Standard Operating Procedures (Operations)

Revised June 13, 2018

THIS IS THE OFFICIAL VERSION OF THE STANDARD OPERATING PROCEDURES AS OF June 13, 2018

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Appendices

Acronyms and Abbreviations Used

ACP	Advanced Care Paramedic
ACR	Ambulance Call Report
ACS	Ambulance Communications Services
AEMCA	Advanced Emergency Medical Care Assistant
ALS	Advanced Life Support
AODA	Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11
AVL	Automatic Vehicle Locating
BLS	Basic Life Support
BHP	Base Hospital Physician
BVM	Bag-Valve-Mask
CACC	Central Ambulance Communications Centre
CBRN	Chemical, Biological, Radiological, and Nuclear
CCTU	Critical Care Transport Unit
CCU	Cardiac Care Unit
CME	Continuing Medical Education
CPR	Cardiopulmonary Resuscitation
DNR	Do Not Resuscitate
ECG	Electrocardiogram
ED	Emergency Department
EFI	Electronic Fuel Injected
EMD	Emergency Medical Dispatcher
EMS	Emergency Medical Services
ePCR	Electronic Patient Care Report
ERU	Emergency Response Unit
ERV	Emergency Response Vehicle
ESU	Emergency Support Unit
ETA	Estimated Time of Arrival
ETF	Emergency Task Force
FH	Floating Holiday
GTAA	Greater Toronto Airports Authority
HBV	Hepatitis B Virus

HCC	Hospital Clearing Coordinator
HCV	Hepatitis C Virus
HOV	High Occupancy Vehicle
HSC	Hospital for Sick Children
HUSAR	Heavy Urban Search and Rescue
IPP	International Protected Persons
ITD	Impedance Threshold Device
ITU	Infectious Transport Unit
MD	Medical Doctor
MFIPPA	Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56
MOHLTC	Ministry of Health and Long-Term Care
OCC	Optimal Crew Configuration
OHCA	Out-of-Hospital Cardiac Arrest
OHSA	Occupational Health and Safety Act, R.S.O. 1990, c. O.1
PCA	Patient-Controlled Analgesia
PCI	Percutaneous Coronary Intervention
PCP	Primary Care Paramedic
PDS	Patient Distribution System
PEP	Post-Exposure Prophylaxis
PHIPA	Personal Health Information Protection Act, 2004, S.O. 2004, c. 3
PPE	Personal Protective Equipment
PSU	Professional Standards Unit
RN	Registered Nurse
RN (EC)	Registered Nurse (Extended Class)
RPN	Registered Practical Nurse
ROC-HS	Resuscitation Outcomes Consortium - Hypertonic Saline Trial
ROC-PRIMED	Resuscitation Outcomes Consortium – Pre-hospital Resuscitation using an Impedance Valve and Early vs. Delayed Analysis Trial
ROSC	Return of Spontaneous Circulation
RSC	Regional Stroke Centre
SDM	Substitute Decision-Maker
SOP	Standard Operating Procedure

SRIA	Supervisor's Report of Injury / Accident
STEMI	ST-Elevation Myocardial Infarction
TFS	Toronto Fire Services
TPH	Toronto Public Health
TPS	Toronto Police Service
TKVO	To Keep the Vein Open
UHN	University Health Network
VSA	Vital Signs Absent
WHMIS	Workplace Hazardous Materials Information System

Section 01: General **Introduction**			
SOP Number **03.01.1**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.1. Introduction

Toronto Emergency Medical Services (Toronto Paramedic Services) is committed to demonstrating leadership in the emergency medical services industry and providing optimal pre-hospital care to the public that it serves. Toronto Paramedic Services is committed to ensuring that:

- Paramedics are aware of and adhere to Divisional policies and procedures;
- Current policies and procedures are available to all Paramedics;
- Paramedics are aware of and adhere to the Ambulance Act of Ontario;
- Paramedics maintain all requisite qualifications listed in the regulations made under the Ambulance Act of Ontario;
- Paramedics report for duty on time, in uniform and in possession of all personal issue including safety and protective equipment deemed essential for safe and effective job performance;
- All staff maintain a neat and professional appearance;
- Stations and vehicles are maintained in a clean, safe and secure manner;
- Paramedics maintain their assigned vehicles in a clean, stocked, equipped and ready state, available for service at all times;

- Patient care is delivered in accordance with standards set by Toronto Paramedic Services, the Base Hospital, the Ontario Ministry of Health and Long-Term Care (MOHLTC) and any other relevant legislation;

- The individual rights and freedoms of all persons legislated by the Ontario Human Rights Code and protected by the City of Toronto's Human Rights and Anti-Harassment/Discrimination Policy are respected; and

- Each patient's right to privacy and confidentiality is respected and safeguarded under the Personal Health Information Protection Act, 2004 (PHIPA).

Section 01: General **Standard Operating Procedures – Application**			
SOP Number **03.01.2**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.2. Standard Operating Procedures – Application

The Standard Operating Procedures (SOPs) apply to all Paramedics involved in the direct provision of patient care. Electronic copies of the SOPs will be available to all staff.

All SOPs will be issued to and signed for by each Paramedic. Each Paramedic is individually responsible for reading and understanding the SOPs. Any questions or concerns are to be directed to a Paramedic Superintendent in the first instance, in accordance with SOP 03.01.4 – Chain of Command.

The SOPs may be amended from time to time (see SOP 03.01.3 – Standard Operating Procedures – Amendments). The Official Version of the SOPs is the electronic version maintained by the Commander, Policy and Project Management.

Section 01: General **Standard Operating Procedures – Amendments**			
SOP Number **03.01.3**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.3. Standard Operating Procedures – Amendments

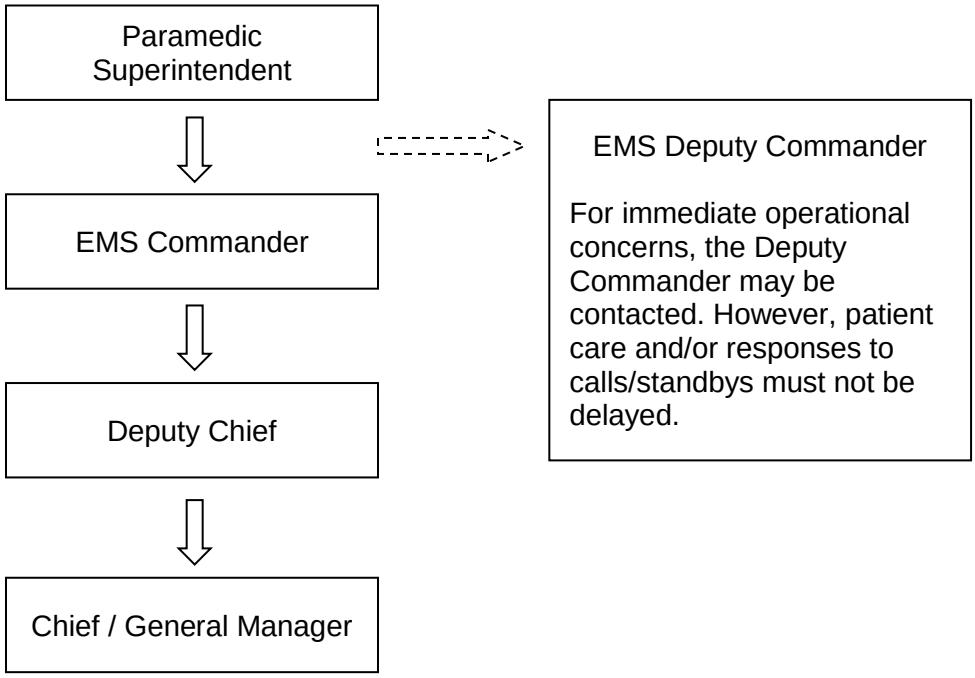
The SOPs is a dynamic document. Amendments will be made to the Official Version of the SOPs as required. Updates will be issued as required and/or as changes occur.

Section 01: General **Chain of Command**			
SOP Number **03.01.4**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.4. Chain of Command

All Paramedics wishing to make a request, file an inquiry, lodge a complaint, or report any concern (including health and safety) should first direct that communication through a Paramedic Superintendent.

In the event that a Paramedic Superintendent is unavailable or unable to provide a satisfactory response, the issue may then be forwarded to the next level of authority. In this regard, the Paramedic should adhere to the following reporting structure:



Section 01: General **Staff Responsibility**			
SOP Number **03.01.5**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.5. Staff Responsibility

Staff must be aware of:

- SOPs;
- Divisional Advisories;
- Medical Directives;
- The Major Incident Plan;
- City of Toronto policies;
- The Occupational Health and Safety Act (OHSA); and
- The Ambulance Act, its Regulations and Standards including the Basic Life Support Patient Care Standards and/or Advanced Life Support Patient Care Standards and any changes thereto.

Where the employee is unsure of any specific SOP, City policy or legislated requirement, it is his or her responsibility to discuss this with his or her Paramedic Superintendent to request clarification.

All relevant documentation (e.g., standards, policies, legislation) will be made electronically available to Paramedics on the computers in each station. A list of resources cited in the SOPs (legislation, policies, standards, and training bulletins) is available in Appendix A.

Section 01: General **Professional Appearance**			
SOP Number **03.01.6**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.6. Professional Appearance

The City of Toronto strives to maintain a professional appearance in its delivery of service to the public. If, in the reasonable opinion of Management, the professional appearance of an employee is not consistent with the intent of this SOP or represents a serious customer or safety concern, the employee must follow the direction given by Management.

Hair: Length, Styles and Colour

Hair must be clean, neat in appearance, properly groomed and of a natural colour. Facial hair must be maintained so as not to interfere with the proper use of personal protective equipment (PPE; e.g., N95 facial masks). See also SOP 03.03.3 – Grooming.

Fingernails

Fingernails must be trimmed such that they will not interfere with the safe operation of the stretcher, patient movement and lifting, proper wearing of protective gloves, or any patient care.

Tattoos

Tattoos depicting nudity, obscenity, racial, sexual, political or social bias must be covered. Tattoos must not contravene the Ontario Human Rights Code or the City of Toronto's Human Rights and Anti-Harassment/Discrimination policy.

Uniforms

The appropriate issued uniform must be worn in accordance with SOP 03.02.17 – Uniforms while on duty. Uniforms must be clean, pressed, and neat in appearance.

Boots

The black issued safety boots/shoes must be kept clean and polished.

Section 01: General **Employee Conduct**			
SOP Number **03.01.7**	First Issued October 1, 2008	Replaces September 15, 2014	Last Revised / Effective **March 1, 2018**

03.01.7. Employee Conduct

Employees must conduct themselves in a professional manner both while on duty and/or in uniform, including whenever they may be identified as Toronto Paramedic Services Paramedics.

Toronto Public Service By-law

- On December 31, 2015, the **Toronto Public Service By-law** took effect, consolidating and codifying previous public service policies and service standards into Toronto's Municipal Code, and became the overarching legislation that defines the roles and responsibilities of all Toronto Public Service employees. As such, this SOP must be adhered to in conjunction with the By-law.

- The By-law codifies the following public service values:
    - Serve the public well
    - Serve Council well and/or their Board well
    - Act with integrity
    - Maintain political neutrality
    - Uphold Toronto's motto – *Diversity Our Strength*
    - Use City property, services and resources responsibly
    - Apply judgment and discretion
    - Serve the Public Service well

Customer Service – Providing Equitable Service to Individuals of All Abilities

- As medical professionals, Paramedics have a responsibility to appropriately adapt their communication, assessment and treatment techniques to individuals within the entire range of physical and intellectual capacity. To ensure equitable access to services and to facilitate communication with people living with various physical and cognitive abilities such as dementia, diminished capacity, mental health issues, intellectual/developmental disabilities or learning variances, Paramedics will at all times follow the principles contained in the City of Toronto document A Guide to Good Practice – Providing equitable service to individuals of all abilities. Paramedics will ensure that people within the entire spectrum of abilities are treated with dignity and respect and will:
    - Focus on removing communications barriers, rather than focusing on any person's limitations
    - Promote a helping and supportive environment by creating an atmosphere of advocacy for every person requesting help
    - Use adaptable communication techniques that are effective for each circumstance
    - Use de-escalation strategies when situations appear to be unstable.

Discrimination and Harassment

- Comments, jokes, and unwelcome remarks which infringe upon the rights of any person, will not be tolerated. Discrimination and harassment based on race, ancestry, place of origin, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, disability, colour, membership in a union or staff association, family status, political affiliation, and level of literacy will not be tolerated. Toronto Paramedic Services fully supports the Ontario Human Rights Code and the City of Toronto's Human Rights and Anti-Harassment/Discrimination policy and will act immediately on any matter of non-compliance.

- Sexual advances, unwanted or inappropriate actions, comments, or other inappropriate behaviour will not be tolerated.

Theft

- Any employee found removing City or Divisional equipment or another's personal items from Divisional stations, vehicles, or from other areas or places of attendance, without appropriate consent, will be considered to have committed theft and may be subject to charges in accordance with the Criminal Code.

Medications, Drugs & Alcohol

- On-duty Paramedics will immediately notify a Paramedic Superintendent if they are required to take a prescribed medication that may cause impairment.

- Paramedics must not report to work, consume while at work, have in their possession at work, or respond to a call while under the influence of alcohol or drugs.

Prohibited Activities and Items

- Paramedics must not deface Divisional property, including lockers, walls, vehicles or other areas. This includes, but is not limited to, the application of stickers, labels, pictures, etc.

- Paramedics must adhere to the Smoke Free Ontario Act and any City of Toronto by-laws prohibiting smoking in specified areas.[1] In addition, no Paramedic may smoke any cigar, cigarette, tobacco, or other substance while in any Toronto Paramedic Services or City vehicle, or within a nine (9) metre radius surrounding any entrance or exit (either vehicle or pedestrian) of a Toronto Paramedic Services building. When present at a facility with a smoking policy that exceeds the Smoke Free Ontario Act, Paramedics must abide by such policy. In addition, under the Smoke Free Ontario Act, smoking is not permitted anywhere on the grounds of any hospital in Ontario, including public or private hospitals and psychiatric facilities.

- Gambling and games of chance are prohibited on Divisional property and while on-duty or in uniform.

[1] e.g., Chapter 709 of the City of Toronto Municipal Code.

- Books, magazines, posters, videos, internet sites and language that may be considered offensive, discriminatory and/or sexually explicit are prohibited on Divisional property.

- Paramedics must not, while on-duty, have in their possession a prohibited weapon or substance as defined by the Criminal Code.

Appearance

- On-duty Paramedics must be neatly groomed and shaven in accordance with SOP 03.01.6 – Professional Appearance. Facial hair must be maintained so as not to interfere with the proper use of Personal Protective Equipment in accordance with SOP 03.03.3 – Grooming. Paramedics must wear the appropriate uniform in accordance with SOP 03.02.17 - Uniforms.

Section 01: General **Cellular Telephones**			
SOP Number **03.01.8**	First Issued October 1, 2008	Replaces March 1, 2010	Last Revised / Effective **May 12, 2014**

03.01.8. Cellular Telephones

Cellular Telephones Provided by Toronto Paramedic Services

Cellular phones, where provided, are for Toronto Paramedic Services business use only. There is a 12-Volt-battery charger in each of the vehicles that should be utilized throughout the shift. At shift end, Paramedics must ensure that the cell phone batteries are in an active state of being recharged.

Staff are permitted to use Toronto Paramedic Services hand-held wireless communication devices and view display screens in the normal performance of their duties.[2] Toronto Paramedic Services cellular telephones should not be used by the driver of a vehicle while that vehicle is in motion unless absolutely necessary to support the performance of their duties.

Where Toronto Paramedic Services hand-held wireless communication devices are equipped with digital camera, video and/or audio recording capabilities, staff are prohibited from using such functions without the authorization of a Commander or Deputy Commander (in accordance with SOP 03.01.9 – Photography in the Workplace). Any records on such Toronto Paramedic Services devices are subject to monitoring in accordance with the City's Acceptable Use Policy.

Personal Cellular Telephones and Other Electronic Devices

Paramedics are prohibited from using personal cellular telephones, hand-held devices and entertainment devices while driving a Toronto Paramedic Services vehicle, while assigned to a call, or while in the presence of any patient or any individual accompanying a patient without a specific EMS business reason for its use.

Personal cellular telephones may be used while a Paramedic is in the station, while on standby or offload delay away from the patient, preferably in a private area. The use of a personal cellular

[2] Highway Traffic Act, R.S.O. 1990, c. H.8, s 78.1 (4) (a).

telephone or other personal electronic devices must never interfere with, or take priority over, a Paramedic's job function.

A Paramedic whose personal cellular telephone is equipped with a digital camera, video and/or audio recording capability is prohibited from using the camera, video or audio tape recorder in the workplace without the authorization of a Commander or Deputy Commander (in accordance with SOP 03.01.9 – Photography in the Workplace).

Section 01: General **Photography in the Workplace**			
SOP Number **03.01.9**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.9. Photography in the Workplace

Respect for patients' rights to privacy and confidentiality are of the utmost importance.

Unless the express authorization of a Commander or Deputy Commander has been obtained, Toronto Paramedic Services employees are prohibited from:

- Photographing (digitally or on film) any scene or situation involving any patient or other person while on-duty;
- Facilitating access to any scene or situation involving any patient or other person for any other individual for photographic purposes; and
- Taking photographs in any location where Toronto Paramedic Services staff provide patient care or patient contact duties.

Once <u>authorization has been obtained</u> by a Commander or Deputy Commander:

- Photographs may only be taken in patient care circumstances when a clear benefit to the documentation of patient care exists (for example, documentation of a complex mechanism of injury/entanglement before, during and after extrication); and
- Photographs must never interfere with, delay, or consume resources that are required for the provision of patient care.

In addition, the following will apply:

- All photographs obtained by staff while on-duty, or in situations where they may have access due to their position with Toronto Paramedic Services, are the property of the City of Toronto.

- Photographs that depict a patient's condition, identity, or any significant features of the location or surroundings of the scene of a call that could be used to identify a patient are covered by PHIPA, whether taken by a device owned by Toronto Paramedic Services, or taken by a device owned by staff. These photographs may be treated as part of an Incident Report (see SOP 03.01.17 – Incident Reports) for supplementary documentation purposes as designated by the Ambulance Act and the MOHLTC.

- Photographs obtained for documentation of routine work situations (e.g., collision investigations, damage to equipment, damage to patient property, etc.) where employees may be captured incidentally in the picture during the normal course of their duties, do not require that individual's consent. Non-Toronto Paramedic Services individuals who are incidentally included in such photographs are not required to provide consent.

- Photographic images that are not part of routine work situations and where the images of employee(s) are specifically desired or included (for example, training and promotional materials) require prior written consent of the employee. Inclusion of non-Toronto Paramedic Services persons in such photographs also requires individual written consent, or the changing / masking of identity as requested by the individual involved. Where consent is not possible to obtain, all identifiable characteristics, numbers, or features that could lead to the identification of an individual must be masked or altered so as to make the photographs completely anonymous.

- It is recognized that while digitally-originated images are intrinsically no different than traditional photographs, they are easier to copy in electronic form and are, therefore, more at risk of both image manipulation and inappropriate distribution. Utmost care must be taken to protect the image and maintain its integrity and security.

- Any photographs containing information that could identify a person who is a patient are subject to the confidentiality provisions of the Ambulance Act, Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and PHIPA, and must be secured from unauthorized access.

- Photographs, negatives, and original digital camera files must be logged and stored appropriately to safeguard confidentiality and personal consent issues. Originals of photographs, negatives and digital image files obtained using personal photographic devices must be submitted to Toronto Paramedic Services. No copies, negatives or files may be retained excepting if such materials are released by Toronto Paramedic Services to the public domain. For employees using personal photographic devices, all costs associated with meeting this documentation standard rest with the employee.

Section 01: General **Subpoenas**			
SOP Number **03.01.10**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.10. Subpoenas

All employees who are personally served with a work-related subpoena must forward a copy of the subpoena to the Professional Standards Unit (PSU). When the respective court appearance is imminent, the employee must contact PSU at 416-392-2222 for direction. This will enable PSU to access and forward the pertinent documentation to the employee as soon as possible.

PSU, in conjunction with a Paramedic Superintendent and the employee, will gather all information related to any call identified by a subpoena.

Employees who are issued a subpoena requiring attendance immediately before or after a 12-hour shift must contact a Paramedic Superintendent or PSU Superintendent for direction and assistance.

Section 01: General **Inquests and Court Appearances**			
SOP Number **03.01.11**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **June 1, 2015**

03.01.11. Inquests and Court Appearances

All work-related appearances by Toronto Paramedic Services Paramedics at court or inquest proceedings must be supported by a subpoena (or equivalent). In cases where a Paramedic is served with a subpoena directly at his/her personal address (vs. being provided through PSU), the Paramedic is responsible for submitting a copy of the subpoena to the Professional Standards Unit (PSU) as soon as practical (see SOP 03.01.10 – Subpoenas). Failure to do so may result in a delay or refusal by the Court Clerk to release applicable documentation or to compensate the employee.

Compensation and Expenses

Paramedics subpoenaed to court, a coroner's inquest, or to an interview for a work-related matter will be compensated for their time if they are off-duty as per the Local 416 Collective Agreement. Court Appearance Forms will be provided to all Paramedics in advance of a hearing. Completed forms must be forwarded to PSU following the court appearance in order to process payment authorization. Off-duty staff are responsible for the payment of court-related expenses such as parking, lunches and mileage. Some court-related expenses may be recovered from the courts. The Toronto Police Service Officer/Court Clerk should be consulted to determine which items may be reimbursed.

Reporting for Court/Inquest Appearances

Off-duty staff are not required to book on/off with One Desk. However, on-duty staff must advise One Desk when they arrive for court duties and when they have completed court duties in order to be reassigned back to Operations. Off-duty staff require the permission of the Paramedic Commander to park at any station to attend court.

Providing Contact Information

Paramedics asked by police officers to provide contact information while being questioned regarding a work-related matter may provide Toronto Paramedic Services' business contact information:

4330 Dufferin Street
Toronto, Ontario M3H 5R9
416-392-2222

Providing Toronto Paramedic Services business contact information, rather than personal contact information, helps to protect the employee's privacy in the event that the Crown is obliged to disclose all investigative information. When a subpoena is necessary, it may then be served at Toronto Paramedic Services Headquarters to be processed by PSU.

Schedules and Shifts

Should a Paramedic be scheduled to attend court when he/she is also scheduled to work night shifts, the set of shifts may be altered and, if possible, the Paramedic will be scheduled to work at their previously assigned station. If it is not possible to schedule the Paramedic at their previously scheduled station, every attempt will be made to schedule the Paramedic at an available station within their assigned district.

In the event that a subpoena is received on short notice, scheduled night shifts may be altered. The Division will make every reasonable effort to contact the Paramedic prior to the shift to advise him/her not to report to work for that night shift and to inform him/her of the arrangements that have been made in accordance with the Collective Agreement.

Protection of Personal Information

If a Paramedic has been provided with Toronto Paramedic Services records for their attendance at court, including but not limited to, Ambulance Call Reports (paper or electronic), dispatch records and/or Incident Reports, the Paramedic **must** ensure that these records are kept secure **at all times** to prevent unauthorized access (see SOP 03.01.15 - Privacy & Protection of Personal Health Information and Personal Information), regardless of location and whether the Paramedic is on-duty of off-duty.

After a Paramedic has been excused from court, all documents provided to the Paramedic, along with the Court Appearance Form, must be returned to PSU. In the event that the court has seized the Paramedic copies of the documents, this is to be documented on the Court Appearance Form.

If a Paramedic is aware of or commits a privacy breach, regardless of the situation and/or reason, he/she must contact a Paramedic Superintendent as soon as possible. A privacy breach occurs when personal health information or personal information is collected, used or disclosed, lost and/or destroyed in a manner that does not comply with PHIPA or MFIPPA.

Appearances Unrelated to Employment with Toronto Paramedic Services

Paramedics served with a subpoena unrelated to their employment with Toronto Paramedic Services must notify a Paramedic Superintendent immediately following receipt of the subpoena if the court appearance would affect a scheduled shift. A copy of the subpoena must be provided to a Paramedic Superintendent who will forward it to PSU to be secured.

In the event that a Paramedic fails to immediately notify a Superintendent on receipt of a subpoena unrelated to their employment with Toronto Paramedic Services and a change of shift is required, premium pay for a short-notice change under the Local 416 Collective Agreement will not apply.

Section 01: General **Complaints and/or Inquiries Received**			
SOP Number **03.01.12**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **September 15, 2014**

03.01.12. Complaints and/or Inquiries Received

If paramedic staff are unable to appropriately address a concern from the public when approached in person, they should advise the Complainant that there is a formal complaint investigation process, and provide them with the contact information for the Professional Standards Unit (PSU). In the event that members of the public approach paramedic staff in person and wish to express compliments for service provided or inquire about the service on a particular call, they should also be provided with the contact information for the PSU.

Monday to Friday, 0800 – 1600hrs

Contact the Professional Standards Unit at 416-392-2222 or at EMS-PSU@toronto.ca

Occasionally a Complainant will want to speak with someone immediately, outside of regular business hours. In these instances, the following contact information may be given to them:

After Hours, Holidays and Weekends

Contact the Deputy Commander and/or One Desk at 416-392-2232

Where an employee believes that a situation or occurrence requires follow-up by Toronto Paramedic Services, they must complete an incident report detailing the nature of the complaint, and immediately forward the completed incident report to a Paramedic Superintendent.

Where an employee believes that the Division's service to its customers and the reputation of the Toronto Public Service would benefit from follow-up by Toronto Paramedic Services, they should complete an incident report detailing the circumstances, and immediately forward the completed incident report to a Paramedic Superintendent.

Complaint Investigation Policies and Procedures (CIPP)

The Complaint Investigation Policies and Procedures is in keeping with the City's customer service mandate, and it recognizes and enables the City's diverse population to equitably access Toronto Paramedic Services' complaints process.

The CIPP emphasizes that:

> *"All persons involved in the complaint investigation process (including complainants, witnesses and employees) will be treated with dignity, respect, confidentiality and with an equal opportunity to be heard without bias."*

To ensure equitable access to services and to facilitate communication with people living with various physical and cognitive abilities such as dementia, diminished capacity, mental health issues, intellectual/developmental disabilities or learning variances, all staff will follow the guidelines described in the Customer Service section of SOP 03.01.7 Employee Conduct and the City's *A Guide To Good Practice – Providing Equitable Service to Individuals of All Abilities* document.

Section 01: General **Media Relations**			
SOP Number **03.01.13**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.13. Media Relations

Media inquiries should be referred to the Superintendent, Public Information and Media at 416-392-2255. Where this is not possible, the inquiry should be directed to a Paramedic Superintendent, EMS Deputy Commander, EMS Commander, or Incident Commander, who will contact the Media Relations office.

Designated Media Spokespersons

Senior Management (i.e., Chief and Deputy Chiefs), Commander of Community Safeguard Services, and the Superintendent, Public Information and Media are responsible for responding to the media or designating official media spokespersons.

Frontline Paramedic Superintendents and Paramedics are permitted to speak to the media at the scene of emergency operational responses, subject to the limitations outlined below.

Emergency Operational Responses

Toronto Paramedic Services staff are frontline ambassadors for the City of Toronto and as such, they are encouraged to respond to the media at the scene of emergency responses to provide timely information about their work. Paramedics may discuss the general facts of their own job within their personal areas of experience or expertise.

PHIPA

PHIPA prohibits the provision of any information that could be used to identify a patient. Toronto Paramedic Services staff must abide by PHIPA at all times. Paramedics are therefore prohibited from providing certain information while being interviewed by the media; lists of information that can and cannot be released to the media are provided below.

Emergency Operational Responses

Paramedic Superintendents and Paramedics may respond to questions from reporters while on scene at an incident or at a hospital. All staff are reminded to maintain professionalism at all times whenever speaking with a member of the media.

Information that may be released to the media regarding an emergency call, provided that patient care is not compromised, includes:

- Closest major intersection to the incident;
- General nature of the incident (i.e., “traffic collision,” “stabbing,” etc.);
- Time of the incident;
- Number of Paramedics and EMS vehicles on scene;
- General nature of injuries/illnesses (cannot release names);
- Name of the Paramedic being interviewed;
- Number of patients treated and/or transported by Paramedics; and
- Case severity of conditions of patients (i.e. “critical condition,” “non-life-threatening,” “minor injuries,” etc.).

Information that **cannot** be released to the media regarding an emergency call includes:

- Exact municipal address of the incident;
- Name or location of the receiving hospital in the case of victims of violence;
- Any information on investigations;
- Any personal information, such as names, identities or details leading to the identification of:

- Owner(s) or occupant(s) of the building / structure;
- Witnesses or discoverer(s) of the patient(s);
- Injured / deceased;
- Family members or other individuals associated with the injured/deceased;
- Any other individual involved in the matter; and
- Paramedic Services Staff on scene other than the person providing the interview.

Paramedic Services Staff who have spoken to the media must notify a Paramedic Superintendent providing:

- Name of reporter/organization;
- Time of interview;
- Questions asked;
- Answers given; and
- Whether on-camera or taped interviews were done.

Paramedic Superintendents and Commanders must pass this information on to the Superintendent, Public Information and Media as promptly as possible. Staff being asked questions of a more general nature should refer the reporter to the Superintendent, Public Information and Media or to the on-duty Deputy Commander.

When contacted by the media, the following information must be provided to the Superintendent, Public Information and Media:

- Name and contact information of the reporter/media organization;

- Date and time of contact;
- Purpose of the request; and
- Deadline of the news item.

Non-emergency, Professional or Policy Issues

As members of the Toronto Public Service, Paramedic Services Staff represent the City of Toronto. Therefore, they must not use their position, status or uniform to:

- Make statements about policy matters in a manner that can be reasonably interpreted by the public as being the City's point of view;
- Make statements about policy matters that would bring the City into disrepute; and/or
- Express their personal opinion on any given policy matter.

Given the above, there are designated Paramedic Services Staff whose responsibilities include communicating regularly with the public and media on EMS professional and policy issues. These include Senior Management (Chief, Deputy Chiefs), Commander, Community Safeguard Services; and Superintendent, Public Information and Media. Media inquiries regarding non-emergency, professional, or policy issues should be referred to a designated media spokesperson as described above.

Notwithstanding the foregoing, Toronto Paramedic Services recognizes that as private citizens, employees have the same right to voice opinions and points of view as all other citizens; however, in doing so, there must not be any association, implied or direct, with the City of Toronto or Toronto Paramedic Services.

Media Observers – Ride-Along and/or Communications Centre Observers

Members of the media are permitted, with approval of the Superintendent, Public Information and Media and the Operations Commander or Communications Centre Commander, to ride along with Toronto Paramedic Services Paramedics (in accordance with SOP 03.02.20 – Observers) or to act as observers in the Communications Centre. Before this approval is given, the media will

be briefed by the Superintendent, Public Information and Media regarding patient privacy and confidentiality issues and will be required to sign and submit a release form.

Members of the media are not permitted to show up unannounced at Toronto Paramedic Services stations or the Communications Centre. Should this occur, they will not be permitted to ride along or be admitted into the Communications Centre. Paramedics and Emergency Medical Dispatchers (EMDs) will be asked if they are interested in participating in the observer process. Staff being approached by a member of the media claiming to have approval must contact the Superintendent, Public Information and Media or the on-duty Deputy Commander to confirm that this approval has been granted.

Invitations for interviews and/or interviews during an event should be reported to the Superintendent, Public Information and Media. If a Paramedic has a friend or acquaintance in the media who is interested in helping to promote the profession by interviewing or riding along with the Paramedic, the Paramedic must consult with the Superintendent, Public Information and Media prior to making any such arrangements.

Outside Organizations

Staff that volunteer in other organizations or associations can contact or respond to the media in that capacity. Such contact must take place outside the hours that the staff are working for the City of Toronto unless prior approval has been granted by the on-call EMS Commander. In these cases, staff must identify themselves as members of an organization or association and not as City of Toronto or Toronto Paramedic Services staff.

Staff requesting permission to wear their Toronto Paramedic Services uniform or to identify themselves as Toronto Paramedic Services staff, or who are required to deal with the media during work hours, should contact the Superintendent, Public Information and Media, the on-duty Deputy Commander or their Paramedic Superintendent for permission.

Proactive Media Relations

The Superintendent, Public Information and Media is the main point of contact between Toronto Paramedic Services and the media. Toronto Paramedic Services staff who have a story idea or

wish to suggest a story that requires access to on-duty Toronto Paramedic Services staff or facilities must contact the Superintendent, Public Information and Media.

News Releases, Media Advisories and Public Service Announcements

News Releases, Media Advisories, and Public Service Announcements will be distributed centrally through the Superintendent, Public Information and Media in consultation with Strategic Communications and in accordance with the corporate Media Relations Policy.

Section 01: General **Release of Call Information**			
SOP Number **03.01.14**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

01.01.14. Release of Call Information

Once completed, all patient care reports, Incident Reports and related documentation are confidential. Inquiries regarding patient and/or call information are to be restricted to receiving medical staff only. The release of any medical information regarding any patient is restricted to receiving hospital staff or the Coroner.

Paramedics are not permitted to release a patient's personal health information to Toronto Fire Services (TFS) unless TFS is actively engaged in providing patient care.

Non-medical information may be provided to an investigating TPS officer, TFS staff and other officials. However, if written statements are required, the Paramedic Superintendent and PSU must be notified. Copies of the patient care report and other documentation completed by a Paramedic will only be released by the PSU.

PSU is the point of entry for all requests for patient information. Please refer all requests to PSU for processing (416-392-2222).

Section 01: General **Privacy & Protection of Personal Health Information and Personal Information**			
SOP Number **03.01.15**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.15. Privacy & Protection of Personal Health Information and Personal Information

Toronto Paramedic Services is committed to meeting and exceeding statutory obligations regarding the privacy, security and confidentiality of all personal health information and personal information that is collected, used and disclosed while providing service to the community.

Toronto Paramedic Services will ensure the privacy, security and confidentiality of personal health information and personal information by:

- Limiting the collection, use and disclosure of personal health information and personal information to information that is reasonably necessary to deliver its services;

- Collecting, using and disclosing personal health information and personal information only when other information will not serve the purpose of the collection, use or disclosure;

- Ensuring that Toronto Paramedic Services staff review and comply with Toronto Paramedic Services policies regarding the use of mobile devices and protecting personal health information and personal information on mobile devices;

- Ensuring that steps, that are reasonable in the circumstances, are taken to ensure that personal health information and personal information in the custody or control of Toronto Paramedic Services are protected against theft, loss or unauthorized use or disclosure and that Toronto Paramedic Services records containing this information are protected against unauthorized copying, modification or disposal;

- Restricting the use of personal health information and personal information to business purposes, but only when other information would not serve the purpose. Business purposes include the provision, planning, evaluation, funding, management, operation,

use, inspection, investigation, provision or regulation of ambulance services as defined in the Ambulance Act;

- Ensuring that the disclosure of personal health information or personal information is conducted in accordance with the PHIPA and MFIPPA; and

- Ensuring that Toronto Paramedic Services employees will only collect, use or disclose personal health information and personal information for the purpose of providing health care or assisting in the provision of health care, with consent or when it is permitted or required by law.

If a Toronto Paramedic Services employee is aware of or commits a privacy breach, regardless of the situation and/or reason, they must contact a Paramedic Superintendent as soon as possible. A privacy breach occurs when personal health information or personal information is collected, used, disclosed, lost and/or destroyed in a manner that does not comply with PHIPA or MFIPPA.[3]

NOTE: The use of electronic online social media by staff is also subject to this SOP and all relevant City of Toronto policies at all times, including when staff are outside of the workplace.

[3] Privacy Compliance, Corporate Access and Privacy Policies, City of Toronto, 2006

Section 01: General **Child in Need of Protection**			
SOP Number **03.01.16**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **October 11, 2017**

03.01.16. Child in Need of Protection

The Ontario Child and Family Services Act states that members of the public, including professionals who work with children, have an obligation to promptly report to a children's aid society their suspicion that a child is or may be in need of protection. This is known as 'duty to report' and prevails over any other provincial statutes, including the *Personal Health Information Protection Act* (PHIPA). The *'duty to report'* cannot be delegated to anyone, including co-workers or management staff By definition of the *Act*, a Paramedic is considered a professional and, as such, needs only reasonable grounds to suspect that a child is or may be in need of protection to make a report to a children's aid society (CAS). Reasonable grounds refers to "information that an average person, given his or her training, background and experience, exercising normal and honest judgment, would suspect."[4] For the purposes of this SOP, a child is considered less than 16 years old.

In situations where a Paramedic feels that a child may be in need of protection (e.g., due to suspected abuse or neglect) or if the Paramedic suspects that a child has died under suspicious circumstances where other children may also be at potential risk of harm, the Paramedic:

- Must promptly report the suspicion and the information upon which it is based to the CAS at (416) 924-4646, using a telephone patch via the Communications Centre;

- Has a duty to report on an ongoing basis (if a previous report about a child was made, and additional reasonable grounds to suspect that a child is or may be in need of protection occur, the Paramedic must make a further report to the CAS); and

[4] Ministry of Health and Long-Term Care CACC/ACS Training Bulletin – ACO Responsibilities in Cases of a Child in Need of Protection, March 2015 (p. 3)

- Must report directly to the CAS and not rely on anyone else to report on his or her behalf. This includes members of TPS Management, allied services, and the Communications Centre. Each individual involved, or having knowledge of the suspected or confirmed abuse/neglect must report to CAS individually.

