



Paramedics
make the difference



Action memo

To: All members, OPSEU Ambulance Division
From: Jamie Ramage, Chair
Date: October 6, 2017
Re: Update on proposed changes to the *Ambulance Act*

As you may know, the Ontario government has proposed major changes to the *Ambulance Act* and its regulations. If enacted, these changes would have a significant effect on the work of emergency medical service providers everywhere in the province. The proposed changes would give paramedics alternative options for on-scene medical treatment (namely “treat and release” and “treat and refer”), as well as more flexibility in determining where a patient is taken to receive care (i.e., an “alternative destination” other than a hospital). The changes, however, would also open the door to the use of the fire-medic model, a costly and dangerous proposal that would allow firefighters certified as paramedics to respond to emergency medical calls.

The OPSEU Ambulance Division has been working to raise awareness about the pitfalls of the fire-medic model and to promote positive changes to our emergency medical services that will improve patient care. Back in December, the Division submitted a comprehensive response to the Ministry of Health and Long-Term Care’s consultation survey. Early this year, we partnered in a joint OPSEU/CUPE campaign, releasing an informative “handimation” video and organizing a lobby day to bring our message directly to the decision makers at Queen’s Park. And last month, we attended a meeting with ministry representatives to discuss the government’s proposed changes to emergency medical services.

On August 8, 2017, OPSEU representatives (including myself Chair of the Ambulance Division, Jason Brearley-Vice-Chair, Janel Perron- OPSEU Executive Board Member, and Manzur Malik - OPSEU Research Officer) attended a meeting with Steven Haddad, - Senior Manager, and his staff team from the Enhancing Emergency Services in Ontario (EESO) office. This is the office within the Ministry of Health and Long-Term Care tasked with consulting key stakeholders, and working out the logistics of implementing the government’s proposed changes to emergency services in Ontario.

In order for the government’s proposed changes to be implemented, amendments to the *Ambulance Act* and its regulations are required.

On September 27, Bill 160, the *Strengthening Quality and Accountability for Patients Act, 2017* passed first reading in the Ontario Legislature.

Despite an utter lack of evidence and support, the provincial government is steamrolling ahead with its fire-medical model, using Bill 160 to clear the path for pilot projects by introducing exemptions into the *Ambulance Act*. Section 8 subsection (3) of Bill 160 states that:

Subsection 22 (1) of the [Ambulance] Act is amended by adding the following clause: (f) exempting any class of persons, services, conveyances, vehicles or equipment from any provision of this Act or the regulations and attaching any conditions to any such exemption, including exemptions for the purpose of pilot projects.

Standards exist for a reason: to ensure the highest level of patient care and safety. Exemptions move away from established and expected standards and could place patient care and safety at risk.

In addition to our concern about these exemptions, we've made it very clear that OPSEU's Ambulance Division would only support legislative amendments under the following criteria:

- that the "treat and release", and/or "treat and refer" of any patient would only be performed with that patient's full consent. Otherwise, the patient would be required to complete a "refusal of services" or be transported immediately to hospital.
- patients would only be transported to "alternative destinations" with the patient's full consent. Otherwise, the patient would be required to complete a "refusal of services" or be transported to hospital.
- all alternative destinations to which paramedics would transport patients must be publicly funded facilities.
- paramedics working in community paramedic programs would only respond to patients identified through the 911 system. The purpose of these programs is to augment and improve existing emergency services, and to ensure that all patients receive the right care, by the right professional. Community paramedic programs should not encroach on other workers' rights or responsibilities.
- Where patients meet the established criteria for "treat and release" or "treat and refer," but do not pursue the prescribed follow-up, paramedics and communications officers cannot be held responsible.

It's important to note that all the unions representing paramedics are united in our opposition to the fire-medical model. Together, we are resolved to ensure that any changes to the *Ambulance Act* and its regulations actually improve emergency medical services and remain in the best interest of patient care and safety.

We will continue to keep you posted as more information becomes available.

In solidarity,



Jamie Ramage

Chair, OPSEU Ambulance Division