT
  - Radio
  - Telephone Lines
  - InformCAD
- Enter the appropriate contact phone number; typically 416 392 2231 / 2232
- Enter a concise message related to the issue
- Click the send page button



Many times this notification is generated by temporary power fluctuations and the location system will be back online quickly. A check with TFS/TPS at shared stations if there was a power outage, or a quick test with any crews still in station if the location is back working will save the IT contact time in determining the extent of the issue. A network error can lead to extended outages and will necessitate the QEMD notifying crews verbally until the system is repaired.



Notes/Addendum



# Toronto CACC Senior EMD Dispatch Manual

## Senior EMD Standard Operating Procedures, Memorandums, & Education Alerts

Policy/Memorandum /Education Alert	Title	Effective Date
Policy # 09.01.2	Introduction	Dec, 2010
Policy # 09.01.12	Visitors Access to the Communication Centre	Dec, 2010
Policy # 09.08.1	Telephone Answering Hierarchy	Jan, 2012
Policy # 09.08.6	Unit Assignment	Jun, 2014
Policy # 09.08.8	AlertLine Alerts	Dec,2010
Policy # 09.08.10	Major Incident – Unit Following	Dec,2010
Policy # 09.08.12	Emergency Support Units	Dec,2010
Policy # 09.08.16	Cancellations	Dec,2010
Policy # 09.08.17	Processing Administrative Calls	Dec,2010
Policy # 09.08.18	Delay in Service/Staging	Mar, 2013
Policy # 09.08.19	Staging (EMDs & SEMDs)	Mar, 2013
Policy # 09.08.27	Communications Emergency Response	Dec,2010
Policy # 09.08.31	Roles & Responsibilities	Dec, 2010
Memo # 2019-12-27	Revised ACTS Dedicated Transport Unit Trial	Dec 27, 2019
	Administrative SEMD Check List	
	TPS OPS schedules and stations map	
Memo #2020-08-26	Special Team (TRU)	Aug. 26 2020
SOP 03.02.23	End of shift (Early) Relief	Oct, 14 2020
Memo # 2020-09-29	Memo Early Relief	Oct, 14 2020
Education Bulletin	Calls at 4330 Dufferin	2020-6
Education Bulletin	Alarm Company Cancellations	2020-8
Reference Guide	PSA – Reference Guide	2022-01



Policy Number	Section 01 General	Effective
09.01.2	<b>Introduction</b>	December 2010

**POLICY:**

All Toronto EMS Communications staff must be aware of all Communications Standard Operating Procedures (SOP's), Directives, Advisories, Training Manuals, Major Incident plan, CACC Evacuation Plan and the Ontario Ambulance Act and its Regulations, and any changes thereto. Where the Emergency Medical Dispatcher (EMD) is unsure of any specific SOP, Directive or Advisory, they will be responsible to discuss what they do not understand with their Communications Training Officer, Senior EMD or Superintendent for clarification.

**PURPOSE:**

To provide a consistent, high quality emergency medical communications service to the Toronto EMS paramedics and the citizens and guests of the City of Toronto.

**PROCEDURE:**

The Communications Superintendent or designate will deliver and review all directives and advisories, ensure that all staff understand the change and have them sign acknowledging same.



Policy Number	Section 01 General	Effective
09.01.12	<b>Visitors Access Communication Centre</b>	December 2010

**POLICY:**

Access to the Communications Centre will be limited to on-duty Communications Staff, Senior Staff, HQ Response team, Facility Management, IT Support and other support staff. Anyone else wishing access to the CACC must be approved and report to the Corporate Security desk.

**PURPOSE:**

To limit excess noise and distractions in the high pressure environment of the Communications Centre. Casual visitation of the Communications Centre by non-essential staff is prohibited.

**PROCEDURE:**

1. All Operational staff that do not have access to the Communications Centre will be permitted in the Centre only after approval by a Communications Superintendent or Deputy Commander.
2. All visitors in the Communications Centre must be escorted by a Toronto EMS staff member.
3. Coloured identification badges to identify and categorize non-TEMS employees who have been given clearance to visit the Communications Centre will be provided.
4. The badges will be controlled by Corporate Security and provided only for visitors with immediate business in the Communications Centre.
5. A visitors log must be completed to monitor visitors.
6. At the discretion of the Communications Superintendent, the Communications Centre can enter into a lockdown mode which would permit only Senior Staff (Commanders and above), Communications Centre staff, IT Support and Facility Management into the Communications Centre. Once a decision to lockdown the Communications Centre has been made the on-call Commander must be notified along with the Corporate Security Officer. Corporate Security also has the ability to lockdown the Communications Centre by activating the duress alarm that would activate (illuminate) the Blue light at One-Desk. One-Desk would notify the on-call Commander of this.
7. Entrance and exit doors to the Communications Centre will not be propped open, except under exceptional circumstances.
8. Any and all observers to the Communications Centre are not permitted to plug in with an EMD to listen to the call receiving or dispatch process, with the exception of the following:
  - Paramedics from Toronto EMS
  - Paramedics from other services when prior arrangements have been made.
  - Communications personnel from other emergency or allied services when prior arrangements have been made.
  - Students enrolled in a recognized emergency care attendant community college program when prior arrangements have been made.
  - Students enrolled in a recognized Emergency Communications course when prior arrangements have been made.
  - Doctors and nurses involved in programs with Base Hospital or relevant local facilities when prior arrangements have been made.
  - Inspectors and auditors from the Ministry of Health and Long Term Care.
  - Any visitor authorized by the Deputy Chief of EMS Communications.
9. Referring to item 8, observers in this capacity are required to review and complete a “Communications Observer Confidentiality Agreement” prior to entering the Communications Centre.



Policy Number	Section 08 Operations	Effective
09.08.1	<b>Telephone Answering Hierarchy</b>	January 2012

**POLICY:**

EMDs will prioritize the answering of telephone lines within the Communications Centre.

**PURPOSE:**

To ensure timely response to all emergency and non-emergency telephone lines.