It is important that the integrity of an investigation concerning child abuse and/or neglect not be prejudiced in any way. To ensure this, a Paramedic must be cautious in asking questions that might influence an investigation. A Paramedic should avoid asking the parties involved detailed questions that could later be considered leading or suggestive and thus compromise the integrity of the ensuing investigation.

In addition, a Paramedic must never accuse parties of abuse or neglect of a child. The Paramedic does not need proof of neglect or abuse of a child – only reasonable grounds to suspect that a child is, or may be, in need of protection are needed to make a report to the CAS.

Paramedics must report cases of actual or suspected child abuse and neglect to the Children's Aid Society of Toronto by telephone (416-924-4646). A live operator will facilitate the reporting process 24 hours a day. In addition, the Paramedic must immediately contact a Paramedic Superintendent so that an Incident Report can be completed and forwarded to PSU.

Section 01: General **Incident Reports**			
SOP Number **03.01.17**	First Issued October 1, 2008	Replaces November 15, 2010	Last Revised / Effective **September 15, 2014**

03.01.17. Incident Reports

Incident Reports must be completed when a written record of events is required due to unusual circumstances. Information contained in Incident Reports must be of a completeness and quality suitable for use as evidence in an investigation or legal proceeding. All fields on an Incident Report must be completed in a legible manner. Paramedic Superintendents are to collect, review and sign Incident Reports acknowledging the appropriate completion of the report. The white copy of the Incident Report must be forwarded to the PSU for safekeeping. The yellow copy of the Incident Report must be retained by the Service District in the Service District Office file.

Incident Reports are confidential and protected City records, property of the City of Toronto and subject to PHIPA. The author of the report is not permitted to copy or retain copies of any Incident Report. Staff must turn in all copies of their Incident Reports to a Paramedic Superintendent. The only acceptable Incident Report is the one produced by Toronto Paramedic Services. Computer generated Incident Reports are not acceptable.

Incident Reports must be signed by the reporting Paramedic and completed for:

- Each complaint or investigation relating to EMS service;
- Every unusual occurrence including (but not limited to):
- Unusual responses or service delays;
- Delays in accessing a patient; and/or
- Excessive amounts of time on scene;

- Cases of unexpected death in which the local coroner and/or attending TPS officer indicates that they will investigate the death;
- Scenes or situations that represent a suspected or actual criminal circumstance or event;
- Equipment deficiencies (malfunctions or failures) that affect patient care or patient outcomes;
- Interference encountered or experienced in the performance of EMS delivery;
- Any circumstance that results in harm to, increases the risk of harm to, or endangers the safety of a patient, Toronto Paramedic Services employee, or other person being transported in an ambulance or Emergency Response Vehicle (ERV)*;
- Upon the request of Toronto Paramedic Services.

*ERV includes any vehicle from the fleet that is used in an emergency situation (ERU, ESU, Multiple Patient Unit, Paramedic Superintendent vehicles).

If an Incident Report is required as a result of an event occurring on an ambulance call, the Incident Report must contain:

- The ambulance call number;
- The pick-up location and GeoCode, if available;
- The dispatch and return transport priority codes;
- The ambulance service name;
- The date that the Incident Report was completed;
- The date of the incident requiring the Incident Report;
- The time of the incident requiring the Incident Report;

- The vehicle identification number;
- The names and identification numbers of all ambulance crew members;
- A description of the actions and events requiring the completion of the Incident Report;
- A description of each Paramedic's observation in relation to the event;
- A description of each Paramedic's actions/procedures taken in response to the event;
- A description of the patient care provided to each ill or injured person at the scene and while en route to the destination;
- Patient identity information including name, address, birth-date, age, and gender; and
- Appropriate diagrams of the scene, if applicable.
- Where injury has occurred to a patient, a crew member, or another person while being transported in an ambulance or ERV, the Incident Report must also:
- Describe the injuries sustained by each person;
- Provide the name, address, and phone number of each person injured; and
- Name any other person(s) that the event was reported to and identify the time(s) at which each report was made.
- Where an item of patient care equipment has malfunctioned or failed, the Incident Report must:
- Identify the make and type of equipment, including any identifying number (e.g., model and serial numbers);
- Describe the nature and timing of the equipment failure or malfunction;

- Identify whether the equipment failure or malfunction caused any harm or delay in treatment of a patient; and

- Name any other person(s) that the event was reported to and identify the time(s) at which each report was made.

- In situations where criminal activities or events have or may have occurred, the Incident Report must contain:

- A description of the scene of the event;

- A description of the actions and observations of the ambulance crew;

- The names and identification numbers of any TPS officers/investigators on scene; and

- The names of any other person(s) that the event was reported to and identify the time(s) at which each report was made.

- Where an event increases the risk of harm to, or endangers the safety of a patient, Toronto Paramedic Services employee, or other person being transported in an ambulance or ERV, the Incident Report must provide:

- A description of the risk or endangerment;

- A description of the effect that the risk or endangerment had on a patient or other person;

- A description of the actions taken by the ambulance crew to deal with the risk or endangerment;

- The names of any other person(s) and time(s) that the event was reported to and identify the time(s) at which each report was made; and

- A description of the outcome of such actions documented in the above point.

Section 01: General **Electronic Vehicle Data**			
SOP Number **03.01.18**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.18. Electronic Vehicle Data

All Toronto Paramedic Services vehicles are equipped with an electronic monitoring system for automatic vehicle locating (AVL). The electronic monitoring system records speed, brake application, use of warning systems and several other vehicle measurements. The electronic monitoring system is automatically activated when the vehicle ignition is engaged.

Paramedics have no access to the data acquired by the electronic monitoring system. Any inquiries received from TPS or anyone else regarding vehicle movement or monitoring devices must therefore be directed to the PSU at 416-392-2222.

Section 01: General **Log Envelope/Data Collection**			
SOP Number **03.01.19**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **REPEALED May 12, 2014**

03.01.19. Log Envelope/Data Collection

REPEALED May 12, 2014.

Section 01: General **Visitors in Ambulance Stations**			
SOP Number **03.01.20**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **October 11, 2017**

03.01.20. Visitors in Ambulance Stations

Only authorized staff or persons are allowed inside Toronto Paramedic Services ambulance stations or vehicles. Members of the public may be invited in if they are seeking assistance only. The Communications Centre must be notified if the member of the public is being given (or requires) medical assistance. Off-duty staff having business on station property must conclude such business as quickly as possible.

Visitors to a Toronto Paramedic Services station are not to be left unattended. Should a crew receive a call while a visitor is in their station or post, the visitor must be asked to leave the building immediately.

Section 01: General **Resting on Duty**			
SOP Number **03.01.21**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **October 11, 2017**

03.01.21. Resting on Duty

Paramedics are permitted to rest while on-duty provided that their assigned vehicle has been checked, appropriately stocked, cleaned and fuelled; the vehicle and station are clean; and the crew is in a position to respond to all assigned calls without delay.

Crews at **multi-function stations** will be advised about the appropriate locations for resting within the facility.

Section 01: General **Notice Boards**			
SOP Number **03.01.22**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.22. Notice Boards

Notice boards are the property of Toronto Paramedic Services and will be used to display information of an appropriate nature. Toronto Paramedic Services reserves the right to remove any inappropriate material.

Toronto Paramedic Services has installed a bulletin board in each station for the purpose of posting union literature and lists of shop stewards in accordance with the Collective Agreement.

Section 01: General **Continuing Medical Education**			
SOP Number **03.01.23**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.23. Continuing Medical Education

Operational staff are required to attend scheduled continuing medical education (CME) sessions each year. Paramedics' shifts may be altered to accommodate CME training.

It is critical that Paramedics remain ready to respond to operational emergencies while attending CME sessions. Employees must therefore attend CME sessions in uniform, complete with safety shoes and all other essential issue, in accordance with SOP 03.02.17 – Uniforms.

Section 01: General **Service Animals and Pets in the Workplace**			
SOP Number **03.01.24**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.01.24. Service Animals and Pets in the Workplace

Toronto Paramedic Services utilizes a number of workplaces to provide pre-hospital medical care to the people of Toronto. Toronto Paramedic Services workplaces include EMS vehicles, offices, garages, parking lots, stations, training facilities, and the Communications Centre. These workplaces include areas not open to the public and areas utilizing specialized equipment and working conditions that are not conducive to pets or animals. Workplace areas open to the public are those areas to which the public is customarily admitted.

Animals can aggravate allergic reactions and cause personal discomfort in some people. It is therefore Toronto Paramedic Services policy to prohibit employees or visitors from bringing animals or pets into workplace areas, the only exception being service animals.

Service Animals

In accordance with Ontario Regulation 429/07 made under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA), an animal is considered to be a service animal for a person with a disability if:

- It is readily apparent that the animal is used by the person for reasons relating to his or her disability; or

- The person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability

Only service animals are permitted in Toronto Paramedic Services workplaces.

Pets

An animal is considered to be a pet if:

- It is a domestic animal kept for pleasure and/or companionship; and
- It is not a service animal or a therapy animal.

Pets are not permitted in Toronto Paramedic Services workplaces. Pets are also not permitted in private vehicles parked on property used by Toronto Paramedic Services and/or owned by the City of Toronto.

Disabilities

The AODA defines a disability as:

- Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device;
- A condition of mental impairment or a developmental disability;
- A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- A mental disorder; or
- An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

Restrictions on Service animals

Service animals are the only animals permitted into a workplace operated by Toronto Paramedic Services that is open to the public. Every reasonable accommodation will be made for visitors requiring such animals while maintaining operations.

Toronto Paramedic Services is aware that the AODA's Accessibility Standards for Customer Service Regulation went into force on January 1, 2008. Under the regulation, if a person with a disability is accompanied by a guide dog or other service animal, the provider of goods and services shall ensure that the person is permitted to enter the premises with the animal and to keep the animal with him or her unless the animal is otherwise excluded by law from the premises.

In order to comply with all relevant regulations and to ensure continuity of Toronto Paramedic Services operations, it is advisable for all visitors to provide at least 24 hours advance notice of a visit to any Toronto Paramedic Services workplace.

Section 02: Administration **Paramedic Qualifications**			
SOP Number **03.02.1**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.1. Paramedic Qualifications

Only individuals who meet or exceed the qualifications for employment legislated by the Ambulance Act of Ontario will be considered for employment by Toronto Paramedic Services. Minimum qualifications for Primary Care Paramedics (PCPs) are stated in Ontario Regulation 257/00 made under the Ambulance Act. Persons employed as Paramedics must additionally attain and maintain certification by the Base Hospital for Toronto Paramedic Services to perform specific medical protocols and procedures as set out by the Base Hospital Medical Director.

Paramedics with higher qualifications must be recognized by Toronto Paramedic Services and be certified under the Base Hospital for Toronto Paramedic Services.

Advanced Emergency Medical Care Assistant Status

All Paramedics employed by Toronto Paramedic Services must hold a valid and subsisting Advanced Emergency Medical Care Assistant (AEMCA) certificate. If an employee's AEMCA status changes for any reason, he/she must notify a Paramedic Superintendent immediately. Individuals enrolled in a program to acquire their AEMCA must provide Toronto Paramedic Services with regular updates as to their progress.

Communicable Disease Standards

Paramedics are required to sign a confidential self-declaration that they are not currently suffering from an acute phase of any of the illnesses identified in the MOHLTC's Ambulance Service Communicable Disease Standards to the extent that it would be contagious in the context of the workplace. For instance, a Paramedic should not practice in the field if suffering from active tuberculosis; however, a Paramedic with prior but not currently communicable tuberculosis is not affected by this requirement, subject to the documented opinion of their physician. Once the employee receives this documentation, it is to be submitted immediately to EMS Education where it will be maintained on file.

Section 02: Administration **Driver's Licence**			
SOP Number **03.02.2**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.2. Driver's Licence

Paramedics must have a valid driver's license in their possession at all times while on-duty in accordance with section 33 (1) of the Highway Traffic Act and section 6 of Ontario Regulation 257/00 made under the Ambulance Act. It is the sole responsibility of the Paramedic to ensure that their licence is current and is of the appropriate class for the vehicle they are operating. Any Paramedic whose Ontario Driver's Licence has been revoked, suspended, downgraded, or expired must notify a Paramedic Superintendent immediately.

When a Paramedic has been issued a new or renewed Ontario Driver's Licence, a legible photocopy (front and back) of the licence must be immediately forwarded to EMS Education & Development via a Paramedic Superintendent.

Section 02: Administration **Identification Cards**			
SOP Number **03.02.3**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **October 11, 2017**

03.02.3. Identification Cards

All Paramedics must have their Toronto Paramedic Services and MOHLTC identification cards in their possession at all times during work hours in accordance with the Land Ambulance Service Certification Standards and the Ambulance Act and the regulations made under it.

Any employee who has more than one MOHLTC identification card must ensure they have their MOHLTC identification card that reflects the Toronto Paramedic Services service number (i.e., #491) in their possession at all times while on-duty with Toronto Paramedic Services.

While working at Headquarters or at a **multi-function station**, all uniformed and non-uniformed Toronto Paramedic Services employees must, at all times, display their identification cards in a visible location on their person.

Section 02: Administration **Hours of Work**			
SOP Number **03.02.4**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.4. Hours of Work

Toronto Paramedic Services is a twenty-four (24) hour, seven (7) days per week service. For inquiries regarding work hours or scheduling of shifts, please call the scheduling staff at 416-392-2130 or 1-800-416-9699.

Toronto Paramedic Services Paramedics work 12-hour shifts.[5] Requests to deviate from the established shift schedule assigned to an employee must be submitted through a Paramedic Superintendent for approval by an EMS Commander.

Note: There are exceptions to the 12-hour shift for such things as overtime coverage and special events. Staff assigned to modified work or return to work programs will generally be required to work 8-hour shifts. At the end of a modified work program, employees may be granted up to ten 12-hour shifts prior to returning to full duties in Operations (e.g., through the return-to-work process).

[5] Toronto Paramedic Services staff must have a minimum of eight (8) hours off between scheduled shifts in order to provide for an adequate rest period. Toronto Paramedic Services has Ontario Ministry of Labour approval for excess weekly hours for Paramedics. These approvals are renewed annually.

Section 02: Administration **Exchange of Shifts**			
SOP Number **03.02.5**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **April 1, 2015**

03.02.5. Exchange of Shifts

Requests for shift changes between Paramedics must be received in writing, or via e-mail, by Scheduling staff at least 24 hours prior to an exchange of shifts. Submitted requests must be acknowledged and agreed to in writing by **both** Paramedics involved in the shift change. Each Paramedic must also provide a copy of their shift change request to their respective immediate Superintendent or designate.

If these shift changes are granted, the exchanged shift(s) to be worked by both Paramedics will be booked at the same time. These shifts **must** be booked and worked within the same six-week cycle.

NOTE: Shift change requests will not be granted if any of the shifts in question are part of a previously approved shift change (i.e., "shift changes on shift changes" are not permitted).

Section 02: Administration **Reporting for Work**			
SOP Number **03.02.6**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.6. Reporting for Work

Automated "Booking On/Off"

All Paramedics are expected to report to work on-time. Upon arrival at their assigned work location, the Paramedic will immediately "swipe on" via station computer card reader. This must be done prior to the assigned shift start time or the employee will be recorded as late. Conversely, employees must "swipe off" immediately at the completion of their shift.

During those occasions where one employee is providing early relief for another employee, the incoming employee shall "swipe on" first and then, the person being relieved shall "swipe off". The outgoing employee will be prompted to indicate that they are being relieved and when answered in the affirmative, the employee will be paid to the scheduled end of the shift.

Overtime for early calls will also be processed through swiping on. The computer system will recognize when a Paramedic has been sent on an early call and will process the payment as outlined in the Local 416 Collective Agreement.

In the event that an employee's identification card is lost, defective, or the work location's computer is down, employees shall report on or off-duty (i.e., "book on" or "book off") using the voice recognition system by dialling 2-4300. This number can only be accessed from an internal Centrex telephone. Employees are required to notify a Paramedic Superintendent of any problem that impedes their ability to use the swipe-on/swipe-off process.

Employees are prohibited from swiping on or off for anyone other than themselves.

Booking On Late for Duty

Toronto Paramedic Services provides a service that is vital to public safety and health and as such, Paramedics must always report to work on-time. Paramedics, upon realizing that they may be late for work are expected to contact One Desk or the on-duty Deputy Commander as soon as possible before the start of the shift. On arrival at the assigned work location, a Paramedic who is late must immediately "swipe on" AND advise the Communications Centre that they are available. A Paramedic Superintendent must be contacted as directed by the computer's swipe system.

Booking Off with Injury/Illness while On-Duty or Off-Duty

To book off as sick, ill dependent, or work-related illness / injury (i.e., WSIB), all employees are to call the Division toll free at 1-800-416-9699 or locally at 416-392-2015.

Booking Fit for Duty

Paramedics may book "fit" at any time up to and including the commencement of their scheduled shift. However, employees are encouraged to book “fit” for duty at least twelve (12) hours or more prior to the commencement of their scheduled shift.

Paramedics booking "fit" should notify Scheduling at least eight (8) hours prior to the beginning of their next shift. This may prevent the Paramedic from being assigned to another work location.

Paramedics who have a permanent station assignment and who book at least “fit” eight (8) hours prior to the commencement of their shift will report to their permanent station.

An employee who has a permanent station assignment who does not book “fit” at least eight (8) hours prior to the commencement of their shift, may be reassigned to a station other than their permanent station for the shift in question. Such reassignment will be avoided, whenever possible, as per the Local 416 Collective Agreement.

Section 02: Administration **Documentation of Calls and Patient Care**			
SOP Number **03.02.7**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.7. Documentation of Calls and Patient Care

Electronic Patient Care Report (ePCR)

The ePCR is the **mandatory** ambulance call report to be used for the recording of patient and call information. The ePCR must be completed for **all** assigned calls where the Paramedic crew arrives on scene, *regardless of whether patient contact is made*.

Post assignments (standbys), calls cancelled en route, administrative and service details (e.g., meetings, vehicle repairs, etc.) do not require completion of the ePCR.

The ePCR must be completed in accordance with the Ministry of Health and Long-Term Care (MOHLTC) Documentation Standards. This includes the uploading of all data from the cardiac monitor to the ePCR device for each call when the cardiac monitor has been applied. If any section of the ePCR cannot be completed in accordance with the MOHLTC Documentation Standards, the Paramedic must document the reason(s) in the "Remarks/Comments" section of the ePCR. In the event that the call information does not appear on the ePCR device, the Paramedic must open a new blank report on the ePCR and manually input all data.

Paper Ambulance Call Report (ACR)

The paper ACR is to be used for documenting calls **only** when the ePCR device is not available for use. Completion of a paper ACR **must be approved by a Paramedic Superintendent**.
If the Paramedic is unable to complete patient care documentation for a call using the ePCR device, the Paramedic must:

- Contact an Paramedic Superintendent **immediately** to obtain authorization to complete a paper ACR and an authorization tracking number, and to arrange for the pick-up of the completed paper ACR by an Paramedic Superintendent;
- Complete the paper ACR in accordance with the MOHLTC Documentation Standards;

- Document the reason(s) for using the paper ACR on the "Ambulance Call Report (Paper) Submission Envelope", noting the authorizing Paramedic Superintendent's number and the authorization tracking number; and
- If a functioning ePCR device is available after completion of the paper ACR, document that a paper ACR was completed in the ePCR call outcome field.

NOTE: Unauthorized employees shall **not** remove items from the station lock box. Paramedics must not retain any patient care documentation beyond the end of their shift, nor leave a "logged-in" ePCR device or such documentation unsecured at any time.

If all patient care documentation for a given shift is completed on the ePCR device, the "Ambulance Call Report (Paper) Submission Envelope" is not required to be completed.

Section 02: Administration **Meal Breaks**			
SOP Number **03.02.8**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.8. Meal Breaks

The Toronto Paramedic Services procedure for Meal Breaks is a compilation of several documents (Meal Break Agreement, 1995 – as modified in collective bargaining in 2005, Clause 45.01 and 45.02 of the Local 416 Collective Agreement and Minutes of Settlement between the Toronto Civic Employees Union Local 416 and the City of Toronto dated July 14, 2006). As such, these source documents should be referred to for any official purposes. The following outlines the Meal Break procedures, however, it is a consolidation and:

- Any crew requiring a Meal Break pick up must declare their intention to do so prior to the 3 hour and 45 minute mark of their shift so the Communications Centre can pre-plan and make the necessary deployment arrangements. The telephone number for Paramedics to call for this notification is 416-392-4444. In the event that the meal break coordinator does not answer, Paramedics should leave a voice mail. Confirmation that the voice mail has been received will be paged to the crew.

- Paramedics are asked to make this notification as early in the shift as possible to make that planning easier for the Communications Centre.

- When the Communications Centre assigns a crew their meal break, all crewmembers will take the opportunity at that time. Lunch breaks are to be assigned (by the Communications Centre) at the earliest opportunity.

- Paramedics are required to carry lunch with them at all times unless they have declared their intention to pick up their meal. Paramedics have been issued coolers by the Division to make it possible to carry lunch.

- Crews will not necessarily be assigned to their book-on station for lunch, and circumstances may warrant assigning lunch in a hospital (e.g. offload delay). That said, if a Meal Break is assigned at a hospital, the crew does not necessarily have to remain at the hospital. Paramedics may, upon notification to the Communications Centre, leave the building for their meal break. Further, if requested, the EMD will approve the movement of the ambulance. The crew must be back at the patient's side at the end of 45 minutes (comprised of up to 12 minutes for the crew to pick up their meal and travel to their assigned location, 3 minutes wash up, and their 30 minute Meal Break) and are to maintain radio contact with the Communications Centre.

- A crew will, subject to the Meal Break Guidelines, be assigned a Meal Break when clearing a hospital or a call/standby following the 3 hour and 45 minute mark of their shift.

- A crew assigned to a Meal Break when clearing a hospital, call or standby assignment will have, from the time of such assignment, up to 12 minutes to pick up their meal and travel to their assigned location.

- A crew assigned to a Meal Break, will, upon their arrival at the assigned location, have a 3-minute wash-up time added to their 30 minute Meal Break.

- If a crew is assigned to a Meal Break location in an emergency coverage area other than the emergency coverage area in which the crew clears at the hospital, call or standby assignment, the crew will proceed directly and without delay to that emergency coverage area and the 12 minutes travel and pickup time will commence at the time when the crew reaches the boundary of the assigned emergency coverage area. Any required meal pick-up is to be completed in the assigned coverage area. The coverage areas will be reviewed from time to time and may be adjusted to meet changing needs.

- New standby assignments will not be dispatched to a crew after four hours into the shift and before the crew has had a Meal Break.

- When a crew is assigned a Meal Break, the Communications Centre shall advise the crew of the facility at which the Meal Break is to be taken, subject to the crew's option of remaining mobile during their Meal Break, in a response area approved by the Communications Centre**.** In this circumstance, the crew will be advised that their Meal Break will begin immediately.

- A crew may request from the Communications Centre, to return to their station or to a preferred location other than the facility assigned by the Communications Centre where possible. If the Communications Centre cannot grant the request, the meal break will be taken at the assigned location. Crews will have the option of remaining mobile for their break.

- Paramedics who have completed their meal break will be deployed to areas for optimal coverage so those who have not had a meal break can be assigned the break. This includes both area coverage and offload delay relief.

- In facilities where there are two or more crews assigned to Meal Breaks, the crew who is assigned a Meal Break first shall be given every opportunity to complete it. For the duration of said Meal Break, the other crew(s) may be brought back into service to respond to any call(s) that may be directed to that facility during this time before the crew assigned first.

- Crews in a station that are not on a call or a standby will automatically be placed on Meal Break right at the 4-hour mark and this will not require notification from Communications Centre.

- In the event that a Paramedic does not receive a complete Meal Break at all during the shift, the Paramedic is entitled to a "missed lunch payment" of $25.00.

- For purposes of the Meal Break guidelines, vehicles assigned to the "Out of Service" status will only be available in the case of Meal Breaks, in accordance with the Meal Break Guidelines, which continue to be in effect. For the purposes of "extenuating circumstances" as referred to in Stage 2 and Stage 3 of the Guidelines (see below), "extenuating circumstances" shall also include ECHO (E) level calls. The ECHO level

allows early recognition and closer response initiation based on extreme conditions of breathing in accordance with the applicable call receiving medical triage system.

Meal Break Guidelines

Stage 0

Meal breaks will not be assigned to commence until at least four (4) hours have elapsed. Notwithstanding, if a Paramedic has requested to pick something up, the EMD can assign the pick-up at the 3-hour and 45-minute mark of the shift. This assignment will allow for the 12-minute pick-up time and the 3-minute wash-up time and the Meal Break will automatically commence at the 4-hour mark.

Further, the Agreement provides that once the 4-hour mark is reached, a Paramedic who has not had a Meal Break will not be assigned a standby detail.

Stage 1

When a Paramedic clears a hospital or a call/standby following the 3-hour and 45-minute mark, a Meal Break will be assigned. However, the assignment of a Meal Break is only required once the crew has cleared the call or continuous standby. In the case when a Paramedic is not in station, up to 12 minutes of travel time, 3 minutes of wash-up time and 30 minutes of Meal Break time will be provided.

When a Paramedic is in the station, the 30-minute Meal Break will automatically be assigned at the 4-hour mark in the shift and no notification is necessary. If a Meal Break has been assigned, it is not to be interrupted by a standby.

Stage 2

When a crew clears a call or continuous standby and more than seven hours of the shift have passed, the Meal Break is to be assigned and can only be brought back into service for DELTA or ECHO calls or other extenuating circumstances (major incidents or disasters). However, the assignment of a Meal Break is only required once the crew has cleared the call or continuous standby.

Stage 3

When a crew clears a call or continuous standby and more than eight hours of the shift have passed, the Meal Break is to be assigned and the crew can only be brought back into service to respond to calls under extenuating circumstances (major incidents or disasters, and now includes ECHO calls). However, the assignment of a Meal Break is only required once the crew has cleared the call or continuous standby.

Paramedics who are assigned calls at variance with Stage 2 or Stage 3 Guidelines or who do not complete a Meal Break at all shall be entitled to the following payment (N.B. only one of the following payments will apply, not both):

In the event that a crew is brought back into service to respond to a call of a priority at variance with the Meal Break Guidelines, for Stage 2 (Alpha, Bravo or Charlie level calls 7 hours after the start of the shift) or for Stage 3 (Alpha, Bravo Charlie or Delta level calls 8 hours after the start of the shift), the Paramedics will receive variance payment of $15.00 for the shift.

If there is (are) any further such occurrence(s) within the shift, the variance payment will become $25.00. The $15.00 variance payment as noted above increases to $25.00 and the $25.00 variance payment as noted above becomes $40.00 for the sixth and each subsequent shift in that calendar year that a variance is incurred.

For clarity, the following table outlines the variance payment entitlement cited above:

RETURNED TO SERVICE TO COMPLETE A CALL AT VARIANCE WITH STAGE 2 OR STAGE 3		
	MAXIMUM VARIANCE PAYMENT PER SHIFT (per calendar year)	
	1 Occurrence	2 or more Occurrences
1st to 5th shift with an occurrence	$15	$25
6th and subsequent shift with an occurrence	$25	$40

In the event that a Paramedic does not receive a complete Meal Break during a shift, the above payment does not apply. Rather, the Paramedic will receive a missed lunch payment of $25.00. This missed lunch payment escalates to $40.00 for the sixth and each subsequent shift in that calendar year.

For clarity, the following table outlines the payment entitlement cited above:

NO MEAL BREAK COMPLETED	
	MISSED MEAL BREAK PAYMENT PER SHIFT (per calendar year)
1st to 5th shift with an occurrence	$25
6th and subsequent shifts with an occurrence	$40

Late Meal Break

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.

Interrupted Meal Break

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, another twenty (20) minutes additional Meal Break time shall be provided.

Out of Town Meals

Where a crew is required to service a call, whose original destination is more than thirty (30) kilometres outside of the boundaries of Toronto, and they will clear their destination during the normal Meal Break period (four (4) to seven (7) hours into shift), a meal allowance of ten dollars ($10.00) per person may be paid. Receipts are not required.

Meal Breaks taken under these circumstances will be pre-arranged by the EMD.

No meal allowance will be payable if the crew has had their designated Meal Break prior to servicing the out-of-town call.

For purposes of this section, the City of Toronto boundaries are defined as Steeles Avenue on the north, Port Union Road on the East, and Etobicoke Creek and Indian Line on the west.

Late Calls

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 Paramedic Services 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.

Disputes

Toronto Paramedic Services and TCEU Local 416 have agreed that problems associated with the application of the Meal Break procedure will be referred to the Meal Break Committee.

Section 02: Administration **End-of-Shift Overtime: Emergency Calls**			
SOP Number **03.02.9**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.9. End-of-Shift Overtime: Emergency Calls

In accordance with the Local 416 Collective Agreement:

All emergency calls that are received by a Paramedic crew up to the end of their assigned shift that may extend beyond the end-of-shift will be serviced until completion. On completion of the call the Paramedic crew will be booked out-of-service and returned to station.

If a Paramedic crew that is booked out-of-service witnesses or comes across an emergency situation, they will be obliged to remain on-scene and render aid until relieved by an appropriate transport unit.

Prior to returning to station and being booked out-of-service, the Paramedic crew will be consulted as to whether or not they wish to remain available for response to an emergency call while en-route to the station. If it is the decision of the crew not to remain available, they will be shown out-of-service and will be directed to return to the ambulance station.

Section 02: Administration **Wash-up Periods**			
SOP Number **03.02.10**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.10. Wash-up Periods

Paramedics shall be afforded a period of ten (10) minutes at the end of each shift for the purpose of washing up at their assigned work location.

In cases where a Paramedic returns to station at least ten (10) minutes before the scheduled end of the shift, the Paramedic may be directed to take wash-up time for the last ten (10) minutes of the shift (in which case no overtime is paid) or to remain on-duty until the end of the shift (in which case ten (10) minutes overtime is paid for wash-up). In those cases where overtime is paid, the Paramedic will remain at work through the overtime period.

In cases where the wash-up period commences less than ten (10) minutes before the scheduled end of shift, the Paramedic will be paid overtime for that portion of the wash-up period that extends beyond the scheduled end of shift.

The Book-off Procedure

Paramedics booking off following the wash-up period are to "swipe off" or, in the event of technical problems with the computer, Paramedics are to dial 2-4300 in order to "book off" (see SOP 03.02.6 – Reporting for Work). Paramedics are to contact One Desk if so directed by the computer's swipe system.

Section 02: Administration **Liability Coverage while Off-Duty**			
SOP Number **03.02.11**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.11. Liability Coverage while Off-Duty

For the purpose of liability coverage, off-duty Toronto Paramedic Services Paramedics will be deemed to be acting on behalf of the City of Toronto if they render assistance to an ill or injured person in Ontario until appropriate staff assumes responsibility for the patient(s). Paramedics rendering assistance in emergency situations when off-duty are covered by City insurance.

Off-duty Paramedics are **not** covered by City insurance if they render assistance to an ill or injured person as part of duties that are separate from their employment with Toronto Paramedic Services. Paramedics providing emergency medical services for a private establishment outside of their employment with Toronto Paramedic Services during their off-duty time, for example, would not be covered by City insurance.

Section 02: Administration **Vacation Booking**			
SOP Number **03.02.12**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **June 1, 2015**

03.02.12. Vacation Booking

Paramedics will be given advanced notice of the specifics of the vacation booking process for each year.

For those Paramedics wishing to carry forward some of their current year's vacation entitlement to the next year, such requests must be submitted to their Superintendent by the date specified in the Local 416 Collective Agreement.

Upon confirmation of the vacation booking process for a given year, all vacation will be booked through the Senior Crew Scheduler in accordance with the annual Vacation Booking memo. All Paramedics must book all annual vacation entitlement, less vacation days approved to be carried forward to the next year. Paramedics should also book their floating holidays (FH).

The District Commander will monitor vacation booking with respect to any un-booked vacation entitlement.

NOTE: If a Paramedic accepts full-shift overtime that overlaps with their previously booked vacation or other pre-approved paid time off (e.g., lieu time), the Paramedic will be paid at their regular rate of pay for all hours where the overtime shift overlaps with the pre-approved time off. Any resulting unused pre-approved time off will be returned and credited to the employee's appropriate bank (e.g., vacation, lieu time). For hours worked that do not overlap with pre-approved time off, the Paramedic will be paid at the applicable overtime rate.

Section 02: Administration **Leave of Absence**			
SOP Number **03.02.13**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.13. Leave of Absence

All City of Toronto leave of absence policies, including but not limited to Earned Deferred Leave Policy, Voluntary Leave of Absence Policy and the Leave Without Pay Policy are applicable to Toronto Paramedic Services staff, subject to the terms and conditions of each policy.

Due to operational needs, leaves of absence may not be granted.

Section 02: Administration **Change of Personal Information**			
SOP Number **03.02.14**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.14. Change of Personal Information

All Paramedics must ensure that their immediate Paramedic Superintendent is advised as soon as possible of any change in their personal information (e.g., name, address, phone number, emergency contact information).

The prescribed form to be completed is available through the Service District Offices.

Section 02: Administration **Staff Conflicts**			
SOP Number **03.02.15**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.15. Staff Conflicts

Any Paramedic who has a conflict with an individual that is so significant that it will impede their ability to work together must initiate the following process:

- The concern is to be documented in writing to the individual's Paramedic Superintendent;
- The Paramedic Superintendent will investigate the matter thoroughly and attempt to resolve the issue in the first instance (involving the other individual's Paramedic Superintendent, as appropriate);
- In the event that the Paramedic Superintendent(s) cannot resolve the issue, a full written report is to be submitted to the EMS Commander for approval;
- Once approved by the EMS Commander, Scheduling will be directed to record the conflict data into the computerized scheduling system;
- A copy of the final approved report, including the EMS Commander's recommendations, shall be placed on the service district file of the employee who identified the conflict;
- Conflicts entered in TMS will be set to expire 12 months from time of entry and must be renewed.

It must be clearly understood that the recording of conflicts in the computerized scheduling system is intended as a last resort and for dire circumstances only. It is not, and never has been, intended for simple personality clashes. Further, even with a conflict documented in the computerized scheduling system, circumstances may still arise in which employees are expected to put personal differences aside and provide appropriate patient care.

Section 02: Administration **Elections**			
SOP Number **03.02.16**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.16. Elections

This SOP applies to all elections or referenda governed by, but not limited to, the Canada Elections Act, Canada's Referendum Act, Ontario's Election Act and Ontario's Municipal Elections Act, 1996 as amended from time to time.

Each of the Acts referenced above prescribes multiple opportunities for electors to vote before the designated Election Day. These opportunities include advanced polls, voting in the Returning Office and occasionally voting through mail-in ballot. While all of the above Acts contain similar provisions, information pertaining to specific elections can be found by consulting the Returning Office during an election/referendum or the relevant Act cited above.

Each of the Acts also prescribes specific time away from the workplace to enable employees to vote. While the same in principle, each Act or the Returning Office should be consulted for the specific provisions applicable to a given election.

Paramedics will be given advanced notice of the voting procedures for each respective election. Given the unpredictable nature of EMS service delivery, it may not always be possible to allow staff to leave early. For that reason, voting in advance of Election Day is highly recommended.

Section 02: Administration **Uniforms**			
SOP Number **03.02.17**	First Issued October 1, 2008	Replaces April 10, 2009	Last Revised / Effective **May 12, 2014**

03.02.17. Uniforms

Paramedics must at all times be properly groomed and dressed (see SOP 03.01.6 – Professional Appearance) in the uniform provided by the Division. While on-duty, all pieces of a Paramedic's uniform must be both clean and in a state of good repair. Seriously faded or threadbare articles of uniform are not to be worn while on-duty.

While on-duty, all Toronto Paramedic Services Paramedics must always have a spare uniform available to them at their assigned book-on location. If a Paramedic requires a uniform change, they will contact the Deputy Commander for approval to return to their assigned book-on point.

Paramedics who require a uniform change but who do not have a spare uniform at their book-on point will be returned to their book-on point, booked off duty and sent home without pay to collect their second uniform. Such Paramedics will be booked back on-duty as soon as they return to their assigned book-on location in full uniform.

The Toronto Paramedic Services issued uniform, when worn, is to be worn in its entirety. That is, uniform components will not be combined with personal clothing unless authorized by a Paramedic Superintendent.

The Toronto Paramedic Services issued uniform is not to be worn off-duty without the express permission of Toronto Paramedic Services, except when Paramedics are traveling to and from work. No piece of the Toronto Paramedic Services issued uniform is to be worn by any Toronto Paramedic Services Paramedic while working for any other organization.

The Toronto Paramedic Services uniform affords staff unchallenged access to many restricted areas. It is therefore incumbent upon staff to prevent unauthorized access to Divisional uniforms.

Caps, Hats and Toques

Only Toronto Paramedic Services issued caps, hats and toques are approved for on-duty wear. Toronto Paramedic Services issued caps and hats may be worn on-duty at the discretion of the Paramedic. Baseball caps, hats and toques having wording, lettering, insignias, crests and/or logos other than those approved by “Toronto Paramedic Services” are not permitted to be worn by on-duty Paramedics at any time. Toques are only to be worn during cold weather.

