



**Frontenac County Council Meeting  
Wednesday, March 18, 2020 – 9:00 a.m.  
County Administrative Building, Frontenac Room,  
2069 Battersea Road, Glenburnie  
Council will resolve into Closed Meeting  
and will reconvene as regular Council at 9:30 a.m.**

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## **Agenda**

Page

### **Call to Order**

### **Closed Session**

- a) **Resolved That** Council resolve itself into Committee of the Whole closed session as authorized under Section 239 of The Municipal Act, to consider:
1. Adoption of Closed Minutes of Meetings held December 18, 2019
  2. Labour relations or employee negotiations - as it relates to attendance management
  3. Litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board - as it relates to mediation/arbitration with the City of Kingston.
  4. Personal matters about an identifiable individual, including municipal or local board employees - as it relates to the salary grids of employees of the Corporation

**Resolved That** Council rise from Committee of the Whole closed session with/without reporting

### **Approval of Addendum**

### **Disclosure of Pecuniary Interest and General Nature Thereof**

### **Adoption of Minutes**

- 10 - 22** a) Minutes of Meeting held February 19, 2020  
**Resolved That** the minutes of the regular Council meeting held February 19, 2020 be adopted.
- 23 - 25** b) Minutes of Special Meeting held January 29, 2020  
**Resolved That** the minutes of the special Council meeting held January 29, 2020 be adopted.

### **Deputations and/or Presentations**

- a) **Mr. Marc Moeys**, Verona District ATV Club will address County Council regarding their Verona ATV Petition.  
[See Communications k)]

### **Proclamations**

#### **Move into Committee of the Whole**

- a) **That** Council adjourn and meet as Committee of the Whole Council, with the Deputy Warden in the Chair.

### **Briefings**

- a) **Mr. Kelly Pender**, Chief Administrative Officer, will provide Council with his monthly CAO briefing.
- b) **Mr. Joe Gallivan**, Director of Planning and Economic Development, will provide Council with a Communal Services Update.

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### **Unfinished Business**

#### **Recommend Reports from the Chief Administrative Officer**

- a) **2020-028**  
**Emergency and Transportation Services**  
**2019 Legislated Response Time Standard Performance Plan -**  
**Reporting to the Ministry of Health and Long Term Care (MOLTC)**  
**Recommendation**

45 - 47

**Resolved That** the Council of the County of Frontenac receive the Emergency and Transportation Services - 2019 Legislated Response Time Standard Performance Plan Reporting to Ministry of Health and Long Term Care (MOHLTC) for information,

**And Further That** the 2019 Response Time Standard Performance Plan outcomes for the County of Frontenac be reported to the Director, Emergency Health Regulatory and Accountability Branch, Ministry of Health and Long Term Care as required by legislation.

- b) **2020-031**  
**Corporate Services**  
**Authorization to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete a third party review of the Frontenac County Economic Development program**  
**Recommendation**

**Be It Resolved That** the Council of the County of Frontenac receive for information the Corporate Services – Authorization to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete a third party review of the Frontenac County Economic Development program report;

**And Further That** County Council authorize the Warden and Clerk to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete a third party review of the Frontenac County Economic Development program

- 51 - 54
- c) **2020-032**  
**Corporate Services**  
**Authorization to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”)**  
**Recommendation**
- Be It Resolved That** the Council of the County of Frontenac receive for information the Corporate Services – Authorization to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”);
- And Further That** County Council authorize the Warden and Clerk to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”).
- Information Reports from the Chief Administrative Officer**
- 55 - 59
- a) **2020-029**  
**Corporate Services**  
**2019 Remuneration and Reimbursement of Expenses to Council Members and Non-Council Appointees Report**
- 60 - 70
- b) **2020-030**  
**Corporate Services**  
**Amend Pay Equity Plan**

- c) **2020-033**  
**Frontenac Paramedics**  
**Ambulance Service Review Final Report**

**Reports from Council Liaison Appointees**

- a) Emergency and Transportation Services - Councillor Higgs
- b) Long Term Care (Fairmount Home) - Councillor Martin
- c) Corporate Services - Councillor MacDonald
- d) Planning and Economic Development - Councillor Revill

**Reports from External Boards and Committees**

- a) Kingston Frontenac Library Board Update - Councillor Revill
- b) KFL&A Public Health Board Update - Councillor Doyle
- c) Housing and Homelessness Committee Update - Warden Smith
- d) Food Policy Council of Kingston, Frontenac, Lennox and Addington - Councillor Higgs

**Reports from Advisory Committees of County Council**

**Return to Council**

- a) **That** Council revert from Committee of the Whole Council, to Council.

**Adoption of the Report of the Committee of the Whole Council**

- a) **That** the report of the Committee of the Whole Council be adopted and that the necessary actions or by-laws be enacted.

**Motions, Notice of Which has Been Given**

a) **Food Policy Council for KFLA request for Financial Support**  
[See Communications s)]

Moved by: Councillor Higgs

Seconded by: Councillor MacDonald

**Whereas** the County of Frontenac has been represented on the Food Policy Council since its inception in 2011, and,

**Whereas** the Food Policy Council supports and advocates for our regional food system, including a strong relationship between our rural and urban communities, and,

**Whereas** the Food Policy Council has set priorities for 2020 in the areas of food security and support for the regional food and agriculture economy, and,

**Whereas** the Food Policy Council supports initiatives throughout the Frontenacs that help create a resilient, ecologically and economically sustainable food and agriculture system;

**Now Therefore be it Resolved That** the Council of the County of Frontenac provide funding in the amount of \$500 to the Food Policy Council for KFL&A to help cover costs of general expenses such as website hosting, printing, literature, letter writing, mailing and advertising, to be expensed from the Stabilization Reserve;

**And Further That** a copy of this resolution be forwarded to the City of Kingston and the County of Lennox-Addington.

### **Giving Notice of Motion**

### **Communications**

**That** Council consent to the following communications of interest to Council listed below be received and filed:

- a) Kingston & Frontenac Housing Corporation February 24, 2020 Agenda Package  
[Distributed to Members of County Council February 21, 2020]
- b) Letter to Minister Hardeman from the Township of Madoc expressing its support for Bill 156  
[Distributed to Members of County Council February 21, 2020]
- c) Resolution from Northumberland County regarding support for Conservation Authorities  
[Distributed to Members of County Council February 21, 2020]

- d) Resolution from the County of Haliburton regarding Tourism Oriented Destination Signage Fee increases  
[Distributed to Members of County Council February 21, 2020]
- e) Resolution from the Township of Madoc regarding its support for 911 misdials  
[Distributed to Members of County Council February 21, 2020]
- f) Resolution from the Township of Madoc regarding its support for Conservation Authorities  
[Distributed to Members of County Council February 21, 2020]
- g) Resolution from the Township of Puslinch regarding support for AMO's position on Bill 132  
[Distributed to Members of County Council February 21, 2020]
- h) Resolution from the Township of Puslinch regarding Support for Electronic Delegation  
[Distributed to Members of County Council February 21, 2020]
- i) From the City of Vaughan acknowledging receipt of County of Frontenac Resolution supporting Conservation Authorities  
[Distributed to Members of County Council February 28, 2020]
- j) From the Honourable Steve Clark, Minister of MMAH regarding the release of the Provincial Policy Statement (PPS) 2020  
[Distributed to Members of County Council February 28, 2020]
- k) Petition from the Verona District ATV Club regarding to permit ATV's access on the K&P Trail between Craig Rd and Bellrock Rd  
[Distributed to Members of County Council February 28, 2020]
- l) Resolution from the County of Peterborough regarding support for Bill 156 Security from Trespass and Protecting Food Safety Act  
[Distributed to Members of County Council February 28, 2020]
- m) Resolution from the Municipality of South Huron regarding enforcement for safety on family farms  
[Distributed to Members of County Council February 28, 2020]
- n) Letter from the Corporation of the Municipality of West Nipissing Regarding Provincially Significant Wetlands Designation  
[Distributed to Members of County Council March 6, 2020]
- o) Memorandum from the Strategy Corp Regarding Frontenac Service Delivery Review  
[Distributed to Members of County Council March 6, 2020]
- p) Letter from the Corporation of the Township of Tyendinaga Regarding New Business – Motion of Support for a peaceful conclusion on the ongoing rail disruptions and encouragement for ongoing discussions for a solution to the costal GasLink Project  
[Distributed to Members of County Council March 6, 2020]

- q) Letter from the Town of Ajax Regarding Supporting Conservation Authorities  
[Distributed to Members of County Council March 6, 2020]
- r) From the Town of Kirkland Lake regarding resolution in support of Bill 156  
[Distributed to Members of County Council March 13, 2020]
- s) Request for financial support from the Food Policy Council of KFL&A  
[Distributed to Members of County Council March 13, 2020]
- t) From the County of Norfolk regarding Issues respecting the mapping of Provincially Significant Wetlands

### **Other Business**

### **Public Question Period**

### **By-Laws – General By-laws and Confirmatory By-law**

- a) First and Second Reading  
**Resolved That** leave be given the mover to introduce by-laws a) through d) that have been circulated to all Members of County Council and that by-laws a) through d) be read a first and second time.
- b) Third Reading  
**Resolved That** by-laws a) through d) be read a third time, signed, sealed and finally passed.

### **By-Laws**

- 129 a) To amend By-law No. 2018-0032 (Council Remuneration By-law) as it relates to Per Diems for attendance at conferences, training and workshops  
[Proposed By-law No. 2020-0013]
- 130 - 131 b) To authorize the execution of an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”).  
[Proposed By-law No. 2020-0014]

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- 132**                    c)    To authorize the execution of an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete a third party review of the Frontenac County Economic Development program  
[Proposed By-law No. 2020-0015]
- 133 - 134**            d)    To confirm all actions and proceedings of County Council on March 18, 2020  
[Proposed By-law No. 2020-0016]

**Adjournment**













- c) **2020-020  
Corporate Services  
Updated Financial Implications regarding – Complaint Filed against a  
Member of Council**

**Reports from Council Liaison Appointees**

- a) **Emergency and Transportation Services - Councillor Higgs**

Councillor Higgs provided an overview of the Emergency and Transportation Services liaison activities since the last Council meeting.

- b) **Long Term Care (Fairmount Home) - Councillor Martin**

Councillor Martin provided an overview of the Long Term Care (Fairmount Home) liaison activities since the last Council meeting.

- c) **Corporate Services - Councillor MacDonald**

Councillor MacDonald provided an overview of the Corporate Services liaison activities since the last Council meeting.

- d) **Planning and Economic Development - Councillor Revill**

Councillor Revill provided an overview of the Planning and Economic Development liaison activities since the last Council meeting.

**14 Reports from External Boards and Committees**

- a) **Kingston Frontenac Library Board Update - Councillor Revill**

No report.

- b) **KFL&A Public Health Board Update - Councillor Doyle**

Councillor Doyle provided an overview of the Kingston, Frontenac Lennox and Addington Board of Health activities since the last Council meeting.

- c) **Housing and Homelessness Committee Update - Warden Smith**

No Report.





**And Whereas** Conservation Authorities provide essential services to municipalities in their watersheds;

**And Whereas** smaller municipalities do not have the capacity or the financial resources to employ staff with the technical expertise that conservation authorities provide;

**Therefore Be It Resolved That** the County of Frontenac encourages the province to continue to support the principle of planning on a watershed basis in the ongoing review and prioritize the allocation of adequate funding to support the core mandate of conservation authorities;

**And Further That** the provincial government will maintain and not diminish the core mandate of Conservation Authorities;

**And Further That** a copy of this resolution be forwarded to the Honourable Doug Ford, Premier of Ontario, the Honourable Jeff Yurek, Minister of the Environment, Conservation and Parks, the Honourable John Yakabuski, Minister of Natural Resources and Forestry, Conservation Ontario, the Association of Municipalities of Ontario and all Ontario municipalities.

**Carried**

#### **Giving Notice of Motion**

Councillor Higgs advised that he will be bringing forward a motion to the March 18, 2020 County Council meeting requesting that Council provide funding in the amount of \$500 to the Food Policy Council of Kingston, Frontenac, Lennox and Addington.

#### **Communications**

**That** Council consent to the following communications of interest to Council listed below be received and filed:

- a) Letter from the Eastern Ontario Wardens' Caucus (EOWC) Regarding Rising Flooding Level across Eastern Ontario  
[Distributed to Members of County Council January 17, 2020]
- b) Email from Joy Vileneuve, Citizen Regarding Funding for Frontenac Transportation  
[Distributed to Members of County Council January 17, 2020]
- c) Email from Kevin Farrell, Manager of Continuous Improvement, providing Council with a Planning Applications - Process Improvement Update, as requested at the January 15 County Council Meeting  
[Distributed to Members of County Council January 22, 2020]
- d) Notice of Kingston Dock Design and Construction Report  
[Distributed to Members of County Council January 24, 2020]
- e) Letter from the Kingston Frontenac Public Library Regarding the Elected Chair and Vice Chair  
[Distributed to Members of County Council January 24, 2020]
- f) Invitation from University Hospitals Kingston Foundation - Circle of Care

- Luncheon - Monday, March 2, 2020  
[Distributed to Members of County Council January 24, 2020]
- g)** Email from Strathroy-Caradoc Regarding Watershed Management Programs  
[Distributed to Members of County Council January 31, 2020]
  - h)** Email from The Town of Orangeville Regarding Environmental Awareness and Action  
[Distributed to Members of County Council January 31, 2020]
  - i)** From SFCSC providing a copy of Reporting Summary for Transportation Services Q4  
[Distributed to Members of County Council January 31, 2020]
  - j)** From the City of Sarnia providing resolution regarding Ontario Power Generations Deep Geologic Repository Project  
[Distributed to Members of County Council January 31, 2020]
  - k)** From the Ontario Farmland Trust regarding invitation to the 2020 Farmland Forum  
[Distributed to Members of County Council January 31, 2020]
  - l)** Letter from the Town of Collingwood Regarding Conservation Authorities  
[Distributed to Members of County Council January 31, 2020]
  - m)** Letter from the Corporate of the Township of Madoc Regarding Joint and Several Liability Consultation – Town of Amherstburg Support  
[Distributed to Members of County Council January 31, 2020]
  - n)** Letter from Rainy River District Municipal Association Office of the Secretary-Treasurer Regarding Resolution to Address Fair and Equitable Property Taxation Revenue on Railway Right-of Ways Collected by Municipalities in Ontario  
[Distributed to Members of County Council January 31, 2020]
  - o)** Letter from the Town of Collingwood Regarding Conservation Authorities  
[Distributed to Members of County Council January 31, 2020]
  - p)** Email from AMO Association of Municipalities Ontario Regarding the dates and times of regional roundtable discussion regarding the re-composition of OPP Detachment Boards  
[Distributed to Members of County Council February 7, 2020]
  - q)** Letter from KFL&A Public Health Regarding 2020 Ontario Budget Consultation  
[Distributed to Members of County Council February 14, 2020]
  - r)** From The County regarding resolution in support of Bill 156 Safety on Family Farms  
[Distributed to Members of County Council February 14, 2020]
  - s)** From the Municipality of Chatham Kent regarding resolution supporting Bill 156 Trespass and Protecting Food Safety Act  
[Distributed to Members of County Council February 14, 2020]
  - t)** From the Municipality of Chatham Kent regarding resolution supporting the Role of Conservation Authorities  
[Distributed to Members of County Council February 14, 2020]
  - u)** From the Township of South Glengarry regarding Resolution In Support of Bill 156  
[Distributed to Members of County Council February 14, 2020]
  - v)** From the Township of Wellington North to the Hon. Ernie Hardeman







**FRONTENAC**



**Minutes of the Special Meeting of Council  
January 29, 2020**

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A special meeting of the Council of the County of Frontenac was held in the Kingston Frontenac Rotary Auditorium of the County Administrative Office, 2069 Battersea Road, Glenburnie on Wednesday, January 29, 2020 and was called to order at 5:00 p.m.

**Present:** Warden Fran Smith, Deputy Warden Ron Vandewal,  
Councillors Denis Doyle, Ron Higgins, Bill MacDonald, Gerry  
Martin and Alan Revill

**Regrets:** Councillor Bruce Higgs

**Also Present:** **County:**  
Kelly Pender, Chief Administrative Officer  
Joe Gallivan, Director of Planning and Economic Development  
Susan Brant, Director of Corporate Services/Treasurer  
Kevin Farrell, Manager of Continuous Improvement/GIS  
Marco Smits, Communications Officer  
Jannette Amiri, Manager of Legislative Services/Clerk

**Disclosure of Pecuniary Interest and General Nature Thereof**

There were none.

**Eastern Ontario Regional Network Cell Gap Coverage Project**

**Ms. Lisa Serverson**, EORN Communications/Stakeholder Relations Officer provided all Member Councils with an overview of the Cell Gap Coverage project, including working assumptions, process and timing.