**PROCEDURE:**

- All incoming telephone lines are to be answered promptly. The response goal is less than 12 seconds. No incoming telephone line should be allowed to ring for more than twenty (20) seconds unless all staff are actively processing emergency call requests or engaged in emergency dispatch duties.
- EMDs will place non-emergency requests on hold to service unanswered emergency telephone lines.
- When all designated call-receiving EMDs are actively engaged in processing emergency call requests, the remaining Communications Centre staff are to assist in the call-receiving function according to the following hierarchy:
  - **1. Call Receiver**
  - **2. Out of Town /Hospital Coordinator Relief**
  - **3. Admin Senior 2 (former Senior Deployer position)**
  - **4. Admin Senior 1**
  - **5. Hospital Destination Co-ordinator**
  - **6. Hospital Clearing Co-ordinator**
  - **7. Pit Senior**
  - **8. Quadrant Dispatchers**

All emergency telephone lines are to be answered in accordance with SOP 09.08.3 (Emergency Call Receiving Sequence).

All transfer telephone lines are to be answered in accordance with SOP 09.08.39 (Scheduled Call Taking).

When answering direct lines to hospitals and ambulance stations, the intercom, or the 489-2115 exchange, EMDs are to verbalize their position i.e., "Southwest", "Out of Town", "Call Receiver", "One Desk", etc.

Every effort must be made to reduce the length of time any caller is kept on hold. All telephone conversations are to be conducted in a courteous, discreet, and professional manner.



Policy Number	Section 8 Operations <b>Unit Assignment</b>	Effective
09.08.6	<i>Issued: December 2010</i> <i>Last Revision: July 13, 2012</i>	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:

<b>Call Priority</b>	<b>Recommendation*</b> (when Optima is available)	<b>Assignment*</b>
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 "PTOC" unit 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)

### For Non-Emergency Calls:

- 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 8 Operations	Effective
09.08.8	<b>Alertline Alerts</b>	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
09.08.10	<b>Major Incident - Unit Following</b>	December 2010

**POLICY:**

Incidents are emergency calls that have potential to escalate; they often involve multiple patient situations. These calls often present unique challenges and/or require specialized resources. They will be monitored by an Emergency Medical Dispatcher (EMD) separately from regular calls whenever appropriate.

**PURPOSE:**

To minimize the dispatching tasks a single EMD has to perform, when looking after multiple calls. This allows the EMD to focus only on the incident at hand, providing as much assistance as possible to paramedics.

**PROCEDURES:**

Determining Incidents

- If an emergency call begins to escalate, it will remain on the desk of the EMD already monitoring the dispatched unit. The EMD will notify One-Desk of the situation. It is at the discretion of the Superintendent to determine if the incident should be moved to a separate TAC desk for monitoring

Escalation of an Incident

- If escalation is significant, One Desk will notify the EMD to assign all attending paramedics to a separate radio channel
- The Superintendent or designate will monitor the workload closely and decide when routine dispatch functions should be moved to another position.

Incidents

- Incidents are to be defined as a minor or major nature relating to the commitment of departmental resources. The closest District Superintendent and One-Desk are to be notified as soon as possible after assignment of the closest ambulance
- One-Desk staff shall carry out Senior Staff notification as required
- When required, a Senior EMD (Team Lead), unless otherwise directed by the Superintendent, shall complete a departmental incident report

more ↓



### 09.08.10 Continued...

#### Responsibilities of the EMD

The emergency dispatcher is responsible for the following duties:

- Monitoring all emergency units dispatched to the incident. This includes all of the duties outlined under the Monitoring Units section of the EMD Unit Following (SOP 09.08.9)
- Notifying One-Desk as required and time stamp the Emergency Call Form. (After notification, One-Desk will monitor the incident, however, may require updates due to additional operational requirements)
- Notifying the closest Operations Superintendent. Time stamp the Emergency Call Form, and document in 'Comments/Notes' the DOS notified. (eg. EMS 42 NOTIFIED)
- Ensuring that One-Desk and the Operations Superintendent acknowledge updates
- Planning and preparing in case the incident escalates

#### Incident Documentation List

The Communications Superintendent will ensure that a notation in the Incident Report Generator takes place if any of the following situations should occur:

- Bomb threat
- CAD failure
- Complaints – any complaint coming into the CACC
- Coroner call, if suspicious
- Damage to divisional property
- Delay (excessive) in servicing an emergency call or non-emergency call
- Demonstration – public
- Divisional accident involving property damage or personal injury (staff or a third party)
- Evacuation of a hospital, nursing home, apartment building
- Explosion
- Fatality (whether car accident, fire, drowning, etc.)
- Fire – multiple alarms or in a public building
- Gas leak (major)
- Government official or prominent person transported
- Gun calls
- Hazmat incident (radioactive, toxic or biological)
- Homicide
- Hostage situation
- Impeded access to a call
- Major incident (any type)
- Multiple unit response (4 or more units)
- Search and rescue incident
- Station problem resulting in closure
- Telephone/911 system failure
- Unusual incident arising during the course of patient care delivery
- UPS failure
- Vehicle failure – delayed response or with a patient on board
- Violent death
- Work stoppage or disruption



Policy Number	Section 08 Operations	Effective
09.08.12	<b>Emergency Support Units</b>	December 2010

**POLICY:**

Emergency Support Units (ESU)

**PURPOSE:**

Provide on scene support for potential multiple patient incidents or mass casualty situations.

**PROCEDURE:**

Minimum count of the ESU program is 2.

- The ESU program consists of a variety of vehicles with multi-patient transport capabilities and also equipment support vehicles
- ESUs are sent by One Desk staff, to any report of potential disaster situations. This will include all fires, multi-patient incidents, airport crash alarms, etc. The ESU may replace the ambulance on scene and provide medical assistance to allied services
- When responded, the ESU Paramedics will contact the Emergency Medical Dispatcher (EMD) who is controlling the responding ambulance
- When a requirement for ESUs on the scene are identified, the EMD should ascertain the most appropriate means of entry to the scene and staging area
- If ESUs are not required, the EMD will cancel their response and post the units back to their home station





Policy Number	Section 8 Operations	Effective
09.08.16	<b>Cancellations</b>	December 2010

**POLICY:**

Upon receiving a request for a cancellation of service, the Emergency Medical Dispatcher (EMD) will verify the reason for the cancellation and will properly document the Emergency Call Taking Form.

**PURPOSE:**

Toronto EMS CCAC will ensure that an ambulance attends to every patient requesting ambulance transportation, to an emergency room.

**PROCEDURES:**

**Cancellations – Additional Resources**

- Any Communications Centre Staff member who receives information from an ambulance crew that a responding back-up ambulance is not required on the scene of a call will relay that information to the appropriate EMD as quickly as possible. The EMD will immediately contact the crew and cancel their response.