Shirts

Toronto Paramedic Services issued shirts are to be considered the only acceptable outer chest garment unless an exemption has been approved by the Medical Advisor. The approved year-round shirt for the Toronto Paramedic Services uniform is the standard issue, dark blue, Tactical shirt, either long or short-sleeved. Shirts are to be tucked in at all times. Only the top button of the shirt may be left unbuttoned.

These are the only uniform options available. T-shirts issued by Toronto Paramedic Services will be considered under garments only and newly issued t-shirts will have no identifiable marking printed on them. Previously issued special event t-shirts and golf shirts are not considered appropriate to be worn as part of the uniform.

T-Shirts

Toronto Paramedic Services issued T-shirts may be worn under the Toronto Paramedic Services issued tactical shirt at the discretion of the Paramedic.

Sweatshirts

Although no longer issued, previously issued Toronto Paramedic Services sweatshirts are considered an acceptable part of the Toronto Paramedic Services uniform; however sweatshirts are only to be worn UNDER an outer identifying garment. Sweatshirts are never to be worn as an outer garment in lieu of a Tactical shirt, or worn alone with tactical pants by any level of Paramedic.

Turtleneck Sweaters

Issued turtleneck sweaters are considered an acceptable part of the Toronto Paramedic Services uniform. Turtlenecks are only to be worn UNDER the uniform tactical shirt at the Paramedic's discretion. Turtlenecks are never to be worn as an outer garment.

Sweaters

Previously issued and properly crested Toronto Paramedic Services sweaters are considered an acceptable part of the Toronto Paramedic Services uniform provided that approved retro-reflective markings and crests/shoulder flashes are affixed to the garment. The Toronto Paramedic Services Tactical shirt or Toronto Paramedic Services issued turtleneck sweater may be worn under this garment.

Pants

Only approved Toronto Paramedic Services issued tactical pants are permitted. Non-specialty team Paramedics are required to wear tactical pants with approved retro-reflective.

Shorts

Toronto Paramedic Services issued shorts are the only shorts approved for use by Bike Paramedics while they are functioning in that capacity. Shorts are not considered part of the regular day-to-day operational uniform.

Jumpsuits

Jumpsuits are no longer permitted to be worn as part of the Toronto Paramedic Services uniform.

Crests/Shoulder Flashes

The only approved crest/shoulder flash for the Toronto Paramedic Services Paramedic uniform is the “Toronto Paramedic Services” crest/shoulder flash. Pre-existing “Toronto Ambulance”, “Metropolitan Toronto Ambulance” and/or any other shoulder crests are no longer permitted.

Footwear

While on-duty, Paramedics are to wear Toronto Paramedic Services approved safety footwear only.

Parkas

Only the standard issue Toronto Paramedic Services parka is approved for use by on-duty Toronto Paramedic Services Paramedics.

Down-filled / Fibre-filled Vests

Vests are no longer permitted to be worn as part of the Toronto Paramedic Services uniform.

Spring/Fall Jackets

Spring/Fall Jackets are no longer permitted to be worn as part of the Toronto Paramedic Services uniform.

Epaulettes

Toronto Paramedic Services issued epaulettes are considered part of the Toronto Paramedic Services Paramedic uniform and must be worn at all times while on-duty. Epaulettes are to be worn with the Canadian flag properly displayed and oriented, as well as with the Paramedics' bars clearly visible at all times. Epaulettes must always be visible on the outermost garment worn by a Toronto Paramedic Services Paramedic.

Pins/Crests/Buttons/Ribbons

No pin, crest, button or ribbon shall be worn on the Toronto Paramedic Services uniform unless express permission for that pin, crest, button or ribbon has been granted by Toronto Paramedic Services.

Section 02: Administration **Annual Uniform Issue**			
SOP Number **03.02.18**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.02.18. Annual Uniform Issue

Paramedics attending Stores during their off time must have written authorization from a Paramedic Superintendent for uniform / equipment replacement items.

Employees are issued safety footwear upon commencement of employment consisting of:

- One (1) pair of safety shoes (summer);
- One (1) pair of safety boots (winter); and
- Thereafter as required (with approval of a Paramedic Superintendent).

Employees who cannot be fitted by the contracted supplier will provide to a Paramedic Superintendent a letter or medical certificate from their podiatrist stating the requirement for specialized footwear. Requests for all footwear are to be submitted to a Paramedic Superintendent for authorization by an EMS Commander.

Section 02: Administration **Uniform Wear during Extreme Heat Emergencies**			
SOP Number **03.02.19**	First Issued October 1, 2008	Replaces April 10, 2009	Last Revised / Effective **May 12, 2014**

03.02.19. Uniform Wear during Extreme Heat Emergencies

When the Medical Officer of Health declares a Heat Alert and/or Heat Emergency, the following procedure will be implemented for all staff who must work outside. This includes Paramedics and support staff.

Paramedics and support staff may wear:

- The Toronto Paramedic Services Tactical shirt; or
- Hats issued by Toronto Paramedic Services.

These are the only uniform options available. T-shirts issued by Toronto Paramedic Services will be considered under garments only and newly issued t-shirts will have no identifiable marking printed on them. Previously issued special event t-shirts and golf shirts are not considered appropriate to be worn as part of the uniform.

Staff are reminded to maintain their personal water and fluid balance during extreme heat emergencies.

Section 02: Administration **Observers**			
SOP Number **03.02.20**	First Issued October 1, 2008	Replaces January 1, 2012	Last Revised / Effective **May 12, 2014**

03.02.20. Observers

This policy is restricted to persons in the following categories who may be eligible to ride out as an observer on a Basic Life Support (BLS), Advanced Life Support (ALS) or Superintendent vehicle:

- Media[6] or Politicians – with approval of the Chief or designate;
- Allied Emergency Services (Police, Fire, other Emergency Services staff);
- Health-related staff (physicians, nurses, midwives, respiratory therapists); and
- Students enrolled in a College for Paramedicine and MedVents.

Approval

Except for media and politicians, observer ride-outs are subject to the approval of the immediate Paramedic Superintendent responsible for the employee with whom the observer wishes to ride out. Ride-outs of greater than one shift must be approved by the respective EMS Commander.

Standard Guidelines

Only one observer is permitted to ride with a Paramedic, Paramedic crew or Paramedic Superintendent. If an observer is assigned to a single Paramedic who is being partnered with another single Paramedic who also has an observer, priority will be given to the observer assigned to the station to which the crew is assigned for that shift. The other observer will be reassigned or their ride-out shift will be cancelled, where appropriate.

[6] See SOP 03.01.13 – Media Relations.

Each observer, during the course of their ride-out will follow the directions given to them by his or her host Paramedic, Paramedic crew or Paramedic Superintendent when required. Failure to do so may immediately end the observer's ride-out and prevent the observer from participating in any future opportunities.

Under no circumstances will an observer be allowed to drive and/or operate any Toronto Paramedic Services or other City vehicle.

All observers must:

- Be at least 18 years of age or older;
- Sign a release and indemnity waiver prior to riding out with Toronto Paramedic Services;
- Submit his or her completed and signed waiver to the EMS Education and Development Unit along with the Toronto Paramedic Services Observer Ride-Out Questionnaire;
- Provide satisfactory documentation indicating that they have successfully passed a recognized N95 Fit Test prior to riding out;
- Carry their fit-test approved N95 masks on their person at all times;
- Wear safety clothing, footwear and/or equipment as required or as directed by their host Paramedic, Paramedic crew or Paramedic Superintendent.

Safety Equipment

Safety vests will be provided to every observer. Safety vests must be worn in the following situations, including but not limited to: all roadway traffic accidents, and especially those on the 400-series highways where high speed and continuous traffic flow are significant safety issues.
A hard hat and face shield will be provided to every observer. In addition, hard hats and face shields must be worn in the following situations, including but not limited to: fire standby; construction site; patient extrication from a vehicle; patient removal from an ice rink.

Legislation

Toronto Paramedic Services recommends that observers have knowledge of PHIPA and know how to use PPE. It is also recommended that observers have familiarity with the OHSA and with the Workplace Hazardous Materials Information System (WHMIS).

Privacy and Confidentiality

Observers may not photograph, make video or other recordings in any location where Toronto Paramedic Services staff are carrying out patient care or patient-related duties.

Observers will not make any notes, records or reports that identify any specific patient by name, health card number or address; nor will observers make any records, in conjunction with any identifying information, of any personal information or any personal health information[7] about any individual without the express permission of the individual to whom the information pertains.

Observers will not discuss Toronto Paramedic Services calls or the condition of any patient with anyone – including the media - other than with their host Paramedic, Paramedic crew or Paramedic Superintendent, or with a management official of the Toronto Paramedic Services PSU. This restriction applies both during and after the observation period. If the observer is asked for patient information, they shall direct any and all requests to their host Paramedic, Paramedic crew or Paramedic Superintendent or to the Commander of PSU, Toronto Paramedic Services.

Dress Code

All Observers must comply with a dress code of slacks (blue or grey) and a conservative coloured shirt or blouse, preferably light blue or grey. No jeans, t-shirts, running shoes or high-heeled shoes are permitted. A conservative jacket, parka or sports jackets can be worn by observers as weather indicates, or as authorized by Toronto Paramedic Services. Observers must wear the identification issued to them by Toronto Paramedic Services on their outermost clothing. This identification is not transferable to other persons.

[7] PHIPA, 2004, S.O. 2004, c. 3, Sched. A; Personal Information Protection and Electronic Documents Act, S.C. 2000, c. 5.

Section 02: Administration **Return of Toronto Paramedic Services Property**			
SOP Number **03.02.21**	First Issued October 1, 2008	Replaces October 31, 2012	Last Revised / Effective **May 12, 2014**

03.02.21. Return of Toronto Paramedic Services Property

Upon retirement, resignation, or otherwise, all Paramedics are required to immediately return the following items to Toronto Paramedic Services:

- Toronto Paramedic Services Staff Identification Card;
- MOHLTC Identification Card (if issued);
- City of Toronto Identification Card and/or ProxCard;
- All Station Keys;
- ALS Drug Box Key (if issued);
- Toronto Paramedic Services Pager;
- Toronto Paramedic Services uniform, most recent issue; and
- All other Toronto Paramedic Services personal issue (e.g., scissors, penlight, stethoscope, safety vest, safety helmet, etc.)

All property must be returned to the immediate Paramedic Superintendent as soon as possible following the completion of the last scheduled work day. A failure to return all Toronto Paramedic Services property may result in the withholding of employee work records, reference letters, final monies owed and/or other administrative documentation.

Section 02: Administration **Lost or Stolen Toronto Paramedic Services Property**			
SOP Number **03.02.22**	First Issued October 1, 2008	Replaces May 15, 2010	Last Revised / Effective **May 1, 2017**

03.02.22. Lost or Stolen Toronto Paramedic Services Property

Toronto Paramedic Services property includes, but is not limited to:

- Keys;
- Identification cards;
- Issued uniform items (pants, shirts, jackets, etc.); and
- Equipment (portable radios, defibrillators, ePCR tablets, medications, etc.).

In order to replace any item as well as to secure and maintain all assets, the immediate reporting of lost or stolen Toronto Paramedic Services property is mandatory. Staff must be equally vigilant prior to and during special events (e.g., G20 Summit, papal visit, etc.) in reporting any lost or stolen uniforms or equipment.

Procedure

All Toronto Paramedic Services Staff will report the loss or theft of divisional property to their immediate Paramedic Superintendent. All pertinent information will be documented on an Incident Report and given to the Paramedic Superintendent. The pertinent information required to be reported, as well as documented on the Incident Report, includes (but is not limited to) the:

- Type of equipment and/or uniforms missing (whether lost or stolen);
- Number of each item missing;
- Last known location, date and time;
- Ambulance run number (if appropriate);

- Names of any witnesses;
- Name of the employee that reported property missing; and
- Name of the person to whom missing property was first reported.

Section 03: Health and Safety **Safety Practices**			
SOP Number **03.03.1**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **October 11, 2017**

03.03.1. Safety Practices

Health and Safety is everyone's responsibility. The use of the Internal Responsibility System to address workplace health and safety concerns will ensure that Toronto Paramedic Services can provide and maintain safe and healthy working conditions for all of its employees.

Safety Equipment

The use and wear of safety equipment is paramount to the well-being of all staff in the performance of their duties. Safety equipment provided must be used as appropriate to prevent and protect against workplace injuries.

Appropriate use of safety equipment in the correct setting is the responsibility of the employee and employer under the OHSA. Section 28 (1) of the Act specifically states that a worker shall:

> *"Use or wear the equipment, protective devices or clothing that the worker's employer requires to be used or worn"*

In addition to PPE, all staff must use the following safety equipment listed along with any other available equipment deemed necessary in the circumstances to help protect against personal injury:

- Helmets and Face Shields; and
- Safety Vests

Helmets and Face Shields must be readily accessible and worn when appropriate, including (but not limited to) in the following situations:

- Fire standby;
- Construction site;
- Patient extrication from a vehicle; and
- Patient removal from an ice rink.

Safety vests must be readily accessible in the cab of the ambulance and worn when appropriate, including (but not limited to) in the following situations:

- All roadway traffic accidents, especially those on the 400-series highways where high-speed and continuous traffic flow are significant safety issues;
- All fire standbys and incidents; and
- All multi-casualty incidents (MCIs).

The high-visibility jacket is an acceptable alternative in the above situations.

Paramedics must immediately report any missing or defective safety equipment to a Paramedic Superintendent.

Separation of Paramedics

Toronto Paramedic Services recognizes that Paramedics must occasionally separate from their partners in the interests of patient care / transport (e.g., to retrieve equipment from the vehicle) or to maximize Paramedic resources in MCIs. Paramedics are reminded that when they are working in partnerships, the decision to separate from their partner during the provision of patient care should only be undertaken if it is deemed by both partners to be absolutely necessary and safe for both the patient and Paramedics. The safety of patients and Paramedics is paramount, and must be considered when making this decision.

Multi-Function Stations and Toronto Paramedic Services Headquarters

Paramedics and all operational staff should be aware that certain areas in the multi-function stations and at headquarters require personal protective equipment before entering (e.g. safety footwear) or are restricted to certain staff. Paramedics and all staff are required to follow all posted safety and area restriction warnings.

Section 03: Health and Safety **Patient and Equipment Handling**			
SOP Number **03.03.2**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.2. Patient and Equipment Handling

Paramedics are encouraged to use the safe lifting mechanics and procedures as described in the Toronto Paramedic Services Patient and Equipment Handling Procedures Manual.

Section 03: Health and Safety **Grooming**			
SOP Number **03.03.3**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.3. Grooming

This SOP is intended to ensure the safety and protection of staff representing Toronto Paramedic Services. See SOP 03.01.6 – Professional Appearance for general standards regarding the maintenance of a professional appearance.

Hair: Length and Styles

The personal manner of wearing hair within these general style limits, including moustaches, beards and braids, must be modified to the degree necessary to accommodate operational or occupational health and safety procedures and equipment (e.g. N95 respirators, C4 masks, safety helmets, etc.).

The length of a Paramedic's hair must not interfere with the performance of his or her duties. Hair length that is a health and safety concern must be suitably confined. Hair length and/or hair styles must not interfere with or impede the proper use of equipment in the provision of patient care. Hair long enough to fall into a Paramedic's eyes and compromise vision must be tied back tightly and positioned above the collar line to prevent self-contamination. All staff who may be required to use the N95 or C4 mask must be free of facial hair that will interfere with the seal of the respirator contact surfaces to the user's face. Refer also to the appropriate sections in the Toronto Paramedic Services Infection Control Manual.

Jewellery

Any article of jewellery is to be removed whenever there is a potential for staff or patient injury or the interference of patient care. Refer also to the appropriate sections in the Toronto Paramedic Services Infection Control Manual regarding removal of jewellery and hand washing.

Section 03: Health and Safety **Infection Prevention and Control Procedures**			
SOP Number **03.03.4**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.4. Infection Prevention and Control Procedures

Standard and additional precautions should be applied in accordance with the Toronto Paramedic Services Infection Control Manual which is located in all EMS stations, all EMS station computers and on the MobiCad.

Section 03: Health and Safety **Infectious Disease Reporting**			
SOP Number **03.03.5**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.5. Infectious Disease Reporting

When exposure has occurred or information becomes available that staff may have been exposed to an infectious patient, a Toronto Paramedic Services Communicable Disease Exposure form and a WSIB Supervisor's Report of Injury / Accident (SRIA) must be completed by a Paramedic Superintendent.

Exposures to Infectious Diseases

All exposures, regardless of severity, require both an SRIA form and a Communicable Disease Exposure Form to be completed. For a comprehensive description of what constitutes a high or low-risk exposure, refer to the Infection Control Manual.

High Risk Exposures to Infectious Diseases

High risk exposures are those exposures that may result in the Paramedic becoming infected with a life-threatening illness, or infected with an illness that can be prevented or controlled through immediate administration of prophylactic medication. The Paramedic Superintendent must ensure that all high-risk exposures are immediately evaluated at the emergency department where the patient was transported.

The Infection Control Manual is the recommended reference for Paramedics and Paramedic Superintendents in the event of both high and low-risk exposures to infectious diseases.

Immunization

All Paramedics must submit a valid certificate showing immunization or proof of immunity against Tetanus, Diphtheria, Poliomyelitis, Measles, Mumps, Rubella, Chickenpox and Hepatitis B (HBV). As per the regulations made under the Ambulance Act, if the Paramedic is unable to be immunized against any of the above due to health reasons, then they must submit a signed physician's letter stating that the vaccination(s) is medically contraindicated. This is also a condition of employment. Written proof of continued immunity, re-immunization or proof of immunity will need to be re-submitted periodically as certain vaccinations become less effective over time. Employees will be advised in writing when they are required to provide documentation for the purposes of updating their immunization status. Refer to the Canadian Immunization Guide published by Health Canada.

Annual Influenza Immunization

In accordance with the regulations made under the Ambulance Act, all Paramedics must sign the Influenza Documentation Form and return it to a Paramedic Superintendent at the beginning of the annual influenza season. The specific annual due date for submitting this form will be communicated to staff during the fall of the given year. This form requires that Paramedics indicate that they have complied with one of the following three options:

- “I have been immunized against influenza with the current vaccine and I have attached a copy of the immunization card or doctor’s note indicating the date and type of flu shot I received”;

- “Influenza immunization has been contraindicated for me by a physician, therefore I have not had the flu shot and have attached the doctor’s note to that affect. I understand that my work assignments (station locations/shift schedule) may be altered in the event of an influenza outbreak affecting an area or specific health care or residential facilities”; or

- “I am refusing influenza immunization at this time and understand that my work assignments (station locations/shift schedule) may be altered in the event of an influenza outbreak affecting an area or specific health care or residential facilities.”

Paramedics should always use standard precautions in accordance with the Infection Control Manual. Paramedics who have not been immunized for influenza, either because they have refused or because it is contraindicated, must exercise a higher degree of diligence (i.e., use of additional precautions) when coming in contact with high risk patients, including the elderly, young children and immuno-compromised.

Immunization against HBV

Paramedics who do not know their sero-conversion status may still be at risk of HBV infection after being exposed to blood or body-fluid from infected patients.

Post-immunization testing for serum HBV antibody levels must be conducted on all Paramedics to establish antibody response and the need for re-immunization should the first course of HBV vaccine fail. This testing should be done no more than 6 months after the last dose of vaccine, if possible. If the Paramedic is found not to have protective antibodies, they should be re-immunized with a second course of vaccine as soon as possible. The Paramedics should consult with their physician for possible further courses of action for non-converting serum levels.

Refer also to the appropriate sections in the Toronto Paramedic Services Infection Control Manual.

Section 03: Health and Safety **Infection Prevention and Control Indications for the Use of PPE**			
SOP Number **03.03.6**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.6. Infection Prevention and Control Indications for the Use of PPE

Routine Hand Hygiene

Paramedics must always perform routine hand hygiene (i.e., hand-washing using soap and water or alcohol/chlorhexidine-based hand sanitizers) under the following circumstances, including but not limited to:

- Before and after patient contact.
- During and after PPE removal.
- Before and after invasive procedures.
- After cleaning equipment/vehicle.
- Just after leaving the emergency department.
- Before entering the cab of the ambulance.
- Before and after handling food.
- Before and after smoking.
- After using the bathroom or other personal body functions (sneezing, coughing if into hands).
- Any time hands are visibly contaminated.
- Before and after your shift.

- Any time you cannot remember when hands were last washed.

Criteria for Proper Hand Hygiene

In order to perform hand hygiene effectively and efficiently, all Paramedics shall do the following:

- Remove all jewellery.
- Use adequate amounts of soap, cleanser, or alcohol/chlorhexidine-based waterless hand sanitizer.
- If soap or soap based cleanser is to be used, wet hands first before applying cleaning product.
- Bar soap is not considered appropriate for cleaning hands in the health care environment.
- Rub hands to create friction for at least 15 seconds.
- Rinse soap or cleanser from hands with clean running water and dry with disposable towel. Use disposable towel to turn off taps and to open bathroom door handle.
- Rub alcohol-based waterless hand sanitizer until it is dry.
- If needed, use a skin moisturizer after hand-washing. The hand sanitizer supplied by Toronto Paramedic Services contains a skin moisturizer.
- Refrain from habits such as nail biting or tearing of skin of cuticles.
- Avoid touching mucous membranes and conjunctiva.

Maintenance of Proper Hand-hygiene while with a Patient

When leaving the patient's side for any reason, no matter the length of time, all Paramedics will remove their medical gloves and perform proper hand hygiene. After finishing their task away from the patient, the Paramedic will again wash their hands and apply a new pair of medical gloves before continuing patient care.

Indications for wearing of N95 Mask

Fit-tested N95 Masks must be worn by the Paramedic under the following circumstances, including but not limited to:

- When a patient is febrile.
- When the patient has a new or worsening cough and the diagnosis is unknown.
- When treating and transporting a patient with a known/suspected communicable disease that is transmitted by droplet or airborne routes.
- When treating and transporting a patient with symptoms of febrile respiratory illness.
- When blood or body fluid splash is likely or expected.
- When performing invasive and/or cough-inducing procedures such as intubation or suctioning.
- When required under Toronto Paramedic Services direction (e.g., as a result of an acute public illness outbreak of unknown origin).
- When cleaning a vehicle or equipment (including the disposal of linen) following the transport of a patient with a known or suspected communicable disease transmitted by airborne or droplet route.
- When transporting a suspected infectious patient, the N95 Mask must be continually worn by all Paramedic Services Staff of the transport vehicle.

- Do not wear the respirator around the neck or on top of the head.

- Protect against crushing of the N95 Mask if it is of the rigid type as it may not seal properly.

Removal of N95 Masks

The outer surface of the N95 Mask is always considered contaminated. When removing the N95 Mask, it should be the last piece of PPE to be removed*. Grab the straps with clean gloves, pull the respirator straps over the head and take the mask down and away from the face, and place it directly in an appropriate biohazard container. Immediately perform proper hand hygiene afterwards. The N95 Mask is designed for single patient use and must be properly discarded following use.

* If a Tyvek suit with hood is worn, the N95 Mask is removed first, following the same doffing steps.

Indications for use of Face-Plate Respirators by Non-CBRN Paramedics

Face-plate respirators are provided for those staff members whose facial configurations prevent them from being able to be properly fitted for an N95 Mask. The donning, doffing and filter replacement instructions included from the manufacturer with the respirator must be followed. A training session will be provided to affected staff that identifies the specific criteria for the use and cleaning of the face-plate respirator as per the manufacturer's specifications.

Procedures that have a High-Risk of Aerosolization of Respiratory Secretions

There are some procedures performed in pre-hospital care that are associated with a higher risk of aerosolization of respiratory secretions and exposure to blood and body fluids. This can include oxygen therapy. A N95 Mask, protective eyewear, and gloves must be worn for all febrile respiratory illness patients when performing the following procedures, including but not limited to: aerosolization/nebulization of medications, suctioning, intubation, and surgical airway intervention procedures. Refer to the Infection Control Manual for a complete list of high-risk procedures.

N95 Mask

All Toronto Paramedic Services Paramedics are required to be “fit tested” annually. In addition, staff will be issued two (2) boxes of N95 Masks and six (6) boxes of gloves. It is the Paramedic’s responsibility to secure their issued PPE, ensure they have a sufficient supply at all times. When a Paramedic's supply is down to approximately one-half of their issue, they are to contact their District Superintendent and request a new issue of N95 Masks. This will provide sufficient time to issue additional items prior to exhausting the Paramedic's remaining supply. The Superintendent will contact EMS Stores to arrange for the issuance of the required N95 Masks to the requesting Paramedic.

Indications for Use of Nitrile Gloves

Toronto Paramedic Services provides personal-issue Nitrile gloves to all Paramedics. Nitrile gloves must be worn under the following circumstances, including but not limited to:

When treating and transporting a person with a known/suspected communicable disease that is transmitted by direct or indirect contact, droplet or airborne routes.

- When treating and transporting a patient with symptoms of febrile respiratory illness.
- When there is the possibility of blood/body fluid contact.
- When the patient’s skin is soiled or not intact.
- When the skin on the Paramedics hands is not intact.
- When performing procedures requiring aseptic/clean technique such as an intravenous line or intubation.
- When performing invasive procedures.
- When cleaning the vehicle and equipment following patient transport.
- Any other condition where the Paramedic feels that standard precautions are required.

Guidelines for Wearing of Nitrile Gloves

The following guidelines must be followed when wearing Nitrile gloves:

- Do not clean your hands with gloves on, since soap and water and alcohol/chlorhexidine-based hand sanitizers break down the material of the gloves.
- Discard gloves in appropriate receptacles immediately after removal. Perform appropriate hand hygiene.
- Change gloves and cleanse hands after invasive procedures.
- Cleanse hands and change gloves at any break in patient contact. This includes the driving Paramedic leaving the patient in the patient care compartment of the ambulance.
- Be aware of what you touch with your gloved hands and be sure to clean those surfaces, including pens, stethoscopes, pagers, etc.
- Do not write or transcribe notes on gloves.
- Avoid touching your face or hair with gloved hands.
- Do not wear the gloves used for patient care in the front cab of the ambulance.

Transporting Patients with Catheter Bags

When a Paramedic transports a patient with a urinary catheter bag, the Paramedic shall:

- Put on a clean pair of medical gloves;
- Inspect the catheter bag prior to transport;
- Ensure the catheter bag is not leaking. If the bag is leaking, it must either be replaced by the sending facility's staff, or wrapped in a blue pad or placed in a biohazard container before transport.
- Empty the catheter bag, if required, prior to transport.

- Place the catheter bag in such a way that it is accessible but does not impact the safe operation of the stretcher.

- Consult with the patient to determine the most comfortable placement of the catheter bag during transport.

Assessment of all Patients to Rule Out Febrile Respiratory Illness

Paramedics must either verbally assess the patient for a febrile respiratory illness from a distance of one metre before approaching, or wear eye protection and an N95 Mask until a febrile respiratory illness can be ruled out. The N95 Mask and eye protection must be worn in cases of a patient with a febrile respiratory illness. The verbal assessment is as follows:

- From a distance of one metre, the Paramedic should ask the patient if they have a new or worsening cough, and if they have a fever. If the answer to either question is 'yes', then the Paramedic should immediately don eye protection and an N95 Mask before approaching the patient.

- If the patient is unable to respond verbally, or if there is other information that suggests that the patient may have a febrile respiratory illness, the Paramedic must don an N95 Mask and eye protection before approaching the patient.

Indications for the Use of Protective Eyewear

Protective eyewear can be worn over prescription glasses and is designed to protect the conjunctiva from exposure to blood, body fluids, and secretions propelled into the air by coughing or sneezing. Reusable protective eyewear should be cleaned and disinfected following use. Full face shields are provided and are to be discarded after use. Prescription eyewear is not considered protective as it allows contaminants to travel between the lens and the face.

Protective eyewear must be worn under the following circumstances, including but not limited to:

- If a patient is febrile;

- If a patient has a new or worsening cough where diagnosis is unknown;

- When treating and transporting a person with a known/suspected communicable disease that is transmitted by indirect or direct contact, droplet or airborne routes;
- When treating and transporting a patient with symptoms of febrile respiratory illness;
- When blood or body fluid splash is likely or expected;
- When performing invasive and/or cough-inducing procedures such as intubation or suctioning;
- When the patient may be violent or unpredictable;
- When required under Toronto Paramedic Services direction (e.g., as a result of an acute public illness outbreak of unknown origin);
- When cleaning large amounts of blood or body fluid.
- Any other condition where the Paramedic feels that standard precautions are required.

Indications for the Use of Protective Gowns

Long-sleeved gowns are used while providing patient care and are designed primarily to prevent the forearms and uniform from being contaminated with blood and/or body fluids.

Gowns must be worn under the following circumstances, including but not limited to:

- When blood or body fluid splash is likely or expected;
- When entering residences that are suspected to have infestations;
- When required under Toronto Paramedic Services direction (e.g., as a result of an acute public illness outbreak of unknown origin); and
- Any other condition where the Paramedic feels that standard precautions are required.

Gowns should be removed and discarded immediately following patient care and transport. Care must be taken to prevent self-contamination during gown removal.

Donning and Doffing of PPE

Paramedics should refer to the Infection Control Manual for full instructions on the correct donning and doffing of PPE. Used PPE should never be worn in the front cab of the ambulance.

Long Hair (See also SOP 03.03.3)

If hair is long, there is the potential that the Paramedic will brush it away from their face while wearing contaminated medical gloves, which increases the risk of self-contamination. Long hair that has the potential of falling into the eyes of the Paramedic and compromising their vision must be tied back tightly and be positioned above the collar line.

Facial Hair (See also SOP 03.03.3)

All staff who may be required to use the N95 Mask must be free of facial hair that will interfere with the seal of the respirator contact surfaces to the users face.

Transporting a Patient with a Known or Suspected Communicable Disease

When transporting a patient with a known or suspected communicable disease, Paramedics must be diligent in the use of appropriate precautions and be knowledgeable of the principles of infection control.

Refer also to the appropriate sections in the Toronto Paramedic Services Infection Control Manual.

Section 03: Health and Safety **Declared Outbreak Procedure**			
SOP Number **03.03.7**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.7. Declared Outbreak Procedure

When a medical outbreak is declared by the Medical Officer of Health, staff will be advised regarding the procedures that must be followed. These procedures may include, but are not limited to: specific types of PPE, patient assessment tools, quarantine procedures, protocol changes, hospital availability, etc. As it becomes available, information will continue to be provided to staff regarding any changes or updates to the procedures during a declared outbreak.

Section 03: Health and Safety **Biohazardous Waste and Sharps**			
SOP Number **03.03.8**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.8. Biohazardous Waste and Sharps

All sharps will be disposed of in the proper portable sharp container while on scene. There will be one (1) extra portable sharp container located in each vehicle. The vehicle sharps container and the portable sharps container will be sealed and disposed of in a bio-hazardous waste container as described below.

Sharps

When disposing of sharps, it is vital that only appropriate sharps containers be placed into the receptacles. Further, it is important that Paramedics ensure the sharps containers are properly closed before disposal to prevent accidental spillage of the contents. Medical disposal staff have been directed not to pick up material that cannot be handled safely.

Disposal of Sharps Containers and Bio-hazardous Material

All other medical equipment that becomes bio-hazardous waste (e.g. gloves, masks, dressing, etc.) must be disposed of in a safe manner so as not to contaminate or injure other persons.

Safe handling of sharps must include the following:

- Immediate disposal of sharps into a sharps container by the user.
- Never re-cap a contaminated needle.
- Never pass an exposed needle to another person.
- Never accept a used sharp, such as a lancet or Epi-pen from a patient.
- Never accept a used sharp from another health care provider.

- Never hold the sharps container while someone is disposing of a sharp.
- Never bend needles.
- Minimize proximity of other persons before exposing a sharp.
- Properly dispose of sharps containers when they are 2/3rd full.
- Use needle-less systems whenever possible.

Refer also to the appropriate sections of the Toronto Paramedic Services Infection Control Manual.

Section 03: Health and Safety **Cleaning and Disinfection of Blood and/or Body Fluid Spills**			
SOP Number **03.03.9**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.9. Cleaning and Disinfection of Blood and/or Body Fluid Spills

The cleaning and disinfection of blood and/or body fluid spills must be undertaken in such a way as to prevent accidental contamination of the Paramedic.

Refer to the Infection Control Manual for a detailed description of how to safely clean and disinfect a blood and/or body fluid spill.

Section 03: Health and Safety **Post-Exposure to Blood- and Body Fluid-Borne Pathogens**			
SOP Number **03.03.10**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.10. Post-Exposure to Blood- and Body Fluid-Borne Pathogens

While all exposures to communicable diseases can pose a potential risk to the health and well-being of Toronto Paramedic Services staff, certain exposures are considered high-risk and require immediate follow-up at an Emergency Department (ED).

Only the following body fluids can transmit bloodborne pathogens HBV, Hepatitis C (HCV) and HIV:

High Risk Fluids	**Low Risk Fluids**
Blood	Sweat
Pleural fluid	Vomit
Synovial fluid	Urine
Cerebrospinal fluid	Stool
Amniotic fluid	Sputum
Peritoneal fluid	Saliva which may transmit HBV, other body fluids cannot unless contaminated by frank blood.
Vaginal secretions and semen	

To be considered an exposure, potentially infected blood, body fluids, or excretions may come into contact with a worker in one of the following ways, but not limited to:

Percutaneous Injury:

- Needlestick, puncture, cut
- Human bite when the skin is broken

Contact with Mucous Membranes:

- Splash in eyes, mouth or nose

Contact with Non-intact Skin:

- Skin that is cut, chapped or abraded
- Especially important if contact is direct, prolonged or extensive

Procedure for Reporting/Handling of High Risk Blood and Body Fluid Exposures

- Express blood from wound, wash site with soap and water.
- Notify the Communications Centre and a Paramedic Superintendent as soon as possible. A Paramedic Superintendent will provide immediate assistance, including post-exposure follow-up at the hospital.
- Arrange to be assessed by an emergency department physician where the patient was received for assessment.
- **It is strongly recommended that the Paramedic is seen at the source patient's hospital emergency department within 2 hours of exposure** (for proper and more effective post-exposure prophylaxis (PEP) administration if required).

A Paramedic Superintendent will call the Deputy Commander once a possible exposure has been identified.

When a Paramedic is exposed, the name, date of birth, address and receiving hospital information shall be recorded for the following individuals:

- Paramedic that was exposed;
- Source patient;

- Exposed Paramedic's partner;
- Any individual who has had close interaction with the exposed Paramedic from the time of exposure to the notification of the exposure;
- Attending physician at the receiving hospital;
- Any Toronto Public Health or hospital staff who have provided notification to Toronto Paramedic Services.

Refer to the appropriate sections of the Toronto Paramedic Services Infection Control Manual in all cases of blood and/or body fluid exposure.

Section 03: Health and Safety **Modified Work**			
SOP Number **03.03.11**	First Issued October 1, 2008	Replaces October 1, 2013	Last Revised / Effective **May 12, 2014**

03.03.11. Modified Work

Toronto Paramedic Services is committed to the safe and timely return to work of Paramedics who have sustained an injury or illness and is obligated, in accordance with the Workplace Safety and Insurance Act (WSIA) and the Ontario Human Rights Commission[8], to cooperate in this process. The Division is committed to meeting this requirement by providing, where available and medically supported, suitable accommodation in the form of temporary modified work.

The WSIA and Ontario Human Rights Commission[7] also require that the Paramedic co-operate in the return-to-work/accommodation process. Under the WSIA, **failure to co-operate in the accommodation process could affect the Paramedic's entitlement to benefits as determined by the Workplace Safety and Insurance Board (WSIB).**

******See **"Obligations of Paramedics Assigned to Modified Work"** below.

Modified Work following an Occupational Injury or Illness

Paramedics who have sustained an occupational injury or illness and have been declared fit for modified work by their treating practitioner must contact their Service District's on-duty Superintendent immediately who will initiate the Paramedic's modified work assignment process. The Paramedic must also provide the WSIB and Human Resources with an update on their progress and return-to-work status.

[8] See Ontario Human Rights Commission's *Policy and Guidelines on disability and the duty to accommodate, s.4.4 – Duties and responsibilities in the accommodation process*

Modified Work from Non-Occupational Medical Condition, Injury or Illness

Paramedics who have been absent from the workplace due to a non-occupational injury or illness and have been declared fit for modified work by their treating practitioner must contact their Service District's on-duty Superintendent immediately who will initiate the Paramedic's modified work assignment process. The Paramedic must provide the Paramedic Superintendent and Human Resources with their limitations and a detailed return-to-work plan, including start and end dates (and/or reassessment dates) for the plan.

Offer of Modified Work

When a Paramedic reports an occupational injury or illness resulting in lost time, the Superintendent will verbally offer modified duties to the Paramedic. Human Resources, on behalf of the Division, will also provide the Paramedic with an "Offer of Modified Work" package. This package will include:

- A letter outlining the modified work process;
- A copy of the Employer's Report of Injury/Disease (Form 7);
- A Physician's / Health Professional Report to be completed by the Paramedic's treating practitioner; and
- A Job Demands Analysis for modified work.