Council recessed at 5:45 p.m.

Council reconvened at 6:10 p.m.



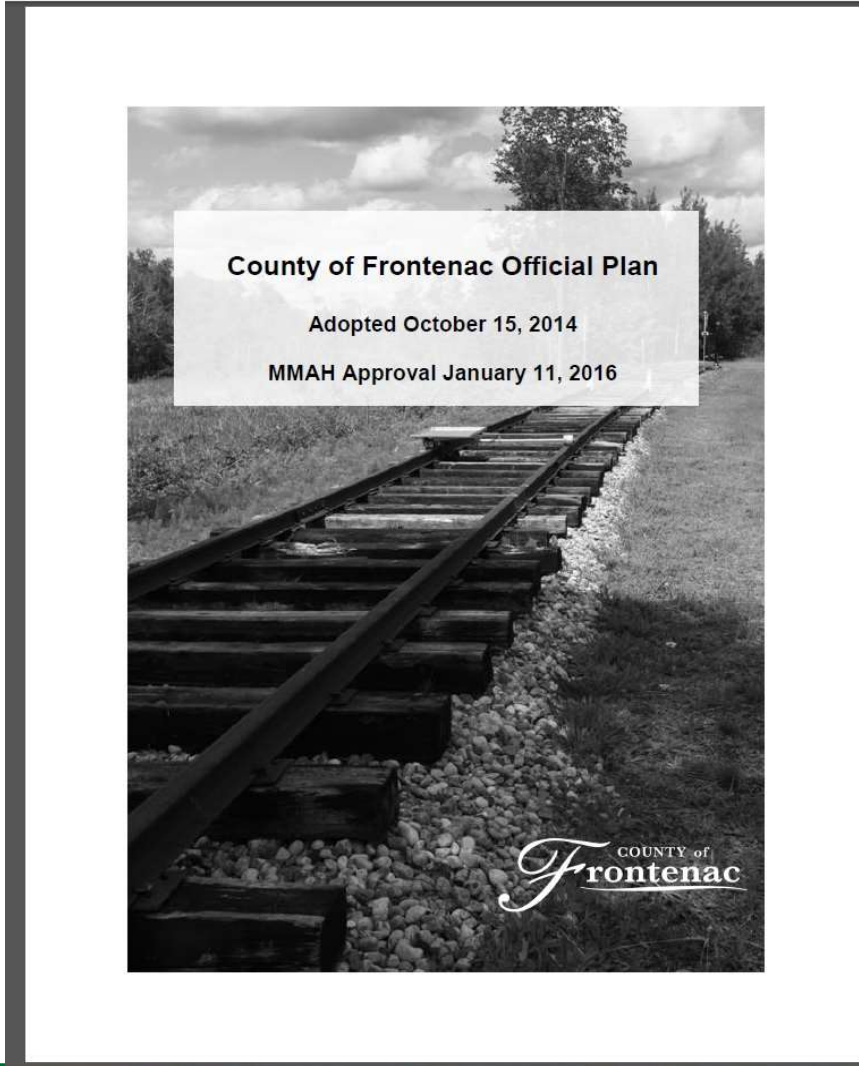




# Communal Services in Frontenac County Update

County Council  
March 18<sup>th</sup>, 2020



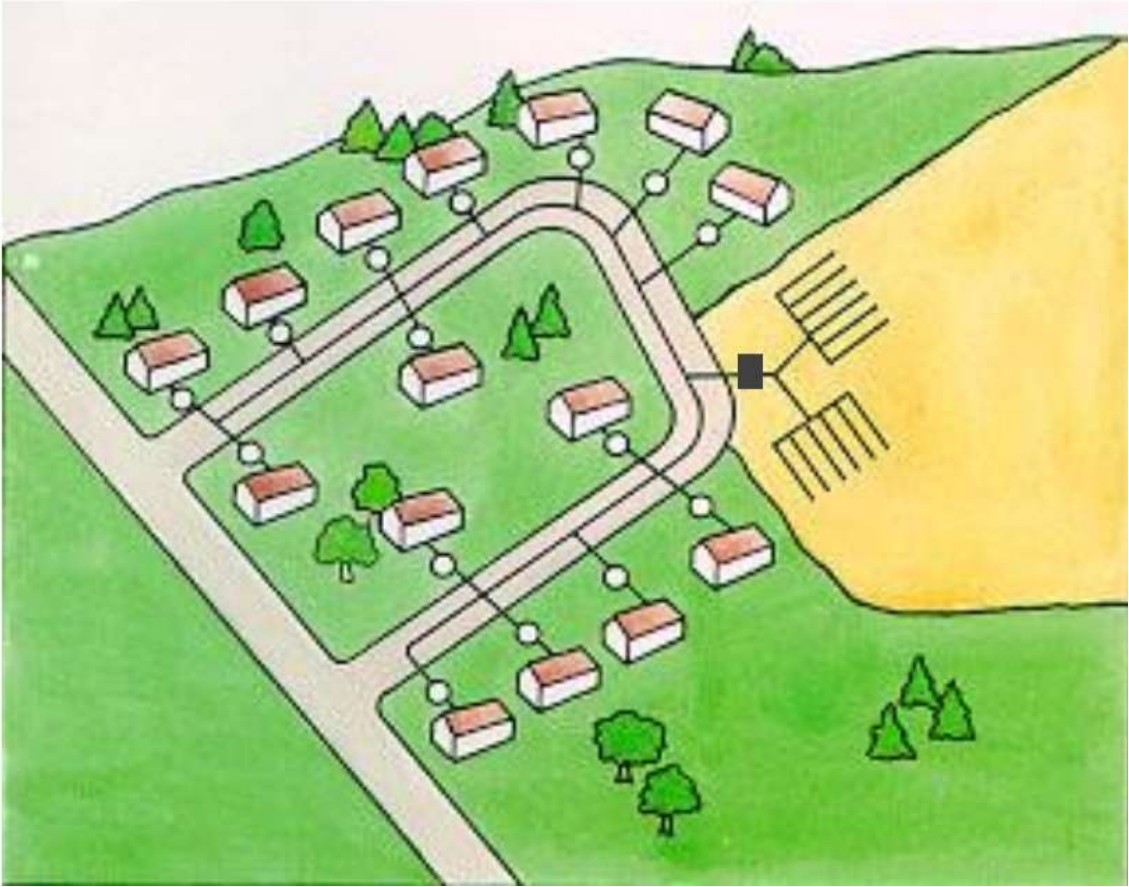


## Frontenac – Villages and Hamlets

- No municipal water or sewer services.
- Historical settlement areas -- building lots in village cores too small.
- Significant Public Infrastructure Investment
- Majority of Commercial Assessment

## Frontenac – Villages and Hamlets

- *“Lack of municipal services in our villages challenges future community viability.”*



Frontenac County Council – March 18<sup>th</sup>, 2020



# Communal Services

## Advantages

- Better environmental protection and public health than private on-site services
  - Fewer malfunctions, longer life
  - Regular maintenance – measure performance, monitor impact, fix problems early


# Communal Services

## Community Planning Advantages


- Smaller lots = better fit into village/hamlet
- Strengthen local economy
- “walkable communities”

**COUNTY OF FRONTENAC** AUGUST 30, 2018

**COMMUNAL SERVICES STUDY**  
DRAFT

 **FRONTENAC**

2611 QUEENSVIEW DRIVE  
SUITE 300  
OTTAWA, ON K2B 8K2  
T. 613.829.2800



The fundamental purpose of this Communal Servicing Study (“the Study”) is to demonstrate that the perceived obstacles are just that, and to equip the County of Frontenac with the planning, engineering, and economic development tools necessary to enable redevelopment and new development on the basis of communal services. Communal water and wastewater servicing offers the potential to enable new development and infill across the County, including on village and hamlet mainstreets, addressing some of the challenges associated with centralized municipal services and with private on-site services. Most importantly, communal servicing has the potential to support more compact, land-efficient development than is possible with private

WSP  
June 2019  
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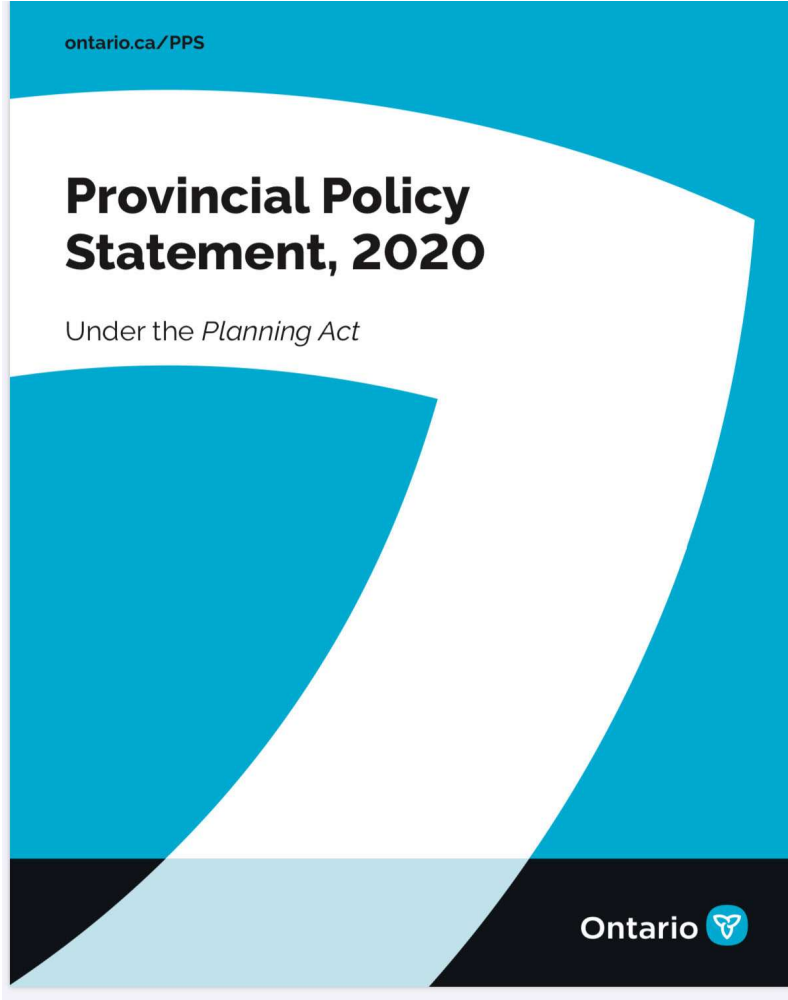
COUNTY OF FRONTENAC  
COMMUNAL SERVICES STUDY

## Council Direction – June 19<sup>th</sup>, 2019

- Council of the County of Frontenac direct staff to:
  - » Present an overview of the recommendations of the communal services study to each of the four Township Councils;
  - » Initiate before the end of 2019 an Official Plan Amendment to the County Official Plan to recognize that development on communal services for residential, commercial, and industrial land use can be applied across the entire Frontenac region;

## Council Direction

- » Investigate financial models and utility models that can be used to significantly reduce the municipal financial risk of approving development on communal services and entering into a Municipal Responsibility Agreements (MRA) and report back to Council; and
- » Research funding opportunities from the Provincial and Federal Governments that can be used for new communal services, in particular communal services in existing villages and hamlets.



Frontenac County Council – March 18<sup>th</sup>, 2020



Mr. Joe Gallivan, Director of Planning and Economic Development, will pr...

AGENDA ITEM #6)



**Mission**

To strengthen and reinforce the benefits and value of onsite and decentralized waste management through education, advocacy for sound policies and practices

**Vision**

To be the driving force and leading source of knowledgeable professional expertise for onsite and decentralized wastewater management.



## OOWA Annual Conference – March 1<sup>st</sup> – 3<sup>rd</sup>, London



# Financial Implementation Plan RFP

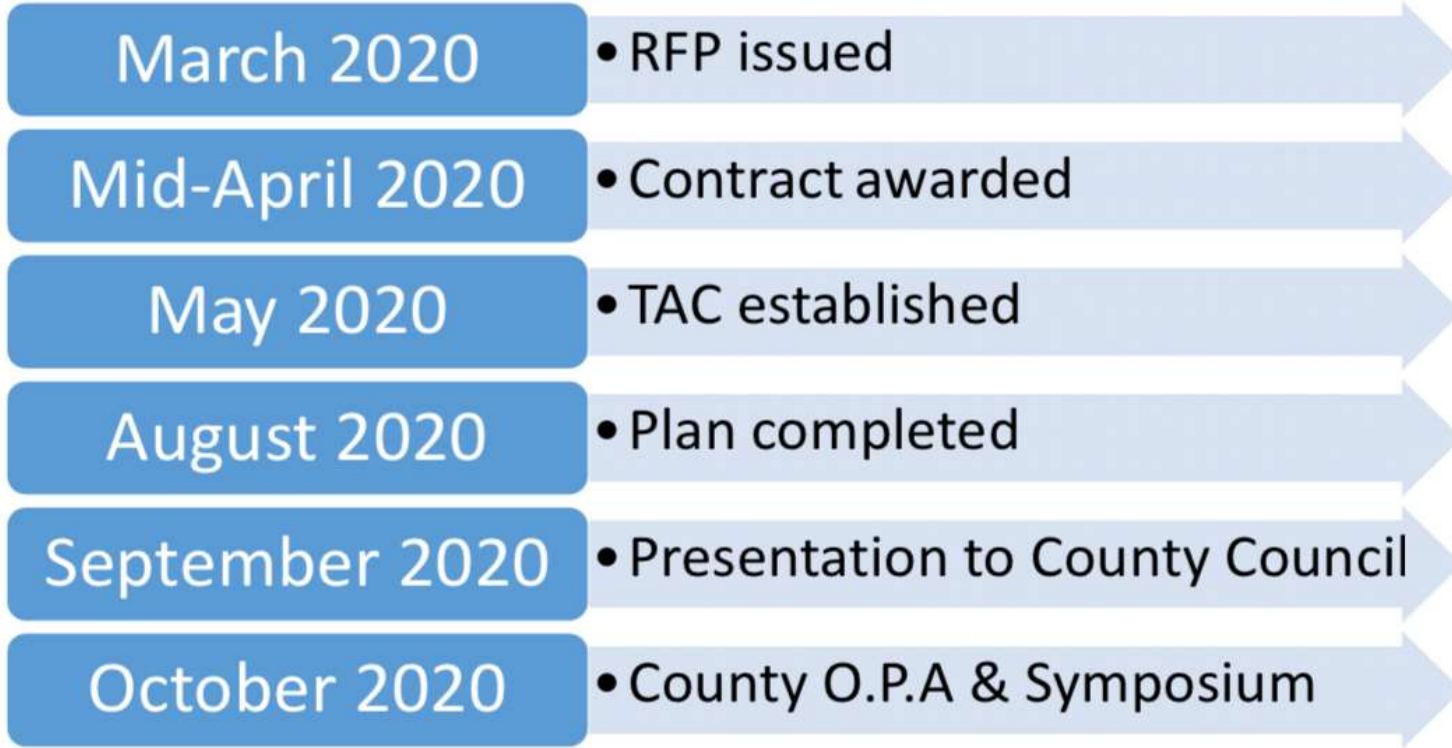
- create FINANCIAL MODEL to reduce financial risk to municipalities to support communal service development.
- Recommend GOVERNANCE STRUCTURE that looks for collective risk reduction. Options include:
  - »Municipal Service Corporation (s. 203 *Municipal Act*)
  - »Municipal Services Board (ss. 195-202 *Municipal Act*)
  - »Contract with Existing Utility (e.g., Utilities Kingston)
  - »In-house or contract services
  - »Combination thereof

## Financial Implementation Plan RFP

Expected that the Study will review different models of ownership:

- Publically owned and installed (e.g., business parks)
- Privately installed where Township / utility eventually assumes ownership
- Privately owned and installed systems (e.g., waterfront development)

### Anticipated Timing



Frontenac County Council – March 18<sup>th</sup>, 2020



# Communal Services Symposium October 2020 Expected Attendees

- Township Councillors
- Municipal Staff
- Developers
- Installers
- Provincial Government
- Engineers
- Financial Experts

Frontenac County Council – March 18<sup>th</sup>, 2020





FRONTENAC



**Report 2020-028**

**Recommend Report to Council**

**To:** Warden and Council of the County of Frontenac

**From:** Kelly J. Pender, Chief Administrative Officer

**Prepared By:** Gale Chevalier, Chief of Paramedic Services/Director of  
Emergency & Transportation Services

**Date of Meeting:** March 18, 2020

**Re:** **Emergency and Transportation Services - 2019 Legislated  
Response Time Standard Performance Plan - Reporting to the  
Ministry of Health and Long Term Care (MOHLTC)**

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**Recommendation**

**Resolved That** the Council of the County of Frontenac receive the Emergency and Transportation Services - 2019 Legislated Response Time Standard Performance Plan Reporting to Ministry of Health and Long Term Care (MOHLTC) for information,

**And Further That** the 2019 Response Time Standard Performance Plan outcomes for the County of Frontenac be reported to the Director, Emergency Health Regulatory and Accountability Branch, Ministry of Health and Long Term Care as required by legislation.