**Cancellations – Patient Refusal**

- Every person has the legal right to refuse transportation to a medical facility. However, the refusal should be witnessed by one or more persons involved at the scene (fellow paramedic, District Superintendent, Police Constable, Fire Fighter, etc.) whenever possible
- If in the opinion of the paramedics, the patient requires medical treatment yet refuses their assistance, every effort should be made to leave the patient in the care of a responsible person, whose name should be noted on the EPCR and Emergency Call Taking Form. If no responsible person is readily available, the Police and/or District Superintendent will be requested to attend at the scene, assess the situation and take appropriate action where possible

more ↓

### 09.08.16 Continued...

#### Cancellations - Allied Agency

- Cancellations received from allied agencies (police and fire departments) are to be accepted only when they pertain to “no patient” situations
- “No patient” condition
- A situation in which there is either no one physically present at the emergency call’s pick-up location, or immediate vicinity, or no one is ill or injured at the location to which an Ambulance has been requested to respond. A patient gone on arrival (GOA) is an example of the first condition and a traffic accident that turns out to be property damage (PD) only is an example of the second condition
- Communications staff are directed to receive cancellation notifications from allied agencies in a courteous and professional manner. Every attempt to determine the reason for cancellation is to be made. Such cancellation information is to be communicated to the appropriate EMD as quickly as possible. The EMD responsible for the movements of the ambulance in question will terminate its response only when it is determined that a “no patient” condition exists. In other situations, this information may be useful to the EMD to anticipate future emergency coverage requirements, but it is not to be relayed to the responding ambulance crew
- When an ambulance is cancelled by a police officer or a fire fighter on scene; the rank, number and/or name of that person should be noted in the Comment/Notes tab of the Emergency Call form
- Conversely, paramedics are expected to notify the CACC as soon as it is realized that assistance from an allied agency is no longer required
- The EMD receiving this information will ensure that the respective communications centre(s) are notified of the cancellation as soon as practical and record the notification in the Comments/Notes tab of the dispatch record
- Although the EMD receiving the cancellation information from the paramedics is initially responsible for the notification, it is the responsibility of the Communications team to ensure that the information is forwarded to the respective allied agency communications centres. In this regard, the receiver of the cancellation, if busy with other priority tasks, may delegate another team member to facilitate the notification

#### Cancellations - False Alarms

- Before any call is cancelled as a false alarm, the following must be confirmed:
  - The information given is correct. (Check with call receiver, current recording equipment at call receiver desk (if available), ANI/ALI screen retrieval).
  - The crew is at the correct location
  - All information solicited when the call was taken has been used. (ie. phone number, nearest main intersection, etc.)
  - Every effort has been made to locate the call and/or patient
  - Appropriate allied agencies have been consulted; if they were requested to attend (eg. police may have located and possibly moved the patient)
- After all of the above has been done and no patient has been found, then the detail may be cancelled as a false alarm

more ↓



### 09.08.16 Continued...

#### Cancellations - Coroner Calls

- Paramedics are required to contact the coroners' office through the Communication Centre. The paramedic calling will be patched through to the coroners' clerk. When the clerk's office is busy, the required information can be left on the answering machine
- The police do not have to be on scene for the crew to contact the coroners' office, but in most cases, police will have to be on the scene before the crew can clear
- The EMD will record the badge number of the police officer attending at the scene, the appropriate remarks and note on the Emergency Call form that the coroner is attending

#### Cancellations – Nursing Home DNR

- Call receivers are permitted to take cancellation requests for cardiac arrest patients within Nursing Homes in situations where a valid DNR exists. Cancellations due to a DNR order will only be recognized within Nursing Homes. This does NOT apply to a private residence

#### Cancellations - Impeded Access/Unable to Contact Patient

- The call receiver will request the police and fire services to respond if there is a possibility of impeded access to a patient
- The ambulance crew will notify the Communications Centre immediately, either by telephone or radio to confirm the address if they encounter impeded access to a patient
- The EMD dispatcher will:
  - a. Confirm that the ambulance crew is at the address recorded on the Emergency Call form
  - b. Utilize the call back number to confirm the address
  - c. Notify the appropriate District Superintendent
  - d. Notify One Desk
- One Desk staff will ensure that:
  - a. The current recording equipment, ANI/ALI screen retrieval, and NICE LRM are utilized to confirm the address
  - b. The paramedics are advised of the steps taken on their behalf
  - c. The police and fire services are responded
  - d. Attempts are continued to contact the caller by using the call back number. The paramedics will be utilized to confirm that the telephone is ringing at the said location
  - e. The paramedics will continue efforts to gain access
- The paramedics are advised to notify their EMD when access has been gained
- The paramedics will make every reasonable attempt to gain access by:
  - a. Knocking on doors and windows at the call location
  - b. Summoning neighbours
  - c. Contacting the building superintendent (where applicable)
- The paramedics will provide regular updates to the Communications Centre indicating the progress and status of the situation
- If no patient is found, the paramedics will not clear until the name, rank, or badge number of members of the responding allied agencies are recorded and supplied to their EMD for documentation on the Emergency Call form. The District Superintendent, after assessing the scene, may cancel the paramedics at their discretion

more ↓



### 09.08.16 Continued...

#### Cancellations – Call Received from a Third Party Caller

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



Policy Number	Section 02 Training	Effective
09.08.17	<b>Processing Administrative Calls</b>	December 2010

**POLICY:**

The Emergency Medical Dispatcher (EMD) will process and assign ambulance service/crew requests to use an ambulance for administrative purposes unless the ambulance is required for an emergency call.

**PURPOSE:**

To provide the EMD with guidance on the proper procedure reflecting necessary non-emergency movements of the ambulances resources. The administrative designation provides an accurate record for the movement of the ambulance.