Modified Work Placement

Paramedics will be assigned temporary modified work based on the following criteria, in descending order of priority:

1. The restrictions specified by their treating practitioner;
2. The duration of the required accommodation;
3. Organizational Needs; and.
4. Paramedic skills.

Assignment of all temporary modified work will be coordinated through the Toronto Paramedic Services Modified Duty Office in consultation with Human Resources. When a Paramedic requires fewer than ten (10) shifts of modified work prior to their return to regular duties, efforts may be made to accommodate the Paramedic on their regular shift rotation, subject to operational requirements. However, staff assigned to modified work will generally be required to work Monday to Friday on a day shift schedule. A Paramedic on a modified work assignment will not normally work statutory holidays, unless operationally required. Adjustments to the Paramedic's schedule and hours will be co-ordinated by the assigned area contact or designate.

Obligations of Paramedics

Prior to being assigned to modified work, Paramedics are required to:

- Contact the on-duty Paramedic Superintendent immediately who will initiate the Paramedic's modified work assignment process.

- Provide the WSIB and Human Resources with an update on their progress and return-to-work status.

- Submit the required functional abilities documentation immediately following their initial assessment, in accordance with the Collective Agreement.

NOTE: The City is obligated to inform the WSIB if a Paramedic does not accept an offer of modified work.

While assigned to modified work, Paramedics are required to:

- Submit regular and up-to-date follow-up reports from their treating practitioner that outline the Paramedic’s restrictions, progress and anticipated duration that modified work will be required.

- Arrange all medical appointments before or after work hours or on their scheduled days off.

- Contact the Paramedic Superintendent overseeing their modified work assignment or Human Resources regarding any questions or concerns about the accommodation.

- Provide supporting documentation from their treating practitioner when it is determined by such practitioner that the Paramedic is fit to return to pre-injury/illness duties e.g., based on a Functional Ability Form (available through Human Resources)

Section 03: Health and Safety **Reporting Vehicle or Equipment Problems**			
SOP Number **03.03.12**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.12. Reporting Vehicle or Equipment Problems

When a Paramedic identifies a vehicle problem, they must report the malfunction to his or her Paramedic Superintendent. The Paramedic and Paramedic Superintendent will work together to determine what course of action needs to be taken. This may include driving the vehicle to the Service District Office to have it replaced with a spare or, if the vehicle is not safe to drive, making arrangements for towing to Toronto Paramedic Services Headquarters garage for repairs.

The standard Orange **"Out of Service**" signs must be placed in the front windshield of the vehicle.

Section 03: Health and Safety **Stretcher Safety and Securing Equipment**			
SOP Number **03.03.13**	First Issued October 1, 2008	Replaces May 15, 2009	Last Revised / Effective **May 12, 2014**

03.03.13. Stretcher Safety and Securing Equipment

Prior to moving an ambulance, all crews must ensure the stretcher is securely fastened to the vehicle and locked in place.

With the exception of the slider boards, all crews must ensure that the area between the mattress and the frame of the stretcher is not used for storing items such as dressings, K-basins, speed splints, linen, etc. These items can cause the stretcher to malfunction. Slider boards, when properly stored, are designed to be carried under the mattress so that they are immediately available to crews when needed.

Crews shall indicate on the Daily Vehicle and Equipment Check that they have inspected the stretcher and that it is safe to operate. Any deficiencies must be reported to a Paramedic Superintendent immediately.

There must be two (2) Paramedics in direct physical contact with the stretcher at all times whenever a stretcher with a patient on it is in motion or its height is being changed. When a patient is on a stretcher that is in motion, it must be set lower than the ‘load in’ position height.

Whenever a patient is on a stationary stretcher, there is to be a minimum of one (1) Paramedic in attendance with the stretcher at all times. An exception to this is during cases of offload delay. In these, or any other, situations where a Paramedic is with more than one stationary stretcher, the stretchers are to be placed in one of the four (4) “patient transfer” positions i.e., positions 1 through 4 inclusive.

Stretcher Restraint System

For all patients being moved on a patient transport device (i.e., stretcher), a full stretcher safety restraint system must be used in accordance with the manufacturer's instructions and with the MOHLTC's Provincial Equipment Standards for Ontario Ambulance Services.

The use of the full stretcher safety restraint system is mandatory on all patients unless the patient condition and/or size prevent safe application of the straps. In only these cases, it is acceptable to adapt the use of the safety restraint system to provide safe treatment and transport of patients. Examples of these types of patient conditions include, but are not limited to, serious chest injuries, large penetrating objects that require special extrication or transport, and small children. Paramedics are required to document these exceptions on the patient care record.

The Paramedic will make all reasonable efforts to maintain two complete, functional stretcher safety restraint systems in the ambulance at all times. Paramedics are required to report to a Paramedic Superintendent when the ambulance has only one complete stretcher safety restraint system remaining.

An ambulance is not considered out of service to respond to emergency calls due to the lack of the full stretcher safety restraint system.

Securing Portable Equipment

Paramedics must ensure that all patient care equipment (e.g. monitor/defibrillators, oxygen tanks, ePCR tablet computers, etc.), accessory equipment, medications and supplies are secured at all times whenever an ambulance is in motion as well as during the provision of ambulance service.

Section 03: Health and Safety **Fire Extinguishers**			
SOP Number **03.03.14**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.14. Fire Extinguishers

Paramedics must check vehicle fire extinguishers at the beginning of every shift to determine if they have been discharged, are showing low contents, or have had their safety pin removed. Fire extinguishers that are found to have been discharged, showing low contents, or are missing pins, tags, or ties, must be reported immediately to a Paramedic Superintendent. The fire extinguishers must be easy to remove and use. No modifications are to be made to any fire extinguishers or their support brackets.

Section 03: Health and Safety **Disposable Equipment and Supplies**			
SOP Number **03.03.15**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **October 11, 2017**

03.03.15. Disposable Equipment and Supplies

At the beginning of each shift, Paramedics must ensure that the equipment is clean and ready for use. If equipment requires cleaning, the appropriate cleaning solution or disinfectant must be used. At **multi-function stations**, there is a shared responsibility for the equipment as vehicles will be pre-stocked and readied by Equipment Services staff. In these cases, Paramedics will be provided with a list of checked equipment that is ready to use. Paramedics will then be responsible for equipment cleanliness and readiness for the duration of their shift.

During the shift, the same procedure noted above is applicable if equipment is used and requires cleaning. Under no circumstances may disposable equipment be cleaned; it must be disposed of in the appropriate manner. Refer to the Toronto Paramedic Services Infection Control Manual.

Sterile Supplies

The sterile patient-care equipment used by Toronto Paramedic Services is sterilized by the manufacturer. These products are guaranteed sterile unless the packages are damaged or open prior to use. If the packaging is damaged or opened prior to use, the contents are considered unsterile and must be discarded. These products must be stored in a manner that protects the integrity of the packaging. This equipment is for use as a single application and/or single patient only and must be immediately discarded after patient use.

Section 03: Health and Safety **Disinfection and Sterilization of Vehicles or Equipment**			
SOP Number **03.03.16**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.16. Disinfection and Sterilization of Vehicles or Equipment

Paramedics must adhere to the Toronto Paramedic Services Infection Control Manual which details the general procedure for cleaning and disinfecting vehicles and equipment (see also SOP 03.04.15 – Routine Vehicle and Equipment Cleaning and Disinfection). Should any Paramedic have concerns or questions regarding the disinfection and sterilization of vehicles, they must consult with a Paramedic Superintendent.

Section 03: Health and Safety **Suspicious Packages**			
SOP Number **03.03.17**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.03.17. Suspicious Packages

In all cases where Toronto Paramedic Services has been requested to attend an incident involving a suspicious package, the initial EMS response will be a Paramedic ambulance or ERV and notification of a Paramedic Superintendent.

Upon arrival at scene, the first attending Paramedic crew must:

- Provide the Communications Centre with an update regarding the status of the situation as soon as possible;
- Not enter the environment where the suspicious package/substance is located, pending the arrival of allied services (e.g., Police, Fire, military, etc.);
- Following the arrival of allied services, determine the specific circumstances surrounding the incident through dialogue with other responding allied agencies;
- Determine the level of threat that exists in consultation with allied services, based on the location of the incident, whether or not the package has been opened, potential or actual exposure, and other factors; and
- Update the Communications Centre and the responding Paramedic Superintendent when the level of threat has been determined.

If a threat is highly suspected, responding Paramedics must:

- Be aware of the environment and personal safety;
- Notify the Communications Centre and provide updates on the status of the situation with all available information;

- Recommend a direction of approach for other responding units and identify potential hazards;

- Notify the Communications Centre of any information that may be required by additional responders;

Responding Paramedics should also:

- Consider other specialized resources (e.g., CBRNE);

- Co-ordinate with allied services when there is a multi-patient situation with suspected contamination – decontamination of patients and the identification of safe perimeters will be established through Joint Command;

In cases where there is high suspicion of a potential threat:

- If decontamination is required, Paramedics will be advised as to the most appropriate receiving hospital through the on-scene Paramedic Superintendent and/or the Communications Centre;

- Paramedic Superintendents will follow the Superintendent's emergency response guide for hazardous materials;

- The Communications Centre will notify hospitals within the area of the incident based on information received from the scene and other sources; and

- The Paramedic Superintendent will complete the SRIA form as required.

Section 04: Facilities, Vehicles and Equipment **Facilities Management**			
SOP Number **03.04.1**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **October 11, 2017**

03.04.1. Facilities Management

Housekeeping

Paramedics are responsible for the general cleanliness of the stations, posts and related property at all times. The removal of garbage and recycling is to be done on a daily basis. Removal of garbage and recycling for scheduled curb-side pick-up is the responsibility of the crews who are working on the designated pick-up day. Paramedics assigned to **multi-function stations** will be advised by management staff if their assistance is required to move garbage and/or recycling to a pick-up area.

Security

The security of all patient care equipment, medications[9] and vehicles must be maintained at all times. Employees are responsible for ensuring that all doors and windows are secured whenever they leave the station. Furthermore, crews should ensure that all appliances have been turned off (e.g., oven, microwave, television, etc.).

Parking

Staff may park in designated areas only. Parking, where available, is reserved for on-duty staff only[10]. Any exceptions must be pre-authorized by a Paramedic Superintendent. Neither Toronto Paramedic Services nor the City of Toronto is responsible for damage or loss to non-divisional vehicles while on corporate property. Personal non-divisional vehicles are not permitted to park inside any Toronto Paramedic Services facility. Toronto Paramedic Services Headquarters' parking is reserved for on-duty Headquarters staff.

Additional parking for staff attending Headquarters is available at neighbouring designated parking lots.

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[9] See also SOP 03.04.9 – Controlled Substances.

[10] See also City of Toronto Parking Policy

Station Supplies

Toronto Paramedic Services Materials Management staff will replenish station supplies on a regular basis. Paramedics are responsible for immediately reporting any inadequate levels of supplies to a Paramedic Superintendent.

Linen

Paramedics are responsible for immediately reporting any inadequate levels of clean linen to a Paramedic Superintendent. Divisional pillows and linen are not for personal use by employees.

Snow Removal

Paramedics are responsible to ensure all vehicle entrances and all exterior entranceways are cleared of snow and salted. All station sidewalks will be cleared and salted by the on-duty crew(s) in accordance with chapter 719 of the City of Toronto Municipal Code.

Section 04: Facilities, Vehicles and Equipment **Use of Information Technology**			
SOP Number **03.04.2**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.2. Use of Information Technology

The City of Toronto and Toronto Paramedic Services provide employees with access to Information Technology to permit electronic messaging, Intranet usage and Internet usage. While some personal use of these systems is permitted during breaks, Information Technology is a business tool intended to be used for appropriate business purposes.

GroupWise, Internet and Intranet Use

Use of the City's Information & Technology resources is governed by the Acceptable Use Policy. In accordance with these policies, staff are not to:

- Send harassing messages of any kind;
- Send flyers, literature, or hate mail with messages promoting hatred against, or criticism of, “identifiable” groups or individuals;
- Access sites which promote discrimination or hate;
- Send any message whose contents are obscene or defamatory;
- Access pornographic sites;
- Use e-mail for commercial purposes; or
- Send ‘buy & sell’ messages (only authorized fund-raising messages are permitted).

In addition to the above, staff are not permitted to send mass e-mails without prior permission from an EMS Commander.

All computers and related equipment are the property of the City of Toronto. Failure to comply with any part of this SOP and/or related City policies may result in remedial action, including suspension of GroupWise / Internet / Intranet access and/or discipline.

Section 04: Facilities, Vehicles and Equipment **ePCR and Information and Data Security**			
SOP Number **03.04.3**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.3. ePCR and Information and Data Security

As a Health Information Custodian under PHIPA, Toronto Paramedic Services has a legislated responsibility to protect the privacy of patients' personal health information. This SOP describes information and data security procedures for Paramedics that meet and/or exceed this legislated responsibility.

Procedure

- On the ePCR device, Paramedics must log in to the operating system and the TabletPCR application with the user name and password provided to them. Application passwords must be kept confidential and not shared with anyone.

- Paramedics may only provide patient health information contained in the ePCR system to those who have a legal right to that information. Those with a legal right include:

    - A Paramedic's partner;

    - The patient to whom the information pertains;

    - Other staff who have participated in the patient's care; and

    - A Paramedic Superintendent and other health information custodians who may participate in the continued care of the patient (i.e. hospital staff).

- Paramedics must not leave a "logged-in" ePCR device unattended for any period of time. If an ePCR device must be left unattended, Paramedics must close the ePCR application and ensure that the device is in a safe location.

- Paramedics should save all completed calls to the server as practical after completing their patient care documentation.

- Paramedics must not use any feature in the system or use the ePCR device in any manner to access any patient information that they would not normally have access to.

- Paramedics are reminded that the use of the ePCR system is governed by the City of Toronto's Information and Technology Policies, and in particular, the Acceptable Use Policy. If Paramedics are unable to access this site, they should contact a Paramedic Superintendent.

Section 04: Facilities, Vehicles and Equipment **ePCR Use**			
SOP Number **03.04.4**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **REPEALED May 12, 2014**

03.04.4. ePCR Use

REPEALED May 12, 2014.

Section 04: Facilities, Vehicles and Equipment **ePCR Storage**			
SOP Number **03.04.5**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.5. ePCR Storage

The ePCR device must be securely stored in the ambulance when not in use.

The docking station that is installed in the rear patient compartment of the ambulance is specifically designed to securely store and charge the ePCR device. This docking station has been tested by an independent engineering firm who has verified that the installation is compliant with the MOHLTC's Provincial Equipment Standards for Ontario Ambulance Services.

The ePCR device assigned to the vehicle must be stored in the docking station when not in use. If an ambulance does not have these storage units installed, the ePCR device is to be securely stored in the cabinet behind the jump seat immediately behind the driver's compartment.

At the commencement of a shift, during the daily vehicle check, Paramedics must ensure the presence and proper operation of the ePCR device. In the event that the equipment check is not completed as a result of being assigned an *emergency call*, then the equipment check must be completed as soon as possible following the completion of the call or, in the instance of being issued a subsequent *emergency call* as soon as the subsequent *emergency call* is completed. Once located, the ePCR device must be turned on and the Paramedic must log-on to ensure the operational status of the ePCR device. If for any reason the Paramedic is unable to locate the ePCR tablet computer at the beginning of his or her shift, he or she must immediately notify a Paramedic Superintendent.

Section 04: Facilities, Vehicles and Equipment **Personal Items in Stations**			
SOP Number **03.04.6**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.6. Personal Items in Stations

The City of Toronto and Toronto Paramedic Services, will not be held responsible for any personal effects lost, stolen, or damaged while on Toronto Paramedic Services property. Having personal items such as furniture, audio video equipment, televisions, microwaves, exercise equipment, etc., in a station is a privilege. The installation and presence of these items must be approved by an EMS Commander.

Where personal items interfere with the servicing of ambulance calls or the maintenance of a safe and clean work environment, this privilege may be rescinded and the owner of the items will be directed to remove them.

Section 04: Facilities, Vehicles and Equipment **Personal Issue**			
SOP Number **03.04.7**	First Issued October 1, 2008	Replaces October 31, 2012	Last Revised / Effective **May 12, 2014**

03.04.7. Personal Issue

Employees are expected to have in their possession, while on duty, the following equipment:

- Pager;
- Scissors;
- Penlight;
- Stethoscope;
- Identification cards (Division and MOHLTC);
- Safety footwear (worn on duty);
- Disposable protective gloves and appropriate PPE equipment;
- All season parka;
- Safety glasses / goggles (note that prescription glasses are not safety glasses); and
- Safety helmet and face shield.

In addition to personal issue items, Paramedics are required to have a valid Ontario Driver's Licence of an appropriate class for assigned duties.

Section 04: Facilities, Vehicles and Equipment **Essential Equipment**			
SOP Number **03.04.8**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.8. Essential Equipment

The following equipment is considered essential and must be taken to the “patient location” on all emergency calls:

- Appropriate PPE;
- Pager and Portable Radio;
- Stretcher;
- Airway bag with suction unit (Advanced Care Paramedics (ACPs));
- Oxygen bag with suction unit;
- Defibrillator / Cardiac Monitor;
- Drug bag (ACPs);
- Symptom Relief Kit (PCPs); and
- First Aid bag / equipment.

Section 04: Facilities, Vehicles and Equipment **Controlled Substances**			
SOP Number **03.04.9**	First Issued October 1, 2008	Replaces April 1, 2012	Last Revised / Effective **May 12, 2014**

03.04.9. Controlled Substances

The handling, tracking and administration of controlled substances are of prime importance to both Toronto Paramedic Services and the Base Hospital. The following outlines the specific responsibilities of each employee who will come into contact with controlled substances as part of their job duties.

Controlled Substances

In the Toronto Paramedic Services system, the following two (2) drugs fall into this category:[11]

- Morphine
- Midazolam9
- Any applicable research medication/equipment

Physical Count[12]

Controlled substances are to be counted physically both at the beginning and at the end of each shift. This count is to be recorded on the Summary Sheet as well as on the Control Sheet (i.e., 'script') that is associated with the narcotic kit being used. Any discrepancies at either the beginning or the end of the shift are to be reported immediately to a Paramedic Superintendent.

[11] Controlled Drugs and Substances Act, S.C. 1996, c. 19, s. 2.(1)
[12] Authority for CCPs and ACPs to handle, transport and administer controlled substances is governed by Section 56 of the Controlled Drugs and Substances Act, S.C. 1996, c. 19, s. 2.(1).

Secure Storage

Controlled substances must be securely stored at all times. In cases where the vehicle is not being used, these drugs must be locked inside the vehicle in the designated cabinet. For generic vehicles, staffed by either ALS or BLS Paramedics, these drugs are to be locked in the designated cabinet inside the station when the vehicle is not being staffed by ALS. In situations when the vehicle is staffed by a Paramedic(s) certified in their use, these drugs must be securely stored in the drug bag and locked in the vehicle when they are not being used for patient care. On the scene of a call, Paramedics must maintain the security of their drug bag at all times.

Replenishment

If replenishment of controlled substances is required, Paramedics are to immediately contact a Paramedic Superintendent or the individual designated for this purpose.

Documentation

The Control Sheet is an account of each ampoule/vial of a specific controlled substance used, discarded, or damaged. Every line on the script is for one ampoule of drug.
For example:

- If a patient received 2 mg of Morphine, then “2 mg” is to be recorded under “Dose” on the Control Sheet.

- If a patient received 1 mg of Morphine, then “1 mg” is to be recorded under “Dose” and “1 mg” recorded as “Wastage” on the Control Sheet.

- If a patient received 3 mg of Morphine, then “2 mg” is to be recorded under “Dose” and on the next line, “1 mg” recorded under “Dose” and “1 mg” recorded as “Wastage”.

Any controlled substances that are not administered to the patient must be discarded in the appropriate biohazard sharps container and documented appropriately on the Control Sheet and on the patient care report.

Additionally, the Summary Sheet must be completed at both the beginning and end of every shift. Information required includes ID numbers of the calls where controlled substances were

administered, damaged, or discarded during the shift. When completely filled, these forms are to be kept in the narcotic kit envelope for exchange.

Agents[13] and Responsibilities

In the Toronto Paramedic Services system, "Agents" are staff members who handle, manage or administer controlled substances and are directly accountable to the Base Hospital Program Medical Director (regardless of medical certification) while doing so. Staff will be required to complete a self-directed reading assignment to demonstrate competency with regard to managing these drugs. Staff excluded from the list are not permitted to handle controlled substances. Responsibilities and lines of reporting are indicated in the table at the end of this SOP.

It is the absolute responsibility of each person handling and/or administering controlled substances to ensure safe transport and storage of each drug.[14] Any loss, breakage or documentation error must immediately be reported to a Paramedic Superintendent. Loss or breakage must also be documented on the Summary Sheet. Incident reports and/or an interview may be required in these circumstances. A Paramedic Superintendent must be notified immediately of any expired controlled substances for appropriate disposal and/or replenishment.

[13] As defined by the Controlled Drugs and Substances Act, an agent is someone "*who will control and/or administer controlled or targeted substances on behalf of and under the direction of the practitioner*". "Agents" in the Toronto Paramedic Services system will be defined along with their specific responsibilities in the following section.

[14] Controlled Drugs and Substances Act, S.C. 1996, c. 19, s. 56

Agents and their Responsibilities

Agent	Responsibilities			Reports Issues to:	
	Handles	**Counts/ Controls**	**Administers**	**Toronto Paramedic Services**	**Base Hospital**
Handyworkers*	Yes	No	No	On-duty Paramedic Superintendent/ Commander	No; The EMS Commander will report issues to the Base Hospital
Level I Paramedics on Modified Work Duties	Yes	No	No	On-duty Paramedic Superintendent/ Commander	No; The EMS Commander will report issues to the Base Hospital
Level II / III / CCTU Paramedics	Yes	Yes	Yes**	On-duty Paramedic Superintendent/ Commander	Base Hospital Manager, Professional Standards
Paramedic Superintendent	Yes	Yes	If medically certified	EMS Commanders, Service District	Base Hospital Manager, Professional Standards
Administrative Superintendent	Yes	Yes	If medically certified	EMS Commanders, Service District	Base Hospital Manager, Professional Standards
EMS Commanders Service District	Yes	Yes	If medically certified	Deputy Chief, Operations	Base Hospital Manager, Professional Standards

* Handyworkers may only handle controlled substances at the direction and under the supervision of the on-duty Paramedic Superintendent/Commander for the purpose of removing drugs when a Paramedic unit requires repair, preventative maintenance, etc. Any loss or breakage occurring during this transfer must be IMMEDIATELY reported to an on-duty Paramedic Superintendent/Commander. The EMS Commander of the Service District retains accountability for all such moves.

** Only those medications within their skill set.

Section 04: Facilities, Vehicles and Equipment **Drug Bag Locks**			
SOP Number **03.04.10**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **REPEALED March 1, 2009**

03.04.10. Drug Bag Locks

REPEALED March 1, 2009.

Section 04: Facilities, Vehicles and Equipment **Endotracheal Tubes**			
SOP Number **03.04.11**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.11. Endotracheal Tubes

All endotracheal tubes must be left uncut in their unopened packaging and must only be prepared once the Level 3 (ACP) Paramedic has determined that the patient requires intubation. If for some reason a prepared endotracheal tube is not used, it must be disposed of in an acceptable and appropriate manner and not stored for future use.

Disposable laryngoscope blades are to be left in their unopened packaging and will only be prepared once the Level 3 (ACP) Paramedic has determined that their use is required. If for some reason an opened laryngoscope blade is not used, it is to be disposed of in an acceptable and appropriate manner and not stored for future use.

Section 04: Facilities, Vehicles and Equipment **HEPA Filter**			
SOP Number **03.04.12**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.12. HEPA Filter

HiOx Mask

The current HiOx masks must use the yellow P001852 Airlife HEPA filter. This product provides particulate filtration, reduces higher exhalation resistance resulting in a decrease in the passage of expired air out of the sides of the HiOx mask, and reduces higher pressures within the HiOx circuit resulting in the reduction of rebreathing expired air.

Ventilation with a Bag-Valve-Mask (BVM)

Adult

In circumstances where an adult patient requires ventilatory assistance, Paramedics are required to use the provided adult HEPA filter.

Paediatric

Use the green filter (Mallinckrodt HME) Hygroboy and Hygrobaby with BVM for children, infants, and neonates.

Section 04: Facilities, Vehicles and Equipment **Radio Frequency Interference on Defibrillators**			
SOP Number **03.04.13**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.13. Radio Frequency Interference on Defibrillators

Evidence suggests that radio frequencies emitted by cell phones and portable radios can interfere with defibrillators, pulse oximeters and other medical equipment. This interference can prevent automated defibrillation equipment from effectively completing the analysis and shock protocol for cardiac arrest patients.

Portable radios in the Toronto Paramedic Services vehicles only emit radio frequencies when they are transmitting. These radios can be turned on without directly affecting the ability of automated defibrillators; however, a portable radio used in the *transmit* mode can affect defibrillators at a distance of up to 5 metres.

Cell phones begin sending and receiving signals from the moment that they are turned on and continue doing so several times a minute. These signals can interfere with medical equipment at a distance of up to 2 meters. When a cell phone is in use this distance increases and there is some evidence that this distance increases with the use of digital cellular phones.

If a radio or cellular phone must be used in conjunction with a resuscitation attempt, the radio or cellular phone should be at least 3 – 4 meters from the defibrillator. Cellular phones and portable radios should not be utilized within 3 – 5 meters from a defibrillator that is being used.

Section 04: Facilities, Vehicles and Equipment **Vehicle and Equipment Checks**			
SOP Number **03.04.14**	First Issued October 1, 2008	Replaces February 15, 2017	Last Revised / Effective **October 11, 2017**

03.04.14. Vehicle and Equipment Checks

Vehicles and Equipment

Paramedics are responsible for ensuring that a Daily Vehicle and Equipment Check (inclusive of a circle check, emergency warning systems check and equipment check) is conducted at the beginning of every shift. All information from the Daily Vehicle and Equipment Check must be documented using the Daily Vehicle and Equipment Check application, located on the ePCR and MobiCAD. Upon completion, Paramedics must submit the form electronically. The paper Daily Vehicle Check Sheet is to be used **only** when the Daily Vehicle and Equipment Check on the ePCR or MobiCAD is not available for use. Completion of a paper Daily Vehicle Check Sheet **must be approved by a Paramedic Superintendent.** If, at any time, a vehicle and/or equipment deficiency is found, Paramedics must contact an Operations Superintendent immediately. If the deficiency results in their inability to respond to an emergency call, Paramedics are to immediately advise the Communications Centre. In the event that the vehicle or equipment check is not completed as a result of being assigned an emergency call, then the vehicle or equipment check must be completed as soon as possible following the completion of the call; or, in the instance of being issued a subsequent emergency call, as soon as the subsequent emergency call is completed.

In the event that the vehicle (ambulance, ERU or ESU) intended for use by an incoming Paramedic crew has not returned to the station, the incoming Paramedics must perform a thorough vehicle and equipment check on any other available, serviceable, unstaffed unit in the station in accordance with this SOP. Once an alternate vehicle has been identified, the Paramedics must advise the Communications Centre with the vehicle number immediately, and ensure that the vehicle is ready to respond to a call without delay.

Paramedics must ensure that the patient care and accessory equipment contained in the vehicle are maintained:

- In safe and proper working order;
- Securely stored; and
- In a clean and sanitary condition

At the end of the shift, Paramedics are responsible for ensuring that all equipment, including but not limited to, keys, portable radios, ePCR and cellular phones are available to the oncoming crew. If there is no oncoming crew, all equipment should be secured in the appropriate area.[15]

If Paramedics inadvertently take equipment with them after the end of their shift, they are required to contact an on-duty Operations Superintendent immediately and return the equipment to the station as soon as possible, or as directed by the Operations Superintendent.

Multi-Function Stations – Multi-function stations have a centralized location for some equipment (e.g., portable radios) that Paramedics will need to pick up from that location at the beginning of their shift. Any equipment issued in this manner must be returned at the end of the shift and not left in the vehicle.

Under normal multi-function operations, Equipment Services staff will complete vehicle and equipment checks prior to shift start. Where this has been done, Paramedics are required to review the information on the vehicle and equipment checks. In the event that Paramedics discover discrepancies, they are to contact their Superintendent.

[15] See SOP 03.04.21 – Vehicle Items Secured and Vehicle Security

Medications

All controlled[16] and non-controlled medications, including research and study medications, shall be removed from the vehicle:

- When the vehicle is not in use and is being stored outdoors or in any location without climate control capability for any period of time outside of target temperature range3; or
- During vehicle exchange.

NOTE: Should any medication be exposed to extreme temperatures[17], Paramedics must immediately contact an Operations Superintendent for further direction.

It is the responsibility of Paramedics to check and maintain all medications (controlled and non-controlled) and intravenous fluids within the expiration date shown on the packaging. Should any controlled or non-controlled medication, or intravenous fluid be identified as expired or within one (1) month of expiry, Paramedics must contact an Operations Superintendent for proper disposal and replenishment as required.

If a crew has not had an opportunity to contact an Operations Superintendent for suspected or known medication exposure/expiry situations due to emergency call assignment, the crew must contact a Superintendent as soon as possible following completion of any assigned emergency call. The situation must be reported prior to the crew booking off.

Fuel, Fluid Levels and Fuel Cards

All fluid levels are to be checked as part of the required vehicle check at the beginning of each shift. Vehicles are to be refueled in accordance with SOP 03.04.30 – Refuelling Paramedic Services Vehicles. All other fluid levels will be maintained in accordance with vehicle specifications.

[16] See SOP 03.04.9 – Controlled Substances
[17] Target temperature range for medications is between 15°C and 30°C.

At the start of the shift, Paramedics are responsible for ensuring that their vehicle is equipped with a Fuel Purchase Card, a City of Toronto fuel card/fob and a Police fuel card. Damaged or missing cards must be reported to an Operations Superintendent immediately.

Radio Checks

To ensure proper operation, each crew is responsible for checking the operation of each assigned portable radio with the Communications Centre at the beginning of each shift or upon switching to another vehicle. If this is not possible due to the necessity of servicing an early call, then the portable radio check must be conducted immediately upon the completion of the call.

A voice radio test of the vehicle radio may be requested by either a crew or an EMD at the beginning of each assigned shift, or as may be deemed necessary through the course of a shift.

Radio Malfunction

Radio system malfunctions must be reported to the Communications Centre and an Operations Superintendent immediately.

MobiCAD System

During vehicle and equipment checks, Paramedics are required to start their vehicle and ensure that the MobiCAD system is operating properly. Any malfunction is to be reported to the Communications Centre, the MobiCAD Help Desk and an Operations Superintendent immediately. See SOP 03.05.2 – Status Reporting Unit (MobiCAD) for further information.

Electronics

Paramedics must check each piece of electronic equipment as part of the equipment and vehicle check at the start of each shift to ensure that they are in working order. Portable radios, pagers, ePCR tablets and cellular phones have battery level indicators that must also be checked to determine capacity and, therefore, if recharging/replacement is required. Suction devices (both vehicle and portable) must be tested during vehicle and equipment checks.

Cardiac Monitor and Defibrillator

Paramedics must change cardiac monitor/defibrillator batteries once a day at the start of each shift (A-shift or C-shift) and as required throughout the shift. One (1) newly charged battery is to be kept in the pouch of the monitor/defibrillator as the spare. When the spare battery is inserted into the monitor, the battery being replaced is to be charged in the in-station charger. The cardiac monitor/defibrillator must be turned on and tested at the start of each shift to ensure it is in working order (a printout of the internal test of the monitor is not required to be submitted). Paramedics must also ensure that there is a data card (if applicable) properly inserted in the cardiac monitor/defibrillator. This data card (if applicable) must be erased after the completion of the testing.

Oxygen Levels

Oxygen tank levels must be checked at the start of each shift and maintained at not less than 500 psi.

ePCR Tablet

At the start of the shift, Paramedics are required to start and log on to their ePCR tablet system and ensure that it is operating properly (see SOP 03.04.5 – ePCR Storage). Any malfunction is to be reported to an Operations Superintendent immediately. When not in use, the tablet is to be **securely** stored in the vehicle's ePCR docking station to ensure that the internal battery is being charged. Where no docking station is available, the tablet is to be securely stored, turned off and attached to an appropriate charging device.

Missing, Damaged or Malfunctioning Equipment

All missing, damaged or malfunctioning equipment must be reported to an Operations Superintendent immediately. The crew must notify the Communications Centre if the affected equipment is likely to interfere with their ability to service a call. Paramedics must not exchange and/or take equipment from another vehicle, unless authorized to do so by an Operations Superintendent. See SOP 03.03.12 – Reporting Vehicle or Equipment Problems for additional information.

Vehicle Malfunctions and/or Damage

All malfunctions and/or damage to a vehicle or its components must be reported to an Operations Superintendent immediately. The crew must immediately notify the Communications Centre if any vehicle malfunction and/or damage may interfere with their ability to service a call. See SOP 03.03.12 – Reporting Vehicle or Equipment Problems for additional information.

Dead Battery/Boosting Capability

Ambulances are equipped with a boosting capability that is activated by an auxiliary button ('Sure-Start') on the instrument panel. This button uses an internal battery in an attempt to start the vehicle. If needed, depress and hold the Sure-Start button while turning the key to the *Start* position.

Vehicle Repairs

Arrangements for vehicle repairs and/or the exchange of vehicles will be co-ordinated by the Service District Office, MFS, and the Communications Centre. See SOP 03.06.7 – Vehicle Breakdown for further details.

Out of Service

A “Not in Service” sign must be displayed in a conspicuous location in the front windshield and taped to the rear of the vehicle whenever an ambulance or response vehicle is mobile but not available to service calls.

Keys

It is the responsibility of the Paramedic(s) using the vehicle to ensure that two (2) sets of vehicle keys are available for the next shift. If the appropriate keys are not available for the next shift, the crew must notify an Operations Superintendent.

Section 04: Facilities, Vehicles and Equipment **Routine Vehicle and Equipment Cleaning and Disinfection**			
SOP Number **03.04.15**	First Issued October 1, 2008	Replaces March 1, 2015	Last Revised / Effective **October 11, 2017**

03.04.15. Routine Vehicle and Equipment Cleaning and Disinfection

The ambulance and all patient care equipment must be cleaned and disinfected on a per-shift basis and following each call (see SOP 03.03.16 – Disinfection and Sterilization of Vehicles and Equipment). Refer to the Infection Control Manual for a description of proper cleaning and disinfection techniques for all re-usable ambulance equipment. The Infection Control Manual also contains instructions regarding when and how to clean and disinfect both the vehicle and equipment before, during, and after a call.

During daily cleaning or disinfection of the ambulance cab interior, use only a damp mop to clean the floors. “The Sensing Diagnostic Module, which is located under the driver's seat, is an electrical device that can be damaged by prolonged exposure to water. If the Sensing Diagnostic Module or its wiring becomes saturated with water, it may cause the airbags to malfunction, or even deploy inadvertently.”[18]

Vehicle and Equipment Cleaning

It is the Paramedic’s responsibility to keep their assigned vehicle clean and fully stocked at all times. Vehicles will be deep cleaned on a regular basis. There may be occasions when a Paramedic Superintendent may notify a Paramedic crew that they are out of service to deep clean a vehicle. Proper decontamination procedures will be followed. Paramedics must ensure that all medical equipment on their assigned vehicle is clean and sanitary and ready for use at all times.

At **multi-function stations:** Equipment Services staff will be responsible for **routine** stocking and cleaning of vehicles at the end of a crew's shift. For those vehicles that are grossly contaminated (e.g., with blood, vomit, etc.), Paramedics will still be responsible for cleaning the vehicle prior to handing it back. In extenuating circumstances (e.g., past end of shift) and where vehicles require

[18] A. Peroff, Senior Product Investigator, General Motors of Canada Ltd., Legal Department (Jan. 30, 2008)

major decontamination, Paramedics are to contact their Superintendent for direction. Vehicles are not to be left grossly contaminated without authorization to do so.

Where there is an extensive stock depletion (e.g., MCI) of **multi-function station** vehicles that has not been replenished by the end of the shift, Paramedics are to notify their Superintendent for direction (see also SOP 03.04.16 – Restocking of Equipment and Supplies after a Call).

NOTE: If a Paramedic crew requires additional time for vehicle and/or equipment cleaning beyond the end of their shift, inclusive of regular wash-up and lock-up times (as applicable), the Deputy Commander must be contacted to obtain authorization (see also SOP 03.04.16 – Restocking of Equipment and Supplies after a Call).

Soiled Uniforms

Refer to the Toronto Paramedic Services' Infection Control Manual for instructions on how to handle uniforms that are soiled during patient care.

Section 04: Facilities, Vehicles and Equipment **Restocking of Equipment and Supplies after a Call**			
SOP Number **03.04.16**	First Issued October 1, 2008	Replaces March 1, 2015	Last Revised / Effective **October 11, 2017**

03.04.16. Restocking of Equipment and Supplies after a Call

It is the responsibility of all Paramedics to re-stock their respective ambulance or ERV at the earliest opportunity following each call. In the event that a piece of equipment or supplies are unavailable at the station, contact a Paramedic Superintendent immediately.