**Background**

At its meeting held September 19, 2018 County Council passed the following resolution:

**Resolved That** the Council of the County of Frontenac accept this Emergency and Transportation Services - 2019 Legislated Response Time Performance Plan report;

**And Further That** Council direct the Clerk to introduce a by-law later in the meeting adopting the response time standards as outlined in this report.

**Carried**

The County of Frontenac set the following criteria under Regulation 257/00, as amended, for its response time targets for 2019:

For the calendar year of 2019, from January 1 to December 31,

i. Designated Delivery Agent (DDA) - **Sudden Cardiac Arrest:**

48% of the time, within 6 minutes from the time ambulance dispatch conveys the call information to the paramedic, the County of Frontenac will endeavor to have a person equipped and ready to use an AED at the location of a patient determined to be in sudden cardiac arrest.

ii. EMS Designated Delivery Agent - CTAS 1:

70% of the time, within 8 minutes from the time ambulance dispatch conveys the call information to the paramedic, the County of Frontenac will endeavor to have a **Paramedic** as defined by the *Ambulance Act* and duly equipped at the location of a patient determined to be CTAS 1.

iii. EMS Designated Delivery Agent - CTAS 2, 3, 4, 5:

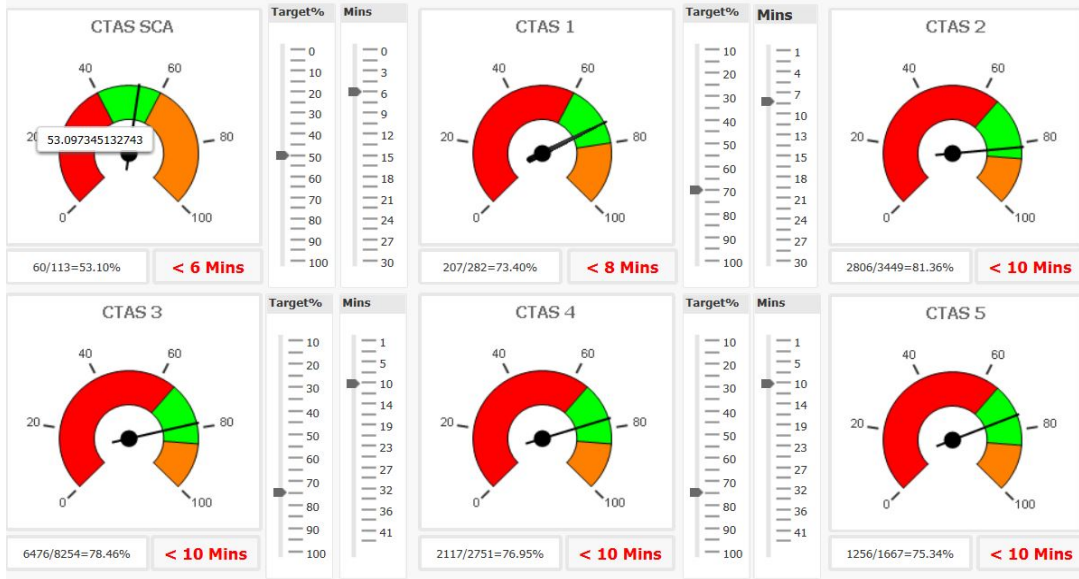
The County of Frontenac will endeavor to have a PARAMEDIC as defined by the *Ambulance Act*, duly equipped at the location of a patient determined to be CTAS 2, 3, 4, 5 within a period of time determined appropriate by the DDA and noted below in Table 1, or as resources permit (level of effort):

Table 1, CTAS 2, 3, 4, 5 EMS Delivery Agent Commitment

| CTAS | Target time from paramedic received until on scene | % Target |
|------|--|----------|
| 2    | 10 minutes   | 75%      |
| 3    | 10 minutes   | 75%      |
| 4    | 10 minutes   | 75%      |
| 5    | 10 minutes   | 75%      |

**Comment**

The County of Frontenac met and exceeded all of the response time targets set under our 2019 Response Time Standard Performance Plan.



**Sustainability Implications**

Good stewardship of the County's financial resources allows for the most appropriate care of our residents and visitors when in need of paramedic services.

**Financial Implications**

None at this time.

**Organizations, Departments and Individuals Consulted and/or Affected**

Marc Goudie, Deputy Chief of Performance Standards



**Report 2020-031**

**Recommend Report to Council**

**To:** Warden and Members of County Council

**From:** Kelly J. Pender, Chief Administrative Officer

**Prepared by:** Jannette Amini, Manager of Legislative Services/Clerk

**Date of meeting:** March 18, 2020

**Re:** **Corporate Services – Authorization to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete a third party review of the Frontenac County Economic Development program**

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**Recommendation**

**Be It Resolved That** the Council of the County of Frontenac receive for information the Corporate Services – Authorization to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete a third party review of the Frontenac County Economic Development program report;

**And Further That** County Council authorize the Warden and Clerk to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete a third party review of the Frontenac County Economic Development program.

**Background**

At its regular meeting held November 20, 2019, County Council considered report 2019-145 which sought authorization from Council to complete an Expression of Interest for the Municipal Modernization Program to perform a third party review of the Frontenac County Economic Development program.

A service delivery review focused on the existing regional approach to Economic Development in order to make best use of limited resources. The County's Economic Development department has taken several new responsibilities in recent years including development and management of the Frontenac K&P Trail, tourism and visitor attraction, the Frontenac Brand and the Frontenac Ambassador program.



A final payment of up to \$11,250 will be made payable to the County of Frontenac no more than thirty (30) days after the successful completion of the following:

- Interim Progress Report
- Draft Independent Third-Party Reviewer's Report
- Publishing of Independent Third-Party Reviewer's Report on the County of Frontenac's publicly accessible website
- Final Report

Council authorization is required in order for the County to execute an agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete a third party review of the Frontenac County Economic Development program.

**Strategic Priority Implications**

**Priority 1: Build community vitality and resilience**

Sub-Priority 1.2 focuses on refining and investing in efforts to accelerate economic development - to grow businesses, attract more visits and expand the tax base. Part of the operational direction for this priority is to continue with current economic development programs including Trail asset programs.

**Financial Implications**

Pending the execution of this agreement the County would be eligible to receive up to a maximum of \$45,000 for this project.

**Organizations, Departments and Individuals Consulted and/or Affected**

Richard Allen, Manager of Economic Development  
Susan Brant, Director of Corporate Services/Treasurer  
Alex Lemieux, Deputy Treasurer

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Recommend Report to Council  
Corporate Services – Authorization to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete a third party review of the Frontenac County Economic Development program  
March 18, 2020



**Report 2020-032**

**Recommend Report to Council**

**To:** Warden and Members of County Council

**From:** Kelly J. Pender, Chief Administrative Officer

**Prepared by:** Jannette Amini, Manager of Legislative Services/Clerk

**Date of meeting:** March 18, 2020

**Re:** **Corporate Services – Authorization to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”).**

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**Recommendation**

**Be It Resolved That** the Council of the County of Frontenac receive for information the Corporate Services – Authorization to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”);

**And Further That** County Council authorize the Warden and Clerk to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”).

**Background**

The Eastern Ontario Leadership Committee submitted an application on December 6, 2019 to the Municipal Modernization Fund to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”).

**Comment**

The Eastern Ontario Leadership Council (EOLC) will retain an independent third-party review to conduct a joint service delivery and modernization review of a One-Window Permitting System for Freight Movement in Eastern Ontario.

The project will investigate the potential for savings in the Municipalities’ staff time, improved compliance, and reduced infrastructure repair and maintenance costs. Specifically, this project would gather data, consults with the Municipalities and carrier stakeholders on the volume and types of permit requests that must be processed manually and quantify the potential for municipal savings.

The Eastern Ontario Leadership Council will retain the independent third-party review to compile the findings and recommendations in the Independent Third-Party Review’s Report.

The Eastern Ontario Leadership Council will submit a draft of the independent Third-Party Reviewer’s Report to the Province of Ontario by August 31, 2020. The draft will summarize the reviewer’s preliminary findings and recommendations for cost savings and improved efficiencies.

The Eastern Ontario Leadership Council will submit the Independent Third-Party Reviewer’s Report to the Province and publish the report on their publicly accessible website by September 18, 2020.

The report will summarize the reviewer’s findings and identify specific, actionable recommendations based on the analysis and findings that aim to identify cost savings and improved efficiencies.

Freight carriers that move through Ontario, especially those with oversize and over limit loads, must obtain permission to use highways and must also pay requisite fees to each municipality they pass through. As a result, municipal staff must review planned routes in relation to suitability for purpose, potential conflict, and municipal policies. Staff must determine whether the certificate of permission will be issued, notify the carrier of the outcome, and secure payment.

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Recommend Report to Council  
Corporate Services – Authorization to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”)  
March 18, 2020

Ultimately, this project is key for forming a business case for a one-window service. In addition to municipal benefits, the project would assess the value proposition for freight carriers and the impact of the availability of a one-window system on the use of municipal roads and the ripple effect this could have on the total volume of permits. The analysis will consider whether a one-window permitting system would avoid additional staffing costs by increasing processing efficiency for permit applications.

Further, the study would offer preliminary assessment of the potential for a one-window permitting system that could potentially lead to reduced infrastructure damage and save municipalities money by reducing repair and maintenance costs. In addition, the consolidation and digital preservation of applications, certificates and associated trip documentation could be helpful to municipalities in resolving responsibility to any difficulties relating to non-compliant trips.

If this analysis demonstrates savings and efficiencies, a small pilot project with two or three adjacent municipalities would be executed to implement a prototype of the one-window permitting system. The pilot project is not included in the review.

Council authorization is required in order for the County to execute an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete this project.

### **Strategic Priority Implications**

**Priority 3 Champion and coordinate collaborative efforts with partners to resolve complex problems otherwise beyond the reach of individual mandates and jurisdictions.**

3.1 Work with the townships, other municipalities and levels of government on broad infrastructure issues — ranging from environmental concerns to regional transportation strategies for residential, social and economic purposes, and access to funding.

3.3 Continue to pursue collaborative opportunities to achieve service and cost efficiencies and other economies through cost-sharing and shared services.

The EOWC, and subsequently, the EOLC are identified in Councils Strategic Plan as current and potential project partners

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Recommend Report to Council  
Corporate Services – Authorization to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”)  
March 18, 2020

**Financial Implications**

Pending the execution of this agreement the Eastern Ontario Leadership Committee would be eligible to receive up to a maximum of \$23,914.00 for this project.

There are no financial implications for the County associated with this report.

**Organizations, Departments and Individuals Consulted and/or Affected**

Eastern Ontario Leadership Council  
Susan Brant, Director of Corporate Services/Treasurer  
Alex Lemieux, Deputy Treasurer

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Recommend Report to Council

Corporate Services – Authorization to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”)  
March 18, 2020

Page 4 of 4



**Report 2020-029**

**Council Information Report**

**To:** Warden and Council Members of the County of Frontenac  
**From:** Kelly J. Pender, Chief Administrative Officer  
**Prepared by:** Kathie Shaw, Senior Financial Analyst  
Susan Brant, Director of Corporate Services/ Treasurer

**Date of meeting:** March 18, 2020

**Re: Corporate Services – 2019 Remuneration and Reimbursement of Expenses to Council Members and Non-Council Appointees Report**

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**Recommendation**

This Report is for information purposes only.

**Background**

Section 284 (1) of the *Municipal Act, 2001 S.O. 2001, Chapter 25*, states:

The treasurer of a municipality shall in each year on or before March 31 provide to the Council of the municipality an itemized statement on remuneration and expenses paid in the previous year to:

- (a) each member of Council in respect of his or her services as a member of the Council or any other body, including a local board, to which the member has been appointed by Council or on which the member holds office by virtue of being a member of Council;
- (b) each member of Council in respect of his or her services as an officer or employee of the municipality or other body described in clause (a); and
- (c) each person, other than a member of Council, appointed by the municipality to serve as a member of any body, including

a local board, in respect of his or her services as a member of the body. 2001, c. 25, s. 284 (1).

**Comment**

By-law No. 2018-0032, and its predecessor By-law No. 2015-0042 outlines the remuneration to be paid to Councillors and Non-Council Appointees of the County as well as attendance at conferences and training opportunities.

The following charts provide an itemized statement on remuneration and expenses paid in 2019 to members of Council and persons appointed by Council to serve on Boards and Committees.

| <b>Council Members</b>       | <b>Compensation as Council Member or Appointee</b> | <b>Conference/Training Travel and Other Related Expenses</b> | <b>Mileage and Per Diems</b> | <b>Total*</b> |
|------------------------------|--|--|------------------------------|---------------|
| Ron Higgins, Warden          | 28,899.96  | 3,748.85   | 5,251.32                     | \$ 37,900.13  |
| Frances Smith, Deputy Warden | 14,280.00  | 1,811.56   | 2,783.88                     | \$ 18,875.44  |
| Denis Doyle                  | 11,900.04  | 1,485.35   | 604.00                       | \$ 13,989.39  |
| Bruce Higgs                  | 11,900.04  | 3,285.45   | 3,078.89                     | \$ 18,264.38  |
| Bill MacDonald               | 11,900.04  | 81.00  | 1,959.24                     | \$ 13,940.28  |
| Gerry Martin                 | 11,900.04  | 1,144.87   | 3,850.64                     | \$ 16,895.55  |
| Alan Reville                 | 11,900.04  | 1,685.11   | 4,861.52                     | \$ 18,446.67  |
| Ron Vandewal                 | 11,900.04  | 1,515.42   | 914.00                       | \$ 14,329.46  |

Council remuneration includes representation on the following Boards and Committees:

|                |  |
|----------------|--|
| Frances Smith  | Planning Advisory Committee<br>Rural Urban Liaison Advisory Committee (RULAC)<br>Housing and Homelessness Advisory Committee<br>Seniors Housing Task Force – Central Frontenac, no meetings<br>CAO Performance Appraisal Review Committee, no meetings |
| Gerry Martin   | Joint Accessibility Advisory Committee<br>Administrative Building Design Task Force<br>Staff Liaison Meetings  |
| Ron Higgins    | Rural Urban Liaison Advisory Committee (RULAC)<br>Planning Advisory Committee<br>CAO Performance Appraisal Review Committee, no meetings<br>Seniors Housing Task Force, no meetings  |
| Bruce Higgs    | Food Policy Council of Kingston, Frontenac, Lennox and Addington<br>Staff Liaison Meetings   |
| Alan Revill    | Kingston Frontenac Public Library Board<br>Staff Liaison Meetings  |
| Ron Vandewal   | Administrative Building Design Task Force<br>Planning Advisory Committee<br>Rural Urban Liaison Advisory Committee (RULAC)<br>CAO Performance Appraisal Review Committee, no meetings  |
| Denis Doyle    | Planning Advisory Committee<br>Community Development Advisory Committee<br>KFL&A Public Health Board<br>Administrative Building Design Task Force<br>CAO Performance Appraisal Review Committee, no meetings   |
| Bill MacDonald | Joint Accessibility Advisory Committee<br>Administrative Building Design Task Force<br>Staff Liaison Meetings  |

Person, other than a member of Council, appointed by the County to serve as a member of any body, including a local board:

| <b>Joint Accessibility Advisory Committee</b> | <b>Per Diem</b> | <b>Mileage HST included</b> | <b>Total</b> |
|---|-----------------|-----------------------------|--------------|
|   | \$              | \$                          | \$           |
| Neil Allen                                    | 300.00          | 23.20                       | 323.20       |
| David Yerxa                                   | 225.00          | 186.18                      | 411.18       |
| Margaret Knott                                | 225.00          | 139.20                      | 364.20       |
| Kurt Halliday                                 | 75.00           | 44.08                       | 119.08       |
| Ed Schlievert                                 | 225.00          | 323.64                      | 548.64       |

| <b>Community Development Advisory Committee</b> | <b>Mileage HST included</b> |
|---|-----------------------------|
|   | \$                          |
| Barrie Gilbert                                  | 116.00                      |
| Betty Hunter                                    | 566.08                      |
| Mary Kloosterman                                | No Payment By Request       |
| Lisa Henderson                                  | 45.24                       |
| Gregory Rodgers                                 | 295.80                      |
| Wilma Kenny                                     | 87.00                       |

| <b>Kingston Frontenac Public Library Board</b> | <b>Per Diem</b>       | <b>Mileage/Parking HST included</b> | <b>Total</b> |
|--|-----------------------|-------------------------------------|--------------|
|  | \$                    | \$                                  | \$           |
| John Purdon (2018)                             | 150.00                | 162.80                              | 312.80       |
| Wilma Kenny (2018)                             | 1,800.00              | 536.80                              | 2336.80      |
| Louise Moody                                   | 600.00                | 617.70                              | 1217.70      |
| Natalie Nossal                                 | No Payment By Request |                                     |              |

| <b>Planning Advisory Committee</b> | <b>Per Diem</b> | <b>Mileage HST included</b> | <b>Total</b> |
|------------------------------------|-----------------|-----------------------------|--------------|
|                                    | \$              | \$                          | \$           |
| Phil Leonard                       | 150.00          | 71.92                       | 221.92       |
| Lisa Henderson                     | 150.00          | 30.16                       | 180.16       |
| Barbara Sproule                    | 150.00          | 411.80                      | 561.80       |

**Strategic Priorities Implications**

Good governance and legislative compliance falls under Other Important and Continuing County Priorities, specifically:

- Respect the taxpayer and keep tax increases close to the rate of inflation
- Continually improve customer and financial services

**Financial Implications**

Amounts paid to County Council and other Board and Committee members were within budget.