**PROCEDURES:**

- Authorization to place an ambulance crew out of service for reasons other than injury to a paramedic, accidents, requirement to clean up blood or body fluids or mechanical failure must come from either a Superintendent or their designate. All such requests should be reported immediately to the Senior EMD (Team Lead) and/or Superintendent for their action
- Once authorization has been received the EMD will post the unit as required and put them out of service as per VisiCAD requirements
- At no time will an EMD insist on a crew using a vehicle, which is alleged to have malfunctions of any safety feature
- When a paramedic requests permission for refuelling, the EMD will post the unit to the location requested and show the unit as Out of Service, Refuelling mode. Upon arrival at the fuel pumps, the unit is Out Of Service until the completion of the refuelling detail
- For instruction on how to put a vehicle out of service, refer to the Dispatch Manual



Policy Number	<b>Unified SOP</b> <b>Delay in Service/Staging</b>	Effective
<b>Operations:</b> 03.06.64 <b>CACC:</b> 09.08.18		March 13, 2013

## POLICY

While patient safety and the safety of all Toronto EMS staff are of utmost priority, Toronto EMS staff shall ensure that there are no unjustifiable preventable delays in the provision of emergency medical services, for any reason. This applies to situations where a Paramedic crew chooses to stage, meaning that the Paramedic crew has chosen to delay provision of service at the assigned call location based on information provided to them.

This SOP includes the responsibilities and procedures of specific staff with respect to the staging incident as indicated.

## PURPOSE

To ensure that Toronto EMS 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 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 staging incident, this delegation is to be recorded in the VisiCad "Comments/Notes" tab. In the event of such a delegation of authority, the Deputy Commander must be available for consultation at all times during a 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 Communications Centre at the same time.**

## RESPONSIBILITIES AND PROCEDURE

Where a Paramedic crew has made a decision to 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) and will assign the closest Operations Superintendent to the call. The Deputy Commander will provide call oversight, and the Senior EMD and Superintendent, Communications Centre will provide direction to the Paramedic crew until the Operations Superintendent arrives on scene (see below).

### ***Paramedic Responsibilities and Procedure***

- See Operations SOP 03.06.13 – Paramedic Safety and Staging

### ***District Superintendent Responsibilities and Procedure***

- See Operations Management Directive – "Patient Care and Scene Safety Policy and Procedures" (February 4, 2010)



**EMD Responsibilities and Procedure**

- See CACC SOP 09.08.19 - Staging (EMDs and Senior EMDs); and
- Toronto EMS CACC Dispatch Manual, Delay In Service

**Senior EMD Responsibilities and Procedure**

- See CACC SOP 09.08.19 - Staging (EMDs and Senior EMDs)

**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 the staging incident, ensure the Quadrant EMD has confirmed with the Paramedic crew their reasons for the staging incident (if not already offered) and ensure that these reasons have been recorded in the VisiCAD "Comments/Notes" tab;
- Review all call information and determine if a call-back is required;
- Ensure all relevant call details have been included in the VisiCAD "Comments/Notes" tab, including any and all information regarding scene safety issues;
- Assign a Senior EMD to assist him/her on every call involving a staging incident;
- 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 recorded such notification in the VisiCAD "Comments/Notes" tab;
- 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 VisiCAD "Comments/Notes" tab (e.g., Paramedic crew unit number, Superintendent ID and the designated radio channel);
- Ensure that the response status of police is updated regularly (i.e. on scene, on the way, not on the way, etc.) and that all updates are included in the VisiCAD "Comments/Notes" tab;
- Ensure that the Deputy Commander has acknowledged the staging incident (Notification and acknowledgement is recorded via AlertLine);
- 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 "Pit" 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 VisiCAD "Comments/Notes" tab; and
- Ensure that the assigned Senior EMD documents the call in the "Incident Generator" application.





### ***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 staging incident (typically via AlertLine), monitor the event, review all information in the VisiCAD Emergency Call Form, and record this review in the Duty Log (e.g., "Reviewed Incident at 123 Any Street, unit 1234A staged");
- Assess the appropriateness of the staging incident based on the information provided;
- Where the reasons for the 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 reasons for staging are valid and have been clearly articulated;
- In the absence of a responding Operations Superintendent, the Deputy Commander will contact the staging Paramedic crew on the designated radio channel;
- Where the reasons for the 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;
- Review the information in the VisiCAD "Comments/Notes" of a staging incident where information from the scene of a 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 staging incidents that result in negative patient outcome at the earliest possible opportunity;
- In instances of a negative patient outcome subsequent to crew staging, notify Professional Standards as soon as practical;
- Ensure that all involved parties in a 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	Effective
09.08.19	<b>Staging (EMDs &amp; Senior EMDs)</b>	March 13, 2013

## POLICY

EMDs will follow all appropriate procedures when notified that a Paramedic crew has decided to stage.

## PURPOSE

To ensure that the appropriate staff and allied agencies are notified of all staging events to protect the safety of patients and Paramedics.

To ensure that all pertinent information is documented in the VisiCAD Emergency Call form.

## RESPONSIBILITIES AND PROCEDURE

### EMDs

Upon notification of a Paramedic crew's decision to stage while assigned to a call, EMDs will:

- Record the location that the Paramedic crew will be staging at in the VisiCAD "Comments/Notes" tab;
- Ask the Paramedic crew for their reason for staging (if not already offered) and record the reason in the VisiCAD "Comments/Notes" tab;
- Direct the Paramedic crew to change to the designated radio talk group ("B9");
- Manually update the unit status to "Staged" in the VisiCAD Unit Status Queue;
- Notify One Desk and "time stamp" the notification in the VisiCAD "User Data" tab;
- Contact the closest available Operations Superintendent, assign them to the call 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.

### SENIOR EMDs

Upon notification of a Paramedic crew's decision to stage on a call, the Pit Senior EMD (or designate) will:

- Notify the Communications Centre Superintendent and Deputy Commander of the staging via AlertLine or intercom;
- Review the VisiCAD call details;
- Confirm that the unit status has been changed to "Staged" in the VisiCAD Unit Status Queue;
- Confirm that the Paramedic crew is on the designated radio talk group ("B9");
- Confirm that the staging location of the Paramedic crew has been documented in the VisiCAD "Comments/Notes" tab;
- Confirm that the closest available District Operations Superintendent has been notified, assigned to the call and is on the designated radio talk group ("B9");
- Contact Toronto Police Radio Room via the "Police SGT" direct phone line and advise police of the reason for the Paramedic crew's decision to stage and their location;
- 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;
- Monitor the designated talk group until the Paramedic crew is no longer staged;
- Contact the Paramedic crew if they do not contact the Communications Centre every ten (10) minutes. If unable to contact the Paramedic crew, the Operations Superintendent and Deputy Commander will be notified;
- Document the staging event in the Incident Generator.