NOTE: If a Paramedic crew requires additional time for vehicle restocking beyond the end of their shift, inclusive of regular wash-up and lock-up periods (as applicable), the Deputy Commander must be contacted to obtain authorization (see also SOP 03.04.15 – Routine Vehicle and Equipment Cleaning and Disinfection).

For vehicles from **multi-function stations**, Equipment Services will conduct a daily routine stocking of all vehicles. If there has been an extensive depletion of stock that has not been replenished by the end of the shift (e.g. late call MCI), Paramedics must contact their Superintendent for direction (see also SOP 03.04.15 – Routine Vehicle and Equipment Cleaning and Disinfection).

Section 04: Facilities, Vehicles and Equipment **Equipment Retrieval**			
SOP Number **03.04.17**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.17. Equipment Retrieval

Equipment left in hospitals is picked up on a regular basis. Paramedics are to contact the Equipment Retrieval Unit at 416-392-4977 for equipment left in hospitals.

Section 04: Facilities, Vehicles and Equipment **Starting a Diesel Engine**			
SOP Number **03.04.18**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **REPEALED May 12, 2014**

03.04.18. Starting a Diesel Engine

REPEALED May 12, 2014.

Section 04: Facilities, Vehicles and Equipment **Garage and Storage Room Exhaust System**			
SOP Number **03.04.19**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.19. Garage and Storage Exhaust System

It is the responsibility of all staff to ensure that the exhaust systems in all Toronto Paramedic Services garage and storage room areas in the stations are functioning properly. The activation of the exhaust systems has an automatic and manual switching mechanism for operation. Garage exhaust systems are to be left 'On' at all times. They are **not** to be tampered with or altered at any time. Any system that should fail to operate must be reported to a Paramedic Superintendent so that corrective action can be taken.

Section 04: Facilities, Vehicles and Equipment **Idling of Vehicles**			
SOP Number **03.04.20**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.20. Idling of Vehicles

Chapter 517 of the City of Toronto Municipal Code prohibits vehicle idling for more than one minute in a sixty-minute period.

Ambulances are exempt from this by-law while engaged in operational or training activities; however, Paramedics are nevertheless encouraged, wherever practical, to avoid unnecessary idling. When possible, Paramedics should park vehicles in stations to maintain controlled environmental temperatures and prevent the need for unnecessary idling. This will also ensure the safeguarding of equipment and personal belongings.

Section 04: Facilities, Vehicles and Equipment **Vehicle Items Secured and Vehicle Security**			
SOP Number **03.04.21**	First Issued October 1, 2008	Replaces June 15, 2011	Last Revised / Effective **May 12, 2014**

03.04.21. Vehicle Items Secured and Vehicle Security

All personal and patient care equipment and bags must be secured at all times while the vehicle is in motion.

Securing the Vehicle

The security of all patient care equipment, medications[19] and vehicles must be maintained at all times.

Paramedics must ensure that all cab and patient compartment doors on their vehicle are locked, with all windows closed, and that all keys are removed whenever their vehicle is to be left unoccupied outside of a station. When necessary, the anti-theft security switch must be activated to allow the vehicle to remain running without keys.

Additionally, Paramedics assigned to ALS and CCTU vehicles must ensure that their vehicle is locked with windows closed and keys removed while unoccupied in a station. If the vehicle is to become unstaffed, Paramedics must ensure that the keys for the drug cabinet are secured in the supplied ‘lock box’.

[19] See also SOP 03.04.9 – Controlled Substances and SOP 03.04.14 Vehicle and Equipment Checks.

Section 04: Facilities, Vehicles and Equipment **Use of Ambulances and ERVs**			
SOP Number **03.04.22**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.22. Use of Ambulances and ERVs

Paramedics must ensure that Toronto Paramedic Services Ambulances and ERVs are used only for the purpose of providing emergency medical services.

Section 04: Facilities, Vehicles and Equipment **High Occupancy Vehicle (HOV) Lanes**			
SOP Number **03.04.23**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.23. High Occupancy Vehicle (HOV) Lanes

Ontario Regulation 620/05 made under the Highway Traffic Act requires that all vehicles using High Occupancy Vehicle (HOV) lanes have at least 2 occupants.

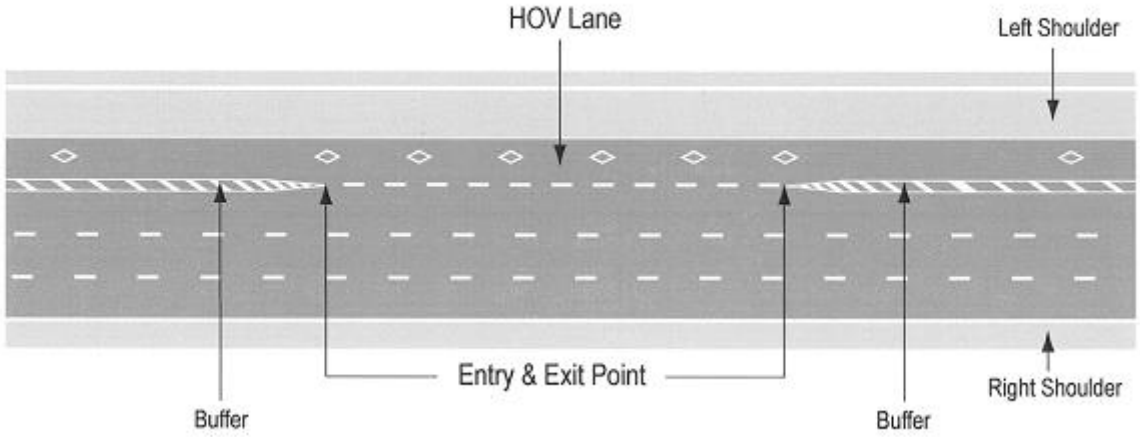
Under Ontario Regulation 620/05, emergency vehicles responding to a call with emergency warning systems activated are exempt from:

The requirement regarding the number of occupants when using HOV lanes; and

Cutting across the “Buffer Zones”.

Under Ontario Regulation 620/05, any vehicle is exempt from crossing the “Buffer Zone” when attempting to yield to an emergency vehicle with its warning systems activated.

FIGURE A



Section 04: Facilities, Vehicles and Equipment **Emergency Warning Systems**			
SOP Number **03.04.24**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **April 1, 2015**

03.04.24. Emergency Warning Systems

Paramedics are to use Emergency Warning Systems in accordance with the Highway Traffic Act.

Emergency Warning Systems Guidelines[20]

In order to enhance the safety of Paramedics and the public, and in order to provide the best care for patients, use of emergency warning systems are recommended when:

- Responding to an emergency call where call details warrant an expedited response (e.g., presence of patient(s) exhibiting a possible life-threatening condition);
- Transporting a patient or injured person to hospital exhibiting a life-threatening or possible life-threatening condition;
- Entering traffic while departing a scene.

Emergency Lights may be used on scene while the vehicle is parked when:

- The vehicle may pose a hazard to other vehicles;
- In the opinion of the driver, emergency lights will help other emergency services (i.e., paramedic services, police services, fire services) locate the crew; or,
- In the opinion of the driver, emergency lights are necessary.

In order to enhance crew safety, emergency lights must be activated at all times when stopped at the side of a highway.

[20] May not be applicable if the emergency vehicle is approaching a scene where stealth is required (e.g., ETF call or where otherwise indicated).

Section 04: Facilities, Vehicles and Equipment **Proceeding Through Red Traffic Lights**			
SOP Number **03.04.25**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.25. Proceeding through Red Traffic Lights

To satisfy the Highway Traffic Act and to meet all safety requirements when proceeding through a red traffic light, Paramedics must:

- Ensure that ALL emergency lights are activated;21
- Ensure that the siren is activated;
- Come to a COMPLETE stop at or before the stop line when approaching the red light. If no stop line exists, Paramedics must come to a COMPLETE stop at or before the side walk / cross walk. If no side walk / cross walk exists, Paramedics must come to a COMPLETE stop at or before entering the intersection;
- Slowly pull forward when it is safe to do so, blocking the first lane of traffic, but stopping short of the next lane of traffic; and
- Repeat the above point until the intersection has been cleared.

[21] Section 144 (1) (b) of the Highway Traffic Act defines an “emergency vehicle” as an ambulance that is responding to an emergency call or being used to transport a patient or injured person in an emergency situation, on which a siren is continuously sounding and from which intermittent flashes of red light are visible in all directions.

REMEMBER:

Use of emergency warning systems does not exempt Paramedics from stopping at the red light[22]; rather, they exempt emergency vehicles from having to wait for the light to turn green.[23] Paramedics must come to a complete stop and proceed only when it is safe to do so as indicated above.

[22] Section 144 (18) of the Ontario Highway Traffic Act states that "every driver approaching a traffic control signal showing a circular red indication and facing the indication shall stop his or her vehicle and shall not proceed until a green indication is shown."

[23] Section 144 (20) of the Ontario Highway Traffic Act states that "[d]espite subsection (18), a driver of an emergency vehicle, after stopping the vehicle, may proceed without a green indication being shown if it is safe to do so.

Section 04: Facilities, Vehicles and Equipment **EMS Vehicle Collision Reporting**			
SOP Number **03.04.26**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.26. EMS Vehicle Collision Reporting Requirements

Whenever a Toronto Paramedic Services vehicle is involved in a motor vehicle collision, the driver must immediately notify the Communications Centre. Information provided to the Communications Centre should include:

- The location of the collision;
- Descriptions of injuries sustained by the crew or other persons involved;
- Requests for any assistance required; and
- The extent of damage to Divisional and other vehicles involved.

Obligation to Render Assistance

The crew must render assistance where necessary and if able to do so.[24] If injuries are sustained, the crew must:

- Immediately notify the Communications Centre of the extent of their own injuries and/or injuries to other persons involved;
- Assign one member of the crew to assess and treat the patient and the other member of the crew to assess the scene, if possible;
- Request the appropriate resources required (additional EMS, TPS, TFS); and

[24] Persons involved in motor vehicle collisions are required to render all possible assistance by the Highway Traffic Act, s. 200 (a) (b).

- Remain on scene and treat any injured parties.

If the vehicle is roadworthy and if all persons directly or indirectly involved in the collision are uninjured, the vehicle may continue to a previously dispatched emergency call, or continue transporting a patient, as applicable and at the discretion of the Communications Centre. Prior to leaving the scene of the collision, the driver of the ambulance must:

- Make direct contact with all parties involved;
- Inform all parties involved that Police have been notified;
- Record the licence number(s) of all vehicle(s) involved in the collision;
- Briefly record the extent of damage to vehicles involved in the collision;
- Make notes of the collision details; and
- Advise the Communications Centre of the Paramedic crew's status.

A Paramedic Superintendent and TPS will be assigned to respond to ALL collisions involving a Toronto Paramedic Services or City vehicle.

Vehicle Collision Report

Whenever a Toronto Paramedic Services vehicle (Ambulance, ERV, etc.) is involved in a collision, regardless of the extent of the damage, the driver must complete a Toronto Paramedic Services Vehicle Collision Report as soon as possible. In instances where, due to injuries sustained in the collision, the driver is unable to complete the Vehicle Collision Report, a Paramedic Superintendent, with the assistance of the partner of the driver, where applicable, will complete the Vehicle Collision Report on the driver's behalf.

Section 04: Facilities, Vehicles and Equipment **Vehicle Backing Up**			
SOP Number **03.04.27**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.27. Vehicle Backing Up

A Paramedic reversing a Toronto Paramedic Services vehicle must:

- Open his or her window;
- Activate all emergency lights (if available); and
- Sound the vehicle's horn twice in succession.

All Toronto Paramedic Services vehicles, including those equipped with a back-up camera and/or alarm, must be reversed in this manner.

A spotter must be used whenever a second person is available. The spotter must take position on the driver side of the vehicle near the rear quarter-panel to alert the driver of any safety hazards while the vehicle reverses. Where it is unsafe or impractical to stand on the driver side of the vehicle near the rear quarter-panel, the spotter may take position on the passenger side of the vehicle near the rear quarter-panel.

All Toronto Paramedic Services vehicles, including those equipped with a back-up camera and/or alarm, must be reversed with the aid of a spotter if a second person is available. Back-up cameras and alarms augment the level of safety provided by – but do not replace – spotters.

Where a second person is unavailable to assist the driver with reversing the vehicle (e.g., while transporting a patient), Paramedics should use extreme caution, utilize mirrors as appropriate, and may ask a bystander to assist with reversing the vehicle.

Section 04: Facilities, Vehicles and Equipment **Decommissioning of Toronto Paramedic Services Vehicles**			
SOP Number **03.04.28**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.04.28. Decommissioning of Toronto Paramedic Services Vehicles

When it is determined that a Toronto Paramedic Services vehicle is to be decommissioned the following procedures will apply:

- Fleet Management will ensure that all identification numbers, marking and insignia on the EMS vehicles are removed;
- All EMS vehicles will have vehicle recording devices removed (e.g. tachograph and/or GPS units, siren); and
- All EMS items will be removed as required (e.g. oxygen regulators, radio equipment, computer docking stations, sharps containers, etc.).

All forward emitting red emergency lights will be deactivated, removed and/or made inoperable.

All emergency warning systems will be deactivated, removed and/or made inoperable by Fleet Management.

Section 04: Facilities, Vehicles and Equipment **Oxygen "D" Cylinder Fabric Carrier**			
SOP Number **03.04.29**	First Issued October 1, 2008	Replaces June 1, 2009	Last Revised / Effective **REPEALED September 15, 2014**

03.04.29. Oxygen "D" Cylinder Fabric Carrier

REPEALED September 15, 2014

Section 04: Facilities, Vehicles and Equipment **Refuelling Paramedic Services Vehicles**			
SOP Number (Ops/CACC) **03.04.30 / 09.08.51**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **August 1, 2016**

03.04.30. Refuelling Paramedic Services Vehicles

This SOP is intended to establish a consistent and economical approach to fuelling and to maintaining operational readiness within the Division through the use of approved fuel locations, such as Toronto Police Services (Police), and City of Toronto Fleet Services.

Scope

Paramedics must only use Police fuel locations or City Fleet Services fuel locations as the primary sources of fuel for all Paramedic Services vehicles. The locations of approved fuel sites are available on the Toronto Paramedic Services reference site on the station computers.

In the following exceptional circumstances, fuel may be purchased at a retail fuel location. All such fuelling requires advance authorization from a Toronto Paramedic Services Commander, Deputy Commander or Superintendent:

- When Police and City Fleet Services fuel pumps are inoperable;
- When Toronto Paramedic Services vehicles require fuelling outside city of Toronto boundaries; or
- When directed by the Communications Centre to use a closer source due to deployment or coverage requirements.

Procedure

Paramedics must make every reasonable effort to ensure a minimum of one-half (½) tank of fuel is maintained at all times. Paramedics must notify the Communications Centre of refuelling needs whenever their vehicle reaches one-half (½) tank. Refuelling assignment will be considered at beginning of shift, while assigned back to a station, while carrying out administrative assignments, or during extensive delays while in hospital when appropriate.

Paramedics and EMDs must adhere to the following procedure:

(1) When the vehicle fuel level reaches one-half (½) of a tank:

- Paramedics must advise the Communications Centre that they need to refuel.
- The EMD will apply the VisiCAD Reason Code "Refuel – ½ Tank" to the respective vehicle so that the request can be completed at the earliest opportunity.
- When practical, the EMD will assign the vehicle to the closest Police or City-operated fuelling location to obtain fuel.*
- A vehicle at one-half (½) tank of fuel will continue to be subject to emergency calls, stand-by and/or lunch assignments.

(2) In the event that the vehicle fuel level reaches one-quarter (¼) of a tank:

- Paramedics must advise the Communications Centre that their vehicle is at one-quarter (¼) tank.
- The EMD will apply the VisiCAD Reason Code "Refuel – ¼ Tank" to the respective vehicle and will assign the vehicle to the closest Police or City-operated fuelling location to obtain fuel.*
- The EMD will notify the Deputy Commander, System Control Superintendent or the Paramedic Superintendent for follow-up.
- Once assigned to refuelling, a vehicle at or below one-quarter (¼) tank of fuel will not be available for emergency or standby assignments, except for Delta or Echo calls, until refuelling is complete. The Deputy Commander, System Control Superintendent or the Paramedic Superintendent must authorize the vehicle to be placed in the "Refuel – ¼ Tank" status. In these situations, EMDs will make every effort to back up the responding crew with a transport unit.

* If the crew requiring fuel is within 30 minutes of the end of their shift, authorization for refuelling must be obtained from the Deputy Commander or System Control Superintendent.

In accordance with SOP 03.05.2 – Status Reporting Unit (MobiCAD), Paramedics must advise the Communications Centre when they are actually refuelling.

Paramedics must ensure that the correct fuel type is dispensed into the vehicle. **No premium fuel** purchases are permitted without Commander, Deputy Commander or Superintendent approval. Fuelling of a Toronto Paramedic Services vehicle must follow the Toronto Paramedic Services Fuelling Procedures which includes the completion of the Daily Fuel and Oil Report Form (TPS 558) when fuelling at all Police fuelling sites.

Use of the Fuel Purchase Card

Any use of the Fuel Purchase Card requires advance authorization by a Commander, Deputy Commander or Paramedic Superintendent.

When assigned to out of town calls, crews must advise the Communications Centre of their vehicle's current fuel level as per SOP 03.06.49 – Out of Town Calls. When outside the city of Toronto boundaries and requiring fuel, Paramedics must contact the Communications Centre and request advance authorization.

Purchases using the Fuel Purchase Card shall be restricted to fuel and windshield washer fluid or, in emergency situations only, certain automotive products as approved in advance by the Commander, Deputy Commander or Superintendent (e.g., engine oil). Any other products (e.g., refreshments) **shall not** be purchased with the Fuel Purchase Card.

The Paramedic crew must ensure that the gas receipt is properly completed in a legible manner, including signature, EHS number, vehicle number, odometer reading and the name of the Toronto Paramedic Services management representative approving the purchase. This receipt must be submitted in the Daily Vehicle Check Sheet envelope at the completion of their shift.

Following the purchase, the Fuel Purchase Card shall be secured in accordance with Divisional procedures as amended from time to time.

Note: Any missing or unsecured Fuel Purchase Card must be reported immediately to a Paramedic Superintendent as per SOP 03.02.22 – Lost or Stolen Paramedic Services Property.

Section 05: Communications **Vehicle Assignments**			
SOP Number **03.05.1**	First Issued October 1, 2008	Replaces August 1, 2012	Last Revised / Effective **May 12, 2014**

03.05.1. Vehicle Assignments

The Communications Centre is responsible for the assignment of all calls and posts and for directing all vehicle movements within Toronto Paramedic Services to ensure that patients receive timely and effective patient care.

Paramedics must respond to all assigned calls and post assignments without delay and comply with the directions and instructions issued to them by the Communications Centre as per SOP 03.06.1 – Response to Calls. Such directions may be issued to crews via various methods, either directly by an EMD or via automated systems i.e., radio, phone, paging, station alerting, MobiCAD, etc. Paramedics must maintain contact with the Communications Centre at all times while on duty as per SOP 03.05.2 – Status Reporting Unit (MobiCAD).

Unit Assignments

Paramedics must respond immediately and without delay when notified of any call or post assignment. The Paramedic crew must immediately notify their EMD of any situation which they anticipate may delay their response to an assignment, including the expected duration of the delay.

NOTE: In order to maintain availability for assignments and to prevent delays in service, Paramedics must avoid the use of express lanes (i.e., core lanes) on highways, unless required for access to an incident or when there is no other available route.

Station Alerting

- When identified as being “In Quarters”25, Paramedics will be notified of calls and post assignments via the automated station alerting system.

- When notified by the station alerting system, all members of the assigned crew must immediately move toward the vehicle upon hearing their unit number.

- The assigned crew must acknowledge receipt of the automated dispatch message by pressing one of the green acknowledgment buttons located throughout the station while proceeding to their vehicle.

- No other crew, except for the assigned Paramedic crew, is permitted to press the green acknowledgment button.

- Assigned crews must press the green acknowledgment button within thirty (30) seconds following the beginning of the automated dispatch message. This will notify the Communications Centre that the message has been received.

- The automated dispatch message will repeat once only, fifteen (15) seconds later, if the green acknowledgment button is not pressed.

- If any Paramedic crew hears an automated message for a crew that is not in the station, they must immediately contact the Communications Centre to advise that the crew being assigned is not present.

- The direct station telephone (“hot line”) is a secondary method for crew notification and must be answered within three (3) rings.

[25] Paramedic crews are considered to be “In Quarters” when they have successfully contacted the Communications Centre via either radio or station “hot line” upon arrival at any EMS facility. See SOP 03.05.2 – Status Reporting Unit (MobiCAD).

Responding to Post Assignments

Following completion any assignment (e.g., clearing a hospital, clearing/cancelling from a call, etc.), Paramedics must report that they are clear on their assigned home quadrant radio channel. All post assignments will be delivered on this assigned channel. Unless otherwise directed, Paramedics must remain on their home quadrant radio channel at all times when not assigned to a call.

Section 05: Communications **Status Reporting Unit (MobiCAD)**			
SOP Number **03.05.2**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **September 15, 2014**

03.05.2 Status Reporting Unit (MobiCAD)

At the start of the shift, Paramedics are required to turn on the MobiCAD unit to ensure it is ready for the first call.

Vehicle status' are to be updated via MobiCAD for every phase of every call involving vehicle movement, including when vehicles are out of town. Voice status reporting is also required in conjunction with the MobiCAD. This includes en route/mobile (10-8), at the scene (10-7), en route with a patient (10-9) and at location/hospital (10-7).

Section 05: Communications **Radio Procedures and Ten Codes**			
SOP Number **03.05.3**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **September 15, 2014**

03.05.3. Radio Procedures and Ten Codes

Paramedics are to maintain proper radio procedure at all times.

Ten Codes Generally Used by Toronto Paramedic Services

10-4	Message received and understood
10-5	Relay message
10-6	Busy – standby
10-7	Out of service, off the air
10-8	In-service, on the air
10-9	En route with patient
10-12	Can't explain
10-13	Advise road weather conditions
10-19	Return to base
10-20	Report location
10-21	Call by landline
10-23	Standby
10-26	Cancel currently assigned detail
10-32	Paramedic down
10-33	Emergency message/transmission
10-90	Break
10-200	Reference to police
10-2000	Request for urgent police assistance

All crews and/or Management staff hearing a 10-32, 10-33, or 10-2000 broadcast should remain off the air until the message is complete. The Communications Centre will direct the appropriate response upon completion of the message.

Paramedic Down: 10-32

The purpose of this code is to allow a Paramedic to alert their EMD of a need for immediate medical assistance, for one or more crewmembers, due to an acute onset of illness or injury.

The Paramedic transmitting the 10-32 code should provide as much detail as possible. This would include the exact location, the nature and number of injuries or illness, ACP/PCP resources required and any possible threats to other responders. Additional information would include requests for an allied agency response, e.g. Police, Fire, electrical or gas utility, and any other ambulance resource that may be required. Collectively, this information will allow the EMD to build a response tailored to the crew's needs.

Emergency: 10-33

The radio code 10-33 is to be utilized to transmit an emergency message. Code 10-33 may be defined as any situation where the Paramedic feels that an emergency message is necessary, requiring a clear radio frequency.

Urgent Police Assistance: 10-200 and 10-2000

The radio code 10-200 is to be utilized when the crew requires the assistance of Police for a non-priority (routine) response.

The radio code 10-2000 indicates that the Paramedic crew requires urgent Police assistance. It is expected that the Paramedic will provide as much verbal detail as possible, specifying their **exact location**, the **problem** and the **resources required**.

In the event that the Paramedic is not able to safely confirm their **exact location**, the EMD will respond* with "Unit number, 10-2000, 10-20?" (e.g., "AMBULANCE 8020, 10-2000, 10-20?"). If the crew is still unable to respond via voice, the Communications Centre will initiate a response to the last known location of the Paramedic crew.

In the event that the Paramedics are unable to provide **problem** or **resources required** information, a base response will be sent.

	CACC Response
10-2000 (+/- Button Push)	Police, Two closest EMS units (+ALS resource if not one of closest), District Superintendent, (+TFS if unknown and other agencies as requested/known)
10-32 (+/- Button Push)	Police, Two closest EMS units (+ALS resource if not one of closest), District Superintendent, +TFS
Button Push ONLY (no other info)	Police, Two closest EMS units (+ALS resource if not one of closest), District Superintendent, +TFS

The base response has been made as consistent as possible to promote consistent application – the SCS or Deputy Commander may revise any response as the situation warrants.

Cancelling an Emergency Request for Help

In the event that an alarm is activated inadvertently, Paramedics will transmit the following message to the Communications Centre: **"Ambulance/ERU ____ (unit number), 10-2000 Alpha Charlie."** (e.g., "Ambulance 2557, 10-2000 Alpha Charlie"). This will indicate that the situation is accidental, and that the "**A**ll **C**lear" was not given under duress, and will let the Communication Centre know that no additional response is necessary. If the statement is given properly, the EMD will acknowledge* the crew's response with: "Ambulance/ERU XXXX, 10-2000 Alpha Charlie, 10-4."

If the statement is *not* given properly, the Communications Centre will treat it as a response confirming an emergency situation.

Responding to Aid another Unit that has initiated a 10-2000 or 10-32

When assigned by the EMD, aiding units will be directed to switch to the channel of the unit in distress and will respond with **"Ambulance/ERU ____ (unit number) on __ (channel), responding to 10-2000 (or 10-32)"** (e.g., "Ambulance 4007 on S/W responding to 10-2000"). Response is to be limited to this phrase to avoid possible exacerbation of the situation on scene by broadcasting information over the originating radio.

***Note –** As described in SOP 03.05.5 Portable Radios – Emergency Button Activation the EMD *cannot* respond verbally until the 20 second 'open microphone' period has ended if the Paramedic has pressed the emergency button on the **portable** radio.

Section 05: Communications **Portable Radios**			
SOP Number **03.05.4**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **October 11, 2017**

03.05.4. Portable Radios

Portable radios are the primary means of communication between Operations staff and the Communications Centre while outside of the vehicle. Portable radios act as a backup to the main vehicle radios and facilitate the timely updating of crews regarding call developments that occur after the Paramedics leave the vehicle at a scene. Most importantly, portable radios provide a means of calling for assistance in the event that Paramedics are unexpectedly confronted with a situation in which their safety is in question.

Procedure

Each member of every Paramedic crew must carry a portable radio on their person (e.g., worn on a belt clip) at all times while outside of the station, post or vehicle, including while inside any hospital.

The portable radio(s) must be turned on, tuned to the appropriate channel and the volume set to a level that is clearly audible at all times. The portable radio(s) are not to be tampered with and **the speaker microphones are to be left attached**. Ambulance crews with only one portable radio will not be considered out of service while awaiting replacement but should show due diligence for their safety if they are assigned a call. This diligence includes, but is not limited to, line of sight communication and the use of allied resources.

Paramedics must:

- Check the functioning of their portable radio(s) at the start of each shift by conducting a voice radio test with their respective EMD;26
- Ensure their portable radio(s) have all the appropriate accessory equipment, including a charged spare battery;
- Record on their Daily Vehicle Check the ID number(s) of the portable radio(s) they are using;
- Ensure the portable radio(s) are safely secured in the vehicle while the vehicle is in motion.
- Immediately report a defective or missing portable radio to an Paramedic Superintendent;
- Record all information concerning a damaged or missing portable radio(s) in their Daily Vehicle Check; and
- Ensure that their portable radio(s) are handed over directly to the relieving crew at the conclusion of each shift worked. In the event that there is no relieving crew, place the portable radio(s) into the charger(s) in the station.
- At **multi-function stations**, crews must follow the procedure for that facility as per SOP 03.04.14 – Vehicle and Equipment Checks.

[26] See SOP 03.04.14 – Vehicle and Equipment Checks.

Hospital Destination Coordinator

The portable radios are to be used as the primary means of contacting the Hospital Destination Coordinator while on-scene. When it is necessary to do so, Paramedics are expected to:

- Move the toggle switch to the appropriate channel for the Destination Coordinator;
- Contact the Hospital Destination Coordinator and obtain a destination; be clear and concise, identifying the Paramedic vehicle number, and giving the Coordinator the basic information necessary to select a hospital for the patient; and
- Switch back to their assigned quadrant radio channel when communication with the Hospital Destination Coordinator has ended.

Section 05: Communications **Portable Radios – Emergency Button Activation**			
SOP Number **03.05.5**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **September 15, 2014**

03.05.5. Portable Radios – Emergency Button Activation

When a Paramedic activates an emergency by pressing the orange emergency button, the portable radio will automatically switch to a special EMERGENCY channel (monitored by all EMD workstations) and the Paramedic will hear a series of tones from the portable radio confirming that the emergency alert was sent. The word **'EMERGENCY'** will flash on the portable radio display screen. The portable radio number and vehicle name will be sent to dispatch and a visual and audible alarm will be activated at every EMD position.

As soon as a Paramedic presses the orange emergency button, the portable radio will automatically begin to transmit as though the PTT button was depressed. This "open microphone" will continue for 20 seconds. The purpose of this automatic transmission is to allow the EMD to hear what is going on at the scene in the event that the Paramedic cannot speak. The red LED light on the top of the portable radio will remain lit so that the Paramedic knows that the radio is transmitting.

During these 20 seconds, the Paramedic should attempt to state:

- His or her vehicle number;
- 10-2000;
- His or her location (10-20); and
- If possible, any additional information about the situation.

Example:

"This is 8012, 10-2000, corner of Bloor & Spadina…we have an assailant with a knife."

Any information that can be safely given over the radio by the originating Paramedics in these situations will help additional responders.

NOTE:

During these 20 seconds of 'open microphone', the EMD can **listen** but will not be able to transmit**.** Help will be initiated immediately. Note also that this open microphone feature is only available on the **portable** radios.

When the 20 seconds of 'open microphone' is over, the Communications Centre will attempt to confirm the location of the emergency if not previously given, or will confirm the emergency request has been understood by saying, "Ambulance/ERU XXXX, 10-2000, 10-4."

If the Paramedic is able to give further details after the 20 seconds of 'open microphone', he or she should press the PTT button and converse as normal.

If the Paramedic is unable to talk, or does not give more information, the Communications Centre will initiate a "10-2000 Response" as described in SOP 03.05.3 Radio Procedures and Ten Codes. The Paramedic should make every attempt to immediately provide additional details where safe to do so.

Cancelling an Emergency Request for Help

In the event that an alarm is activated inadvertently, Paramedics will transmit the following message to the Communications Centre: **"Ambulance/ERU ____ (unit number), 10-2000 Alpha Charlie."** (e.g., "Ambulance 2557, 10-2000 Alpha Charlie"). This will indicate that the situation is accidental, and that the "**A**ll **C**lear" was not given under duress, and will let the Communication Centre know that no additional response is necessary. If the statement is given properly, the EMD will acknowledge* the crew's response with: "Ambulance/ERU XXXX, 10-2000 Alpha Charlie, 10-4."

If the statement is *not* given properly, the Communications Centre will treat it as a response confirming an emergency situation.

Once the EMD has confirmed that the **emergency** is over, the Paramedic must press and hold the orange emergency button for approximately 2 seconds until the portable radio sounds a long beep. The flashing EMERGENCY message on the portable radio display will cease and the portable radio will switch back to the previous channel. The Paramedic must then call the EMD by voice to confirm that the emergency is over and that the crew is back on the assigned quadrant channel.

It is important that the Paramedic immediately confirm any false alarm verbally. If not, EMS, Police and fire services will be notified to respond on an emergency basis. **Cancelling the emergency by simply holding the button on the radio without a verbal cancellation does not cancel it at the Communications Centre.**

Paramedic Testing of the Emergency Button

Unscheduled Paramedic testing of the Emergency Button is **NOT PERMITTED**. It is important to understand that the Emergency Button should only be used in situations in which the Paramedic crew feels that they are in imminent danger. Unscheduled testing of the Emergency Button is not permitted as it can impact the safety of other staff. If the portable radio operates properly during the radio check, the Emergency Button will also work. The Emergency Feature is tested on a regular basis by the Communications Centre.

NOTE:

Only one emergency voice transmission can occur at a time. However, radio identifications will be transmitted even if multiple simultaneous emergencies do occur. Help will be sent to all who activate the emergency button.

Section 05: Communications **Portable Radio and Hospital Coordination Procedure**			
SOP Number **03.05.6**	First Issued October 1, 2008	Replaces September 16, 2013	Last Revised / Effective **May 12, 2014**

03.05.6. Portable Radio and Hospital Coordination Procedure

Co-ordinator Radio Channels

The Hospital Destination Coordinator uses the 'DEST' channel, while the Hospital Clearing Coordinator uses the 'CLRING' channel.

A/B/C Shortcut Switch

The portable radio's A/B/C switch is configured as follows:

- **'A'** is designated for the OPS zone and contains all quadrant channels;
- **'B'** is designated as the 'DEST' channel; and
- **'C'** is designated as the 'CLRING' channel.

Routine Paramedic Procedure

- When outside the station or vehicle, Paramedics must carry their portable radios at all times. Each Paramedic crew's portable radios must be turned on and tuned to their respective quadrant channel in the OPS zone (switch set to 'A').27
- When a hospital destination is required, switch to 'B' for the 'DEST' channel.
- Upon arrival at a hospital/destination, switch to 'C' for the 'CLRING' channel.

[27] See SOP 03.05.4 – Portable Radios.

- Upon achieving paramedic transfer of care (PTOC), Paramedics must notify the Hospital Clearing Coordinator, then switch back to the OPS zone (switch position 'A') and notify their respective quadrant EMD on the quadrant channel.

Standardized Destination Procedures

Paramedics must provide information to the Hospital Destination Coordinator in the following prescribed format:

- Switch to the 'DEST' portable radio channel (switch position **'B'**).
- Call the Hospital Destination Coordinator and state the full four-digit vehicle number and alphabetic modifier as required e.g., **"Destination, call 5850A"**.
- Wait 15 seconds for the Destination Coordinator to acknowledge the message. If no response is heard in this time, repeat the call.

Once the Hospital Destination Coordinator has acknowledged the message, the following information is required:

For example:

• Repeat vehicle number	Destination, 5850 …
• Closest major intersection	Finch & Weston area …
• CTAS #	CTAS 3 …
• Patient ambulatory or stretcher case	Stretcher patient …
• Is a specific service required	Dialysis required …
• Hospital request	Requesting Etobicoke …
• Is it a repatriation case?	For repatriation.

Note:

Negotiating for a hospital between Paramedics and EMDs is not acceptable. Paramedics must include all information listed above in the initial radio message. Once the Paramedic is directed to a hospital, requests to transport to a different destination cannot be accepted.

Section 05: Communications **Pagers**			
SOP Number **03.05.7**	First Issued October 1, 2008	Replaces June 1, 2011	Last Revised / Effective **August 13, 2014**

03.05.7. Pagers

The pager is a personal issue item and employees are responsible for it in the same way they are responsible for all other personal issue equipment. The functioning pager must be worn at all times while on-duty. Missing and/or defective pagers must be reported immediately to a Paramedic Superintendent. If a Paramedic chooses not to take their pager home, it is to be turned off and kept in a secure place (e.g., station locker) while off-duty.

The purpose of the paging system is to provide additional information to the Paramedic crew; it is not intended to be the primary system for notification of scene safety. Notification of scene safety concerns or other urgent messages will be initiated via portable radio.

Paramedics may use the pager for personal messages. All messages must be in keeping with the City of Toronto's Acceptable Use Policy. Pager batteries are available from a Paramedic Superintendent, as needed.

Paramedics must:

- Always wear their pager while on-duty and must have it turned on to vibrate or an audible alert only;
- Check that their pager is functioning properly at the start of their shift;
- Immediately contact an Paramedic Superintendent if their pager's battery requires replacement;
- Immediately report to an Paramedic Superintendent any delayed or stored messages that are prefaced with "URGENT"
- Immediately report a defective or missing pager to an Paramedic Superintendent; and
- Record all information concerning a damaged or missing pager on the Daily Vehicle and Equipment Check.

NOTE: If a Paramedic receives an emergency call by pager and has not received the call by phone, radio or station voice-alerting systems, the Paramedic **must immediately** contact the EMD to confirm receipt of the call and to receive further direction.

Section 05: Communications **Missing Call Details**			
SOP Number **03.05.8**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.05.8. Missing Call Details

If a crew, while responding to an emergency call, has not received call details and has not received an update on their pager or MobiCAD before they reach the call location, they should communicate with their EMD and request any additional information.

Section 05: Communications **TTC Subway Radio System**			
SOP Number **03.05.9**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **March 15, 2016**

03.05.9. TTC Subway Radio System

When a Paramedic crew is responding to subway station calls that may take them below ground level, they may communicate in the underground in the same manner as they would outside the subway system, using their regular talkgroups (e.g., Quadrant A1, A2, A3, and A4). Crews are not required to switch their portable radio to the "Subway" talkgroups.

TTC1 will be utilized only as a backup to the regular talkgroups in the event of a system failure. The TTC2 talkgroup is no longer operational.

If a radio transmission at track level is unreadable, the Paramedic crew should change their position and try their message again. At track level, the antenna is situated closest to the centre of the tunnels (i.e. the centre median). It may be necessary for the Paramedic crew to move to another location in order to enhance the transmission signal.