**Organizations, Departments and Individuals Consulted and/or Affected**

Alex Lemieux, Deputy Treasurer  
Jannette Amini, Manager of Legislative Services/Clerk  
Angelique Cardinal, Executive Assistant, Administrative and Financial Services  
Nancy Elliott, Finance Clerk, Corporate Services



**Report 2020-030**

**Council Information Report**

**To:** Warden and Council Members of the County of Frontenac  
**From:** Kelly J. Pender, Chief Administrative Officer  
**Prepared by:** Barb McCulloch, Manager of Human Resources  
**Date of meeting:** March 18, 2020

**Re: Corporate Services – Amended Pay Equity Plan**

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**Recommendation**

This Report is for information purposes only.

**Background**

The County is required to maintain pay equity compliance on an annual basis. C.P. Wilms Consulting was retained to independently analyze the non-union compensation practices and ensure Pay Equity was achieved in accordance with the legislative requirements of the *Pay Equity Act*, R.S.O. 1990.

The County had maintained Pay Equity compliance up to the end of 2017.

During 2018, the County undertook a non-union compensation study as part of a regular market review to identify the level of compensation competitiveness to other municipalities. Krecklo & Associates Inc. was retained to complete the compensation study for the County and compare to selected Ontario Municipalities.

**Comment**

**Pay Equity**

Following the market study, Mr. Clarence Wilms (C.P. Wilms Consulting) was engaged to complete the analysis of the non-union compensation to ensure pay equity compliance.

The Amended Pay Equity Plan is attached as **Appendix “A”**.

**Strategic Priorities Implications**

The development of Pay Equity compliant compensation practices for the management/non-union group will ensure that risks are minimized and retroactive costs are avoided.

**Financial Implications**

As the County is pay equity compliant up to December 31, 2019, no adjustments are required.

**Organizations, Departments and Individuals Consulted and/or Affected**

Susan Brant, Director of Corporate Services/Treasurer  
Barb McCulloch, Manager of Human Resources  
Clarence Wilms, C. P. Wilms Consulting

AMENDED NON-UNION PAY EQUITY PLAN



# County of Frontenac

## AMENDED Non-Union PAY EQUITY PLAN

This amended plan is provided under the Ontario Pay Equity Act, 1990 as amended.

Effective: January 1, 2020

**Table of Contents**

- 1. The Employer**
- 2. The Establishment**
- 3. Job Classes Covered by the Plan**
- 4. Male Comparator Job Classes**
- 5. Method of Comparison**
- 6. Result of Comparisons**
- 7. Method of Determining Adjustment and Value of Job Classes**
- 8. Pay Equity Adjustments Required**
- 9. Differences**
- 10. Implementation**
- 11. Further Information**

**1. Employer**

The County of Frontenac hereafter, “the Employer”.

**2. Establishment**

This amended plan applies to all non-union employees of the County of Frontenac.

**3. Job Classes Covered by this Plan**

The non-union female job classes are:

| <b>Female Positions</b>                                       |
|---|
| Administrative Assistant (ETS)                                |
| Administrative Clerk (ETS)                                    |
| Administrator (Fairmount Home)                                |
| Assistant Director of Resident Care (Fairmount Home)          |
| Communications Officer  |
| Deputy Treasurer  |
| Senior Financial Analyst                                      |
| Director of Resident Care (Fairmount Home)                    |
| Executive Assistant   |
| Executive Assistant (ETS)                                     |
| Executive Assistant (Fairmount Home)                          |
| Community Development Officer                                 |
| Human Resources Generalist                                    |
| Human Resources Generalist – Attendance Management Specialist |
| Manager of Economic Development                               |
| Manager of Legislative Services/Clerk                         |
| Occupational Health Nurse                                     |
| Performance Standards Assistant                               |

The male non-union job classes are as follows:

|   |
|---|
| <b>Male Positions</b>                         |
| Deputy Chief - Operations                     |
| Chief Paramedic/Director                      |
| Director of Planning and Economic Development |
| Logistics Clerk                               |
| Manager of Information Services               |
| Marine Supervisor                             |
| Operations Supervisor/Superintendent          |
| Supervisor, Performance Standards             |
| Manager of Continuous Improvement             |

The gender neutral non-union job class is as follows:

|  |
|--|
| <b>Gender Neutral Positions</b>          |
| Deputy Chief of Performance Standards    |
| Director of Corporate Services/Treasurer |
| Manager of Human Resources               |
| Manager of Community Planning            |

**4. Male Comparator Job Classes**

The male comparator job classes include all of the above non-union male classes.

**5. Method of Comparison**

The method of comparison used was a point factor job evaluation system. The application of this method resulted in a point value being assigned to each job class. The point of intersection of the total point value and the maximum hourly rate for each of the jobs was used to develop a male wage line for the purposes of establishing pay equity target rates for female jobs.

Job classes of equal or comparable value were determined by dividing the system into point bands, 50 points wide.

The point-factor job evaluation system used is summarized below:

| <b>Factor</b>             | <b>Sub-factor Name</b>   | <b>Sub-factor Weight</b> | <b>Factor Weight</b> |
|---------------------------|--|--------------------------|----------------------|
| <b>SKILL</b>              |  |                          | <b>35.0%</b>         |
|                           | 1. Education   | 10.0%                    |                      |
|                           | 2. Experience  | 10.0%                    |                      |
|                           | 3. Communication Skills  | 7.5%                     |                      |
|                           | 4. Decision Making/Problem Solving   | 7.5%                     |                      |
|                           |  |                          |                      |
| <b>RESPONSIBILITY</b>     |  |                          | <b>37.5%</b>         |
|                           | 5. Impact of Decisions   | 7.5%                     |                      |
|                           | 6. Financial Responsibility  | 10.0%                    |                      |
|                           | 7. Supervision/Leadership  | 10.0%                    |                      |
|                           | 8. Responsibility for the Physical Health and Safety of Clients, Co-workers and the General Public | 5.0%                     |                      |
|                           | 9. Responsibility for the Delivery of Services to the General Public                               | 5.0%                     |                      |
|                           |  |                          |                      |
| <b>EFFORT</b>             |  |                          | <b>20.0%</b>         |
|                           | 10. Multiple Demands and Priorities  | 7.5%                     |                      |
|                           | 11. Mental/Sensory Effort  | 7.5%                     |                      |
|                           | 12a. Physical Effort   | 5.0%                     |                      |
|                           |  |                          |                      |
| <b>WORKING CONDITIONS</b> |  |                          | <b>7.5%</b>          |
|                           | 13. Work Environment/Hazards   | 7.5%                     |                      |
|                           |  |                          |                      |
| <b>TOTAL</b>              |  |                          | <b>100%</b>          |

**7. Results of Comparisons**

The result of the application of the job evaluation system to the female jobs and representative male jobs is shown below.

| <b>JOB CLASS</b>  | <b>TOTAL POINTS</b> | <b>GENDER</b>  | <b>JOB-TO-JOB MALE COMPARATOR OR PROPORTIONAL VALUE</b> |
|---|---------------------|----------------|---|
| Administrative Assistant (ETS)                                | 290                 | Female         | Proportional Value                                      |
| Administrative Clerk  | 355                 | Female         | Proportional Value                                      |
| Logistics Clerk   | 385                 | Male           |   |
| Executive Assistant   | 419                 | Female         | Proportional Value                                      |
| Executive Assistant (Fairmount Home)                          | 419                 | Female         | Proportional Value                                      |
| Executive Assistant (ETS)                                     | 419                 | Female         | Proportional Value                                      |
| Performance Standards Assistant                               | 419                 | Female         | Logistics Clerk   |
| Human Resources Generalist                                    | 455                 | Female         | Marine Supervisor                                       |
| Human Resources Generalist – Attendance Management Specialist | 455                 | Female         | Marine Supervisor                                       |
| Marine Supervisor   | 486                 | Male           |   |
| Community Development Officer                                 | 488                 | Female         | Marine Supervisor                                       |
| Communications Officer  | 494                 | Female         | Marine Supervisor                                       |
| Business Analyst  | 544                 | Gender Neutral |   |
| Senior Financial Analyst                                      | 535                 | Female         | Proportional Value                                      |
| Manager of Economic Development                               | 600                 | Female         | Supervisor, Performance Standards                       |
| Occupational Health Nurse                                     | 606                 | Female         | Supervisor, Performance Standards                       |
| Supervisor, Performance Standards                             | 625                 | Male           |   |
| Operations Supervisor   | 627                 | Male           |   |
| Assistant Director of Resident Care (Fairmount Home)          | 653                 | Female         | Manager of Information Services                         |
| Manager of Legislative Services/Clerk                         | 657                 | Female         | Manager of Information Services                         |
| Manager of Continuous Improvement                             | 660                 | Male           |   |
| Manager of Information Services                               | 664                 | Male           |   |
| Deputy Treasurer  | 664                 | Female         | Operations Supervisor                                   |
| Manager of Community Planning                                 | 695                 | Gender Neutral |   |

|   |     |                   |                           |
|---|-----|-------------------|---------------------------|
| Human Resources Manager                       | 714 | Gender<br>Neutral |                           |
| Director of Resident Care (Fairmount Home)    | 715 | Female            | Deputy Chief - Operations |
| Deputy Chief of Performance Standards         | 716 | Gender<br>Neutral |                           |
| Deputy Chief - Operations                     | 716 | Male              |                           |
| Director of Planning and Economic Development | 783 | Male              |                           |
| Director of Corporate Services/Treasurer      | 800 | Gender<br>Neutral |                           |
| Administrator (Fairmount Home)                | 808 | Female            | Chief Paramedic/Director  |
| Chief Paramedic/Director                      | 808 | Male              |                           |

**8. Method of Determining Adjustment and Value of Job Classes**

Male comparator jobs were identified for the following female job classes:

- Administrator (Fairmount Home)
- Director of Resident Care (Fairmount Home)
- Deputy Treasurer
- Assistant Director of Resident Care (Fairmount Home)
- Manager of Legislative Services/Clerk
- Manager of Economic Development
- Occupational Health Nurse
- Communications Officer

The proportional value method for achieving pay equity was used for the following female job classes:

- Senior Financial Analyst
- Performance Standards Assistant
- Executive Assistant
- Executive Assistant, ETS
- Executive Assistant, FMT
- Administrative Assistant (ETS)

The method of determining adjustment involved placing the female job classes on the male wage line (developed by the input of job rates and job values of the nine representative male job classes) using the method of regression analysis. Any female job class paid *below* the predicted job rate (rate falling below the intersection point on the male wage line) requires a pay equity adjustment to the predicted job rate. Any female job class that is paid *at or above* the predicted job rate does not need a pay equity adjustment, since pay equity has already been achieved.

**9. Pay Equity Adjustments Required**

All of the identified female job classes are pay equity compliant as per the January 1, 2020 calculation with the compensation of each female job class is at least as high as that of its male comparator, or the target rate as determined by the male wage line.

**10. Differences**

No positions under this amended plan were excluded under section 8 (3) of the Pay Equity Act.

**11. Implementation**

The amended pay equity plan will be implemented as of January 1, 2020. The pay equity plan will be reviewed on an annual basis beginning January 1, 2020 to ensure maintenance of this amended pay equity plan through monitoring of changes to job content and compensation.

**12. Further Information**

As of the posting date, March 20, 2020, employees have 90 days to raise concerns about the plan to the attention of Kelly Pender. Following this 90-day period, the County of Frontenac has 7 days to re-post a revised plan or post a notice saying there will be no revisions.

After this, any employee has 30 days to bring an objection to the Pay Equity Commission.

If no objection is received by the Pay Equity Commission by the end of this 90-7-30 day appeal period, this plan is deemed approved and will be implemented.

For further information regarding this amended pay equity plan, please contact:

Kelly Pender  
Chief Administrative Officer  
County of Frontenac  
2069 Battersea Road  
Glenburnie ON K0H 1S0  
Phone: 613 548-9400 Ext 300  
Email: [kpender@frontenacounty.ca](mailto:kpender@frontenacounty.ca)



**Report 2020-033**

**Council Information Report**

**To:** Warden and Council

**From:** Kelly Pender, Chief Administrative Officer

**Prepared by:** Gale Chevalier, Chief of Paramedic Services/Director Emergency and Transportation Services

**Date of meeting:** March 18, 2020

**Re:** **Frontenac Paramedics—Ambulance Service Review Final Report**

---

**Recommendation**

This report is for information purposes only.

**Background**

The *Ambulance Act* requires that all Paramedic Services in the Province Ontario pass a Ministry of Health Service Review every three years in order to confirm the provider meets legislated certification standards.

Frontenac Paramedic's (FP) previous certificate expired September 25, 2019. A Ministry Review was conducted June 4 and 5, 2019 and a draft report issued on September 16, 2019 indicated that FP had met the Ministry standard and a new certificate was issued, valid until September 25, 2022.

A follow-up visit was conducted on December 10, 2019 to ensure FP was addressing any issues identified in the Draft Report.

On February 18, 2020 FP received the Final Report (attached).

**Comment**

The Ambulance Service Review focuses on three main areas

- Patient Care
- Quality Assurance
- Administration

To meet certification standards, a Service Provider must meet two thresholds:

1. 90%+ for Patient Care (which represents 70% of the overall inspection)
2. 90%+ overall score (Patient care 70%, Quality Assurance 20%, Administration 10%)

Inspection Methodologies include:

- Interviews
- Documentation Review
- Ride-outs
- Observation and Examination

Frontenac Paramedics received nine Observations and fourteen Commendations.