Policy Number	Section 8 Operations	Effective
09.08.27	<b>Communications Emergency Response</b>	December 2010

**POLICY:**

Upon the receipt of an emergency message the Emergency Medical Dispatcher (EMD) will acknowledge said message and initiate the appropriate response without delay.

**PURPOSE:**

To provide immediate assistance to paramedics in emergency situations relating to health & safety.

**PROCEDURE:**

Calls may be received via MobiCAD, Truck Radio, Portable Radio, or landline (including 9-1-1 lines)

**10-33 (Emergency Message)**

- Upon receipt of a 10-33 message, the EMD will acknowledge the message immediately and act upon the message as required
- Upon notification of a 10-33, the Superintendent or Senior EMD (Team Lead), will ensure the appropriate actions are taken and will notify Senior staff as required

**10-2000 (URGENT Police assistance required) & 10-32 (Paramedic Down)**

- Upon receipt of a 10-2000 message or a 10-32 message, the EMD will acknowledge the message immediately
- Generate a new Emergency Call for the location of the crew. The nature/problem of “10-2000” or “10-32” must be selected and will have an “Echo” priority. Assign resources to the new emergency call immediately
- The EMD will respond the two closest units to the location provided. If the two closest available resources are PTUs, the closest available ATU will be dispatched as a third unit. The closest District Superintendent is to be notified. Direct all responding units to switch to the radio channel of the crew with the 10-2000 or 10-32
- Notify the Team Lead and request the police attend the location (“Assist our crew”). Notify any additional allied agencies required (Fire, Gas, Electric, etc.)
- It is important that the originating paramedics be notified that the message was received and the appropriate assistance has been dispatched
- The Superintendent or appropriate Team Lead will, upon notification of a 10-2000 or 10-32, ensure the appropriate actions are taken and will notify Senior staff as required

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## 09.08.27 Continued...

### Non-Verbal Emergency Messages

- Whenever the <EMRG> button on a unit's Truck or Portable radio is depressed, every position logged on to VisiCAD with the "PTT Client" application running is presented with an annunciation of this message. This message identifies the unit's "radio name" as indicated in VisiCAD and the text "EMERGENCY"
- When the emergency button is pressed, the radio will transmit on the "EMERGENCY" channel for 20 seconds. Once this transmission ceases, the EMD will attempt to contact the unit by depressing the "EMERGENCY" button on AVTEC and transmit the following message: "AMBULANCE/ERU XXXX, 10-2000, 10-20"
- Every EMD controlling a radio channel will attempt to contact the crew on the channel(s) under their control to determine the nature of the emergency and the ambulance's location. The following is the specific phrase to be used:
  - "Ambulance 8020, 10-2000, 10-20?"
  - This inquiry will meet with one of several possible answers. The required follow-up action for each answer is listed. Involvement of the Superintendent or Team Lead is imperative

### No Response

- Attempt to contact the ambulance crew again by repeating "Ambulance 8020, 10-2000, 10-20?"
- If, after two attempts there is no reply, the EMD will immediately generate a new Emergency 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 resources to the new Emergency Call
- EMD will respond the two closest vehicles to the location provided. If the two closest available crews are PTUs, the closest available ATU unit will be dispatched as a third unit. Direct all responding units to switch to the radio channel of the crew in distress
- Notify the closest Operational District Superintendent immediately, preferably by telephone or pager
- Attempt to contact the crew's last known location. Generate a pager message to the crew

### One-Desk Staff will:

- Contact Police by utilizing the Police Sergeant direct line on AVTEC and will request police respond using the following language. "This is Toronto EMS, please ASSIST our crew at [LOCATION]."
- Notify senior staff as required

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### 09.08.27 Continued...

#### 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 initial response does not contain their 10-20, one further request to obtain this is to be made
- The EMD receiving the emergency message shall generate a new Emergency Call for the location the crew in distress has provided. The nature/problem of "10-2000" with "Echo" priority will be selected
- The EMD (Assigner) will assign appropriate resources to the new Emergency Call
- The EMD will respond the two closest vehicles to the location provided. If the two closest available crews are PTUs, the closest available ATU unit will be dispatched as a third unit. Direct all responding units to switch to the radio channel of the crew in distress
- Notify their Team Leader

#### Response Denying an Emergency Situation

- Acknowledge the crew's response and advise them to carry on
- Clear the Emergency Message alert on the "PTT Client" application, and at the Motorola Radio Console as necessary



Policy Number	Section 8 Operations	Effective
09.08.31	<b>Roles &amp; Responsibilities</b>	December 2010

**POLICY:**

It is the employee's responsibility to be aware of all current Standard Operating Procedures (SOP's), medical directives, memos, disaster plans, and the Ontario Ambulance Act. Additionally, Emergency Medical Dispatchers (EMDs) must adhere to job Roles and Responsibilities as outlined in the Call Receiver and Dispatch Manual. Where the EMD is unsure of responsibilities, they will discuss what they do not understand with their Senior EMD(s) (Team Lead(s)) or Superintendent for clarification.

**PURPOSE:**

To ensure the safety of all EMS staff and patients and to promote consistent dispatch practices.

**PROCEDURE:**

Toronto EMS will:

- maintain current Communication SOPs and make them available to all EMDs
- make any advisories, memos, disaster plans, etc. impacting EMDs or the operation of the Communication Center available to all EMDs
- maintain current Roles and Responsibilities for every Dispatch/Call Receiver position in the Manual and SOP Appendix
- maintain current copies of all relevant Acts and Regulations and make them available to all EMDs. Relevant Acts include, but are not limited to :
  - the Ambulance Act of Ontario
  - the Highway Traffic Act
  - the Privacy Act
  - the Mental Health Act of Ontario
  - the Coroners Act of Ontario
  - the Ontario Human Rights Code

EMD will:

- know the current Roles & Responsibilities for each Dispatch/Call Receiving position which are available in the Dispatch and Call Receiver Manuals
- along with the Roles & Responsibilities, know and understand detailed notes & procedures that must be considered and/or followed and these will also be located in the above mentioned EMD Manuals

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, 3<sup>rd</sup> 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