Paramedics are reminded that Portable Radio checks should occur at the beginning of each shift or as soon as possible thereafter. If any portable radio is found to be missing, or not functioning, the Paramedic crew must notify a Superintendent immediately.[28]

Other communications options during subway calls include:

- The wayside radio system installed in each train, which permits Paramedic Services Staff to speak to the Paramedic Services Communications Centre via TTC Transit Control;
- Pay phones (no charge to dial 9-1-1); and
- Transit Control telephones, located at the end of each platform and indented by a blue light

[28] See SOP 03.04.14 – Vehicle and Equipment Checks

Section 06: Operations **Response to Calls**			
SOP Number **03.06.1**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.1. Response to Calls

Paramedics must accept calls as assigned by the Communications Centre. When answering an intercom telephone line, the Paramedic must answer the phone with the unit's assigned radio call sign. Furthermore, Paramedics must comply with every direction and instruction as issued by their EMD with respect to the assignment of a call without delay.

When communicating with the Communications Centre, Paramedics must use their assigned vehicle number for identification.

Paramedics must advise the Communications Centre of their status and availability when requested. Paramedics must advise their EMD of each vehicle movement.

Upon receipt of any emergency call, while in a station, hospital, or other facility, the ambulance crew must update their status, electronically and by voice, and be mobile to the call within one (1) minute.

Upon receipt of any **non-emergency call** including standbys, administrative and service details while in a station or hospital, the ambulance crew must update their status, electronically and by voice, and must be mobile within two (2) minutes.

Delays in response must be reported to the Communications Centre immediately.

Section 06: Operations **Response to ECHO Level Calls**			
SOP Number **03.06.2**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.2. Response to ECHO Level Calls

Toronto Paramedic Services has adopted five (5) classes of emergency response. When the call is assigned, each response will be described to the crew as an Alpha, Bravo, Charlie, Delta, or Echo response.

The following operational procedures will apply:

- Upon hearing an ECHO broadcast, all ambulances or other EMS resources in the vicinity of the call should consider their ability to respond to the ECHO call;

- The Quadrant EMD will acknowledge the unit that responds to the ECHO call and will then give further instructions about whether their response is required. Paramedic crews are not to simply 'jump' the call and respond; and

- Units/resources responding to ECHO calls – apart from the actual transport ambulance(s) being assigned – can expect to render immediate emergency first response until the transport units arrive.

Section 06: Operations **Early Call – No Vehicle Check**			
SOP Number **03.06.3**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **October 11, 2017**

03.06.3. Early Call – No Vehicle Check

In situations where a Paramedic crew is assigned an emergency call before a full vehicle check has been completed, they are to respond to that call **without delay**. If the crew believes that they are missing critical equipment or supplies that would compromise their ability to provide patient care and/or safe patient transport, they are to report this to their EMD. The EMD will assign a backup crew and advise the Communications Centre Superintendent and a Paramedic Superintendent accordingly.

At **multi-function stations**, Paramedics must review the Daily Check Sheet for specific vehicle and equipment checks, but if assigned an emergency call before this occurs, they are to respond to that call **without delay**.

Section 06: Operations **Emergency Calls Received Prior to Clearing the Hospital**			
SOP Number **03.06.4**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.4. Emergency Calls Received Prior to Clearing the Hospital

In the event that an emergency call is assigned to a Paramedic crew prior to being cleared from a hospital, the crew will respond to the call **without delay**.

If circumstances prevent the crew from responding to the call, the EMD must be notified **immediately** and provided with the reason. The EMD will then provide subsequent direction to the crew based on this information.

Section 06: Operations **Stretcher Preparation**			
SOP Number **03.06.5**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.5. Stretcher Preparation

Paramedics must ensure that the comfort and/or warmth of the patient is maintained by having the stretcher “made” ahead of time, where feasible (e.g., does not delay response to a call if the mattress has not dried).

During warmer weather, the stretcher must have:

- One sheet on the mattress. When available, fitted sheets should be used for this layer. If a fitted sheet is not available, a regular sheet can be used by running it along the length of the mattress and tucking it in at the head and foot ends of the stretcher;
- One additional sheet (folded) available on the stretcher to wrap, or ‘cocoon’, the patient in it once they have been placed on the stretcher; and
- One pillow (in a pillow case) if available.

When cooler temperatures warrant, the stretcher must have:

- One fitted sheet on the mattress (or regular sheet as previously detailed);
- One additional sheet (folded) available on the stretcher to wrap, or ‘cocoon’, the patient in it once they have been placed on the stretcher;
- One blanket (folded) to cover the patient; and
- One pillow (in a pillow case).

In colder weather, there should be consideration for an additional one blanket (folded) available on the stretcher.

Whenever possible, fitted sheets are to be used on the stretcher mattress. Regular sheets are not to be wrapped around the body of the stretcher mattress as this can cause the stretcher lifting mechanisms to malfunction. Linen that is tucked in at the head and foot of the stretcher must remain clear of the stretcher lifting mechanisms.

All linen on the stretcher is to be placed in the appropriate containers after each use. Refer to the Toronto Paramedic Services Infection Control Manual for cleaning and disinfection procedures for the stretcher and mattress. The stretcher is to be made after the mattress has dried from its cleaning process. The use of a stretcher that has not been prepared with any linen is not considered the standard of practice.

Section 06: Operations **Safe Operation of Vehicles**			
SOP Number **03.06.6**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.6. Safe Operation of Vehicles

The driver of a Toronto Paramedic Services vehicle is ultimately responsible for ensuring its safe operation. The driver must consider traffic conditions, weather conditions, road conditions and any other factors that relate to patient, crew and public safety when driving in emergency and non-emergency situations.

Rate of Speed

Paramedics must exercise extreme caution and due diligence at all times when operating a Toronto Paramedic Services vehicle with emergency lights and siren activated. **Drivers found to be exceeding the posted speed limit by 20 km/hr or greater may be subject to review.**

Drivers of Toronto Paramedic Services or City vehicles that are not equipped with emergency lights and siren must abide by posted speed limits at all times.

School Zones and Construction Zones

Extreme caution must be exercised at all times, and particularly when travelling through school zones and construction zones.

School Buses

School busses may stop at any time to load or unload passengers. Drivers operating Toronto Paramedic Services vehicles must therefore exercise caution when traveling around school busses.

In both emergency and non-emergency situations, a driver operating a Toronto Paramedic Services vehicle must stop when approaching a stopped school bus that has its overhead signal-lights flashing. Drivers must stop:

a) 20 metres from the back of the bus when approaching from the rear;[29] and

b) At or before the front of the bus when approaching from the front[30] on any roadway without a median strip.[31]

In both situations, drivers must not proceed until the bus moves or the overhead signal-lights have stopped flashing.

Tahoe – Front Seat Passengers

Chevrolet Tahoes equipped with a computer (e.g. MobiCAD) that is located between the driver's seat and right front passenger's seat should not have a front passenger due to significant safety issues involving airbag deployment.

Vehicle Headlights

Drivers operating Toronto Paramedic Services vehicles must activate the complete headlight assembly:

a) When on a highway at any time from one-half hour before sunset to one-half hour after sunrise; and/or

[29] Highway Traffic Act, R.S.O. 1990, c. H.8, s. 175 (12).
[30] Highway Traffic Act, R.S.O. 1990, c. H.8, s. 175 (11).
[31] "median strip" means the portion of a highway so constructed as to separate traffic travelling in one direction from traffic travelling in the opposite direction by a physical barrier or a raised or depressed paved or unpaved separation area that is not intended to allow crossing vehicular movement

b) At any other time when, due to insufficient light or unfavourable atmospheric conditions (rain, smoke, fog, etc.), persons and vehicles on the highway are not clearly discernible at a distance of 150 metres or less.[32]

Passing Street Cars

Where the driver of a Toronto Paramedic Services vehicle overtakes a street car or a car of an electric railway, operated in or near the centre of the roadway, which is stationary for the purpose of taking on or discharging passengers, he or she shall not pass the car or approach nearer than 2 metres measured back from the rear or front entrance or exit, as the case may be, of the car on the side on which passengers are getting on or off until the passengers have got on or got safely to the side of the street, as the case may be, unless a safety zone has been set aside and designated by a by-law passed under section 9, 10 or 11 of the Municipal Act, 2001 or under section 7 or 8 of the City of Toronto Act, 2006, as the case may be.[33]

Automatic Vehicle Locating

All Toronto Paramedic Services vehicles are equipped with an electronic monitoring system for AVL (see SOP 03.01.18 – Electronic Vehicle Data). This system measures speed, brake application, the use of warning systems and several other vehicle measurements. The electronic monitoring system is automatically activated when the vehicle ignition is engaged.

[32] Highway Traffic Act, R.S.O. 1990, c. H.8, s. 62 (1).
[33] Highway Traffic Act, R.S.O. 1990, c. H.8, s. 166 (1).

Section 06: Operations **Vehicle Breakdown**			
SOP Number **03.06.7**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.7. Vehicle Breakdown

Paramedics must notify the Communications Centre and/or a Paramedic Superintendent of any vehicle breakdown or mechanical issue(s). If a breakdown or mechanical issue occurs during a call, the Paramedics must advise the Communications Centre immediately using either their vehicle radio or portable radio.

Paramedics must include the following information when notifying the Communications Centre of a vehicle breakdown or mechanical issue:

- Nature of the breakdown or mechanical issue;
- Whether the breakdown/mechanical issue will delay or impede response;
- Safety concerns resulting from the breakdown/mechanical issue;
- Exact location;
- Additional resources that may be required;
- Any additional information requested by the EMD.

Paramedics must complete an Incident Report whenever a vehicle experiences a breakdown/ mechanical issue that delays an emergency response and/or patient transport in accordance with SOP 03.01.17 – Incident Reports.

When a Toronto Paramedic Services vehicle breaks down on a roadway where the posted speed limit is greater than 60 km/h during the hours where headlights are required (one-half hour before sunset to one-half hour after sunrise, or when, due to atmospheric conditions, vehicles and pedestrians are not discernible at a distance of 150 metres or less), the Paramedic must stop the vehicle (if possible) as close as possible to the right-hand curb and secure the vehicle from movement. The Paramedic must post a lit road flare or portable reflector issued to the vehicle approximately 30 metres to the front of the vehicle and 30 metres to the rear of the vehicle.[34]

[34] Highway Traffic Act, R.S.O. 1990, c. H.8, s. 170 (11)

Section 06: Operations **Overtaking Other Responding Emergency Vehicles**			
SOP Number **03.06.8**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.8 Overtaking Other Responding Emergency Vehicles

Toronto Paramedic Services vehicles responding to emergency calls ***shall not pass or attempt to overtake*** other emergency vehicles which are also in the process of responding to an emergency call, except as provided below:

- Where the driver of the emergency vehicle ahead signals to the vehicle behind to overtake them (***by explicit hand gesture***), the overtaking vehicle may ***consider*** passing with extreme care.

- Attempts to pass other emergency vehicles, even when signalled to do so, should be extremely rare (e.g., heavy fire apparatus such as aerial tower trucks making slow progress up steep grades on wide arterial roads).

The driver of the overtaking vehicle is responsible for ensuring that it is safe to do so before attempting the manoeuvre.

Section 06: Operations **Parking and Stopping Privileges**			
SOP Number **03.06.9**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.9. Parking and Stopping Privileges

When servicing calls, Municipal By-Laws permit Toronto Paramedic Services vehicles to park and stop in restricted areas. If Paramedics feel that it is necessary to park an emergency vehicle in a position other than an approved parking location, the Paramedics must ensure that the selected location is safe to do so. Drivers must abide by the Highway Traffic Act and Municipal By-laws at all other times.

Section 06: Operations **Safe Opening of Vehicle Doors**			
SOP Number **03.06.10**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.10. Safe Opening of Vehicle Doors

Paramedics shall not:

- Open the door of a motor vehicle on a highway35 without first taking due precautions to ensure that his or her act will not interfere with the movement of or endanger any other person or vehicle;36 or

- Leave a door of a motor vehicle on a highway open on the side of the vehicle available to moving traffic for a period of time longer than is necessary to load or unload passengers.37

All staff must be vigilant for bicycle traffic when opening vehicle doors as cyclists may appear suddenly and without warning.

All staff must take the necessary precautions when opening vehicle doors to ensure the safety of both themselves and the public.

Improper opening of the vehicle door may result in a Provincial Offences Ticket and result in Demerit Points.[38]

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35 The Highway Traffic Act, R.S.O. 1990, c. H.8, s. 1 (1) defines a “highway” as a common and public highway, street, avenue, parkway, driveway, square, place, bridge, viaduct or trestle, any part of which is intended for or used by the general public for the passage of vehicles, including the area between the lateral property lines thereof.

36 Highway Traffic Act, R.S.O. 1990, c. H.8, s. 165 (a).

37 Highway Traffic Act, R.S.O. 1990, c. H.8, s. 165 (b).

38 Highway Traffic Act, R.S.O. 1990, O. Reg. 339/94, Table Item 28.

Section 06: Operations **Hazardous Material Incident**			
SOP Number **03.06.11**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.11. Hazardous Material Incident

In situations where Paramedics are responding to an incident in which a hazardous substance is known or suspected to be involved:

- Paramedics should attempt to standby fifteen hundred (1,500) metres upwind and uphill from the incident location until further information has been received;
- The first responding Paramedic unit shall become the EMS incident command post until relieved;
- The Communications Centre will make every effort to assign a CBRN Paramedic crew to such incidents; and
- The first responding Paramedic crew should endeavour to update the Communications Centre with the following information:
    - Allied Emergency Services staff/Agencies on scene;
    - Product Identification Number (PIN);
    - Container;
    - Chemical name;
    - Placard information;
    - Exact location of the incident;
    - Exact staging location and access/egress route; and

- Wind direction.

Hazardous material information (e.g., Canutec) is available on the MobiCAD system. Refer also to the appropriate sections of the Infection Control Manual.

Section 06: Operations **Police Hostage Situations**			
SOP Number **03.06.12**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **REPEALED May 12, 2014**

03.06.12. Police Hostage Situations

REPEALED May 12, 2014.

Section 06: Operations **Paramedic Scene Safety**			
SOP Number **03.06.13**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **August 30, 2017**

03.06.13. Paramedic Scene Safety

The safety of Toronto Paramedic Services staff and the safety of our patients are of the utmost priority. The purpose of this SOP is to ensure that Paramedics can safely provide prompt and effective patient care.

1. In accordance with the Ministry of Health and Long Term Care's Basic Life Support Patient Care Standards, Section 1[39], the paramedic must:

   - "On arrival at the scene, perform an assessment of the environment, park the ambulance in a safe place, as close to the point of patient contact as possible, and identify routes of access and egress. Identify obvious and potential hazards to the patient(s) and crew. Where appropriate, identify routes of entry and exit, e.g. for multiple patient incidents; for potential violence or confrontation" (See "Procedures" below).

   - "Ensure the call environment is safe with no danger to self or others;" (i.e., determine the need for additional resources; utilize appropriate personal protective equipment; protect the patient from hazards and exposure to adverse environmental conditions; ensure safe disposal of sharps in an appropriate sharps container; secure, lift and carry the patient using appropriate methods and devices).

   - "If danger exists, or there is uncertainty regarding personal and/or patient safety, request assistance from allied emergency services and maintain communication with CACC. Initiate and/or maintain communication with ambulance dispatch."[40]

[39] "Basic Life Supports (BLS) Patient Care Standards", Emergency Health Services Branch, Ministry of Health and Long-Term Care, Version 3.1, March 2018

[40] See SOP 03.05.3 – Radio Procedures and Ten Codes, *Urgent Police Assistance: 10-200 and 10-2000* and SOP 03.05.5 – Portable Radios – Emergency Button Activation

2. Paramedics must use reasonable judgement based on specific, available information when choosing to delay provision of service. When performing an *assessment of the environment* to determine potential hazards to patient(s) and/or crew, Paramedics are reminded of their responsibility under the Occupational Health and Safety Act, Section 43, (1) and (2).[41] These sections exclude paramedics from the right to refuse work where the circumstances are inherent in their work and/or if the work refusal would directly endanger the health and safety of another person. These sections do not preclude a decision to delay the provision of service if there is a legitimate risk.

   The decision to delay Paramedic service must include recognizing and evaluating the reasons for problematic patient behaviour – such as metabolic causes of combative behaviour – to ensure staff are not jeopardizing the patient's life, health or safety.

On-Scene Procedures

NOTE: If, at any point during the following procedure, the Paramedic crew requires urgent Police assistance, the crew should initiate a 10-2000 response in accordance with SOP 03.05.013 – Radio Procedures and Ten Codes, *Urgent Police Assistance: 10-200 and 10-2000* and/or with SOP 03.05.5 - Portable Radios – Emergency Button Activation, as appropriate.

1. While en route to the call, Paramedics must:
   a. Evaluate available call information to determine if there is a specific Paramedic safety risk based on one or more of the following factors:
      - Ongoing violence or potential violence;
      - Use of weapons;
      - Assailant still on scene or in vicinity;
      - Hostile environment;
      - Fire or other chemicals involved;

[41] *Occupational Health and Safety Act*, R.S.O. 1990, CHAPTER O.1

- Allied services directing Paramedics to delay service; and/or
- Other specific safety risk.

b. If necessary, request clarification of call information and/or status of the Police response.

2. If there is specific safety risk information gathered en route:
   a. Upon arriving at scene, Paramedics must be able to visualize the residence/location in order to identify any specific safety risk.
   b. If there is a visible Paramedic safety risk at the residence/location, the Paramedics must move to an area where they are able to safely visualize access and egress of the scene in order to monitor the status of the specific safety risk and for the arrival of allied resources.

3. Once Paramedics have arrived at a safe location (per #2 above) and have made the decision to conduct a scene safety assessment[42] and/or to stage, they must immediately contact the Communications Centre. An Operations Superintendent will be assigned to attend the scene.

4. The Communications Centre will designate a talk group (channel) for the Paramedics to communicate with the Operations Superintendent. Paramedics must ensure that both the vehicle and portable radios are tuned to the designated talk group.

5. Once on the designated talk group, the Paramedics and Operations Superintendent will conduct a scene safety assessment together, based on the Paramedics' initial risk evaluation.

6. All communications must occur on the designated radio talk group;

[42] Scene Safety Assessment – a brief risk assessment where the Paramedics and the Operations Superintendent jointly evaluate all available information to determine if the scene is safe to enter.

7. Such scene safety assessments may include, but are not limited to:

    - Specific call information;
    - Observing the residence/location;
    - Talking with bystanders;
    - Making verbal contact by apartment lobby intercom devices;
    - Speaking with call originator (to be performed by Operations Superintendent);
    - Accessing any additional resources, e.g. local security personnel.

8. If the scene safety assessment (See #5 above) supports the Paramedics' initial risk evaluation (See #1a. above), the Operations Superintendent will authorize the crew to delay service (i.e., stage).

9. If, after completing the scene safety assessment, the Paramedics and the Superintendent agree that the scene is safe to enter, the Operations Superintendent will consult with the Deputy Commander prior to the Paramedics and/or the Superintendent entering the scene.

10. If, after completing the scene assessment, there is disagreement between the Paramedics and the Operations Superintendent about entering the scene, both parties will continue to gather further information (which may include driving by the patient's residence/location, talking with bystanders, making verbal contact by lobby intercom devices, etc.).

11. Paramedics must update the Communications Centre every ten (10) minutes. The Communications Centre will notify Police of the delay in service.

12. If a decision was made to delay service (see #7 above), the Paramedics must submit a Scene Safety Assessment - Incident Report & Checklist by end of the shift or as directed to by the Operations Superintendent.

NOTE 1: Paramedics must immediately notify the Communications Centre at any time when the decision is made to enter the scene.

NOTE 2: If a decision is made to enter the scene, Paramedics must perform a portable radio check.

NOTE 3: Paramedics must immediately notify the Communications Centre when Police, Fire or any allied service arrives on scene.

NOTE 4: Once Police are on scene and have advised that the scene is secure, Paramedics must proceed to the patient without further delay.

Section 06: Operations **Incident Procedures – General**			
SOP Number **03.06.14**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.14. Incident Procedures – General

The first Toronto Paramedic Services unit to arrive at any large incident will serve as the EMS command post. Upon arrival at the scene, the first Toronto Paramedic Services vehicle must update the Communications Centre via mobile/portable radio. The update will include:

- Type of incident;
- Estimated number of patients;
- Additional resources or units;
- Exact location of incident;
- Exact vehicle location;
- Access, egress and staging areas with due regard for wind direction, etc; and
- Hazardous material potential.

Contact with the Communications Centre must be maintained with regular updates by mobile/portable radio, or by cell phone.

Emergency warning lights of the first responding Toronto Paramedic Services unit (EMS incident command post) should remain activated unless relieved or otherwise advised. All other units that arrive on-scene must have their warning lights de-activated unless otherwise directed.

Section 06: Operations **Impeded Access**			
SOP Number **03.06.15**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.15. Impeded Access

If access to a patient is obstructed for any reason, the Paramedic will advise the Communications Centre and request a Paramedic Superintendent to attend the scene.

There may be occasions where forced entry into the premises of a call is required. Every attempt should be made to gain access by causing minimal damage. The Communications Centre must be advised when delayed patient contact may occur and forced entry is required.

Before forced entry is attempted, it is recommended that Allied Emergency Services staff/Agencies or a Paramedic Superintendent be present or contacted. Wherever possible, have the Allied Agency force the entry.

In all circumstances where forced entry is made / attempted by Paramedics, they will be required to complete Incident Reports. If forced entry is made by an Allied Agency or other person, the details are to be noted on the ePCR.

Section 06: Operations **Unable to Locate Address**			
SOP Number **03.06.16**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.16. Unable to Locate Address

In all cases where Paramedics are unable to locate the address of a call, they must immediately advise the Communications Centre and await further direction.

Section 06: Operations **Unable to Locate Patient**			
SOP Number **03.06.17**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.17. Unable to Locate Patient

Upon arrival at the scene of a call, the Paramedic crew must make every reasonable attempt to locate the patient (see also SOP 03.06.26 – Cancellation / Patient Refusal). In a situation where the Paramedic(s) is/are unable to locate the patient, the crew must immediately advise the Communications Centre and await further direction. Consultation with allied agencies, if applicable, and/or members of the public may also be required.

If the patient cannot be located, a police officer's badge number, fire captain's name or a Paramedic Superintendent's number must be obtained, if applicable, and recorded on the completed ePCR.

Section 06: Operations **Transport of Patient's Personal Effects and Valuables**			
SOP Number **03.06.18**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.18. Transport of Patient's Personal Effects and Valuables

The movement of personal effects is left to the discretion of the Paramedic. All reasonable efforts should be made to transport patients' personal effects provided that safety is not compromised. Every reasonable effort should be made to transport items required by disabled patients. Such items, including walkers, collapsible wheel chairs, canes, and service dogs, must be secured prior to transport. Some motorized equipment may be deemed unsafe to transport. If safe transport of such equipment is not feasible, Paramedics must advise the Communications Centre.

Paramedics may refuse to accept valuable property (e.g., jewellery, purses, wallets, cash, etc.) for safekeeping.

At the end of each call, the Paramedic is required to check the stretcher and ambulance for any valuables or personal items that may have been left behind by a patient. Any personal items found in an ambulance are to be returned to the patient or to receiving medical staff.

If valuables and/or other personal items including medical documentation are found after leaving the hospital, the Communications Centre must be advised to arrange for the safe and timely return of any found property to:

- The passenger or patient to whom the property belongs;
- The hospital to which the patient was conveyed, or to the patient's next of kin;
- The nearest Police division; obtain a property receipt which is to be forwarded to PSU via interoffice mail; or
- If applicable, a coroner or person acting on the authority of a coroner;

If none of the above is possible, the Paramedic must contact a Paramedic Superintendent or Deputy Commander for direction.

Section 06: Operations **Individuals Accompanying the Patient during Transport**			
SOP Number **03.06.19**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **April 10, 2017**

03.06.19. Individuals Accompanying the Patient during Transport

Every reasonable effort should be made to encourage an individual (family member, friend, etc.) to accompany the patient in the ambulance during transport. This person can assist with registration, caring for personal belongings or other needs while the patient waits to be seen in the ED. This also can help reduce the stress on the patient throughout their journey of care in the hospital.

The number of people transported in any Toronto Paramedic Services vehicle at one time must not exceed the number of seat belt-equipped seating positions available in the vehicle. Seating arrangements are at the discretion of the crew with due regard for the patient's condition and safety of all on board. In accordance with the Highway Traffic Act, all passengers accompanying the patient must use the seat belts provided (see SOP 03.06.20 – Seat Belts).

Children less than 36 kilograms and less than or equal to 145 centimetres tall must be restricted to a seating location in the ambulance where airbags are not installed.

In accordance with Regulation 613 made under the Highway Traffic Act, the Paramedic crew must exercise due diligence in ensuring the safety and welfare of the child when determining if a child can be safely transported in any ambulance. It is the responsibility of the Paramedic to ensure the safe transportation of all passengers on board their ambulance.

When not strapped to a stretcher in the patient compartment of an ambulance, children less than eight (8) years of age and greater than 18 kilograms should be seated in the jump seat. Such children may not be able to safely support themselves on the bench seat.

Infants (regardless of being a patient or passenger) under 18 kg should be placed in a Pedi-Mate™ and secured to the stretcher. The stretcher back must be raised to an angle between 15 degrees and 45 degrees.

Children Accompanying Patients in the Ambulance

In situations where the Paramedic crew has decided that transportation of the non-patient child(ren) may not be done safely, they may opt for one of the following:

- Arrange for the child(ren) to stay with a family member or neighbour, if the parent agrees; or

- If the patient's condition allows a minimal wait time on scene, or there is no suitable guardian to watch the child(ren), contact the Communications Centre to request attendance of a Paramedic Superintendent. Paramedics may also request allied agencies to stay with the child until a more suitable person can be located to attend to the child.

Section 06: Operations **Seat Belts**			
SOP Number **03.06.20**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.20. Seat Belts

Under Regulation 613 made under the Highway Traffic Act, Paramedics and patients over the age of 16 being transported in the ambulance's patient compartment are exempt from wearing a seat belt, if the provision of patient care makes it impractical to wear a seat belt. Drivers of Superintendent vehicles and ERVs are not covered by this exemption.

At all times, Paramedics must adhere to the Highway Traffic Act and must ensure that all passengers, staff, patients and persons who are not directly providing patient care are wearing seat belts while the ambulance or ERV is in motion.

Section 06: Operations **Police, Fire, or Physician on Scene**			
SOP Number **03.06.21**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.21 Police, Fire, or Physician on Scene

Upon arrival at the scene of a call for which ambulance service has been requested, the Paramedic crew is the medical authority and shall assume direct responsibility for all patient care. Allied agencies will be relieved of their direct responsibility and will assist the Paramedic crew as directed.

If an attending physician is on scene and attempts to direct the Paramedic(s) in respect of patient care, such individual must produce proper identification to verify their credentials. Such verification must be documented on the ePCR. The physician may assume full responsibility for the patient, provided the physician continues to provide care/treatment to the patient during transport to the receiving hospital, in accordance with the Basic Life Support Patient Care Standards.

If a physician, who has verified their credentials with proper identification, directs the Paramedic(s) in respect of patient care and such direction is carried out by the Paramedic(s), the directing physician will be deemed to have assumed responsibility for patient care and must continue to provide care/treatment during transport of the patient to the receiving hospital.

Section 06: Operations **Preparation for Transport**			
SOP Number **03.06.22**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.22. Preparation for Transport

Paramedics must ensure the safety of patients and passengers during all phases of transport. All patients must be safely secured at all times prior to and during transport. It is the responsibility of the transporting crew to ensure the proper use and application of shoulder straps and other safety devices. If the patient refuses to be transported by stretcher, the Paramedic must document such refusal (including the patient's signature where possible) on the ePCR.

Section 06: Operations **Access to Patient Information**			
SOP Number **03.06.23**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.23. Access to Patient Information

Emergency and non-emergency patient transfers to and/or from medical facilities requires sufficient patient information to be made available to the transporting Paramedic crew.

If the crew is of the opinion that the patient cannot be transported safely without such information, they are to immediately contact the Communications Centre and/or a Paramedic Superintendent for further direction.

Section 06: Operations **Midwives / Home Births**			
SOP Number **03.06.24**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.24. Midwives/Home Births

An obstetrical patient may decline transport or wait until after the birth is complete. The decision of the patient must be respected.

If a midwife is present and delivery is imminent, the crew will remain on scene until the birth is complete. If the birth is not imminent and/or transportation is refused, Paramedics must document the particulars on the patient care report, obtain the patient's refusal signature, clear the call and advise the patient to call 911 if further assistance is required.

During transport, if in the estimation of the crew the patient is or becomes medically unstable, then a decision can be made by the Paramedic to divert to a closer hospital. In these situations the Paramedic must update the Communications Centre.

Section 06: Operations **Cancellation of Allied Agencies**			
SOP Number **03.06.25**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.25. Cancellation of Allied Agencies

Toronto Paramedic Services requests the attendance of Police and/or Fire on many medical responses to assist Paramedics in accessing and/or controlling the scene as well as acting as first responders.

Upon arrival on scene and/or when patient contact has been made, Paramedics are expected to notify the Communications Centre as soon as they determine that the assistance of allied agencies is no longer required. The Communications Centre will ensure that the respective Fire and Police Communications Centre(s) are notified of the cancellation.

Paramedics should not cancel Police from calls at/involving the TTC without discussion with TTC officials.

Section 06: Operations **Cancellation / Patient Refusal**			
SOP Number **03.06.26**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.26. Cancellation / Patient Refusal

Upon arrival at the scene of a call, the Paramedic crew must make every reasonable attempt to locate the patient (See SOP 03.06.17 – Unable to Locate Patient). If the patient cannot be located, a police officer's badge number, fire captain's name or a Paramedic Superintendent's number must be obtained, if applicable, and recorded on the completed ePCR.

No employee shall refuse to provide ambulance service or emergency response service unless directed to do so by the Communications Centre.[43]

When a patient refuses service, the following procedures will apply:

- In all cases, the patient will be examined unless the patient has refused to be examined;
- Examination findings must be noted on the ePCR;
- If the patient refuses medical care / transport, the Paramedic(s) must advise the patient of any associated risk;
- Paramedics are to be familiar with and comply with the requirements of *Consent to Treatment & Capacity Assessment* as well as *Refusal of Treatment* as described in the Medical Directives;
- The Paramedics will request the patient and/or a substitute decision-maker (SDM) to sign the ePCR. If the Paramedic is unable to obtain a signature, they are to contact a Paramedic Superintendent immediately.

[43] Land Ambulance Service Certification Standards – Part III, paragraph (h).

If, in the opinion of the Paramedic, the patient requires medical aid but refuses, every effort will be made to leave the patient in the care of a responsible person whose name, telephone number and address will be clearly noted on the ePCR. If no other person is readily available, the Paramedic is to contact the Communications Centre and request the attendance of Police and/or a Paramedic Superintendent.

The cancellation portion of the ePCR must be completed including appropriate details that are specific to the situation as outlined in the Ambulance Act and the Basic Life Support Patient Care Standards.

If allied agencies, and Paramedic Superintendent and/or any other qualified staff (e.g., nurse, physician, etc.) witness the cancellation of the ambulance, the name, address and/or individual's badge/identification number must be recorded on the ePCR.

Section 06: Operations **Vital Signs Absent (VSA) Patients**			
SOP Number **03.06.27**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.27. Vital Signs Absent (VSA) Patients

All patients will be presumed to be viable and treated as living persons. Patients will be provided with the necessary care and transport unless pronounced dead or deemed Obviously Dead (as per Basic Life Support Patient Care Standards). Refer also to SOP 03.06.28 – Do Not Resuscitate Standard.

Pronounced / Obvious Death

At all times, the Paramedic will ensure the deceased is treated with respect and dignity.

Public Place

Public place means any place, building or public conveyance to which the public habitually resorts or to which the general public are admitted free or upon payment, but does not include a hospital, nursing home or any other health facility, or any home or other facility for children or for the aged, or any facility for persons with mental or physical handicaps, or any private residence or boarding house.[44]

The removal of a body from a public place interferes with the coroner's mandate. The definition of public place has been defined by the Regional Coroner of Toronto and should apply only to situations where public safety is an issue and concern, or where great public inconvenience will result. Subway lines, CNR, or GO transit lines or major thoroughfares in rush hour would be examples that fit the definition.

Do not move the body under any circumstance until directed to do so by the Coroner or the Coroner's designate.

[44] Basic Life Support Patient Care Standards, January 2007, Version 2.0, 1-57

Each subway station is equipped with a room and equipment for removing a body from the track level, if so instructed.

Embarrassment to the public, a desire to prevent curious on-lookers from seeing the body, upset or distraught families, or circumstances where Police are expected to be interrupting traffic flow for a number of hours to continue their investigation, are examples of situations where a body should NOT be automatically removed.[45]

In any of these situations, Police can assist by cordoning off an area, bodies can be covered with appropriate draping materials, or family members can be removed to another area.

Transportation of a Person's Remains

Section 12 of Ontario Regulation 257/00 made under the Ambulance Act reads:

> (1) The operator of an ambulance service shall ensure that the remains of a dead person are not transported by ambulance unless,
>
> > (a) the remains are in a public place and it is in the public interest that the remains be removed;
> >
> > (b) arrangements are made to ensure that an alternative ambulance is readily available for ambulance services during the time that the remains are being transported; and
> >
> > (c) no patient is transported in the ambulance at the same time as the remains are transported.
>
> (2) For the purposes of this section, an ambulance crew attending a person may rely on either of the following in determining that the person is dead:

[45] Regional Coroner of Toronto – Dr. W.J. Lucas - 1999

1. The crew is presented with a medical certificate of death, in the form prescribed by the *Vital Statistics Act*, in respect of the person that appears on its face to be completed and signed in accordance with that Act.

2. The person is obviously dead.

(3) Despite subsection (1), an ambulance may be used to transport the remains of a dead person for the purpose of tissue transplantation on the order of a physician if a physician at the hospital where the tissue is being delivered acknowledges the order.

(4) The ambulance crew attending the remains referred to in subsection (3) shall care for the remains as directed by the physician who ordered the transportation.

(5) Despite subsection (1), an ambulance may continue to be used to transport a patient who was alive when transportation began.

Section 06: Operations **Do Not Resuscitate Standard**			
SOP Number **03.06.28**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.28. Do Not Resuscitate Standard

The Do Not Resuscitate Standard came into effect February 1st, 2008.[46] The new Do Not Resuscitate (DNR) Confirmation Form will direct Paramedic practice with respect to the management of situations where a patient, or the patient's SDM in cases where the patient is not capable, has expressed the wish not to be resuscitated in the event that they experience a respiratory or cardiorespiratory arrest.

Two important definitions as they pertain specifically to the DNR Standard are:

DNR – For the purpose of the DNR Standard, a DNR order is defined as the existence of a current plan of treatment that reflects a patient's expressed wish when capable, or the consent of a SDM when the patient is incapable, that cardiopulmonary resuscitation (CPR) not be included in the treatment plan. A DNR order may also be valid when it is a physician's current opinion that CPR will almost certainly not benefit a patient and it is therefore not part of the plan of treatment.

CPR – CPR is defined as an immediate application of life-saving measures to a person who has suffered a sudden respiratory or cardiorespiratory arrest. These measures include the critical interventions described within both basic and advanced cardiac life support. When a valid DNR order exists, a Paramedic, according to their scope of practice, will not initiate any of the interventions considered as part of CPR.

[46] Emergency Health Services Branch, Ministry of Health and Long-Term Care, Training Bulletin: Do Not Resuscitate Standard, November 2007, Issue Number 108 – version 1.0.

Other definitions for the purpose of this Standard:

SDM – a person who is legally authorized to give or refuse consent to a treatment on behalf of a person who is incapable with respect to the treatment.

DNR Confirmation Form – A document that provides direction to both Paramedics and firefighters regarding the patient care interventions that can be initiated. A valid DNR Confirmation Form has a pre-printed serial number and has been completed, **in full**.

DNR Confirmation Form

General Information:

The DNR Confirmation Form was developed for use in conjunction with the updated DNR Standard. When completed and signed by one of the following, the DNR Confirmation Form confirms that the existing plan of treatment documented in the patient's health care record does not include CPR:

- Medical Doctor (MD);
- Registered Nurse (RN);
- Registered Nurse in the Extended Class (RN(EC)); or
- Registered Practical Nurse (RPN).

The DNR Confirmation Form is considered a "durable document' – it can be used as many times as necessary. There is no specific expiry date on the Form. The rescinding of the DNR order may be made by the patient or the SDM at any time and may not necessarily be documented in the patient's health care record.

Each Form has a unique seven-digit serial number imprinted in the upper right hand corner. This will assist in verifying its authenticity, since only designated health care providers and institutions will have access to ordering the numbered forms. It will also assist in patient tracking.

The Form identifies Patient care interventions that will or will not be initiated by Paramedics when the Form is completed and signed by a designated health care provider.

Point 1 (one) includes the definition of “Do Not Resuscitate” as it relates to the DNR Standard and provides a list of specific examples. It uses the specific language “will not initiate” when speaking to interventions that are considered part of CPR. If a treatment that would normally be considered a resuscitative measure was initiated as part of the patient’s ongoing plan of treatment prior to the arrival of the Paramedic crew, the treatment is to be maintained.