Frontenac Paramedics were commended on:

- Preparation for the certification inspection
- Quality Assurance/CQI
  - 97.7% of ACRs reviewed demonstrated patient care was provided in accordance with Patient Care Standards
  - 100% of FP staff were noted to carry the service-specific ID card
  - Preventative maintenance programs met manufacturer's specifications 93.1% of the time
  - 99.8% of HIR files met requirements
  - 99.2% of ACR data points captured

- Training
  - 100% of files reviewed demonstrated the components of patient care equipment knowledge and skills are demonstrated and tested.
- Vehicles
  - 99.9% of equipment and supply requirements met
  - 100% of patient care and accessory equipment was maintained in working order and equipment and vehicles cleaned
  - 100% of vehicles and equipment observed demonstrated expired devices and material were identified and removed from use
  - 100% of bases and vehicles observed demonstrated the safe disposal of biomedical sharps
  - 100% of vehicles inspected met Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards
  - Preventative Maintenance programs followed 100% of the time

Observations noted were:

- 75% of ride-out observations demonstrated patient care met Patient Care Standards
- Patient care and accessory equipment and supplies were not always secured in vehicles as per the standards
- Should straps were not always used on patient while vehicle in motion
- Ambulances reviewed captured 99.9% of equipment and supply requirements from the Equipment Standards
- Preventative maintenance programs for medical equipment met manufacturer's specifications 93.1% of the time
- Fire extinguishers from four vehicles were missing annual inspection certificates
- 99.8% of HRI files met requirements
- Mandatory fields on ACR not always completed
- Service did not always have sufficient staff at each level of qualification to meet deployment plan+

**Strategic Priority Implications**

Other Important and Continuing County Priorities: Continually improve customer and financial services

**Financial Implications**

None at this time

**Organizations, Departments and Individuals Consulted and/or Affected**

N/A

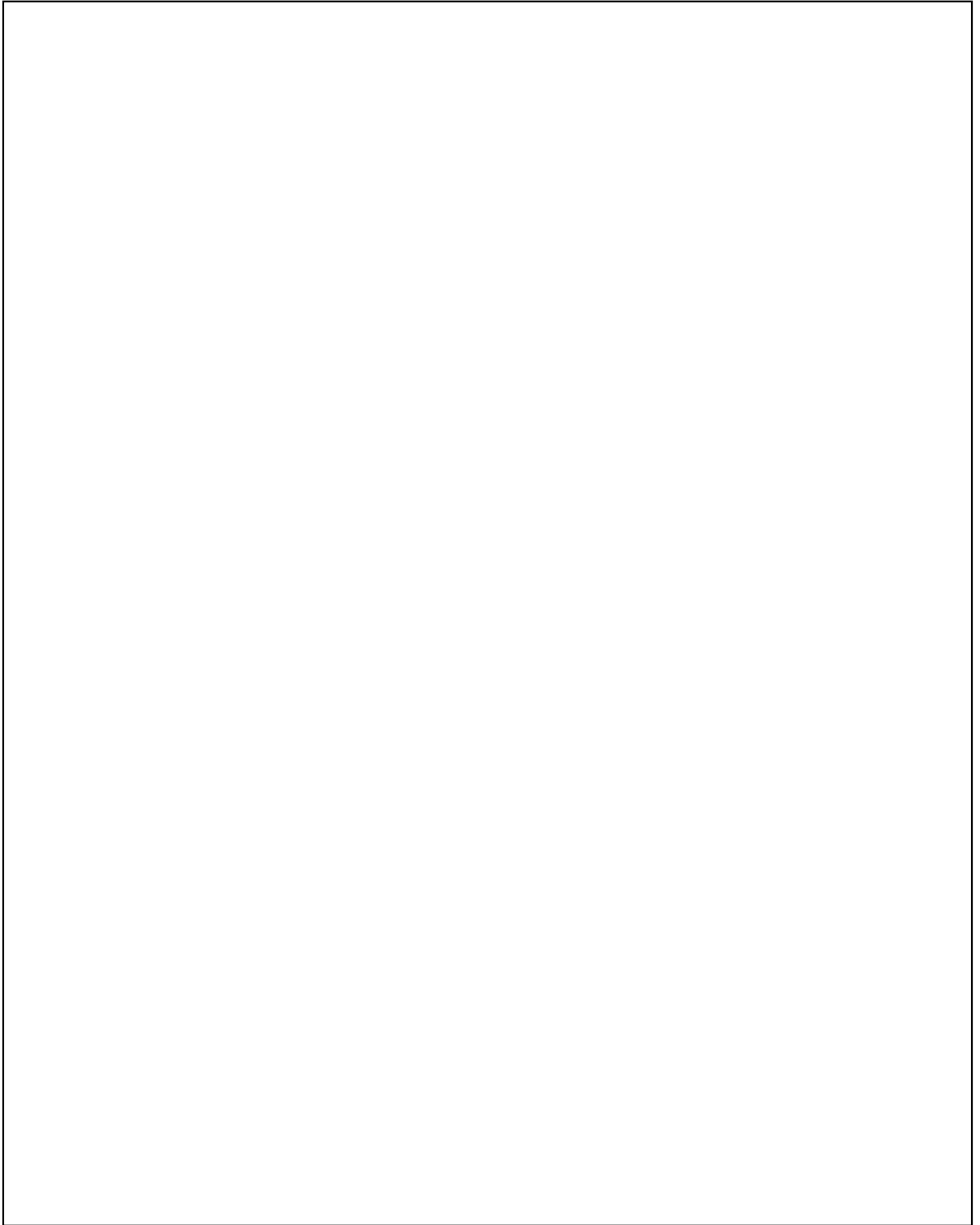
Ministry of Health

# Ambulance Service Review Final Report

Frontenac Paramedic Services

December 10, 2019







**Ministry of Health**  
Emergency Health Regulatory and  
Accountability Branch

590 Rossland Rd. E.  
Whitby ON L1N 9G5  
Tel.: 905-665-8086

**Ministère de la Santé**  
Direction de la réglementation et de la  
responsabilisation des services de santé  
d'urgence

590 rue Rossland E.  
Whitby ON L1N 9G5  
Tél.: 905-665-8086

February 18, 2020

Ms. Gale Chevalier  
Chief of Paramedic Services  
County of Frontenac  
2069 Battersea Road  
Glenburnie ON K0H 1S0

Dear Ms. Chevalier:

Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario. The Ambulance Service Review Follow Up conducted on December 10, 2019 found that Frontenac Paramedic Services continues ongoing improvement towards ensuring delivery of high-quality ambulance service.

Frontenac Paramedic Services is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Quality Assurance/CQI
- Training
- Vehicles

The Review found that Frontenac Paramedic Services meets the review certification criteria and the legislated requirements. Accordingly, Frontenac Paramedic Services will be issued a renewed Certificate to operate an ambulance service Frontenac Paramedic Services.

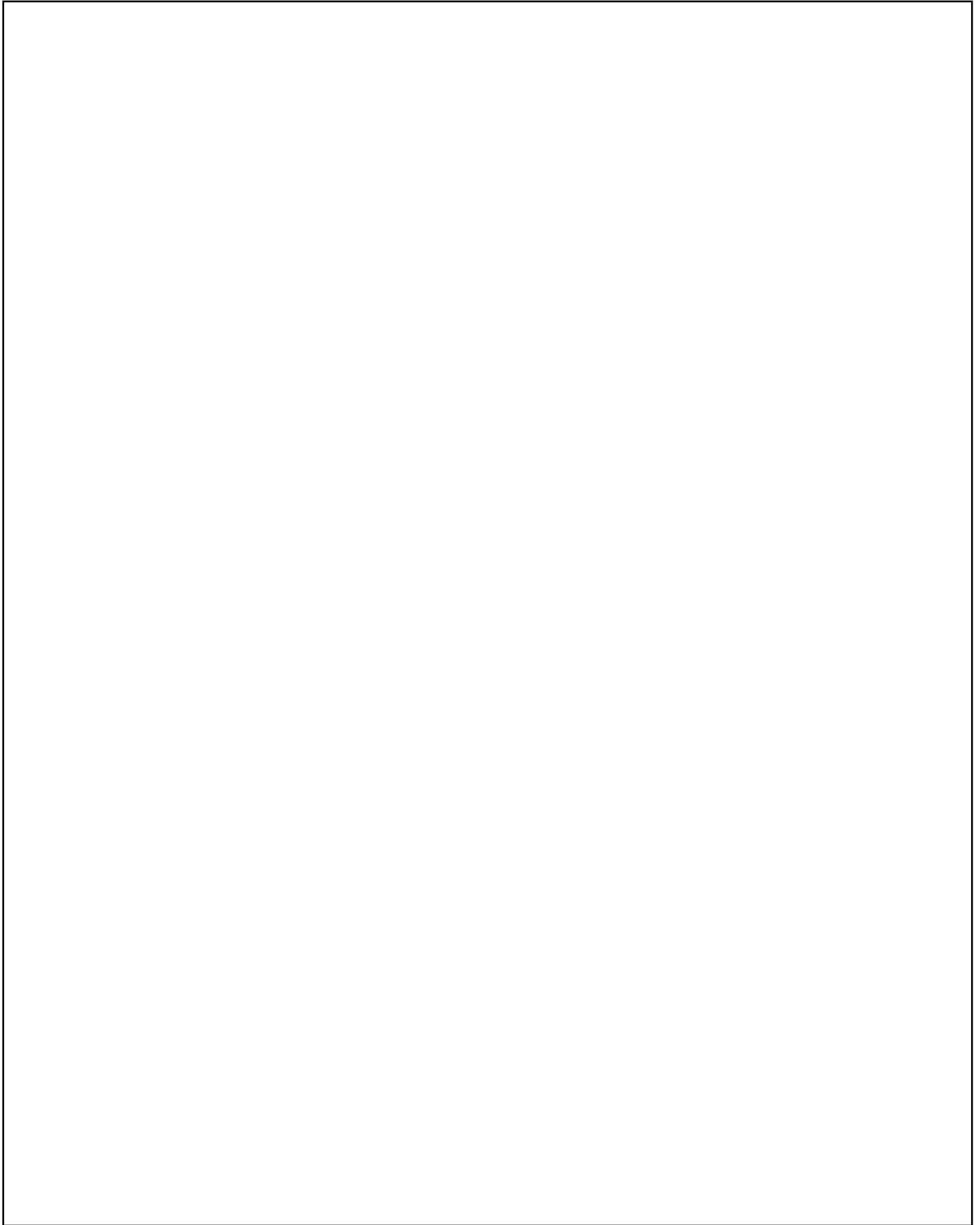
Once again, congratulations to you and your team.

Sincerely,

A handwritten signature in black ink that reads "CWidawski".

Cindy Widawski  
Manager (A)  
Inspections and Certifications

Cc: Mr. Kelly Pender, CAO, County of Frontenac  
Mr. Steven Haddad, Director, EHRAB  
Mr. Stuart Mooney, Director, EHPMDB  
Mr. Michael Bay, Senior Manager, EHRAB  
Mr. Chris Baillie, Field Manager, EHPMDB



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## Introduction

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The *Ambulance Act* (the Act) stipulates that no person shall operate an ambulance service unless the person holds a certificate issued by the certifying authority. The Act further stipulates that a person shall be issued a certificate by the certifying authority only if the person has successfully completed the certification process; the ministry conducts an Ambulance Service Review prior to the expiration of an existing certificate to confirm that the provider meets legislated certification standards.

Legislated standards include:

- Advanced Life Support Patient Care Standards
- Ambulance Service Communicable Disease Standards
- Basic Life Support Patient Care Standards
- Land Ambulance Certification Standards
- Ontario Ambulance Documentation Standards
- Ontario Provincial Land Ambulance & Emergency Response Vehicle Standards
- Patient Care & Transportation Standards
- Provincial Equipment Standards for Ontario Ambulance Services

In Ontario, the Patient Care Standards legislated under the *Ambulance Act* are designed to ensure that the highest levels of safety are in place for every patient being treated/transported by paramedics and are issued by the Ministry of Health with input from:

- Ontario physicians specializing in Emergency Medicine
- Ontario Association of Paramedic Chiefs
- Ontario Base Hospital Advisory Group
- Provincial Medical Advisory Committee

The Ambulance Service Review focuses upon three main areas which are represented in this report:

- Patient Care
- Quality Assurance
- Administration

Subsections within each area provide the legislative requirements, inspection methodologies, followed by the Review Team observations.

### **Ambulance Service Review Overview**

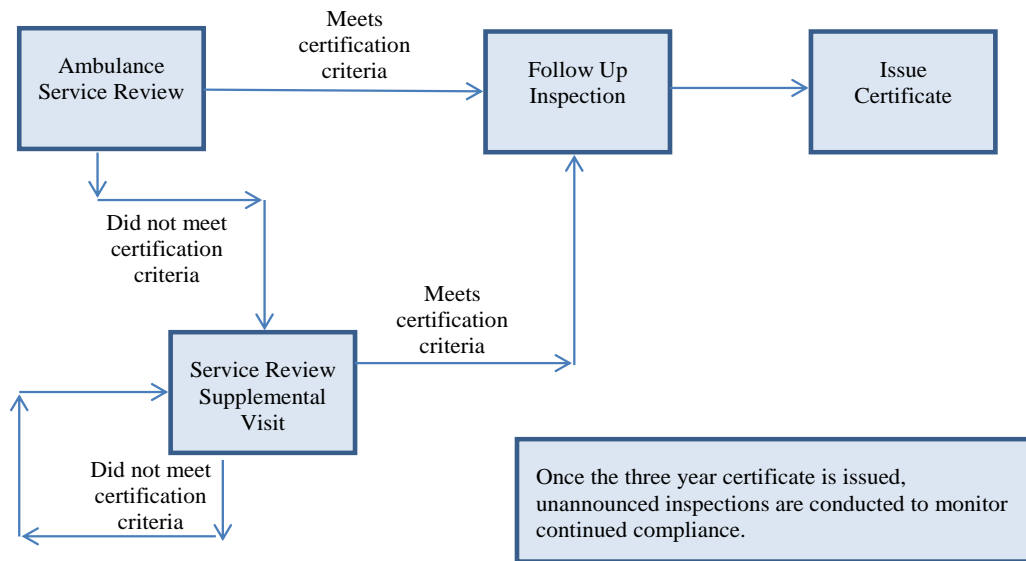
Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years - the certification of a service is not extendable under the Act.

Service Providers due for review will be given advance notice, typically 90 days, before the on-site review occurs. This notification includes the Team Checklist Self-Assessment and Resource Tool which is provided to assist a service in preparing for the on-site review.

A Service Provider will also be sent a letter to confirm the date and time of the review, typically, 30 days prior to the on-site visit. Services requiring a Supplemental Visit will be given advance notice prior to the date of the Supplemental Visit, typically 30 days.

When a service meets certification standards, it is issued a three-year certificate to operate an ambulance service. When an ambulance service operator does not initially meet certification standards, the ministry conducts a Service Review Supplemental Visit to re-evaluate the service’s success in meeting certification standards.

The diagram below graphically represents the certification process.



With every Service Review, an exit meeting is conducted with the Service Provider. Continued consultation/assistance and a draft report are provided to assist the Service Provider.

To meet certification standards, a Service Provider must meet two thresholds:

1. 90%+ for Patient Care (which represents 70% of the overall inspection)
- AND
2. 90%+ overall score (Patient Care 70%, Quality Assurance 20%, Administration 10%)

Review Team: Each Review Team will be comprised of persons experienced in management, operational and patient care delivery aspects of providing ambulance service. Team members are selected for their experience and are trained by Emergency Health Regulatory and Accountability Branch as quality surveyors. Composition of each Review Team is specific to the size and type of service being reviewed.

Currently the Review Team is comprised of service representation from approximately 70 percent of Ontario Paramedic Services. The on-site team will include one Ministry Team Leader, Service Chiefs, Deputy Chiefs, Commanders, Deputy Commanders, Superintendents, Primary, Advanced and Critical Care Paramedics, all of whom are considered seasoned subject experts in their field, working together to ensure excellence in ambulance services to all Ontarians.

Upon completion of the on-site review, a report is provided to the Service Provider in draft. The Service Provider is provided opportunity to respond to the draft report. The response process is an opportunity for the Service Provider to identify potential inaccuracies and provide response in addressing any noted observations. Once the Service Provider's response has been received, the ministry will coordinate with the Service Provider a suitable time for a Follow Up Inspection. A Follow Up Inspection is conducted to ensure the noted observations have been addressed by the Service Provider.

A final report, culminating the initial Review Team observations, response from the Service Provider (to the draft report) and any follow up observations, is then provided to the Service Provider. Upon successful completion of the Review process, a renewed Certificate is issued for a further three years.

Inspection Types: In addition to the Ambulance Service Review inspection, three other types of inspections are conducted:

**Service Review Supplemental Visit**

Inspection conducted when a service has been found not to meet certification standards during an Ambulance Service Review.

**Follow Up Inspection**

Inspection conducted after a service has been found to meet certification standards, to confirm actions planned by a service to address observations of the Ambulance Service Review process, have been completed.

**Unannounced Inspection**

Inspection undertaken without prior notice, conducted throughout the three year certificate period.

Inspection Methodologies: The Ambulance Service Review Team will utilize a number of activities and processes to evaluate the success of a Service Provider in meeting the requirements of the legislation and standards. The team may utilize some or all of the following methods:

- Interviews: Interviews with the Service Provider and other service staff will be conducted. Also, interviews may be held with receiving hospital emergency unit staff, Base Hospital staff, Ambulance Dispatch staff and staff of the municipality or delivery agent where appropriate.
- Documentation Review: Files pertinent to the delivery of ambulance service will be reviewed including: staff qualifications, policies & procedures, Incident Reports, Ambulance Call Reports, vehicle and equipment maintenance records, staff training records and other relevant standards related documents.

- **Ride-Outs:** In order to provide the broadest possible assessment of the patient care provided by a service, team members will conduct ride-outs with paramedics on every priority call and Canadian Triage Acuity Scale category call opportunity that presents. Observations will be recorded and combined with the documented patient care information provided by the crews as well as any feedback from the receiving hospitals. This information is utilized to evaluate that the provision of patient care is consistent with the patient care standards.
- **Observation and Examination:** To accurately determine compliance with the legislation and standards the Review Team will conduct various examinations of service vehicles, equipment, supplies and documents. For example, the team will ensure ambulances and ERVs are constructed and equipped in accordance with the standards.
- **Exit Interview:** Upon completion of the Ambulance Service Review site visit, the Team Leader and designated team members will meet with the Service Provider to provide a brief verbal overview of the observations from the Review site visit. This meeting will provide an opportunity for the Service Provider to be informed of any areas that require prompt attention. The meeting will also serve to provide the Service Provider an early indication of their success in meeting the requirements of the Ambulance Service Review.
- **Reports:** Following the Ambulance Service Review site visit, the Review Team Leader will prepare and submit a written summary to the ministry. The on-site observations will determine if a Service Provider has met the requirements of the legislation and standards. The written report in draft will then be forwarded to the Service Provider for comment and for the preparation of an action plan to address any observations noted within the report. The draft report forwarded to the Service Provider will indicate that their service has:

Satisfied the Requirements:

- The Service has met the requirements of the Review.
- A report in draft has been provided indicating the Service Provider has been successful in meeting the requirements to be certified as a land ambulance operator in the Province of Ontario.
- Response to Draft Report from Service Provider.
- Follow Up Inspection completed.
- Final Report transmitted.
- A renewed 3 year certificate is provided.