## ADMINISTRATIVE SENIOR CHECK LIST

### DAYS

TIME	TASK
5:50	Exchange run down sheets with outgoing Admin SEMD
6:00	Book on District Superintendents & TTC medics
6:10	Check e-mail and binder for any special events and Admin details
6:15	Check book on/roster sheets for: Single medics - match up to make full crews Medics granted lieu time .... Start and end of shift New medics (< 1 year) scheduled together OCC Overbooking of stations (more medics than units) Deploy units to meet with operational guidelines
6:30	Divide city East and West for book ons
06:45-07:10	Ensure the viewer has all necessary information re: unit numbers Notify the medics of any movements - singles and full crews Check CAD to ensure all units auto-rostered correctly Fill out quadrant run down sheets and give to the sector desks
07:10-07:30	Check names and shift lengths in CAD so that they match the viewer Enter movements into the One Desk App Enter cab calls into the One Desk App
	Check book on sheets 30 mins before shift start of CShift crews
30 mins prior to C9, C11, C12, C2 book ons	Single medics - match up to make full crews Medics granted lieu time .... Start and end of shift New medics (< 1 year) scheduled together OCC Overbooking of stations (more medics than units) Deploy units to meet with operational guidelines
10 mins prior to C9, C11, C12, C2	Ensure the viewer has all necessary information re: unit numbers Notify the medics of any movements - singles and full crews Check CAD to ensure all units auto-rostered correctly Add VINs and movements to the run down sheets at each Sector desk Check names and shift lengths in CAD so that they match the viewer Enter movements into the One Desk App Enter cab calls into the One Desk App
	Deploy ERUs @ 0700, 0900, 1100 and 1200
	Enter vehicle changes into One Desk App and roster sheets
	Enter book off times into the One Desk App and record on roster sheets

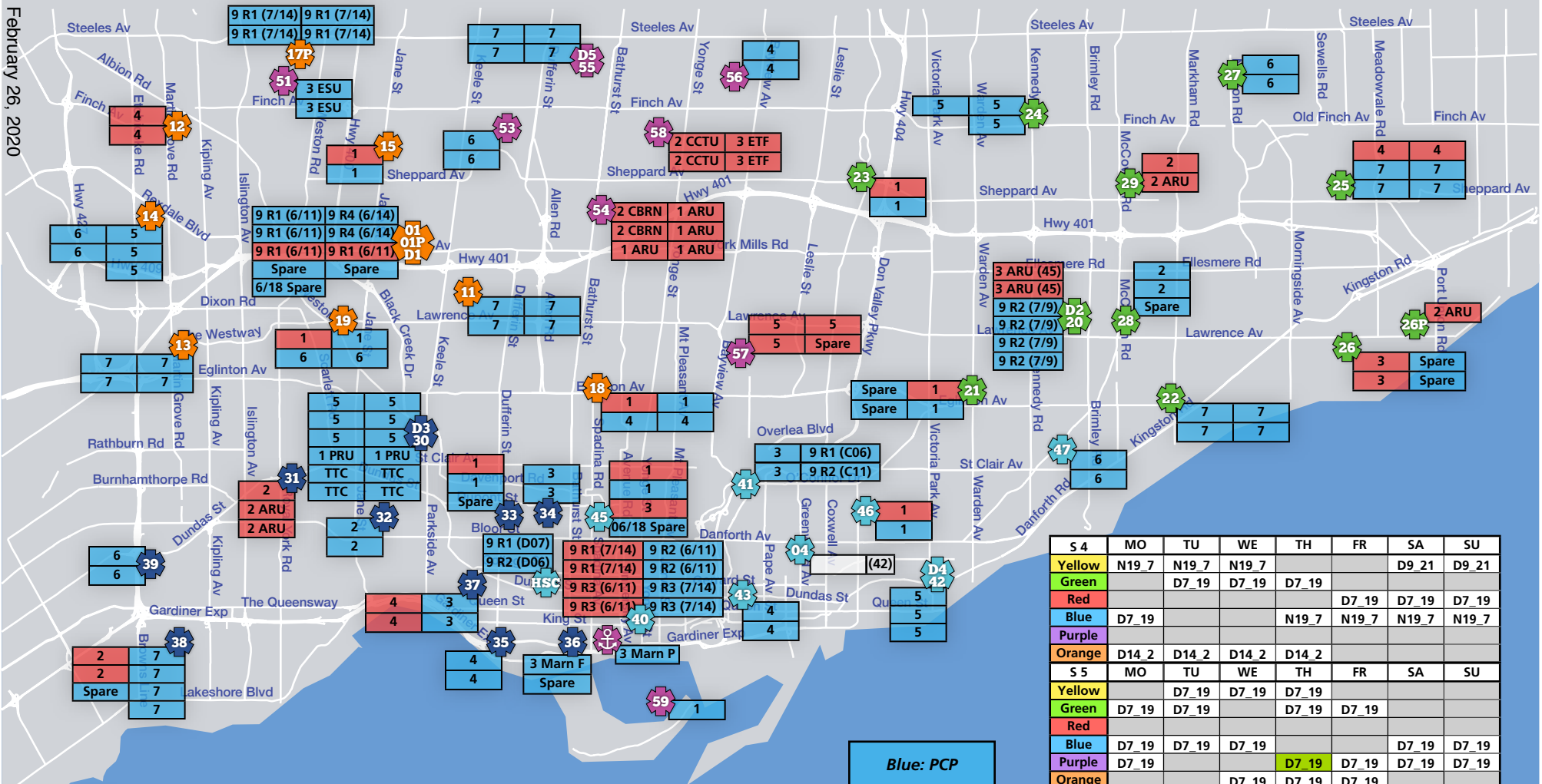
	Enter all movements during the shift into the One Desk App and record o
1700	Prepare the night sheets and distribute forecasts for sector sheets
	Check the book on sheets for:
	Medics granted lieu time...start and end of shift
	New medics scheduled together
	OCC
	Overbooking of stations (more medics than units)
	Check email and binder for any special events and admin details
	Things to include in your rundown to your relief:
	Staffing: CCTU, ETF, CBRNE, ESU
	Any singles: C9, C11, C2; any matchups of C and day crews; any matchups of different C crews
	Any ongoing incidents
	Any special events or admin details
	Any crew issues (new medics; late starts; overbooked stations, etc.)a
	Prepare the night sheets and distribute the forecasts for the sector desks