Point 2 (two) demonstrates that comfort (palliative) care remains a crucial part of the care that Paramedics provide to a patient despite the existence of a valid DNR Confirmation Form. This section gives examples of the types of interventions that will be initiated even in cases where a valid DNR Confirmation Form exists.

Determining the Validity of the DNR Confirmation Form

A Valid DNR Confirmation Form may be a fully completed original, or a photocopy of a fully completed original.

To be considered valid, all of the mandatory applicable fields must be completed:

- The unique Serial Number must be imprinted in the upper right hand corner.
- The “Patient’s Name” section must be filled out and include surname and given name of the patient;
- One of two boxes must be checked to indicate that one of two conditions indicated has been met and is documented in the health care record of the patient named on the Form.
    - A check in the first tick box indicates that a plan of treatment exists in the patient’s health record, that this plan does not include CPR, and that this plan reflects the expressed wishes of the patient when capable, or the consent of the SDM when the patient has been deemed incapable;
    - A check in the second tick box indicates that the physician’s current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and that the physician has discussed this with the capable patient, or the SDM when the patient is incapable;
- The signatory must indicate their professional designation by checking the appropriate tick box, printing their surname and given name(s), signing and dating the Form; and
- The date the Form was signed must be the same as or precede the date of request for ambulance service.

Paramedic Responsibilities related to the DNR Confirmation Form

Paramedics are not required to review or confirm the actual DNR order on the patient’s health care record. The signatory of the DNR Confirmation Form is responsible to ensure that the order exists and that it is current.

Paramedics are responsible for confirming the validity of the DNR Confirmation Form (see above) and for making all reasonable efforts to ensure that the patient named on the Form is the person to whom they are attending.

Paramedics who are presented with a Form without the unique seven-digit serial number should question the authenticity of the Form and not accept it as a valid Form.

Paramedics will, if feasible, confirm that the accompanying person (e.g., patient's relative):

- Is aware of the valid DNR Confirmation Form;
- Has an understanding about the procedures that the Paramedic will not carry out should the patient suffer a respiratory or cardiorespiratory arrest during transport;
- Has an understanding about the procedures that the Paramedic will carry out should the patient suffer a respiratory or cardiorespiratory arrest during transport; and
- Is aware that alternate modes of transportation may be appropriate for them if they are uncomfortable with the above.

Paramedics are required to ensure that documentation on the patient care report includes the unique seven-digit serial number, any additional information pertaining to the Form, and the events surrounding the call.

Section 06: Operations **Witnessing an Accident or Illness while Transporting a Patient**			
SOP Number **03.06.29**	First Issued May 12, 2014	Replaces	Last Revised / Effective **May 12, 2014**

03.06.29. Witnessing an Accident or Illness while Transporting a Patient

If a Paramedic crew, while transporting a patient, is flagged down and/or witnesses a collision/illness, they must do the following:

- Advise the Communications Centre that they are stopping;
- One member of the crew will assess and triage the scene while the other member of the crew will remain in the ambulance with the patient that was being transported;
- Request the appropriate resources required (additional EMS, Police, Fire);
- Determine, based on their triaging and the condition of the patient in their ambulance, whether they should remain on the scene or continue their transport of the original patient;
- Render aid to those on the scene if the condition of the patient being transported allows.

Section 06: Operations **Assistance during Transport**			
SOP Number **03.06.30**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.30. Assistance during Transport

Paramedics may request the assistance of allied emergency agencies to accompany them during transport.

In the case of psychiatric patients in the ambulance, TPS officers have been directed not to accompany the Paramedic crew under routine circumstances. If Paramedics insist on having an escort, the constable is to contact a Sergeant for further direction.

If a Paramedic encounters a situation where they feel an escort is warranted, they should attempt to have a family or staff member accompany the patient. Failing that option, the Paramedic shall contact a Paramedic Superintendent for further direction.

Section 06: Operations **Medical Escorts**			
SOP Number **03.06.31**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.31. Medical Escorts

During transport, a medical escort(s) may accompany the patient and Paramedic in the patient compartment.

If a medical escort has not been provided and the Paramedic feels one is required, the Paramedic should consult with the sending facility. If a medical escort cannot be provided, the Paramedic shall contact a Paramedic Superintendent and/or the Communications Centre for direction.

Medical escorts are not required when Paramedics are transporting patients with Patient-Controlled Analgesia (PCA) devices.

Section 06: Operations **Medical Team Transport**			
SOP Number **03.06.32**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.32. Medical Team Transport

When transporting a medical team, the Paramedic(s) must ensure that all equipment and staff are secured during transport.

A Paramedic must accompany all patients in the patient compartment during transport.

Section 06: Operations **Organ Retrieval**			
SOP Number **03.06.33**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.33. Organ Retrieval

Under the order of a physician, an ambulance may be used to transport human tissue for the purpose of organ transplantation/harvesting.[47]

[47] Ontario Regulation 257/00 made under the Ambulance Act Ambulance Act

Section 06: Operations **Incubator Transports**			
SOP Number **03.06.34**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.34. Incubator Transports

For all incubator transport calls, an additional Paramedic crew will be assigned to assist with the loading and unloading of the incubator.

When assigned to an incubator transport call, it is the Paramedic crew's responsibility to notify the EMD when they are approximately ten (10) minutes from their pick-up or drop-off location to allow for the assignment of an additional crew.

All equipment must be secured prior to transport. Compressed gas cylinders must be secured as prescribed by the Toronto Paramedic Services and/or the MOHLTC. Paramedics should confirm with the transport team that the incubator's electrical adaptor is functioning properly prior to commencing transport. The 110-volt (ESU vehicles) should also be tested prior to transporting long distances.

Crews must confirm with the transport team that the patient is secured inside the incubator. The crew must also ensure that the incubator is securely fastened to the vehicle using the proper guidelines from the MOHLTC.[48]

[48] Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards

Section 06: Operations **Patient Restraint**			
SOP Number **03.06.35**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.35 Patient Restraint

Restraining a patient should only be done as a last resort to:

- Protect the crew from injury (if they cannot leave the situation);
- Protect others on scene (if they cannot remove themselves from the situation); or
- Protect the patient from causing serious self-harm.

In all instances Police must be notified immediately via the Communications Centre.

Patient Restraint

Extreme caution must be exercised when physical restraint of a patient is required. Paramedics should use the minimum restraint required to maintain personal and patient safety. The patient should be restrained in a sitting position whenever possible. The use of handcuffs by Paramedics during the course of their duties is not permitted.

Restraining patients in a prone position with the hands of the patient tied behind their back is particularly hazardous and is not to be used by Paramedics (Positional Asphyxia)[49, 50]

[49] MOH – EHS - BLS – Appendix 71 Notes 2,3
[50] Chief Coroner of Ontario – Memorandum #636

Excited Delirium Syndrome

Persons suffering from Excited Delirium Syndrome due to drug or alcohol intoxication, psychiatric illness, or both, can die suddenly. Paramedics must be able to recognize when a patient is suffering from Excited Delirium Syndrome. Persons exhibiting the following signs and symptoms of Excited Delirium Syndrome require transport to a medical facility for assessment:

- Bizarre and/or aggressive behaviour;
- Impaired thinking;
- Disorientation;
- Hallucinations;
- Acute onset of paranoia;
- Panic;
- Shouting;
- Violence towards others;
- Unexpected physical strength;
- Apparent ineffectiveness of pepper spray;
- Significantly diminished sense of pain;
- Sweating, fever, heat intolerance;
- Paradoxical undressing; and
- Sudden tranquillity after frenzied activity

Section 06: Operations **Patient Destination and Selection Procedures**			
SOP Number **03.06.36**	First Issued October 1, 2008	Replaces July 1, 2011	Last Revised / Effective **May 12, 2014**

03.06.36. Patient Destination and Selection Procedures

Hospital Destination Procedures

Paramedics must contact the hospital destination EMD to determine the destination for any emergency patient transport. The procedure outlined below will be followed by each Paramedic requesting a destination:

Patient Destination

For CTAS 1 - 5 patients, the Patient Distribution System (PDS) will determine the closest ED to the incident location. In cases where several EDs are equidistant (+/- 1km) from the incident location, the least busy ED will be the recommended choice.

For CTAS 1 and 2 patients, Paramedics may override the recommended ED based on clinical judgement (e.g., Field Trauma Triage, STEMI, Acute Stroke Protocol).

Patient Repatriation

For patient repatriation, the Paramedic must provide the reason for the repatriation to the hospital destination EMD. Transporting excessively long distances for repatriation would not usually be prudent; however, this may be appropriate in certain circumstances, such as to the Hospital for Sick Children (HSC).

Repatriation may be allowed if the patient's current problem is, or may be related to:

- Recent Surgery (within the past 30 days);
- Extensive History (or multiple admissions);
- Recent Admission (within the past 30 days);
- Renal Dialysis;
- Recent ED visit (within 72 hours); or
- Organ Transplant.

NOTE: Paramedics must document the reasons for the repatriation on their patient care reports.

Patient Requests

Paramedics must seek approval from the patient destination EMD for any patient request for a particular hospital.

If a patient adamantly refuses to be transported to the hospital as directed by the hospital destination EMD, the Communications Superintendent (via One Desk) must speak with the Paramedics and determine if an override is warranted. If an override is approved, the Communications Superintendent will notify the receiving hospital.

Hospital for Sick Children

The HSC provides paediatric services for much of the Greater Toronto Area. Paramedics are permitted to transport to HSC where it is medically appropriate. This is an allowable override of the PDS.

Obstetrical Patients

The Paramedic will transport obstetrical and postpartum patients to their predetermined birthing hospital unless the condition of the patient meets the CTAS 1 or 2 criteria listed previously. In addition, Sunnybrook Health Sciences Centre and St. Michael's Hospital can be considered as appropriate destinations for any patient requiring obstetrical and/or postpartum services, and for obstetrical trauma patients transported in accordance with Field Trauma Triage guidelines.

Section 06: Operations **STEMI Bypass**			
SOP Number **03.06.37**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **March 1, 2018**

03.06.37. STEMI Bypass

This policy outlines procedures for ACP and PCP/Level 2 transport of patients identified as CODE STEMI. Paramedics must transport patients identified as CODE STEMI directly to a percutaneous coronary intervention (PCI) centre as directed by the Communications Centre. In extenuating circumstances where Paramedics believe that there is clinical information to suggest that the initial PCI centre destination presents a patient safety concern, they should consult with the Deputy Commander immediately.

NOTE: University Health Network, Toronto General Division is the designated overflow PCI centre in the event of a PCI centre closure or re-direct.

ACP Management of Infield-declared CODE STEMI Patients

ACPs must:

- Provide any treatments as required under the Base Hospital medical directives and in accordance with the MOHLTC Patient Care Standards;
- Contact the Hospital Destination Co-ordinator to request a destination for a "CTAS-1 STEMI patient";
- Update the designated PCI Centre or interventional cardiologist and include the following information:
    - ACP Crew with a STEMI PATIENT;
    - Patient name and date of birth;
    - Health Card number;
    - Brief description of patient condition and level of distress;

- Infarct territory and/or findings on the qualifying ECG; and
- Estimated time of arrival;

NOTE 1: Should the designated PCI centre advise the Paramedics that the patient does not meet the criteria for STEMI Bypass and that they will not accept the patient, the Paramedic will divert to the closest ED and document appropriately, including the name of the person to whom they spoke.

NOTE 2: If the designated PCI centre requests that the Paramedics divert to an alternate PCI centre for other reasons (e.g., capacity, equipment issues), the Paramedics must re-establish contact with the Hospital Destination Co-ordinator to request a patch to the Toronto General PCI centre to provide an update;

- Transport stable CODE STEMI patients (BP≥80 and not requiring ventilatory support) directly to the PCI centre;
- Transport unstable CODE STEMI patients (BP<80 and/or requiring ventilatory support) to the ED of the designated PCI centre;
- Document the receiving PCI centre as the destination on their ePCR device;

ACP management of Inter-facility STEMI patients:

For unstable[51] patients, the Communications Centre will assign a full ACP crew (Level 3+2+driver or Level 3+3+driver) to attend to the patient en route to the PCI centre.

For stable patients, the Communications Centre will assign a transport–capable resource with at least one ACP. In the event the transport crew arrives and finds that the patient is now unstable[1], the crew must notify the Communications Centre immediately to request appropriate additional resources.

[51] Requiring ventilatory support, dopamine support and/or the patient is in an acute post-arrest state

For unstable and stable patients, Paramedics must:

- Assess the patient, review treatment, obtain documentation and confirm the receiving PCI centre with the sending ED;
- Provide any treatments as required under the Base Hospital medical directives and in accordance with MOHLTC Patient Care Standards;
- Transport stable CODE STEMI patients (BP≥80 and not requiring ventilatory support) directly to the PCI centre;
- Transport unstable CODE STEMI patients (BP<80 and/or requiring ventilatory support) to the ED of the designated PCI centre;

PCP/Level 2 management of infield-declared CODE STEMI patients:

PCPs/Level 2s must:

- Provide any treatments as required under the Base Hospital medical directives and in accordance with the MOHLTC Patient Care Standards;
- For unstable STEMI-positive patients[52], advise the Communications Centre and request ACP backup or rendezvous – transport must not be delayed;
- Contact the Hospital Destination Co-ordinator to request a destination for a "CTAS-1 STEMI patient";
- Update the designated PCI Centre or interventional cardiologist and include the following information:
    - PCP Crew with a STEMI PATIENT;
    - Patient name and date of birth;

[52] Requiring ventilatory support, or HR ≤ 50 or ≥ 120, or SBP ≤ 80, and/or PCP/Level 2 opinion based on clinical reasons

- Health Card number;
- Brief description of patient condition and level of distress;
- Infarct territory and/or findings on the qualifying ECG; and
- Estimated time of arrival;

NOTE 1: Should the designated PCI centre advise the Paramedics that the patient does not meet the criteria for STEMI Bypass and that they will not accept the patient, the Paramedics must divert to the closest ED and document appropriately, including the name of the person to whom they spoke.

NOTE 2: If the designated PCI centre requests that the Paramedics divert to an alternate PCI centre for other reasons (e.g., capacity, equipment issues), the Paramedics must re-establish contact with the Hospital Destination Co-ordinator to request a patch to the Toronto General PCI centre to provide an update;

- In the absence of an ACP Paramedic, transport STEMI patients to the designated PCI centre ED;
- Divert to the closest ED if 'bailout'[53] conditions exist in the absence of an ACP Paramedic;
- Document the receiving PCI centre as the destination on their ePCR device.

[53] Defined as unmanageable airway or cardiac arrest with non-shockable rhythm, cardiac arrest with shockable rhythm and no ROSC after 2 shocks in any episode of arrest, PCP/Level 2 opinion based on clinical reasons

Section 06: Operations **Acute Stroke Protocol and Regional Stroke Centres**			
SOP Number **03.06.38**	First Issued October 1, 2008	Replaces April 26, 2012	Last Revised / Effective **March 1, 2018**

03.06.38. Acute Stroke Protocol and Regional Stroke Centres

Transport to a Regional Stroke Centre (RSC) will be considered for patients who:

- Present with a new onset with at least one of the following symptoms suggestive of the onset of an acute stroke:
    - Unilateral arm/leg weakness or drift;
    - Slurred or inappropriate words or mute; and/or
    - Unilateral facial droop;
- **AND** can be transported to arrive at a RSC within six (6) hours of a clearly determined time of symptom onset or the time the patient was “last seen in a usual state of health”.

Note:

A) Patients whose symptoms improve significantly or resolve during transport will continue to be transported to a RSC.

Contradictions for Patient Transport under the Acute Stroke Protocol

Any of the following conditions exclude the patient from being transported under the Acute Stroke Protocol:

- CTAS level 1 or any uncorrected airway, breathing or circulatory problem;
- Symptoms of the stroke have resolved prior to Paramedic arrival or assessment;
- Blood sugar < 3 mmol/L;

- Seizure at onset of symptoms or observed by Paramedic;
- Glasgow Coma Scale <10;
- Terminally ill or palliative care patient;
- Duration of out of hospital **transport** will exceed two (2) hours.

Note:

B) In cases where a patient may have been initially excluded from transport to a stroke centre because their blood glucose was < 3.0 mmol/L, the patient may be considered for transport to a stroke centre **IF**:

- Their blood glucose improves to a level ≥ 3.0 mmol/L following treatment; AND
- They continue to exhibit the signs and symptoms of an acute stroke and there are no other contraindications.

Procedure for Patients who meet the Acute Stroke Protocol

1. Paramedics who, upon assessment, determine that a patient meets the above criteria for the Acute Stroke Protocol must contact the Base Hospital Physician (BHP) for **Acute Stroke Protocol Validation**. Contact with the Base Hospital will be initiated by using the portable radio or phone.

2. Patients who meet the criteria for Acute Stroke Protocol and have had Base Hospital Validation must be transported to RSC in accordance with the RSC boundaries (see map below which identifies the geographical boundaries for each RSC).

3. Patients must be transported to the RSC indicated by the geographical boundaries unless, in the Paramedic's opinion, the transport time plus the time since the onset of the symptoms will result in the patient arriving at the RSC outside of the 6 hour window.
   If the patient can be transported to one of the other RSCs with the patient arriving within the six (6) hour window, the patient will be transported to that RSC.

4. Paramedics will update the receiving hospital of any patient being transported under the Acute Stroke Protocol by contacting dispatch with the following information:

Patient meets Acute Stroke Protocol;

Validation with BHP;

Patient age and incident history; and

Onset and ETA.

For example, “We have an Acute Stroke Protocol patient that has been validated: 52 year female conscious, with sudden onset of left side hemiplegia, and no contraindications, time of onset 20 minutes ago, ETA 20 minutes.”

Procedure for Patients with a Stroke Who Do Not Meet the Acute Stroke Protocol

If the stroke patient does not meet the Acute Stroke Protocol, or if the patient cannot be transported to a stroke centre within this six (6) hour window, Paramedics must contact dispatch to determine the hospital destination for this patient.

Procedures for Communications Centre

Paramedics must notify the Communications Centre when transporting a patient under the Acute Stroke Protocol, indicating they have obtained Base Hospital validation. The EMD will enter this information into PDS to determine which RSC the patient will be transported to. The EMD will then update the RSC of the impending arrival of the Acute Stroke Protocol patient.

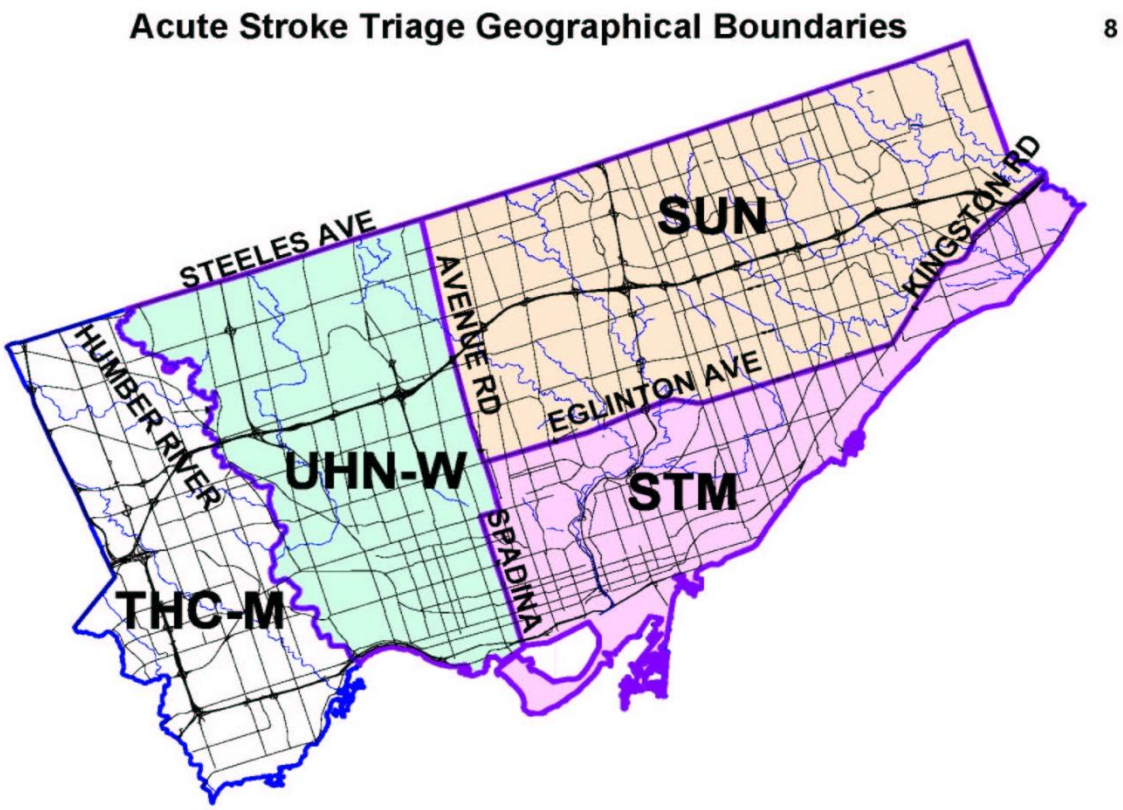
Regional Stroke Centres (RSCs)

All patients that meet the Acute Stroke Protocol, with no contraindications, will be transported directly to a RSC. The three RSCs within the city of Toronto are:

- Sunnybrook Hospital;
- St Michael's Hospital; and
- Toronto Western Hospital.

A fourth RSC in the GTA is located at:

- The Mississauga site of the Trillium Health Centre.



Acute Stroke Triage Boundaries

a) **Trillium – Mississauga**: the entire area west of the Humber River to the western Toronto border.

b) **UHN – Toronto Western**: the area east of the Humber River on the west extending to the western border of the UHN catchment area defined as Spadina Avenue from Lake Ontario, north to St. Clair Avenue West, east to Avenue Road then north on Avenue Road to Highway 401 and a line running north from the junction of Avenue Road and Hwy 401 to Steeles Avenue.

c) **St. Michael's Hospital**: the area east of the UHN – Toronto Western boundary to Eglinton Avenue as the northern boundary, Eglinton Avenue east to Kingston Road, and Kingston Road to the eastern border of Toronto. The southern border is the lake including the islands.

d) **Sunnybrook Hospital**: the area east of Avenue Road and a line extending Avenue Road to Steeles Avenue from the Eglinton Avenue/Kingston Road boundary to the south and Steeles Avenue to the north.

Section 06: Operations **Sexual Assault Centres**			
SOP Number **03.06.39**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **September 15, 2014**

03.06.39 Sexual Assault Centres

Sexual assault patients are to be transported directly to the facilities listed below provided that, in the clinical judgement of the Paramedic, the medical condition of the patient will not be compromised.

- St. Joseph's Health Centre
- Toronto Western Hospital
- Toronto General Hospital
- Mount Sinai Hospital
- St. Michael's Hospital
- Toronto East General Hospital
- Sunnybrook Health Sciences Centre
- The Scarborough Hospital — Birchmount Campus

Sexual assault patients under the age of 18 should be transported directly to the Hospital for Sick Children.

Based on the clinical judgement of the Paramedic, a request may be made to the Communications Centre to transport sexual assault patients with related trauma and/or serious injury to the closest hospital and/or trauma centre.

Section 06: Operations **Urgent Care Centre** **Transport Guidelines**			
SOP Number **03.06.40**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **REPEALED** **May 12, 2014**

03.06.40. Urgent Care Centre Transport Guidelines

REPEALED May 12, 2014.

Section 06: Operations **Notification of Receiving Hospital**			
SOP Number **03.06.41**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **April 10, 2017**

03.06.41. Notification of Receiving Hospital

For all CTAS 1 and high acuity CTAS 2 patients, the Paramedic crew will provide the Hospital Destination Coordinator with an update of all relevant patient information and an ETA for notification of the receiving facility.

Section 06: Operations **Patient Report to Receiving Facility**			
SOP Number **03.06.42**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **April 10, 2017**

03.06.42. Patient Report to Receiving Facility

Paramedics must provide a full report to the triage nurse or, when directed by the triage nurse to bypass full electronic triage due to the severity of the patient, the Paramedic must report to the receiving medical staff with all appropriate information pertaining to the medical status of the patient, treatment rendered, history and any other information that may be relevant to the call and the continuation of definitive medical care.

- **For high acuity patients**, CTAS 1 and 2 patients, a secondary report will be provided to the receiving medical staff within the ED unless directed otherwise by the ED medical staff.

- **A secondary report is not required if full electronic triage has been completed for CTAS 3, 4, and 5 patients**. A secondary report may be provided as a courtesy if receiving medical staff are present during transfer of care to an ED stretcher. At the end of the triage process the triage nurse will identify the hospital CTAS level of the patient. This CTAS will be utilized to determine if a secondary report will be required.

While the patient is being triaged, the Paramedic crew may be asked to complete a set of vital signs and a serial 12-lead ECG. Paramedics, **in the presence of the triage nurse,** will complete this on their own equipment and provide the vital signs and a hard copy of a serial 12-lead to the triage nurse.

Paramedics are not expected to register or wait for the chart to be completed before moving patients into the ED. Registration staff will attempt to gather information at the bedside during the triage process or post Paramedic Transfer of Care (PTOC).

In the case of **a non-emergency transfer to a medical facility**, the patient should be taken directly to the specified area within the institution. Paramedics will notify on-duty medical staff of the patient's arrival and provide all relevant information such as admitting documents, transfer information, etc.

In the case of **a non-emergency transfer to a private residence,** Paramedics must take all necessary steps upon arrival at the destination to ensure that the patient is comfortable and does not require any further medical assistance.

Section 06: Operations **In-Hospital Status Reporting**			
SOP Number **03.06.43**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **June 9, 2014**

03.06.43. In-Hospital Status Reporting

Offload Delay – See SOP 03.06.44 - Offload Delay

Hospital Transfer of Care (HTOC or TOC Start) begins when the patient is assigned to an appropriate, *available* stretcher, bed or chair or other hospital location (e.g. Labour & Delivery, PCI Lab, etc.) by receiving medical staff in the ED, and concludes at the point of PTOC declaration by the Paramedics.

Paramedic Transfer of Care (PTOC) occurs immediately after the patient has been physically transferred to the appropriate stretcher, bed or chair and the receiving medical staff have received an appropriate patient care report from the crew[54]. PTOC concludes when the crew is made Available. Crews must notify the Communications Centre immediately once PTOC has occurred. Communications Centre staff will contact the Paramedics if they have not declared a PTOC status within 15 minutes of HTOC/TOC Start. Paramedics will *automatically* be updated to the PTOC status 25 minutes after the hospital marks HTOC/TOC Start if they have not previously declared their PTOC status. It is the Paramedic's responsibility to contact the Deputy Commander to have this time amended *before* the 25 minute mark in cases where patient transfer has not yet actually occurred.

It is also the Paramedic's responsibility to contact the Deputy Commander to have their status amended as soon as possible in situations (e.g., extensive clean-up) where they are not able to service a call within the required time-frame.[55] Notification must include:

- the reason for the delay;

[54] See "Responsibility of Care", *Toronto Paramedic Services 2012 Paramedic Guide* (i.e., Medical Directives); "Transfer of Responsibility for Patient Care", Basic Life Support Patient Care Standards; and "Responsibility of Care", Advanced Life Support Patient Care Standards.
[55] See SOP 03.06.1 – Response to Calls.

- an approximation of when the crew will be available, and
- if the crew is able to provide first response to calls while delayed.

As soon as the crew has resolved the delay, they must immediately advise the Communications Centre.

Available status begins when the Paramedic crew notifies the Communications Centre that they are ready to leave the hospital. Paramedics will *automatically* be updated to the Available status 15 minutes after PTOC status is declared if they have not previously declared their Available status.

Section 06: Operations **Offload Delay**			
SOP Number **03.06.44**	First Issued October 1, 2008	Replaces June 9, 2014	Last Revised / Effective **March 1, 2018**

03.06.44. Offload Delay

When offload delay is expected, the Paramedic crew must:

- Immediately contact the Hospital Clearing Coordinator (HCC) via their portable radio to notify of the delay. The Paramedic crew must contact the HCC every thirty (30) minutes thereafter to provide an update.

- Offload the patient to the waiting room if the patient meets the criteria outlined in SOP 03.06.45 – Transfer of EMS Patients to the Receiving ED Waiting Area. If the hospital indicates willingness to accept care of the patient, offload the patient where directed by the hospital staff.

- "Double up" patients where appropriate, subject to the following paramedic to patient ratios:

    - CTAS 1 – Two (2) paramedics per patient

    - CTAS 2 – One (1) paramedic per patient unless clinical presentation requires two paramedics.

    - CTAS 3, 4 and 5 – One (1) paramedic per patient if the patient is on an Toronto Paramedic Services stretcher; One (1) paramedic per two (2) patients if the patients are on hospital stretchers.

However, any time a patient is moved, there must be two paramedics involved in accordance with SOP 03.03.13 – Stretcher Safety and Securing Equipment.

NOTE: When directed by Toronto Paramedic Services management, Paramedic crews in offload delay must assume care of other offload delay patient(s).

- Reassess the patient(s) and document findings (including vital signs) at the following minimum intervals or immediately if there is a change in patient condition:

    - CTAS 1 – every five minutes

    - CTAS 2, 3, 4 and 5 – every 30 minutes

  Or as per medical directives (i.e., timeframes for medication administration), whichever comes first.

- Continue providing ongoing care to their patient(s) within the Paramedics' medical directives and scopes of practice, including patching to the Base Hospital Physician for further medical direction, if required.

- Report any change in patient condition to the triage nurse immediately and document appropriately.

NOTE: If a patient(s) require(s) treatment beyond the attending paramedic crew's scope of practice, the patient(s) must be removed from the stretcher prior to the initiation of such care. In these cases, the hospital must accept responsibility for the patient(s).

Paramedic Transfer of Care (PTOC) occurs immediately after the patient has been physically transferred to the appropriate stretcher, bed or chair and the receiving medical staff have received an appropriate patient care report from the crew, and concludes when the crew is made Available. Once PTOC has occurred, Paramedics must immediately contact the Hospital Clearing Coordinator (HCC) via their portable radio on HDC-1 and update their status.

If the Paramedic crew anticipates that they will be delayed in clearing the hospital (e.g., extensive clean-up), they must contact the Deputy Commander as soon as this potential delay is known. This contact must occur prior to PTOC being declared or automatically updated. Paramedics must provide all information as per SOP 03.06.43 – In-Hospital Status Reporting for any reported delays. If the Paramedic crew anticipates that they will be further delayed, they must update the Deputy Commander.

ED Diagnostic Tests

- To facilitate expeditious transfer of care, ED diagnostic tests and assessments may be performed on patients in offload delay while they remain on Toronto Paramedic Services stretchers. These tests may include baseline blood work and baseline 12-Lead ECGs. Serial blood tests and ECGs are not permitted. If the ED staff wish to perform such tests, they must accept care of the patient(s) and the patient(s) must be transferred to a hospital ED stretcher.

- Under no circumstances are crews required to remain for ED diagnostic tests after the transfer of the patient(s) to the hospital ED stretcher. Once such transfer has occurred, PTOC is deemed to have taken place and must be immediately reported by the Paramedics.

If the event of disagreement between Paramedics and ED staff regarding this policy, the Deputy Commander should be contacted immediately.

Section 06: Operations **Transfer of EMS Patients to an Emergency Department Wheelchair, Geri Chair**			
SOP Number **03.06.45**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **April 10, 2017**

03.06.45. Transfer of EMS Patients to an Emergency Department Wheelchair, Geri chair

Many low-acuity patients transported by ambulance to a receiving ED can safely wait for medical assessment and care in the ED Waiting Area in a wheelchair or Geri (geriatric) chair without ongoing Paramedic observation. These are patients who would otherwise be expected to be triaged to the ED waiting area if they had arrived by other means.

Contraindications to transfer of patients to a wheel chair or Geri chair include but are not limited to:

- The patient is currently rated CTAS 1 or high acuity CTAS 2 by the attending Paramedic;
- The patient received treatment by any base hospital medical directive (excluding TKVO intravenous lines) in the preceding 60 minutes;
- Witnessed seizure (as assessed by Paramedics);
- Unresolved shortness of breath;
- Vomiting in the previous 60 minutes;
- Unable to ambulate with no responsible caregiver present;
- Unaccompanied paediatric patient;
- Unaccompanied intoxicated, psychiatric or dementia patient who presents a risk to themselves and/or others.

Procedure

- En route to hospital, Paramedics should advise patients who they feel may be able to wait in the ED waiting area that the stretcher is being used to safely transport the patient in the ambulance but that on arrival to the hospital, and in consultation with the ED medical staff, the patient may be moved to a wheelchair or Geri chair to be taken by receiving staff to the waiting room or a Rapid Assessment Zone.

- Every reasonable effort should be made to encourage an individual to accompany the patient in the ambulance to assist in the patient's journey of care while in the ED.

- Provide report to the triage nurse and advise of the patient's eligibility for transfer to a wheelchair or Geri chair;

- Paramedics shall transfer the patient to a wheelchair or Geri chair at the point of triage, transferring care to the receiving staff to take the patient to the appropriate area within the ED.

- Document transfer of care to the triage nurse and ensure that the receiving facility marks hospital transfer of care (HTOC) in PDS; and

- If the triage nurse does not agree with transfer of care, contact a Paramedic Superintendent.

If there is an unresolved discrepancy between the triage nurse and the Paramedic Superintendent, the Paramedic Superintendent should consult with the on-duty charge nurse. In the event of continued disagreement, the on-site Paramedic Superintendent will make the final determination.

General Notes

- Patients who initially do not meet criteria for transfer to a wheelchair or Geri chair may be moved to a wheelchair or Geri chair as their condition improves. Patient condition must be re-evaluated based on CTAS score.

- The triage nurse may request a current set of vital signs before transfer of care to a wheelchair or Geri chair.

- Point of care testing may be completed before transfer of care to the wheelchair or Geri chair (See SOP 03.06.42 – Patient Report to Receiving Facility).

- An I.V. must be converted to a saline lock before transfer of care if requested by the triage nurse.

Section 06: Operations **Assisting Emergency Department Staff**			
SOP Number **03.06.46**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **April 10, 2017**

03.06.46. Assisting Emergency Department Staff

While response to emergency calls remains the primary responsibility of Toronto Paramedic Services, it is recognized that Paramedics are occasionally asked by hospital ED staff to assist with interventions for critical and non-critical patients.

Assisting hospital staff with **critical** interventions such as CPR, ventilations and airway management for a brief time while a patient is being stabilized is often in the best interests of the patient and, where possible, should be accommodated upon request. The Communications Centre must be immediately notified of all such requests and/or delays.

Any requests to assist with **non-critical** interventions (e.g., transport to medical imaging, movement of a patient through the ED on a hospital stretcher, lab tests, etc.) must be evaluated and authorized by the on-duty Deputy Commander prior to being carried out. Paramedics must be accessible by radio at all times when rendering such assistance to ED staff.

Section 06: Operations **Medical Care While in Offload Delay**			
SOP Number **03.06.47**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.47. Medical Care While in Offload Delay

While in offload delay, Paramedics will maintain continuous medical care of patients under their charge. If additional medical orders are required, the following procedures apply.

Paramedic Patching From a Receiving Hospital

A Paramedic (Level I, II or III) will patch to the Base Hospital if:

- The patient's condition has deteriorated, requiring further treatment; **and**
- The patient is in the ED but not yet transferred to a hospital stretcher; **and**
- The Medical Directives for the patient have been exhausted;

AND

- The receiving ED staff have been notified that the patient requires further treatment; **and**
- The receiving ED staff have not responded.

The Telephone Patch System is the primary method of communication for online medical control. The Radio Patch System can be used if a functioning telephone is not available.

Section 06: Operations **Clinic and Treatment Transfers**			
SOP Number **03.06.48**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.48. Clinic and Treatment Transfers

For scheduled treatments in clinics and hospitals, Paramedics are to take the patient to the appropriate area within the hospital and ascertain whether or not a return transfer booking is required. If the treatment can be accomplished within twenty (20) minutes, Paramedics are to contact the quadrant EMD and advise them of the return booking. The EMD will determine whether a return transfer can be accommodated at that time.

If a return transfer is not feasible, Paramedics are to advise the receiving medical staff to rebook the return transfer through the Communications Centre.

Section 06: Operations **Out of Town Calls**			
SOP Number **03.06.49**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.49. Out of Town Calls

Transport to Destination

All radio communications outside of Toronto will be on the Provincial Common channel. When a Toronto Paramedic Services Paramedic crew is transporting to a destination out of town, the crew must:

- Switch to the Provincial Common channel;
- Report to the Toronto out-of-town EMD for a radio check; and
- Notify the appropriate Communications Centre when crossing the defined boundaries (refer to the GeoCode Street Guide for Communications Centre locations and the areas they serve).

Paramedics will also ensure that there is a fuel credit card in the vehicle and, when possible, ensure the vehicle fuel tank is full prior to transport.

The term “Toronto” is to preface the vehicle's three digit ID number as a call sign (e.g. the call sign for vehicle number 986 is “Toronto 986”). For purposes of this procedure, the boundaries of Toronto are as follows:

- East – Rouge River (Port Union Road);
- West – Etobicoke Creek (Highway 27/427); and
- North – Steeles Avenue.

The crew must advise the local Communications Centre of their destination and that Communications Centre will advise the crew of the next Communications Centre to contact if required. This new exit boundary line will be identified by that local Communications Centre. On arrival at the destination, the crew will book “10-7” on the radio with the local Communications Centre.