Not Satisfied the Requirements:

- The Service has not met the requirements of the Review.
- To assist the Service Provider, the Review Draft Report will include observations on how the service can meet the Review requirements.
- Continued collaboration and consultation are available to assist a Service Provider.
- Review Team resources are available to assist a Service Provider if required or requested in preparing for the Supplemental Visit.

## Summation

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Frontenac Paramedic Services operates from seven stations, excluding headquarters and provides primary and advanced paramedic patient care. The Service responded to approximately 28,164 calls in 2018. At the time of the Ambulance Service Review, the Service had eleven front line ambulances, four mechanical spares, and five command vehicles.

The Service provides ambulance service to the residents of Kingston, Glenburnie, Parham, Wolfe Island, Sydenham, and Clarendon, as well as the surrounding areas. Headquarters is located at 2069 Battersea Road, Glenburnie. Frontenac Paramedic Services is dispatched by Kingston CACC and has a Base Hospital relationship with the Regional Paramedic Program for Eastern Ontario.

This Service has been in operation since January 1, 2004. The certificate for Frontenac Paramedic Services expires on September 25, 2019. As required to renew their certificate, Frontenac Paramedic Services participated in an Ambulance Service Review by the Ambulance Service Review Team on June 4-5, 2019. The Ambulance Service Review found that Frontenac Paramedic Services has **met** the requirements of the *Land Ambulance Certification Standards*.

The Review Team for Frontenac Paramedic Services was comprised of:

Ministry Reps.:

- One Team Leader and
- One Fleet Services Officer.

Management Reps. from:

- The County of Dufferin and
- The City of Toronto.

Paramedic Reps. from:

- The County of Simcoe,
- The District of Muskoka,
- The City/County of Peterborough, and
- The City of Toronto.

The Service is to be commended for making staff available during the course of the Review and the Review Team would like to thank Frontenac Paramedic Services staff for their assistance throughout the Review.

In view of accommodating the requirements for the administration of an ambulance service, it was recommended that a renewed certificate be issued to Frontenac Paramedic Services for a further three years.

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## Patient Care

### Subsections:

- ACR Review – ALS/BLS Patient Care Standards,
- Paramedic Ride-Outs,
- Training,
- ID Cards,
- Communicable Disease Management,
- Vehicle – Equipment Restraints,
- Communication – Communication Service Direction,
- Patient Care Equipment and Supplies,
- Medications,
- Patient Care Devices and Conveyance Equipment Maintenance,
- Vehicle – Staffing, and
- Vehicle – Maintenance/Inspection.

### ACR Review – ALS/BLS Standards

Legislated Requirement: ACR documentation of patient care delivered by paramedics is one avenue used to confirm that ALS/BLS Patient Care Standards are properly performed and that the appropriate CTAS level was assigned according to patient condition. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (a) states, as a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the *Basic Life Support Patient Care Standards* and where applicable, the *Advanced Life Support Patient Care Standards* published by the ministry as those documents may be amended from time to time.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, such as Ambulance Call Reports (ACRs), Incident Reports (IRs), conducted eight ride-outs at six stations on every priority call and Canadian Triage Acuity Scale level call opportunity presented and conducted interviews with Frontenac Paramedic Services personnel.

Observations: 97.7% of the ACRs reviewed demonstrated patient care was provided in accordance with the ALS/BLS Patient Care Standards. The Service Provider is commended for this review observation.

Of the three hundred and six Ambulance Call Reports reviewed by the Review Team, the following seven or 2.3% demonstrate that documentation to confirm adherence to the ALS/BLS Patient Care Standards was not completed (based upon documentation only). **(Observation: 1)**

| Call Number  | Patient Issue               | Review Observations                                    |
|--------------|-----------------------------|--|
| 942001727910 | 61 y/o male, VSA patient.   | ETCO <sub>2</sub> , vital signs not documented.        |
| 942001729809 | 59 y/o female, VSA patient. | ETT airway, ETCO <sub>2</sub> not documented.          |
| 942001736361 | 61 y/o female, VSA patient. | Supraglottic airway, ETCO <sub>2</sub> not documented. |
| 942001743782 | 41 y/o female, VSA patient. | Non shockable rhythm; manual defib delivered.          |

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| Call Number  | Patient Issue                          | Review Observations  |
|--------------|--|--|
| 942001743675 | 65 y/o male, palpations – SVT.         | <i>Valsalva maneuver not documented prior to drug treatment.</i> |
| 942001732083 | 21 y/o female, transfer.               | <i>No vital signs documented.</i>                                |
| 942001741998 | 21 y/o male, MVC - head, blunt trauma. | <i>No pupil assessment documented.</i>                           |

The Review Team noted the Service Provider’s ACR audit process is designed to monitor paramedic compliance with the ALS/BLS Patient Care Standards. The Service Provider audited each paramedic’s ACRs to determine if patient care provided was appropriate and consistent with ALS/BLS standards.

The Service Provider’s QA/CQI of ACRs includes:

- Recommendations to staff for appropriateness and consistency with ALS/BLS standards.
- Recommendations resulting from an ACR audit are addressed to mitigate reoccurrence.
- The Service Provider works with Base Hospital to review and investigate calls.
- Recommendations resulting from Service Provider/Base Hospital review are addressed to mitigate reoccurrence.

**Paramedic Ride-Outs**

Legislated Requirement: The diagnostic modalities employed by paramedics are spelled out in standards of practice or practice guidelines set out in the BLS Patient Care Standards, the ALS Patient Care Standards and Base Hospital Medical Directives.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (a) states, as a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the *Basic Life Support Patient Care Standards* and where applicable, the *Advanced Life Support Patient Care Standards* published by the ministry.

Inspection Methodologies: The Review Team, consisting of two Primary Care Paramedics and one Critical Care Paramedic, conducted ride-outs for direct observation of the provision of patient care. Ride-outs were conducted with Frontenac Paramedic Services paramedics at six stations during the on-site review.

Observations: 75% of ride-out observations demonstrated patient care provided met the ALS/BLS Patient Care Standards (*Call #942001775261 - patient with severe lethargy, SOB, dizziness and chest pain; 20 minutes to auscultate chest and obtain a temperature, no 12 lead completed. Call #942001775349 - patient with productive cough and SOB; salbutamol not considered*). During the review, paramedic reviewers completed eight ride-outs, as observers. Of the eight calls observed, all were patient carried calls. Of the patient carried calls, two calls were priority 4; and six calls were priority 3. Patient care observed during ride-outs was described as professional, courteous and compassionate. **(Observation: 1)**

A priority 4 call is a threat to life and or limb, priority 3 is an emergency call of serious illness or injury, and should be performed without delay, priority 2 is a routine call that must be completed at a specific time, priority 1 is a routine call that may be delayed without detriment to the patient. Non patient carried calls depict a patient was not transported.

Some examples of the ride-out observations are attached as **Appendix C** on page 45.

### **Training**

Legislated Requirement: Training and Continued Medical Education ensure paramedic competencies and abilities in the provision of patient care. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (k) states, all reasonable measures are taken to ensure that each emergency medical attendant and paramedic employed in the applicant/operator's land ambulance service maintain competence in the use of the patient care, accessory and communications equipment required for the proper provision of service in accordance with the Basic Life Support and Advanced Life Support Patient Care Standards.

Further, the *Child in Need of Protection Standard*, Training Bulletin Number 116 and the *Basic Life Support Patient Care Standards v 3.1*, Section 1, General Standard of Care, *Child in Need of Protection Standard* provides general directives to be followed by paramedics when dealing with suspected child abuse, including the Duty to Report. Paramedics must be informed of, and become familiar with, revisions to this standard, that came into force on June 1, 2015.

Inspection Methodologies: The Review Team reviewed reports and records relevant to staff training and conducted interviews with Frontenac Paramedic Services personnel.

Observations: The Service Provider ensured paramedics have access to:

- Current user guides,
- Training bulletins,
- Videos and mandatory learning materials,
- A medium for the review of training materials,
- Base Hospital training, and
- Base Hospital Policies and Protocols.

The Service Provider has processes in place to ensure paramedic knowledge and skills are maintained, which includes:

- Annual evaluation demonstrating compliance with the current legislation and standards.
- Evaluation results communicated to staff.
- New staff members undergo an evaluation of their patient care skills.
- A remedial training program for staff who demonstrated deficiencies in the use of patient care equipment.
- Training for new, updated and additional equipment.
- Training on changes/updates to standards and/or legislation.

Documentation demonstrates the *Training Bulletin Number 116 - Child in Need of Protection Standard* had been provided to all staff.

All paramedics employed by the Service Provider are included in the QA/CQI Program. From the fifteen paramedic files reviewed by the Review Team, 100% demonstrated the components of patient care equipment knowledge and skills are demonstrated and tested. The Service Provider is commended for this review observation.

Documentation demonstrated the Service Provider works with the Base Hospital to:

- Ensure staff regularly demonstrates proficiency in patient care skills.
- Provide remedial training to employees whose patient care skills are considered deficient.
- Ensure identified staff attended and successfully completed remedial training.
- Ensure staff regularly demonstrates proficiency in performing Controlled Acts.
- Provide remedial training for employees whose certification has been suspended or revoked.
- Ensure identified staff attended and successfully completed remedial training for Controlled Acts.
- Ensure Base Hospital certification is on file.

### **ID Cards**

Legislated Requirement: Ministry issued ID Cards are required to be carried by the paramedic while on duty during the provision of patient care.

Paramedic ID Cards with the Service Specific Number permit a means for the paramedic to log onto the ambulance dispatch environment; provides a recognizable identifier to the general public and law enforcement; and further provides a paramedic required ID for access to secure areas such as correctional facilities and airports. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (g.1) states, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.

(g.2) The unique identification number referenced in clause (g.1) shall appear on a photo identification card that conforms to Schedule 1 of this standard, and the photo identification card shall be on the person of the emergency medical attendant or paramedic while on-duty.

Inspection Methodologies: The Review Team observed twenty-nine Frontenac Paramedic Services personnel for compliance respecting ID Cards.

Observations: 100% of Frontenac Paramedic Services paramedic staff observed during patient care ride-outs and at stations, were noted to carry the service specific identification card exhibiting the ministry unique identification number on their person while on duty. The Service Provider is commended for this review observation.

### **Communicable Disease Management**

Legislated Requirement: The Service Provider, management team and staff, have an obligation to ensure infection control and occupational health and safety measures are in place to prevent transmission of an infectious disease.

The *Patient Care and Transportation Standards*, Patient Transport, section 2, subsection (b) states in part, each operator shall ensure that appropriate measure(s) are employed by staff to protect themselves and patients from transmission of communicable disease between employees and patients, and (c) each EMA, paramedic and ambulance student takes appropriate infection control and occupational health and safety measures to prevent transmission of all infectious agents to and from themselves and does not knowingly expose himself or herself or his or her patients to any communicable disease in the course of work, without taking the precautions set out in this standard.

**Inspection Methodologies:** The Review Team conducted ride-outs at six stations for direct observation of the provision of patient care. The Review Team also reviewed reports and records relevant to Service Communicable Disease Management and conducted interviews with Frontenac Paramedic Services personnel.

**Observations:** 100% of service paramedics observed, washed their hands as soon after a call as was practical, in accordance with the *Patient Care and Transportation Standards* (PCTS) and service policy.

Paramedics used an alcohol-based hand cleaner when unable to wash their hands after a call. Paramedics followed all other elements of PCTS and Communicable Disease Management. There was documentation indicating the Service Provider monitors and enforces Communicable Disease Management.

There was documentation demonstrating the Service Provider has identified a person who is designated to implement Section B, Communicable Disease Management of the PCTS, for the service.

### **Vehicle - Equipment Restraints**

**Legislated Requirement:** Staff, passengers, patients and equipment must be secured within the vehicle while the vehicle is in motion to ensure that in an unforeseen circumstance, unsecured equipment, supplies and/or persons do not become projectiles. The PCTS, Patient Transport subsection (c) states, each EMA and Paramedic shall ensure that each item of equipment transported in an ambulance or ERV is properly restrained in the ambulance or ERV, (g) each person transported in an ambulance or ERV is properly restrained in the ambulance or ERV.

**Inspection Methodologies:** The Review Team conducted ride-outs for direct observation of patient care and the securing of equipment and supplies. A total of seventeen vehicles were inspected for the securing of equipment and supplies. The Review Team also reviewed reports/records relevant to service vehicles and equipment and conducted interviews with Frontenac Paramedic Services personnel.

**Observations:** Patient care and accessory equipment and supplies were not always secured in the vehicles as per the PCTS (*multiple loose items in the front of all vehicles inspected; call #942001775210 – paramedic working on an unsecured computer while vehicle in motion; call #942001775209 – large response bag unrestrained in vehicle 4122*). Paramedics and passengers were not always secured while the vehicle was in motion (*call #942001775210 – paramedic not wearing seat belt while vehicle in motion and not rendering patient care requiring the paramedic to be out of the seatbelt*). **(Observation: 2)**

During transport, patients were not always secured to the stretcher (*call #942001775261 – no shoulder straps on patient while vehicle in motion*) however the stretcher was secured in the vehicle. **(Observation: 3)**

### **Communication - Communication Service Direction**

Legislated Requirement: To ensure continuity of operations and response by appropriate service resources, the Service Provider and staff must provide the Ambulance Dispatch Centre their deployment plan, care provider levels of training (Primary/Advanced Care), vehicle availability, resource-call contingencies, tier response agreement and follow the direction of the Ambulance Dispatch Centre at all times.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, no employee of the applicant/operator's land ambulance service shall refuse or disregard the direction of a Communications Officer in regard to any request for ambulance service. The Communication Service that normally directs the movement of the ambulances and ERVs will be kept informed at all times as to the availability and location of each employee, ambulance or emergency response vehicle. The standard also states in part, that each paramedics employed in the applicant/operator's land ambulance service maintain competence in the use of the patient care, accessory and communications equipment required for the proper provision of service.

The *Basic Life Support Patient Care Standards*, Patient Transport Standard states in part, the Paramedic shall make a decision regarding the appropriate receiving health care facility and initiate transport of the patient as confirmed or directed by an Ambulance Communications Officer (ACO). If confirmation or direction cannot be obtained by an ACO, the paramedic must transport to the closest or most appropriate hospital capable of providing the medical care required by the patient.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care and radio interaction with their Communication Service. The Review Team also reviewed reports and records relevant to service policy, service equipment (radios), staffing, QA/CQI, and conducted interviews with Frontenac Paramedic Services personnel.

Observations: The Service Provider and staff accept ambulance calls as assigned by the Communication Service and followed the direction from the Communications Officer, according to the Service Provider's Deployment Plan.

As part of the Service Provider's deployment strategies to ensure continuity of operations, the Service notified the Communication Service:

- Of each ambulance or emergency response vehicle's availability and location.
- Whenever an ambulance or ERV was removed from service.
- Whenever an ambulance or ERV was returned to service.

There was documentation demonstrating there is clear direction to paramedic staff regarding transport of a patient when directed by the Communication Service, i.e. hospital availability. There was also documentation demonstrating clear direction to paramedic staff regarding transport of a patient when not directed to a destination by the Communication Service.

Paramedics ensured patients are transported to a facility as directed by the Communication Service or to the most appropriate facility when not directed by the Communication Service. Staff demonstrated proficiency using communication equipment.

### **Patient Care Equipment and Supplies**

**Legislated Requirements:** The Patient Care Standards have been developed with the assistance and input of Ontario physicians specializing in Emergency Medicine, input from the Ontario Association of Paramedic Chiefs (OAPC), the Ontario Base Hospital Advisory Group and the Provincial Medical Advisory Committee (PMAC). To ensure patient care meets the legislated standards, equipment and supplies utilized by paramedics must meet and be maintained to the standards.

The Provincial Equipment Standards for Ontario Ambulance Services specify the minimum quantities of each piece of equipment that are required to be carried on a land ambulance or emergency response vehicle.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled "Provincial Equipment Standards for Ontario Ambulance Services," published by the ministry as may be amended from time to time. Further, each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

**Inspection Methodologies:** The Review Team inspected a total of seven vehicles at six base locations for equipment and supply compliance per the equipment and certification standards.

The Review Team also reviewed reports and records relevant to service policy, vehicles, equipment and supplies, and conducted interviews with Frontenac Paramedic Services personnel.