## NIGHTS

TIME	TASK
17:50	Exchange run down sheets with outgoing Admin SEMD
18:00	Book on District Superintendents & TTC medics
18:30	Check book on/roster sheets for:
	Single medics - match up to make full crews
	Medics grated lieu time ... Start and end of shift
	New medics (< 1 year) scheduled together
	OCC
	Overbooking of stations (more medics than units)
	Deploy units to meet with operational guidelines
18:50-19:10	Divide city East and West for book ons
	Ensure the viewer has all necessary information re: unit numbers
	Notify the medics of any movements - singles and full crews
	Check CAD to ensure all units auto-rostered correctly
	Fill out quadrant run down sheets and give to the sector desks
	Check names and shift lengths in CAD so that they match the viewer
	Enter movements into the One Desk App
	Enter cab calls into the One Desk App
	Duplicate the rosters for the following date

0:00	Enter vehicle changes into One Desk App and roster sheets
	Enter book off times into the One Desk App and record on roster sheets
	Enter all movements during the shift into the One Desk App and record on the roster sheets
5:10	Prepare the day sheets and distribute the forecasts for the sector desks





# TORONTO PARAMEDIC SERVICES

**Blue: PCP**  
**Red: ACP**

*Each box on the map represents one vehicle.  
The schedule which it follows is indicated by  
the number in the box.*

S 1	MO	TU	WE	TH	FR	SA	SU
Week 1		N	N	N			
Week 2	D	D	D	D			
Week 3					N	N	N
Week 4	N				D	D	D
Week 5		N	N	N			
Week 6	D	D	D	D			
Week 7					N	N	N
Week 8	N				D	D	D
Week 9		N	N	N			
Week 10	D	D	D	D			
Week 11					N	N	N
Week 12	N				D	D	D

S 2	MO	TU	WE	TH	FR	SA	SU
Yellow	N19_7	N19_7	N19_7			D9_21	D9_21
Green		D7_19	D7_19	D7_19			
Red					D7_19	D7_19	D7_19
Blue	D7_19				N19_7	N19_7	N19_7
Purple							
Orange	D9_21	D9_21	D9_21	D9_21			
S 3	MO	TU	WE	TH	FR	SA	SU
Yellow	N19_7	N19_7	N19_7			D11_23	D11_23
Green		D7_19	D7_19	D7_19			
Red					D7_19	D7_19	D7_19
Blue	D7_19				N19_7	N19_7	N19_7
Purple							
Orange		D11_23	D11_23	D11_23	D11_23		

S 4	MO	TU	WE	TH	FR	SA	SU
Yellow	N19_7	N19_7	N19_7			D9_21	D9_21
Green		D7_19	D7_19	D7_19			
Red					D7_19	D7_19	D7_19
Blue	D7_19			N19_7	N19_7	N19_7	N19_7
Purple							
Orange	D14_2	D14_2	D14_2	D14_2			
S 5	MO	TU	WE	TH	FR	SA	SU
Yellow		D7_19	D7_19	D7_19			
Green	D7_19	D7_19		D7_19	D7_19		
Red							
Blue	D7_19	D7_19	D7_19			D7_19	D7_19
Purple	D7_19			D7_19	D7_19	D7_19	D7_19
Orange			D7_19	D7_19	D7_19		
S 6	MO	TU	WE	TH	FR	SA	SU
Yellow	D9_21	D9_21	D9_21	D9_21	D9_21		
Green			D7_19	D7_19	D7_19	D7_19	
Red				N19_7	N19_7	N19_7	
Blue					N19_7	N19_7	N19_7
Purple	N19_7						
Orange	D11_23	D11_23	D11_23	D11_23			
S 7	MO	TU	WE	TH	FR	SA	SU
Yellow		D9_21	D9_21	D9_21	D9_21		
Green	N19_7	N19_7	N19_7				
Red	D7_19	D7_19			D14_2	D14_2	D14_2
Blue					D7_19	D11_23	D11_23
Purple	D11_23			D14_2	D14_2	D14_2	D14_2
Orange							
S 9	MO	TU	WE	TH	FR	SA	SU
Yellow	N	N	N	N			
Green		D	D	D		C	C
Red	C				N	N	N
Blue					D	D	D
Purple	D						
Orange	C	C	C	C	C		

Gord McEachen  
A/Chief

Paramedic Services  
4330 Dufferin Street  
Toronto, Ontario  
M3H 5R9

Tel: (416) 392-3700  
[Leo.Tsang@toronto.ca](mailto:Leo.Tsang@toronto.ca)  
[toronto.ca/paramedic](http://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



Section 02: Administration End-of-Shift (Early) Relief			
SOP Number	First Issued	Replaces	Last Revised/Effective
<b>03.02.23</b>	September 24, 2020	N/A	<b>October 14, 2020</b>

### 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.**<sup>1</sup>

#### 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.

---

<sup>1</sup> 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.



# 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.



Communications Education & Quality Improvement Unit

# Education Bulletin

## Bulletin #2020-6: Emergency Calls at 4330 Dufferin Street and the HQER

- 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.



# 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.



**Date:** August 4, 2020

**From:** Dr. Bruce Sawadsky, Acting Chief Medical Officer, Ornge  
Dr. Brodie Nolan, Ornge Transport Medicine Physician and Team Trauma Lead, St. Michael's Hospital

**Re:** Cancelled Scene Calls Study

**Attention CACC Staff and Management:**

We would like to bring to your attention a project that will begin soon to better understand the reasons behind trauma scene call cancellation with the intent of improving timely access to trauma care for severely injured patients. We are asking for your support in helping us gather the necessary information during the communications and dispatch process.

***What is the project?***

The project will involve many phases, the first of which is to obtain accurate, timely and actionable information on why Ornge is being cancelled from trauma scene calls. The purpose is to understand why Ornge is being cancelled from a call and to follow-up to see if patients are eventually transferred to a trauma centre or are able to have appropriate care provided at their local hospital.

***Why is this important?***

We know that injured patients who are treated at a trauma centre have better odds of survival and better outcomes than patients who are treated at non-trauma centres. We also know that delays to getting patients to a trauma centre can also result in patient harm. Understanding the reasons why Ornge is being cancelled from a trauma scene call will provide the framework for future interventions aimed at reducing scene call cancellations for patients that should be treated at a trauma centre.

***What does this project mean for the CACC?***

As it stands today, Ornge Communications Officers will typically ask the ACO why Ornge is being cancelled from a trauma scene call, which is the procedure outlined in the Air Ambulance Utilization Standard. With this study, we have created a standardized list of responses to that question in order to ensure we receive complete and accurate information.