Return to Toronto Boundaries

While returning to Toronto, Paramedics must remain on the Provincial Common channel, as well as notify the appropriate Communications Centre(s) of their status and when they are crossing the respective boundaries.

Once Paramedics have entered the Toronto boundaries, they must advise their quadrant EMD of their status.

Section 06: Operations **Emergency Standby Assignments**			
SOP Number **03.06.50**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.50. Emergency Standby Assignments

When assigned to an emergency standby location, the crew shall proceed directly and without delay to that emergency coverage area and shall remain mobile **within 1 km of the assigned location**.

If there is a concern with the direction provided by the EMD, Paramedics must contact a Paramedic Superintendent **following** the completion of their assignment.

An inaccurate or incorrect vehicle status can have a significant impact on the assignment of emergency standbys to Paramedic crews. Proper status reporting[56] is critical and eliminates the need for unnecessary vehicle movement.

[56] See SOP 03.05.2 – Status Reporting Unit (MobiCAD).

Section 06: Operations **Research Data and Collection Envelopes**			
SOP Number **03.06.51**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **REPEALED May 12, 2014**

03.06.51. Research Data and Collection Envelopes

REPEALED May 12, 2014.

Section 06: Operations **Reporting and Documentation of Heat Alerts and Extreme Heat Alerts**			
SOP Number **03.06.52**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.52. Reporting and Documentation of Heat Alerts and Extreme Heat Alerts

The City of Toronto's Hot Weather Response Plan and Heat-Health Watch Warning System were implemented in 2001 to reduce heat-related morbidity and mortality. Toronto Paramedic Services Paramedics can provide valuable information to support that goal by reporting specific cases and recording relevant patient assessment findings and environmental conditions on the patient care report.

Reporting

Paramedics must report instances when heat exposure is suspected as a contributing factor to a cardiac arrest (attempted or successful resuscitation, an obvious death, or field pronouncement) or a critical illness. Prior to clearing the call, Paramedics must contact the Deputy Commander to advise that the patient's condition is potentially related to heat exposure. The Deputy Commander will then ensure that notification of appropriate TPH staff occurs in a timely manner.

Documentation

During a Heat Alert or Extreme Heat Alert or whenever a Paramedic suspects that heat exposure is linked with conditions 1 through 4 as noted below, specific assessment findings and environmental observations should be noted on the patient care report.

Tympanic membrane temperatures should be taken at the earliest appropriate opportunity for conditions 1 through 3 and recorded in detail (e.g. 39.8º C) on the patient care report. This data will provide further supportive evidence for heat exposure as a causative factor for the patient's condition.

Conditions

Relevant conditions are:

- Suspected heat-related illness (e.g. heat cramps, heat exhaustion, or heatstroke);
- Cardiac arrest or critically ill patient;
- Any exacerbation of a chronic medical condition (e.g. cardiovascular, respiratory disease and others); or
- Obvious deaths* (May 15 through September 15).

Some deaths that occur during a Heat Alert or an Extreme Heat Alert may not be discovered until a later date. The date/time the person was last seen alive may link the death to a heat-related cause.

* Tympanic membrane temperature not required

Environmental Observations

Paramedic recognition of certain environmental observations, as noted below, should be clearly documented in the “Remarks/Comments” section of the patient care report. This type of specific information provides strong supportive evidence that heat exposure may be a causative factor for the patient’s condition:

- Estimate of, or if possible, measurement of the ambient temperature where the patient was located;
- Note whether windows and doors were open or closed;
- Note the presence or absence of air-conditioning and whether the equipment was functional and operating;
- Note the presence or absence of a fan and whether it was functional and operating;
- Note when the patient was last seen alive; and

- Note Police PC number and Division where appropriate (e.g., Code 5's).

Paramedics may relay the above information when reporting deaths to the Coroner.

Section 06: Operations **Optimal Crew Configuration - ALS**			
SOP Number **03.06.53**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **September 15, 2014**

03.06.53 ALS Optimal Crew Configuration

Guidelines

The Optimal ALS Crew Configuration (OCC) at Toronto Paramedic Services is as follows:

- Level 3 / Level 3
- Level 3 / Level 2

However, given the size and complexity of Toronto Paramedic Services there will be occasions when a Level 3 / Level 1 crew configuration will be required.

ALS Optimal Crew Configuration Priorities

As soon as possible after shift change any spare Level 3 Paramedic will be assigned to make up one of the following configurations in descending order of priority:

1. Fulfilment of OCC at a Priority Post Station
2. Partnered with another spare Level 3 or Level 2 Paramedic
3. Partnered with a spare Level 1 Paramedic
4. Assigned to work as a first responder or response unit
5. Other duties as assigned

Paramedics must comply with all such assignments.

The above priorities will be applied with reasonable consideration to staff assigned into long term vacancies, the geography and the time it will take to match up crews appropriately. The amount of lost unit time must be minimized when optimizing/configuring any Paramedic crew at the start of the shift. The goal of this process is to have a fully staffed unit as close to the start of the shift as possible, and to reduce or eliminate any end of shift overtime as a result of moving spare Paramedics.

Section 06: Operations **Use of Personal Automobiles**			
SOP Number **03.06.54**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.54. Use of Personal Automobiles[57]

When booking on or during a shift, Paramedics may be asked to proceed to another location, (e.g., in order to optimize crew configurations). Paramedics may be asked to take their personal automobiles[58] if a divisional vehicle is not available or, in some cases, it may be in the best interest of the Paramedics to take their own automobiles (e.g., the location may be more convenient at time of book off). Paramedics will be reimbursed in accordance with the Local 416 Collective Agreement for mileage travelled. Employees must complete the Kilometrage and Parking Expense Claim Form to request reimbursement. Paramedics should contact a Paramedic Superintendent for this form and submit completed forms to a Paramedic Superintendent for processing.

[57] City of Toronto – Insurance and Risk Management – Business Use of Personal Automobiles
[58] Must be a motorized vehicle. Automobile may include: Motorcycle or Moped

Section 06: Operations **Air Ambulance**			
SOP Number **03.06.55**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.55. Air Ambulance

Paramedics can request the Air Ambulance Helicopter via the Communications Centre to transport patients from an incident location. Normal treatment/transport should not be delayed.

On-scene use of the helicopter is restricted to official daylight hours. All other landings are at licensed night helipads or airports.[59]

The following are conditions for requesting the air ambulance:

- Paramedics must be in physical contact with the patient prior to calling the air ambulance;
- The patient's condition necessitates immediate transportation to a trauma centre;
- The situation should be such that transport by land ambulance cannot be completed in a timely fashion (e.g., severe traffic congestion) or removal from the scene will be delayed (e.g., entrapment with extrication taking longer than 30 minutes); and
- A suitable landing site accessible by ground crews must be readily available and all necessary resources to secure the site must be on hand (e.g., TPS/TFS).

Under no circumstances should transport of a patient be delayed waiting for a helicopter.

[59] MOH – EHS – Air Ambulance Guidelines

Air Ambulance Landing Requirements

To ensure that a landing is safely accomplished, the on-scene Paramedic Superintendent or Paramedic must be in direct visual contact with the helicopter. Toronto Paramedic Services does not have the Provincial Common channel available on SmartZone portable radios, nor does the helicopter have access to Toronto Paramedic Services trunk frequencies.

It is imperative that Toronto Paramedic Services staff on scene assume the role of Landing Zone Coordinator. This role must be assumed by a Paramedic Superintendent, if present on scene.

Procedure for Requesting Air Ambulance

- The Paramedic Superintendent or Paramedic requesting air ambulance will call One Desk;
- One Desk will call ORNGE to request the availability of the helicopter and an ETA to the emergency scene;
- One Desk will relay the information from ORNGE to the on-scene staff;
- Based on the information provided by ORNGE, the on-scene staff will at that time make a secondary decision about whether helicopter attendance is appropriate or not; and
- The Paramedic Superintendent or Paramedic requesting the air ambulance will give specific location details and patient information to be relayed to ORNGE.
- A Paramedic Superintendent must always attend the scene when an air ambulance has been requested and take control of the landing procedure;
- If the helicopter is required on-scene, the Landing Zone Coordinator should remain on the Paramedic Superintendent's portable channel until they are instructed by One Desk to switch to the assigned talk group (usually **Tac B Main B**) or until it is evident that the helicopter is on final approach;
- One Desk will monitor Provincial Common radio and contact the helicopter prior to landing;

- As the helicopter approaches the scene, One Desk will patch the Provincial Common radio with the assigned talk group in order for the Landing Zone Coordinator to speak directly with the helicopter staff for landing instructions;

- The Landing Zone Coordinator will instruct One Desk to break down the patch as soon as the helicopter is on the ground and does not require further communication;

- If another patch is needed, (i.e. as the helicopter takes off) the Landing Zone Coordinator should ask One Desk to set the patch up again;

- In case of radio failure, all Paramedic Superintendents should remain familiar with the helicopter landing *hand signals.*

Communications Procedure

- One Desk will request helicopter availability from ORNGE as requested by the on scene staff and will relay the information back to the scene;

- One Desk will monitor the Provincial Common channel and communicate with the helicopter, updating patient condition as reported by on-scene staff, until the helicopter requests to speak with the on-scene Landing Zone Coordinator;

- One Desk will then instruct the Landing Zone Coordinator to switch the portable radio to the assigned talk group (usually Tac B Main B) to guide the helicopter to its landing location;

The on-scene staff in charge will advise when the patch can be dismantled.

Section 06: Operations **Taxicab Use**			
SOP Number **03.06.56**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.56. Taxicab Use

When taxis are provided to transport staff from one designated location to another, Paramedics should request the driver to use the most efficient route possible. Taxis are not permitted to make any unauthorized stops along the way. One Desk will contact the Taxi service as required to move staff.

Any staff using a taxicab will be asked by the cab driver to sign a coupon indicating the service has been completed. Toronto Paramedic Services staff must not sign a **blank charge** coupon at the completion of a trip. Toronto Paramedic Services staff who are transported by taxi and are presented with a blank charge coupon are required to enter the exact amount from the cab's meter prior to signing the form and returning it to the taxi operator.

Toronto Paramedic Services cannot and will not honour tipping. When completing taxi receipts, the **tip area of the form is to be crossed out with a single line** in ink. Paramedics must then total the meter fare so that nothing can be added after the document is signed, and ensure that the 'TOTAL' field matches the meter reading. The signing Paramedic's employee number is to be written clearly beside the signature.

In the event that the taxi operator is not satisfied with this course of action, the Paramedic is to notify a Paramedic Superintendent/Commander or Deputy Commander of the details including the date, time and cab number.

Section 06: Operations **Air Canada Centre**			
SOP Number **03.06.57**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **REPEALED May 12, 2014**

03.06.57. Air Canada Centre

REPEALED May 12, 2014.

Section 06: Operations **Lester B. Pearson International Airport**			
SOP Number **03.06.58**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.58. Lester B. Pearson International Airport

Declared Emergency Conditions

Toronto Paramedic Services staff have approval from the Greater Toronto Airports Authority (GTAA) to access restricted airport areas for response to emergency incidents on the Airport property. During the declared emergency situation, emergency staff are authorized to access restricted areas in accordance with the following conditions:

- Emergency responders must be on-duty;
- The responders are responsible for notifying Access Control Staff that they are responding to an Emergency within the airport restricted area; and
- Emergency responders must be in possession of and display their valid Toronto Paramedic Services Identification Card and MOHLTC Provincial Identification Card.

In all airside-related emergencies, emergency response staff will respond to the “Emergency Standby Location” as designated by the on-scene Commander and/or as communicated through the Communications Centre. There are several potential areas dependent upon incident type, weather condition, etc. Paramedics will be met by GTAA or designated on-site TPS/Security staff and escorted to and from the incident scene. Emergency vehicles that drive onto the tarmac are required to activate their emergency lights unless otherwise directed.

Emergencies within Airport Terminals

Although an escort is not mandatory for emergency responses in the Airport Terminal, the GTAA will endeavour to have staff meet any arriving emergency responders and provide an escort to and from the emergency location, since they may not be familiar with the airport facilities.

Non-Emergency (Routine) Conditions

Standard restricted area access conditions and criteria apply to emergency response agency staff during routine or non-emergency conditions.

Access problems at the airport terminal building are to be referred to a Paramedic Superintendent via the Communications Centre and/or the Airport Duty Commander.

Section 06: Operations **Mosque / Temple Access**			
SOP Number **03.06.59**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.59. Mosque/Temple Access

When arriving at a mosque or temple, Paramedics may be supplied with disposable overshoes to wear prior to entry into the prayer area. A plastic carpet runner may be installed along the route that the Paramedics are expected to use to access the patient.

Section 06: Operations **Rogers Centre**			
SOP Number **03.06.60**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.60. Rogers Centre

Emergency response to the Rogers Centre will be either via the John Street, Peter Street, or field service locations as specified.

Section 06: Operations **Billy Bishop Toronto City (Island) Airport**			
SOP Number **03.06.61**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.61. Billy Bishop Toronto City (Island) Airport

Access to the Billy Bishop Toronto City (Island) Airport will be via the ferry at the foot of Bathurst Street. In the event that the call is a known or expected Charlie, Delta or Echo, the Paramedic crew should request the Captain of the ferry to hold on the Island side. This request may be relayed to the captain via the staff directing the vehicles onto the ferry. Paramedics should indicate that the call is a "Code 4".

Calls Located on the Air Side of the Airport

Paramedics responding to calls on the air side[60] of the airport must proceed to the appropriate gate as assigned. Once at the gate, Paramedics must press the buzzer to inform airport staff of their presence and wait for an escort person or vehicle to lead the crew safely to the call.

- **Paramedics must not enter the air side without an escort person or vehicle**;
- Once on the air side, the ambulance's emergency lights must be activated and remain activated until the ambulance is outside of the air side; and
- While driving the ambulance within the air side area, Paramedics must give right-of-way to any moving aircraft, maintain a distance of at least 2.5 metres from any aircraft, and travel at not more than 15 km/h.

Calls NOT Located on the Air Side of the Airport

Paramedics responding to calls that are not on the air side of the airport will proceed to the location of the call as assigned or as directed by the appropriate airport staff or by police.

[60] "Air side" refers to any areas accessible by aircraft (e.g., aircraft parking ramp, taxiways, runways).

Major Incidents at the Airport

An emergency trailer stocked with EMS equipment is located in the fire hall at the airport. In the event of a major incident, the trailer will be towed to the incident site by airport staff.

Patient Transports via the Ornge Hangar

For patient transfers via the Ornge hangar, crews must proceed directly to the hangar. Once at the hangar entrance, the crew will gain access through the main door using the combination provided by the Communications Centre. Once the hangar door has been opened, the crew must proceed along the designated traffic lane to the aircraft or to the next hangar door. The Paramedic crew will wait for a member of the flight crew to escort them to the aircraft.

After completion of the patient transfer to/from the aircraft, the crew must proceed back through the Ornge hangar door through which they entered, and close and secure each door behind them.

Section 06: Operations **Special Operations**			
SOP Number **03.06.62**	First Issued October 1, 2008	Replaces October 1, 2008	Last Revised / Effective **May 12, 2014**

03.06.62. Special Operations

The Special Operations Unit consists of several teams managed under one Service District:

- Chemical, Biological, Radiological and Nuclear (CBRN);
- Critical Care Transport Unit (CCTU);
- Emergency Response Unit (ERU);
- Emergency Support Unit (ESU);
- Emergency Task Force Paramedics (ETF);
- Heavy Urban Search and Rescue (HUSAR);
- International Protected Persons (IPP);
- Public Safety Unit;
- Major Special Events;
- Toronto Paramedic Services Honour Guard;
- Toronto Paramedic Services Marine Unit; and
- Toronto Paramedic Services Bike Program

These programs each have their respective selection and training requirements. Information regarding qualifications, selection, and training with respect to each of these units can be obtained through the Commander, District Five.

Section 06: Operations **Treatment, Documentation and Patient Care Requirements**			
SOP Number **03.06.63**	First Issued March 1, 2009	Replaces March 1, 2009	Last Revised / Effective **REPEALED May 12, 2014**

03.06.63. **Treatment, Documentation and Patient Care Requirements**

REPEALED May 12, 2014.

Section 06: Operations **Scene Safety and Delay in Service**			
SOP Number (Ops/CACC) **03.06.64 / 09.08.18**	First Issued October 1, 2008	Replaces May 12, 2014	Last Revised / Effective **August 30, 2017**

03.06.64. Scene Safety and Delay in Service

POLICY

The safety of Toronto Paramedic Services staff and the safety of our patients are of the utmost priority. All staff shall ensure that there are no unjustifiable, preventable delays in the provision of emergency medical services.

This SOP includes the responsibilities and procedures of specific staff with respect to a scene safety assessment and/or staging incident.

PURPOSE

To ensure that Toronto Paramedic Services can safely provide prompt and effective patient care.

AUTHORITY

The Deputy Commander shall assume ultimate responsibility within the Communications Centre at all times during a scene safety assessment and/or staging incident.

In the event that the Deputy Commander requires relief from his/her duties, he/she shall assign the Communications Superintendent to assume this role. During a scene safety assessment and/or staging incident, this delegation is to be recorded in the VisiCAD "Comments/Notes" tab as well as the SCS/Senior Operational Service Delay Incident Report and the Deputy Commander Operational Service Delay Incident Report. In the event of such a delegation of authority, the Deputy Commander must be available for consultation at all times during a scene safety assessment and/or staging incident, either by being physically present in the Communications Centre or by providing contact information where he/she can be reached (e.g., cell phone, email, etc.).

Every effort must be made to ensure that the Deputy Commander and the Communications Superintendent are not absent from Communications Centre at the same time.

RESPONSIBILITIES AND PROCEDURE

Once Paramedics have arrived at a safe location, they must contact the Communications Centre to request a scene safety assessment[61] with the Operations Superintendent assigned to attend the scene. If the scene safety assessment supports the Paramedics' initial risk evaluation, the crew will delay service (i.e., stage). EMDs will request that Police and/or the appropriate agency attend the scene (if they have not already done so). The Deputy Commander will provide call oversight, and the Operations Superintendent will provide direction to the Paramedic crew (see below).

Paramedic Responsibilities and Procedure

- See Operations SOP 03.06.13 – Paramedic Safety and Staging.

EMD Responsibilities and Procedure

- See CACC SOP 09.08.19 - Staging (EMDs and Senior EMDs); and
- Toronto Paramedic Services CACC Dispatch Manual, *Delay In Service*

Senior EMD Responsibilities and Procedure

- See CACC SOP 09.08.19 - Staging (EMDs and Senior EMDs)

[61] Scene Safety Assessment – a brief risk assessment where the Paramedics and the Operations Superintendent jointly evaluate all available information to determine if the scene is safe to enter.

Responsibilities and Procedure: Superintendent, Communications Centre

The Superintendent, Communications Centre will oversee all staging incidents. The Superintendent, Communications Centre must:

- Immediately, upon being notified of a Paramedic crew's request for a scene safety assessment and/or staging, ensure that the Paramedic crew has been assigned to a designated talk group (channel);
- Ensure that the Paramedic crew is at scene in a safe location;

NOTE: Paramedic crews must be at scene in a safe location in order to request a scene safety assessment and/or to stage.

- Ensure that the Quadrant EMD has notified the closest Operations Superintendent of the staging incident, transmitted the call details and assigned them to the incident and designated talk group, and recorded such notification in the VisiCAD “Comments/Notes” tab;
- Assign a Senior EMD to assist him/her on every call involving a scene safety assessment and/or staging incident;
- Advise the Quadrant EMD and Deputy Commander of who at One Desk will be handling the scene safety assessment and/or staging incident.
- Ensure that the Operations Superintendent is communicating with the Paramedic crew on the designated radio channel as soon as possible and ensure that the commencement of this communication is recorded in the VisiCAD “Comments/Notes” tab (e.g., Paramedic crew unit number, Superintendent ID and the designated radio channel);
- Review all call information and determine if a call-back is required;
- Ensure that the scene safety assessment is a brief risk assessment where the Paramedics and Operations Superintendent jointly evaluate all available information to determine if the scene is safe to enter. Notify the Deputy Commander if the scene safety assessment is prolonged;
- Immediately upon being notified that a staging incident has been supported by the Operations Superintendent, ensure that the reason(s) for the staging incident have been recorded in the VisiCAD “Comments/Notes” tab;

- Ensure that police are immediately advised of a "potential life threat" and that the Paramedics are awaiting their arrival on scene due to one more of the following factors:
    - Ongoing violence or potential violence;
    - Use of weapons;
    - Assailant still on scene or in vicinity;
    - Hostile environment;
    - Fire or other chemicals involved;
    - Allied services directing Paramedics to delay service; and/or
    - Other specific safety risk.
- Ensure that Police are updated every ten (10) minutes of a "potential life threat" and that the Paramedics are awaiting their arrival on scene and that this update is recorded in the VisiCAD “Comments/Notes” tab;
- Ensure that the response status of police is updated every ten (10) minutes and that all updates are included in the VisiCAD “Comments/Notes” tab;
- Ensure that Fire (if applicable) has been notified that the Paramedic crew is staging, including the crew's staging location and any change of status. Record this notification in the VisiCAD “Comments/Notes” tab;
- Ensure that the Deputy Commander has acknowledged the scene safety assessment and/or staging incident;
- Ensure that the assigned Senior EMD contacts the Paramedic crew if that crew has not communicated with the Communications Centre every ten (10) minutes after the start of a staging incident;
- If the Paramedic crew cannot be contacted every ten (10) minutes while in “Staged” status, ensure that the Senior EMD immediately notifies the Deputy Commander and the Operations Superintendent;
- Ensure that any delegation of the responsibilities outlined in this or related (see above) SOPs is noted in the VisiCAD “Comments/Notes” tab; and
- Ensure that the assigned Senior EMD documents the call in the “Incident Generator” application.

- Ensure all relevant call details have been included in the VisiCAD "Comments/Notes" tab, including any and all information regarding scene safety issues;

Responsibilities and Procedure: Superintendent, Operations

When a Paramedic crew makes the decision to request a scene safety assessment and/or to stage, the Operations Superintendent assigned to the call will immediately contact the crew in order to validate the crew's initial risk evaluation. The Operations Superintendent must:

- Contact the Paramedic crew on the designated radio talk group (channel) identified by the Communications Centre;
- Ensure that all communications with the Paramedic crew occur on the designated radio talk group;
- Proceed to the location of the scene safety assessment or staging incident without delay;
- Notify the Deputy Commander of any circumstances which may impact the Operations Superintendent's ability to respond in a timely manner;
- Ensure that:
    - The Paramedic crew is able to visualize the residence/location to identify any specific safety risk;
    - If there is a visible Paramedic safety risk at the residence/location, direct the Paramedics to move to an area where they are able to safely visualize access and egress of the scene in order to monitor the status of the specific safety risk and for the arrival of allied resources;
- Review all available call details with the Paramedic crew (e.g., call information, MPDS case entry questions) to determine if there is a specific Paramedic safety risk based on or more of the following factors:
    - Ongoing violence or potential violence;
    - Use of weapons;
    - Assailant still on scene or in vicinity;
    - Hostile environment;

  - Fire or other chemicals involved;
  - Allied services directing Paramedics to delay service; and/or
  - Other specific safety risk.

- If necessary, contact the assigned Senior EMD to be connected with the caller to clarify and/or obtain additional call information;
- Such scene safety assessments may include, but are not limited to:
  - Specific call information;
  - Observing the residence/location;
  - Talking with bystanders;
  - Making verbal contact by apartment lobby intercom devices;
  - Speaking with call originator (to be performed by Operations Superintendent);
  - Accessing any additional resources, e.g. local security personnel;
  - Request status of the Police response.
- Ensure that the scene safety assessment supports the Paramedics' initial risk evaluation, and if so, update the Communications Centre on the designated radio talk group so that the Paramedic crew's status is recorded as "Staged" in VisiCAD;
- Notify the Deputy Commander prior to the Paramedics and/or the Operations Superintendent entering the scene if both parties agree that that the scene is safe to enter;
- If there is disagreement between the Paramedics and the Operations Superintendent about entering the scene:
  - Notify the Communications Centre of the disagreement and as a result, that the crew is now staging; and
  - Both parties will continue to gather further information (which may include driving by the patient's residence/location, talking with bystanders, making verbal contact by lobby intercom devices, etc.).
- Provide the Paramedic crew feedback on their decision to delay service and give further direction if necessary;
- Ensure that the Paramedics or Operations Superintendent update the Communications Centre every ten (10) minutes of the delay in service;

- Ensure that the Paramedics submit a Scene Safety Assessment - Incident Report & Checklist by end of the shift or as directed;
- Complete and submit the Superintendent Operational Service Delay Incident Report and notify your Operations Commander of the incident;

Deputy Commander Responsibilities and Procedure

The Deputy Commander shall assume ultimate responsibility within the Communications Centre at all times during a staging incident. The Deputy Commander must:

- Immediately, upon receiving notification of a scene safety assessment and/or staging incident, monitor the event, review all information in the VisiCAD Emergency Call Form, and record this review in the Deputy Commander Operational Service Delay Incident Report;
- Ensure that the Paramedic crew is at scene in a safe location;

NOTE: Paramedic crews must be at scene in a safe location in order to request a scene safety assessment and/or to stage.

- Ensure that the scene safety assessment is a brief risk assessment where the Paramedics and Operations Superintendent jointly evaluate all available information to determine if the scene is safe to enter;
- Upon being notified by the Operations Superintendent that the scene safety assessment has resulted in a decision for the Paramedic crew and/or Superintendent to enter the scene, validate that all available information has been reviewed;
- If the decision is made to stage, ensure that the appropriateness of the staging incident is based on one or more of the following factors:
    - Ongoing violence or potential violence;
    - Use of weapons;
    - Assailant still on scene or in vicinity;
    - Hostile environment
    - Fire or other chemicals involved;

- Allied services directing Paramedics to delay service; and/or
- Other specific safety risk.

- Where the reason(s) for the scene safety assessment and/or staging incident are not immediately apparent or are not properly articulated, the Deputy Commander will communicate with the assigned Operations Superintendent and, if necessary, with the Paramedic crew, to ensure the reason(s) for the scene safety assessment and/or staging are valid and have been clearly articulated;
- In the absence of a responding Operations Superintendent, the Deputy Commander will contact the Paramedic crew on the designated radio channel;
- Where the reason(s) for the scene safety assessment and/or staging incident are deemed invalid or the manner in which the staging incident is being conducted is deemed to be inappropriate in any way, the Deputy Commander will contact and direct the actions of the Paramedic crew, bearing in mind all of the circumstances including the provisions of the Occupational Health and Safety Act;
- Ensure that allied resources have been notified that the Paramedic crew is staging, including the crew's staging location and any change of status;
- Review the information in the VisiCAD “Comments/Notes” of a scene safety assessment and/or staging incident where information from the scene of a scene safety assessment and/or staging incident indicates the sudden worsening of the patient's condition or where the dispatch priority of the call has been upgraded;
- Ensure that the on-call Commander and/or the on-call Deputy Chief have been notified of all scene safety assessments and/or staging incidents that result in negative patient outcome at the earliest possible opportunity;
- In instances of a negative patient outcome subsequent to a scene safety assessment and/or staging incident, notify Professional Standards as soon as practical;
- Ensure that all involved parties in a scene safety assessment and/or staging incident are performing their assigned duties and responsibilities according to this SOP; and
- Direct the Superintendent, Communications Centre to ensure that provisions of this SOP are being followed.

Section 06: Operations **Non-Tactical Paramedic Response to Emergency Task Force (ETF) Incidents**			
SOP Number **03.06.65**	First Issued May 1, 2013	Replaces May 12, 2014	Last Revised / Effective **June 15, 2016**

03.06.65. Non-Tactical Paramedic Response to Emergency Task Force (ETF) Incidents

Where Tactical Paramedics are not available, non-tactical Paramedics may be assigned to ETF police incidents (i.e., command posts or incidents/target addresses). Non-tactical Paramedics will follow the procedures below when assigned to an ETF incident.

Procedure for a Non-Tactical Paramedic Crew Assigned to an ETF Command Post

- On arrival at the command post, switch radio channel to B8 (direct channel monitored by One Desk).
- Position your vehicle near the ETF police vehicles and wait for direction from an ETF team member or a Paramedic Superintendent.
- Do **not** enter the ETF Command Post, unless directed to do so by an ETF member or by a Paramedic Superintendent.
- Advise the ETF Team that you are a non-tactical Paramedic crew.
- **Do not use cell phones or radio to communicate target address information (See "Security and Confidentiality" below).**
- **Non-Tactical Paramedic crews shall not enter the target address during initial entry by the ETF**. Once ETF has entered and secured the scene, the Paramedic crew may be requested to enter and provide medical assistance as needed.

Procedure for a Non-Tactical Paramedic Crew Assigned to an ETF Incident/Target Address

- Proceed to the incident/target address as dispatched or as directed by an ETF member.
- On arrival, switch radio channel to B8 (direct channel monitored by One Desk).
- Advise the ETF Team that you are a non-tactical Paramedic crew.
- The Paramedic Superintendent and/or ETF police will direct the Paramedic crew to a suitable location. Remain in this location until otherwise directed.
- **Non-Tactical Paramedic crews shall not enter the target address during initial entry by the ETF.** Once ETF has entered and secured the scene, the Paramedic crew may be requested to enter and provide medical assistance as needed.

Security and Confidentiality

Paramedics will maintain strict confidentiality regarding all ETF call details including, but not limited to: target address, access/egress routes, staging areas and patient information.

Appendix A
Cited Legislation, Policies, Standards, Training Bulletins and Agreements

Appendix A: Cited Legislation, Policies, Standards, Training Bulletins and Agreements

Legislation and By-Laws

Federal Legislation

Canada Elections Act, S.C. 2000, c. 9

Controlled Drugs and Substances Act, S.C. 1996, c. 19

- Benzodiazepines and Other Targeted Substances Regulations, SOR/2000-217

Criminal Code, R.S.C. 1985, c. C-46

Personal Information Protection and Electronic Documents Act, S.C. 2000, c. 5

Referendum Act, S.C. 1992, c. 30

Provincial Legislation

Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11

- Ontario Regulation 429/07 made under the Accessibility for Ontarians with Disabilities Act, 2005

Ambulance Act, R.S.O. 1990, c. A.19

- Ontario Regulation 257/00 made under the Ambulance Act

Child and Family Services Act, R.S.O. 1990, c. C.11

City of Toronto Act, 2006, S.O. 2006, c. 11

Election Act, R.S.O. 1990, c. E.6

Employment Standards Act, 2000, S.O. 2000, c. 41

- Ontario Regulation 491/06 made under the Employment Standards Act, 2000

Highway Traffic Act, R.S.O. 1990, c. H.8

- Ontario Regulation 339/94 made under the Highway Traffic Act
- Ontario Regulation 620/05 made under the Highway Traffic Act
- R.R.O. 1990, Regulation 613 made under the Highway Traffic Act

Human Rights Code, R.S.O. 1990, c. H.19.

Municipal Act, 2001, S.O. 2001, c. 25

Municipal Elections Act, 1996, S.O. 1996, c. 32

Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56

Occupational Health and Safety Act, R.S.O. 1990, c. O.1

Personal Health Information Protection Act, 2004, S.O. 2004, c. 3

Smoke Free Ontario Act, S.O. 1994, c. 10

Workplace Safety and Insurance Act, 1997, S.O. 1997, c. 16

City By-Laws

City of Toronto Municipal Code, a compilation of City by-laws organized by subject

City of Toronto Policies

Acceptable Use Policy, No. 1002, published February 6, 2009 by the Information and Technology Division

Earned Deferred Leave Policy, approved April 12, 2001 by the Workforce Strategy Team for the Executive Management Team

Human Rights and Anti-Harassment/Discrimination, approved June 23, 2008 by Toronto City Council

Leave Without Pay Policy, approved April 12, 2001 by the Workforce Strategy Team for the Executive Management Team

Media Relations Policy, approved April 2008

Voluntary Leave of Absence Policy, approved April 12, 2001 by the Workforce Strategy Team for the Executive Management Team

Standards

Advanced Life Support Patient Care Standards published November, 2011 by the Emergency Health Services Branch of the Ministry of Health and Long-Term Care

Ambulance Service Communicable Disease Standards revised August 1, 2015, by the Emergency Health Services Branch of the Ministry of Health and Long-Term Care

Basic Life Support Patient Care Standards published January 2007 by the Emergency Health Services Branch of the Ministry of Health and Long-Term Care

Land Ambulance Service Certification Standards published June, 2008 by the Emergency Health Services Branch of the Ministry of Health and Long-Term Care

Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards, published September 28, 2012 by the Emergency Health Services Branch of the Ministry of Health and Long-Term Care

Provincial Equipment Standards for Ontario Ambulance Services published February 1, 2016, by the Emergency Health Services Branch of the Ministry of Health and Long-Term Care

Training Bulletins & Manuals

Infection Control Manual published by Toronto Paramedic Services

Patient and Equipment Handling Procedures Manual

Training Bulletin: Do Not Resuscitate (DNR) Standard, published November 29, 2007 by the Emergency Health Services Branch of the Ministry of Health and Long-Term Care

Training Bulletin: Excited Delirium published February, 2012 by the Emergency Health Services Branch of the Ministry of Health and Long-Term Care

Agreements

Collective Agreement between the Toronto Civic Employee's Union Local 416 (CUPE) and the City of Toronto for January 1, 2016 – December 31, 2019

Memorandum of Settlement between the Toronto Civic Employee's Union Local 416 (CUPE) and the City of Toronto, January 1, 2016 – December 31, 2019

Summary of Changes from Previous Version of SOP

03.01.7 Employee Conduct *March 1, 2018

- Updated content: Reference to Charter of Expectations removed as it was replaced by the Toronto Public Service By-law

03.01.8 Cellular Telephones *February 26, 2018

- DELETED: reference to City's Wireless Communications Devices Policy which was subsumed by the City's Acceptable Use Policy

03.01.16 Child in Need of Protection *October 11, 2017

(Formerly "Reporting Child Abuse and Neglect")

- Language added to address 2016 Coroner's Recommendation that when a child under 16 years old dies under suspicious circumstances, the relevant Children's Aid Society must be informed in circumstances where other children may also be at potential risk of harm.
- New language also more accurately reflects the language of the Ministry of Health's Child in Need of Protection Standard (formerly Child Abuse Standard).

03.01.20 Visitors in Toronto Paramedic Services Facilities *October 11, 2017

- Minor language changes

03.01.21 Resting on Duty *October 11, 2017

- Amended to include multi-function stations

03.02.3 Identification Cards *October 11, 2017

- Amended to include multi-function stations

03.04.14 Vehicle and Equipment Checks *October 11, 2017

- Addition regarding paramedic responsibility at sourcing equipment and the shared vehicle check with Equipment Services in multi-function stations

03.03.1 Safety Practices *October 11, 2017

- Addition regarding safety practices at Headquarters and at multi-function stations

03.03.15 Disposable Equipment and Supplies *October 11, 2017

- Line added regarding the shared responsibility of the Paramedics and Equipment Services staff at multi-function stations

03.04.1 Facilities Management *October 11, 2017

- Addition regarding the responsibility of Paramedics at multi-function stations

03.04.2. Use of Information Technology *February 26, 2018

- DELETED: reference to City's Email Policy which was subsumed by the City's Acceptable Use Policy

03.04.14 Vehicle and Equipment Checks *October 11, 2017

- Addition regarding paramedic responsibility at sourcing equipment and the shared vehicle check with Equipment Services in multi-function stations

03.04.16 Restocking of Equipment and Supplies after a Call *October 11, 2017

- Changes made to reflect the change of process at multi-function stations

03.04.15 Routine Vehicle and Equipment Cleaning and Disinfection *October 11, 2017

- Addresses expectation of cleaning by paramedics upon returning to a multi-function station
- Addresses vehicles with gross contamination upon returning to multi-function station

03.05.4 Portable Radios *October 11, 2017

- Portable radios on vehicles at multi-function stations will not be left in the vehicle but will follow the procedure for that facility

03.06.3 Early Call – No Vehicle Check *October 11, 2017

- Amended to advise crews that vehicle checks at multi-function stations are different as there is a vehicle hand off check sheet completed by equipment services daily already on the vehicle

03.06.13 Paramedic Scene Safety *August 30, 2017

(Formerly "Paramedic Safety and Staging")

- Entire content amended to include Scene Safety Assessment procedure

03.06.37 STEMI Bypass *March 1, 2018

(Formerly "Advanced Care Paramedic Cardiac Care Procedures")

- Entire content updated to reflect current practice as outlined in Base Hospital medical directives

03.06.38 Acute Stroke Protocol and Regional Stroke Centres *March 1, 2018

- Increase in "last seen normal" window to six (6) hours to reflect changes in Basic Life Support Patient Care Standards

03.06.44 Offload Delay *March 1, 2018

- Changed**:** Timeframe for reassessing vital signs when in offload delay for CTAS 3, 4 and 5 patients shortened to "every **30** minutes" to reflect criteria in latest version of BLS Patient Care Standards 3.0.1

03.06.64 Scene Safety and Delay in Service *August 30, 2017

(Formerly "Delay in Service/Staging")

- Entire content amended to include Scene Safety Assessment procedure

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