**Observations:** Seven ambulances were inspected, and we noted the following:

**Ambulances:**

- From the seven ambulances reviewed by the Review Team, the Service Provider captured 2,811 of 2,812 equipment and supply requirements from the *Provincial Equipment Standards for Ontario Ambulance Services*, or 99.9%. The Service Provider is commended for this review observation. **(Observation: 4)**

The Service Provider has a policy regarding cleaning and sanitization of equipment and the patient care compartment. There were cleaning supplies accessible to staff to clean the equipment and patient care compartment. The Service Provider monitored and enforced the cleaning and sanitization policy.

100% of the patient care and accessory equipment observed was clean and sanitary. 100% of the patient care and accessory equipment observed was maintained in working order. It was also noted that staff cleaned the patient care and accessory equipment prior to re-use and cleaned the patient care compartment after an ambulance call. The Service Provider is commended for this review observation.

The patient care equipment observed was stored in a manner that is consistent with manufacturer’s direction and according to service policy. Further, 100% of the patient care equipment provided for use met the *Provincial Equipment Standards for Ontario Ambulance Services*.

The Service Provider had a quantity of supplies and equipment on hand to maintain the level of ambulance service to meet continuity of service requirements. There were an adequate number of replacement oxygen cylinders accessible to staff to meet continuity of service requirements.

The Service Provider identified patient care and accessory equipment in need of repair, removed it from service and responded to identified deficiencies/concerns. There was documentation demonstrating that patient care equipment repairs had been completed and the Service Provider maintains repair receipts for the life of each piece of equipment.

100% of the vehicles and equipment observed demonstrated that expired devices and patient care materials were identified and removed from use. The Service Provider is commended for this review observation.

The Review Team noted while on site, vehicles were stocked as soon as possible after a call and were re-stocked with supplies, according to the equipment standard.

Examples of the equipment and/or supply observations are noted in the table attached as **Appendix D** on page 46.

### **Medications**

Legislated Requirements: To ensure patient care provided by paramedics meets the legislated standards, the equipment, supplies and medications utilized must meet and be maintained to the standards.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, a valid agreement is in effect between the applicant/operator and the designated Base Hospital Program, for each area in which the applicant/operator proposes to provide land ambulance service, for the delegation of Controlled Acts by paramedics employed by the applicant/operator.

Further, each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled “Provincial Equipment Standards for Ontario Ambulance Services”. Also, each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team inspected a total of seven vehicles at six base locations for securing/storing of medications, vehicle stocking and supply compliance per the equipment and certification standards. Further, the Review Team conducted ride-outs for direct observation of patient care/medication interventions and securing/storing of medications.

The Review Team also reviewed reports and records relevant to service policy, vehicles, equipment and supplies, and conducted interviews with Frontenac Paramedic Services personnel.

Observations: 100% of the medications observed were stored in a manner consistent with manufacturer’s requirements and secured from unauthorized access. 100% of the controlled medications observed were secured according to service policy. The Service Provider is commended for this review observation.

Staff followed the policy respecting the disposal of expired medications.

100% of the bases and vehicles observed demonstrated the Service Provider ensured the safe disposal of biomedical sharps in an appropriate sharp’s container.

### **Patient Care Devices and Conveyance Equipment Maintenance**

Legislated Requirements: To ensure patient care provided by paramedics meets the legislated standards, the equipment, supplies and medications utilized must meet and be maintained to the standards.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part,

- Each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled “Provincial Equipment Standards for Ontario Ambulance Services”, published by the ministry as may be amended from time to time.
- Each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team inspected patient care devices and conveyance equipment preventative maintenance records. The Review Team also reviewed reports and records relevant to service policy, equipment maintenance and conducted interviews with Frontenac Paramedic Services personnel.

Observations: All patient care devices requiring regular inspection and/or calibration e.g. oxygen delivery systems, suction equipment, and defibrillator were included within the Service Provider’s Preventative Maintenance program.

Service oxygen testing equipment had been calibrated according to the manufacturer’s specifications. Based on data available from Service files, of the one hundred and twenty-two patient care devices inspected, the preventive maintenance program met the manufacturer’s specification 93.1% of the time. The Service Provider is commended for this review observation. **(Observation: 5)**

Some examples of the patient care devices preventative maintenance review are attached as **Appendix E** on page **46**.

The Service Provider’s Preventative Maintenance program also included all patient carrying equipment. The preventative maintenance schedule was based on a quarterly basis. Of the sixty-eight patient carrying equipment preventative maintenance files reviewed, 88.7% met the manufacturer’s specification. **(Observation: 5)**

Some examples of the patient carrying equipment preventative maintenance review are attached as **Appendix F** on page **49**.

### **Vehicle - Staffing**

Legislated Requirements: The Municipality/DDA is obligated to ensure provision of service to meet community needs. Further, the Service Provider must ensure each vehicle designated as a PCP, ACP or CCP response vehicle, must be staffed accordingly to meet their service commitment/deployment plan.

Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.

The *Patient Care and Transportation Standards*, Patient Care section (A) states in part, each operator and each emergency medical attendant (“EMA”) and paramedic employed or engaged as a volunteer by the operator, shall ensure that:

- (a) Each emergency response vehicle (“ERV”) responding to a request for service is staffed with at least one person who is qualified as an EMA or paramedic under the regulations.
- (b) Each ambulance responding to a request for service is staffed with at least one primary care paramedic and one EMA qualified under the regulations.
- (c) Each ambulance that is designated by an ambulance service operator as an advanced care paramedic ambulance is staffed with at least one advanced care paramedic and one primary care paramedic when responding to a request for service or while transporting a patient.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care provider configurations/service deployment strategies.

A total of seven vehicles at six base locations were inspected for compliance per the *Patient Care and Transportation Standards*. The Review Team also reviewed reports and records relevant to service policy, staffing deployment and conducted interviews with Frontenac Paramedic Services personnel.

Observations: The Service Provider meets their service commitment/deployment plan to ensure provision of service to meet community needs. The Service Provider has access to spare vehicles to maintain service. Incidents where a replacement vehicle was unavailable are documented.

Each ERV responding to a request for service is staffed with at least one person qualified as a PCP under the regulation. Each ambulance responding for a request for service is staffed with at least one PCP and one EMA qualified as per the regulation. Each ambulance designated by the Service as an ACP ambulance is staffed with at least one ACP and one PCP when responding to a request for service or while transporting a patient.

**Vehicle - Maintenance/Inspection**

Legislated Requirements: The Municipality/DDA is obligated to ensure provision of service meets community needs.

To meet community needs, the Service Provider must ensure each vehicle is equipped according to the equipment standards, each vehicle meets the vehicle standards and that equipment, supplies and vehicles are maintained according to manufacturer's specifications.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, only ambulances and emergency response vehicles that comply with the applicable version at time of manufacture of "Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards", published by the ministry as may be amended from time to time, are or will be used in the applicant/operator's ambulance service.

- Each land ambulance and ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team inspected vehicles for compliance to the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*. Also, vehicle preventative maintenance files and vehicles were reviewed for compliance to the LACS.

A total of ten vehicles at five base locations were inspected for compliance to the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*.

In addition, a total of seven vehicles at six base locations were inspected by Review Team paramedics for compliance to the LACS.

The Review Team also reviewed reports and records relevant to service policy, vehicle maintenance and conducted interviews with Frontenac Paramedic Services personnel.

Observations: The Service Provider had a complete certificate package from each ambulance manufacturer/conversion vendor certifying each ambulance used in the provision of service meets the standard. There was documentation on file confirming certification of ERVs (self certification or manufacturer's certification). There was documentation confirming additions/modifications completed after the original conversion continue to meet the manufacturer's specifications and related legislation.

Of the ten vehicles inspected, all vehicles met the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards*, or 100%. The Service Provider is commended for this review observation.

The Service Provider's Vehicle Preventative Maintenance program is based on 8,000 kms between services. Each vehicle is included within the Service Provider's Vehicle PM program. A review of ten vehicle PM files demonstrated the Service Provider's Vehicle Preventative Maintenance met the Service Provider's schedule/Original Equipment Manufacturer's schedule 100% of the time. The Service Provider is commended for this review observation.

Maintenance and repair records are maintained by the Service Provider for the life of the vehicle.

The Service Provider provides the Communication Service access to radios and communication equipment upon request. The Service Provider ensured that communication equipment remains operational at all times and works co-operatively with the Communication Service to ensure communication equipment repairs are completed when and as required.

Seven ambulance vehicles were inspected by paramedic reviewers. There was documentation indicating the Service Provider used only vehicle identification numbers assigned by the Director, EHRAB.

Each vehicle's identification was displayed on the front and rear of the vehicle as required. The Service Provider has a policy that states staff will use only the designated radio call identifier when using ministry telecommunication devices.

During the inspection of vehicles, it was noted:

- Each vehicle had a minimum annual safety check as per related legislation.
- Each vehicle had an up-to-date Ministry of Transport annual sticker affixed.
- Each vehicle was maintained mechanically and in proper working order.
- Staff completed a checklist ensuring safety features were functional.
- Paramedics could comment regarding vehicle deficiencies or safety concerns.
- Staff checked each vehicle at least once per day or shift.
- The Service Provider audits checklists for completeness, accuracy and vehicle deficiencies or safety concerns.
- Safety concerns raised by staff were resolved.
- Repairs or replacement items were completed in a timely manner.
- Ambulances, ERVs and ESUs were stored in a protected environment from heat or cold to protect medications.
- At the time of inspection, safety concerns were noted by the reviewer (*vehicles 4181, 4525, 4120, 4132; fire extinguishers missing annual inspections*). **(Observation: 6)**
- Each vehicle follows the deep clean program.
- Patient care compartment of vehicles was maintained in a clean and sanitary condition at the time of the review.
- Supplies were accessible to clean the vehicles.
- There was required clean storage space available for supplies.

Examples of the vehicle observations are noted in the table attached as **Appendix D** on page **46**.

#### **Observation: 1**

#### **Service Provider Response**

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This observation reads that “97.7% of the ACRs reviewed demonstrated patient care was provided in accordance with the ALS/BLS Patient Care Standards”. Thank you for this positive review finding.

This observation goes on to say “of the three hundred and six Ambulance Call Reports reviewed by the Review Team, the following seven or 2.3% demonstrated that documentation to confirm adherence to the ALS/BLS Patient Care Standards were not completed...” We have reviewed

these calls and have completed an Ambulance Call Evaluation, where one was not previously completed, and have provided feedback to crews. We will continue to emphasize the need for good documentation at CME, during observations, and through normal and ongoing chart audits. This observation reads “75% of ride-out observations demonstrated patient care provided met the ALS/BLS Patient Care Standards”. It goes on to identify two calls where reviewers had concerns. One of which was identified during the exit meeting on June 5, 2019.

Call # 942001775261 – Comments made in regards to this call were that “patient with severe lethargy, SOB, dizziness and chest pain; 20 minutes to auscultate chest and obtain a temperature, no 12 lead completed”. I have reviewed the ACR from this call. It does not appear That this patient had any chest pain. Paramedics describe a patient that had previously been assessed by another crew for palpitations; however, at the time of their assessment the patient was only complaining of some mild SOB on exertion and some dizziness when walking. I agree that in best practice a 12-Lead should be obtained; however, I am hesitant to call that a violation of ALS or BLS standards. In regards to the auscultation of the chest and obtaining a temperature 20 minutes into the call, I acknowledge those finding. My only comment; however, is that there may have been competing priorities in patient care that allowed for postponing these assessments.

Call # 942001775349 – Comments made in regards to this call were that “patient with productive cough and SOB; salbutamol not considered”. I would like it noted that this was not brought to our attention in the exit presentation. In reviewing the Ambulance Call Report, I note that this patient was an 85 year old female who presented with a 6 day history of a productive cough with yellow phlegm and associated dyspnea that has been increasing in severity over that time. On physical exam it is noted that the patient had good air entry with some upper airway congestion. Vital signs of note include the initial room air SPO2 of 96%. Although it is not specifically noted in the ACR, I would argue that this patient had symptoms consistent with pneumonia and Ventolin is not the appropriate treatment for this particular patient.

### Inspector's Findings

Frontenac Paramedic Services strives towards excellence in the provision of *Advanced Life Support* and *Basic Life Support Patient Care Standards* and is cognizant of the need for follow up with staff when patient care deficiencies are identified.

As part of the Service’s QA Program, the calls found to be deficient during the Service Review were reviewed by the Service. The Service Provider has an audit process in place to ensure that Ambulance Call Reports (ACRs) reflect the patient care provided.

The Service Provider continues to monitor and review ACRs for quality of patient care in order to avoid a recurrence of similar future findings. Concerns are addressed with staff via memos, and ALS/BLS Patient Care Standards will be reviewed at this year’s Continuous Medical Education (CME) training session to ensure the changes and education have been introduced to staff. Frontenac Paramedic Services maintains the highest expectations respecting patient care and meeting the ALS/BLS Patient Care Standards. **Frontenac Paramedic Services are committed to compliance in this area.**

**Observation: 2**

**Service Provider Response**

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We acknowledge your observations in regard to equipment and supplies not always being secured. We have, and will continue to, reminded all staff that equipment and personnel need to be secured while the ambulance is in motion.

**Inspector's Findings**

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Frontenac Paramedic Services documentation demonstrates there is a long standing policy with respect to securing equipment.

The Service Provider has sent a memo to all staff via email to remind them to ensure that all equipment is properly secured in the patient compartment and front of all ambulances and ERVs. In addition, the paramedics involved have been personally reminded to secure all equipment. **Frontenac Paramedic Services is working towards compliance in this area.**

**Observation: 3**

**Service Provider Response**

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We acknowledge your observation regarding a patient being transported on a stretcher without the use of shoulder straps. We continue to message this out to staff and address the issue individually when it is observed. We will continue to monitor compliance in this area.

**Inspector's Findings**

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Frontenac Paramedic Services maintains the highest expectations respecting patient, public and provider safety. Documentation demonstrates there is a long standing policy with respect to proper securing of patients. The Service Provider has conducted a coaching session with the paramedics involved and reminded them of the Service's policy respecting the proper securing of all equipment and passengers transported in an Ambulance or ERV.

A Service wide email reminder was also sent out as a reminder to always properly restrain all patients. **Frontenac Paramedic Services are working towards compliance in this area.**

**Observation: 4**

**Service Provider Response**

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The review team was able to audit seven ambulances and captured 2,811 of 2,812 (99.9%) equipment and supply requirements. We thank you for your commendation and we will continue to strive for these high standards.

**Inspector's Findings**

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Frontenac Paramedic Services understands the importance of ensuring that each vehicle is equipped according to the *Provincial Equipment Standards for Ontario Ambulance Services*.

Frontenac Paramedic Services replaced the paper ACRs within the vehicle that was missing them post Service Review. Staff were reminded to always ensure that there are paper ACRs accessible in the ambulances. **Frontenac Paramedic Services are striving towards compliance in this area.**

**Observation: 5**

**Service Provider Response**

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The Review Team found that of the 122 patient care devices inspected, the preventative maintenance program met the manufacturer’s specifications 93.1% of the time. The Review Team also found that 88.7% of patient carrying equipment met the manufacturer’s specification for preventative maintenance.

In reviewing the findings, we note that the majority of missing maintenance information is on equipment that is routinely moved from vehicle to vehicle. This movement can cause these pieces of equipment to miss normal preventative maintenance cycles when their originally assigned vehicle comes in for maintenance.

Our logistics team has been using an electronic asset tracking software that will be able to catch and better monitor the scheduled maintenance cycles of patient care devices and conveyance equipment. This software was not fully in use during the review period; hence, a few gaps still remained. We continue to improve in tracking equipment and maintenance cycles. Processes have been improved and continue to develop. These improvements will ensure better tracking on maintenance requirements for equipment.

**Inspector’s Findings**

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Frontenac Paramedic Services understands the importance of ensuring that all patient care devices and equipment are tested and inspected according to the manufacturer’s specifications respecting preventative maintenance.

Frontenac Paramedic Services continues to improve the documentation and record keeping system for their patient care, accessory and conveyance equipment. Frontenac Paramedic Services noted that they have introduced an electronic asset planner program for tracking equipment that is coming up for service. With this new electronic system in place, Frontenac Paramedic Services is confident the in-house tracking of equipment and preventative maintenance will ensure future compliance. **Frontenac Paramedic Services is committed to compliance in this area.**

**Observation: 6**

**Service Provider Response**

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The review team found that four ambulances were carrying fire extinguishers that were missing their annual inspections. This work has been contracted to an outside agency. We are working with this agency to improve their process and ability to inspect all fire extinguishers annually. We will continue to monitor and improve this finding.

**Inspector's Findings**

Frontenac Paramedic Services understands the importance of ensuring that all safety equipment is tested and inspected according to the manufacturer's specifications respecting preventative maintenance.