5310 Explorer Drive  
Mississauga, Ontario  
Canada L4W 5H8

1.800.251.6543  
647.428.2005 **tel**  
647.428.2006 **fax**

**Effective August 17, 2020**, when Ornge is being cancelled from a trauma scene call, we ask that you provide one of the following reasons:

- **Patient did not meet Field Trauma Triage Standards**
- **Land EMS taking the patient directly to trauma centre**
- **Patient is pronounced deceased**
- **Patient refusing transport**

If the ACO is unaware which of these reasons applies, we ask that, whenever possible, the ACO contact the treating paramedics to obtain/confirm the exact reason for cancellation.

Ornge is reaching out to Paramedic Services through the Ontario Association of Paramedic Chiefs (OAPC) to ensure that paramedics are aware of this study and have an understanding that these questions may be forthcoming.

It is recognized that in certain cases, the ACOs may be unable to obtain this information. We ask that you assist us in this process as much as possible, as it is crucial to this project that the reasons for cancellation are correctly identified.

***I have questions. Who can I reach out to?***

Please reach out to Dr. Brodie Nolan, Ornge Transport Medicine Physician and Trauma Team Leader at St. Michael's Hospital with any questions, comments or feedback on the project. He can be reached at [bnolan@ornge.ca](mailto:bnolan@ornge.ca).

We appreciate your assistance as we seek to make a measurable improvement in outcomes for air ambulance trauma patients.



# PSA Quick Reference Guide v1.1

## Qlik Sense Dashboard Login Information

**Important:** To launch this application, you must use Microsoft Edge (not Google Chrome).

<https://mvtpsqlikv01p.corp.toronto.ca/hub/stream/a4bbeb61-3fca-443b-964d-d532a492c905>

Username:	docems1
Password:	CACCCCommand2015

*You may be told the connection is not secure; click 'Advanced' and proceed as the connection is indeed secure.*

To Access Dashboard: In the Streams > KPI > Call Deferral > Public Sheets > Call Deferral Date/Time.

*\*Note: The PSA is only to monitor the Call Deferral information in the dashboard*

## Background

- The Patient Safety Advocate (PSA) is a supportive role in the Communications Centre to ensure the timely arrival of first responders. The PSA will monitor the safety of the patient by communicating possible delays to the scene and reassessing the patient's condition on a regular basis
- The PSA is to utilize the Dashboard to prevent "Call Deferral" for any length of time
- As changes are identified by the Dashboard, the PSA will communicate with the SCS and Quadrant EMDs as required
- The PSA may consult with the (SCS) as required

## Instructions on Call Backs

- The PSA will open each ECT form for all LOW priority pending calls to assess the comments and ensure the Priority/Determinant corresponds. This includes, but is not limited to, CODE2, Hospital Transfers, Interfacilities, All referrals (both Telehealth & TFS), Alphas & Bravos
- The PSA will document the short hand: /PSA (PSA CALLED) every time a phone attempt is made to the scene
- All callbacks are **required** to be reprocessed through MPDS to reassess the patient. Any changes to the information will be updated to ensure an accurate Determinant Code/Priority
- All pertinent updated notes must be added to the ECT form
- The PSA will monitor notes added by Call Takers to ensure MPDS has been utilized in reconfiguring any patient condition changes
- The PSA may manually upgrade a low priority call up to **TWO** priorities higher using the CAD override when any one of following conditions is identified:
  - **Concern or Change in condition/deterioration (not captured by MPDS assessment & reconfiguration)**
  - **Public Place**
  - **Environmental concerns**

## Communicating with the Sector EMD

- The oldest pending call should be considered first barring there are no other identified circumstances to that particular call
- As the PSA reviews the call details, consideration will be given to the following when recommending calls for dispatch:
  - Elapsed time,
  - Location of the patient (Home vs Facility, on scene care providers vs. alone),
  - Any additional patient information provided,
  - Any patient vitals abnormalities if provided,
  - Resource availability
- When the Dashboard shows the number of 'Unassigned Calls Recommended for Dispatch,' the PSA will evaluate the calls in Pending Incident Queue (PIQ) based on the above criteria

- **Call is 2+ hours old**
- **Allied Agencies on scene**
- **Patient is alone/no caregiver**
- **No contact with scene has been made after several attempts**

\*\*Short hand comment /PSAUP: PSA Priority Upgrade (Along with the reason why the PSA changed the CAD Priority of the call) must be included in the Comments/Notes of the ECT.

- Contact with the **patient or someone** on scene is required **every ONE (1) hour** until responders arrive on scene
  - (Note: Any of our allied agencies are considered "responders" as they will then be responsible for providing patient updates.)
- Provide all necessary Case Exit Instructions as laid out in the Call Backs section of the CRT Manual
- If no change in priority is determined after reprocessing the call back in ProQA, the PSA will provide the current call closing script as displayed on the Active Desktop

- **ONLY at the discretion and direction of the SCS will the PSA provide the following call closing script:**

**"While our goal is to have Paramedics arrive for this type of call within one hour, right now, many of our ambulances are on higher priority calls or waiting for hospitals to accept our patients. If you are able to find an alternate way to safely get to the hospital, you should try to do so due to the length of time it may take Paramedics to respond."**

- The PSA will document **SEND (including the current time)** in the 'Location Name' field. The PSA will ensure any address information in the 'Location name' field is added to the ticket as secondary location information, if necessary, prior to clearing out the field

- Should that ambulance be reassigned for a higher priority call, **the PSA** will remove the **SEND**

- Communication between Sector Dispatchers about available units to service these assigned '**SEND**' calls is the responsibility of the **EMD**

The PSA is to ensure all Telehealth Referral Determinant Codes have the shorthand comment: /RTH (RTH: Referred to Telehealth) in the ECT. Should the shorthand be missing from the ECT, the PSA will contact the call taker to confirm the caller has been referred to Telehealth.

## Common Shorthand Comments in the ECT

- PSA: PSA Called
- PSAUP: PSA Priority Upgrade (Along with the reason why the PSA changed the CAD Priority of the call)
- RTH: Referred to Telehealth
- THC: Telehealth Callback
- THN: Telehealth not appropriate due to:
- THR: Refused Telehealth

**Gord McEachen**  
A/Chief

**Paramedic Services**  
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[toronto.ca/paramedic](http://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-medical 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 all tactical calls.**

Quadrant EMD: Tactical Call Dispatch Scenarios

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
<b>Start of shift</b>		
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.	
<b>Mid-shift</b>		
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

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