Frontenac Paramedic Services contracts an outside agency to complete annual fire extinguisher inspections. As the outside agency is only in for one day to complete the inspections, some ambulances may be out on calls or not at base, therefore missing the inspection. The Service Provider is working on a system to try to alleviate this issue. **Frontenac Paramedic Services are working towards compliance in this area.**

## Quality Assurance

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### Subsections:

- Quality Assurance/CQI,
- Employee Qualifications, and
- ACR and IR Documentation.

### Quality Assurance/CQI

Legislated Requirements: A Service Provider's QA/CQI Program provides a Service Provider continued oversight in their quality of patient care and provision of service delivered to the public.

- Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- Subsection 3 (1) of *Ontario Regulation 257/00* made under the Act requires that the operator of an ambulance service meets the requirements of the *Land Ambulance Certification Standards*.
- Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (r) states in part, incident reports, ambulance call reports and collision reports are made in accordance with "Ontario Ambulance Documentation Standards", published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.
- The *Ontario Ambulance Documentation Standards*, Part IV – Patient & Patient Care Documentation Requirements stipulate ACR documental requirements.

Inspection Methodologies: The Review Team reviewed reports and records relevant to service policy, QA/CQI initiatives and conducted interviews with Frontenac Paramedic Services personnel.

Observations: The Service Provider has a Quality Assurance program in place. The Service Provider's Quality Assurance program included:

- Ambulance Call Report audits,
- Service form completion audits,
- Incident Report audits,
- In Service CME, and
- Base Hospital Certification.

The Service Provider responds to recommendations made by quality assurance programs to ensure optimal provision of service.

As part of the QA/CQI Program, the Service Provider investigates and responds to patient care and service delivery complaints. The Service Provider addresses recommendations resulting from an investigation to mitigate reoccurrence.

### **Employee Qualifications**

**Legislated Requirements:** In Ontario, to work as a Paramedic, an individual must meet the qualification requirements delineated by *Ontario Regulation 257/00*. There are three levels of paramedic practice in Ontario with each level building on the competencies and skills of the prior level and assuming its scope of practice.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, a personnel record is maintained for each emergency medical attendant and paramedic employed by the applicant/operator. The record shall include evidence of qualification as described in Part III of the regulation.

The *Ambulance Service Communicable Disease Standards* stipulates the immunization requirements for employment in Ontario.

The *Patient Care and Transportation Standards* delineate influenza immunization and reporting requirements.

**Inspection Methodologies:** The Review Team, consisting of one Management Review Team representative, undertook a review of forty-one Primary Care Paramedic and ten Advanced Care Paramedic HRI files. The Review Team also reviewed reports and records relevant to service policy, QA/CQI employment initiatives and conducted interviews with Frontenac Paramedic Services personnel.

**Observations:** Frontenac Paramedic Services maintains a mechanism to help ensure each employee record includes documentation that demonstrates each employee meets the minimum employment standards according to legislation.

From the fifty-one HRI files reviewed by the Review Team, the Service Provider captured 1,394 of 1,397 possible qualification requirements, or 99.8%. The Service Provider is commended for this review observation. **(Observation: 7)**

Further, there was documentation demonstrating each type of paramedic is authorized by a medical director to perform the controlled acts set out in O. Reg. 257/00 Part III s.8.

Frontenac Paramedic Services employs thirty-four paramedics reported to be Advanced Care Paramedics. Of the ten ACP files reviewed by the Review Team, 100% contained the required MOHLTC ACP certification. The Service Provider is commended for this review observation.

Examples of the observations are itemized in detail and attached as **Appendix A** on page 43.

As of December 14, 2018, EMAs and paramedics must:

- (a) provide a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza, or that such vaccination is medically contraindicated; or

- (b) provide a written statement that he or she has taken the educational review and has not been, and does not intend to be, vaccinated against influenza.

From the fifty-one HRI files reviewed by the Review Team, the Service Provider captured 100% Influenza Immunization status requirements no later than directed by EHRAB.

Each operator shall, no later than January 19, 2019, report to the local Senior Field Manager of the Emergency Health Program Management & Delivery Branch, the following:

- a) the total number of active paramedics employed by the operator;
- b) the number of paramedics that have provided a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza;
- c) the number of paramedics that have provided a valid certificate signed by a physician or delegate that states that vaccination is medically contraindicated;
- d) the number of paramedics that signed the written statement that he or she has taken the annual educational review and has not been, and does not intend to be, immunized against influenza.

The Service Provider reported to the Field Office the Influenza Immunization status of each employee no later than directed by EHRAB each year.

### **ACR – IR Documentation**

Legislative Requirement: ACRs document the patient care delivered by paramedics and are used to confirm that ALS/BLS Patient Care Standards are properly performed. The ACR forms part of the patient record and must be completed according to the *Ontario Ambulance Documentation Standards*.

The *Land Ambulance Certification Standards* subsection (r) states in part, incident reports, ambulance call reports and collision reports are made in accordance with “Ontario Ambulance Documentation Standards”, published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.

The *Ontario Ambulance Documentation Standards*, Part IV – Patient & Patient Care Documentation Requirements stipulates ACR documental and distribution requirements.

Inspection Methodologies: The Review Team, consisting of one Primary Care Paramedic and one Advanced Care Paramedic undertook a review of three hundred and six ACRs (all priority and CTAS level calls).

The Review Team also reviewed reports and records relevant to service policy, QA/CQI initiatives and conducted interviews with Frontenac Paramedic Services personnel.

Observations: The Service Provider audits ACRs to determine if they are completed as per the *Ontario Ambulance Documentation Standards*. As a result of their audit, the Service Provider makes recommendations to staff respecting compliance with the OADS. Further, the Service Provider addresses recommendations to mitigate reoccurrence. There was documentation demonstrating staff review the ACR Completion Manual and OADS as part of the Service Provider's QA/CQI Program.

As part of their responsibility, the Service Provider identifies the number of outstanding Ambulance Call Reports. The Service Provider ensured such reports were completed as required under the Documentation Standards.

There was documentation demonstrating the Service Provider works with their Base Hospital to audit Ambulance Call Reports. Audits completed by the Base Hospital and the Service Provider are compared for discrepancies. Audit discrepancies are investigated and resolved.

During the review, a random sample of ACRs were reviewed. The review of ACRs was not only to determine compliance with patient care standards, as was addressed earlier, but to also determine if documentation meets the *Ontario Ambulance Documentation Standards*. Two hundred and fifty-six were patient carried calls covering all priority and CTAS level patient transports, fifty were non patient carried calls.

From the three hundred and six ACRs reviewed by the Review Team, the Service Provider captured 32,263 of 32,524 possible data points, or 99.2% of the Ambulance Call Report information requirements. The Service Provider is commended for this review observation. **(Observation: 8)**

#### **Patient Carried Calls**

Mandatory fields were not always completed on patient carried calls according to the *Ontario Ambulance Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 43. **(Observation: 8)**

#### **Non Patient Carried/Patient Refusal Calls**

Mandatory fields were not always completed on non patient carried and patient refusal calls according to the *Ontario Ambulance Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 43. **(Observation: 8)**

It was noted that Ambulance Call Reports were distributed according to the *Ambulance Act, Regulations* and *Ontario Ambulance Documentation Standards*. It was also noted that completed Ambulance Call Reports were secured from unauthorized access. The Service Provider maintains Ambulance Call Reports on file for a period of not less than five years.

As part of their QA/CQI process, the Service Provider audits Ambulance Call Reports to determine if an Incident Report was to have been completed. The Service Provider audits Incident Reports for completeness and accuracy. Documentation demonstrated the Service Provider makes recommendations to staff after auditing Incident Reports regarding completeness and/or accuracy. Recommendations are addressed to mitigate reoccurrence.

It was noted that Incident Reports were secured from unauthorized access and are maintained on file for a period of not less than five years. Completed Incident Reports are transmitted to the Field Office according to legislation.

## Observation: 7

### Service Provider Response

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Review finding indicate that Frontenac Paramedics captured 1,394 possible qualification requirements out of 1,397, or 99.8%.

There were three documentation issues noted during the review:

Employee # 13279 was noted to be missing a current CPR certificate. This was not brought to our attention during the review. I have subsequently reviewed this employee's file and find there to be no issue with his certificates. The most current CPR certificate was issued on April 23, 2019 and was place in the employee's file on May 30, 2019. This was time stamped when we uploaded this qualification to our electronic employee records software. I am happy to provide you with all this documentation upon your request for further inspection.

Employee # 66797 was noted to be "missing Tetanus/Diphtheria". This paramedic had his last booster on April 27, 2018 and was properly documented on his immunization record and his employee file was updated as well. During the review, it is my understanding that the Review Team took issue with his immunization record not being signed by a physician. It is our opinion that this is not reasonable for the Ministry of Health to have this as an expectation. Immunizations and subsequent boosters, like Tetanus/Diphtheria, are administered by registered nurses and signed off as such. Patients do not necessarily see a physician for this. It is unreasonable to expect that. I would kindly ask that the Ministry of Health be a leader in insuring that patients see the right practitioners for the right reasons and as such, accept that this paramedic's employee file and immunizations are up to standard.

Employee # 18521 was noted to be "missing Tetanus/Diphtheria". This employees immunizations are up to date; however, we do acknowledge the Review Teams finding in regards to the documentation of their Table 1 – Part A. In this case their physician had signed and dated form on April 1, 2015; however, the Tetanus/Diphtheria booster was given on July 20, 2015 without a physician resigning the form. We have asked this employee to have their physician resign form as required.

### Inspector's Findings

Frontenac Paramedic Services have obtained the proper CPR certification documentation for paramedic 13279 to ensure compliance. Employees 66797 and 18521 have immunization records showing Tetanus/Diphtheria vaccination on file but without a physician signature. Newly hired staff are required to have obtain a physician signature on their immunization records. In addition, the Service Provider is also working to obtain a physician's signature on the remaining paramedic's records. **Frontenac Paramedic Services are working towards compliance in this area.**

## Observation: 8

### Service Provider Response

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The Review Team found that of the 306 ACRs reviewed 32,263 of 32,524, or 99.2%, of data points were captured on the ACR. Thank you for your commendation on this finding.

On patient carried calls, the Review Team found that mandatory fields were not always completed. We acknowledge this finding and have reviewed and completed Ambulance Call Evaluations (ACEs) for all calls listed in “Appendix B ACR Omissions Tables: Patient Carried Calls Code 4 & 3”. Staff were also provided feedback based on those ACEs. We are also undertaking a review of our closed call rules to help with the completion of mandatory fields. Further messaging will also be sent out to staff and documentation standards are reviewed during continuing medical education (CME) days. We will continue to monitor, complete ACEs, and provide feedback and coaching to staff where needed.

In regards to the Review Team’s findings that mandatory fields are not always completed on non-patient/patient refusal calls, we acknowledge this finding. We have completed ACEs on all calls listed in table “Non Patient Carried/Patient Refusal Calls” and have provided staff feedback based on those ACEs. We have increased the number of non-patient transport calls that are being audited and are working with our local base hospital on a standardized template for auditing patient refusal calls.

**Inspector’s Findings**

Frontenac Paramedic Services are cognizant of the need for follow up with staff when documentation completion deficiencies are noted. The Service is dedicated to proficiency in the documentation of Ambulance Call Reports, Incident Reports and Collision Reports.

The Service Provider utilizes iMedic, an electronic system to track and evaluate eACRs. Mandatory fields within the electronic program are also used to ensure that all fields are completed accurately and according to the standards. Any persistent areas of non compliance identified during ongoing eACR audits, will be incorporated into the Service’s continuous medical training sessions.

This will remain an ongoing monitoring matter for all management personnel performing quality assurance activities.

**Follow Up Ambulance Call Report Review**

A review of twenty ACRs was conducted during the follow-up inspection with Frontenac Paramedic Services. A random sample of eACRs was reviewed for priority codes and Canadian Triage Acuity Scale (CTAS) levels.

The Service is reminded that the Ambulance Call Report shall be completed according to the requirements set out in the *Ambulance Call Report Completion Manual*, as required by the *Basic Life Support Patient Care Standards*.

Ambulance Call Reports reviewed were completed according to the *Ontario Ambulance Documentation Standards*, as demonstrated in the tables below:

**Patient Carried Calls Not to ALS/BLS Standard**

| Call Number | Patient Issue | Review Findings |
|-------------|---------------|-----------------|
|             | No issues.    |                 |

**Patient Carried Calls Code 3 & 4**

| Call Number | Documentation Issue | Driver # | Attendant #           |
|-------------|---------------------|----------|-----------------------|
| 1835286     | No issues.          | 15610    | 19289                 |
| 1836992     | No issues.          | 18520    | 22490                 |
| 1837002     | No issues.          | 13905    | 21804                 |
| 1836133     | No issues.          | 23607    | 22980                 |
| 1834100     | No issues.          | 15758    | 19576                 |
| 1827688     | No issues.          | 17362    | 18212                 |
| 1786435     | No issues.          | 18212    | 17362                 |
| 1834903     | No issues.          | 13161    | 28934                 |
| 1817570     | No issues.          | 39434    | 28934 / 13161         |
| 1821195     | No issues.          | 22489    | 15433 / 22921 / 23871 |
| 1822009     | No issues.          | 50746    | 19289                 |
| 1833475     | No issues.          | 15725    | 15036/ 10311 / 10571  |
| 1835160     | No issues.          | 95529    | 12904                 |
| 1836477     | No issues.          | 15758    | 23871                 |

**Patient Carried Calls Code 1 & 2**

| Call Number | Documentation Issue | Driver # | Attendant # |
|-------------|---------------------|----------|-------------|
| 1799254     | No issues.          | 14321    | 15036       |
| 1778515     | No issues.          | 25075    | 23607       |

**Non Patient Carried Calls**

| Call Number | Documentation Issue | Driver # | Attendant # |
|-------------|---------------------|----------|-------------|
| 1838733     | No issues.          | 23784    | 18528       |

**Patient Refusal of Service Section**

| Call Number | Documentation Issue | Driver # | Attendant # |
|-------------|---------------------|----------|-------------|
| 1828474     | No issues.          | 15725    | 14321       |
| 1831968     | No issues.          | 19576    | 15758       |
| 1834384     | No issues.          | 12930    | 15756       |
| 1816419     | No issues.          | 18534    | 18605       |

The Service Provider is committed to the proper completion of all eACRs and will continue to audit eACRs to ensure documentation and patient care meets the standards. **Frontenac Paramedic Services are committed to compliance in this area.**

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## Administrative

**Subsections:**

- Response Time Performance Plan,
- Service Provider Deployment Plan,
- Ambulance Service Identification Cards,
- Base Hospital Agreement,
- Policy and Procedures, and
- Insurance.

### Response Time Performance Plan

Legislated Requirement: A Service Provider is required to establish a Response Time Performance Plan, to monitor, enforce and where necessary, update their plan as required to ensure patients categorized as the most critical, receive response and assistance in the times established within their plan.

Part VIII of *Ontario Regulation 257/00* made under the Act states in part, that every upper-tier municipality and delivery agent responsible under the Act for ensuring the proper provision of land ambulance services shall establish, for land ambulance service operators selected by the upper-tier municipality or delivery agent in accordance with the Act, a performance plan respecting response times.

An upper-tier municipality or delivery agent shall ensure that the plan established under that subsection sets response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4 and 5, and that such targets are set for each land ambulance service operator selected by the upper-tier municipality or delivery agent in accordance with the Act.

An upper-tier municipality or delivery agent shall ensure that throughout the year the plan established under that subsection is continuously maintained, enforced and evaluated and where necessary, updated whether in whole or in part.

An upper-tier municipality or delivery agent shall provide the Director with a copy of the plan established under that subsection no later than October 31<sup>st</sup> in each year, and a copy of any plan updated, whether in whole or in part, no later than one month after the plan has been updated.

An upper-tier municipality or delivery agent shall provide the Director with the percentages for the preceding calendar year, required under Part VIII of Ontario Regulation 257/00, section 23, subsection 7(1), (2), (3), no later than March 31<sup>st</sup> of each year.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Response Performance and conducted interviews with Frontenac Paramedic Services personnel.

Observations: The Service Provider has an established Service Response Time Performance Plan with response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4 and 5.

The Service Provider provides the Director of EHRAB with a copy of the Response Time Performance Plan no later than October 31<sup>st</sup> of each year.

The Service Provider produced a report to demonstrate they meet their Response Time Performance Plan.

Documentation demonstrates the Service Provider, throughout the year, continuously maintains, enforces, evaluates and where necessary, updates their Response Time Performance Plan. There was also documentation demonstrating the Service Provider investigates those instances where their Service Response Time Performance Plan had not been met. Further, documentation demonstrates that recommendations resulting from investigations as to why the Response Time Performance Plan had not been met are addressed to mitigate reoccurrence.

The Service Provider reviewed and updated their Response Time Performance Plan by October 1<sup>st</sup> of each year. Updates are provided to the Director no later than one month after the plan was updated.

There was also documentation to demonstrate that by March 31<sup>st</sup> of each year the Service Provider reported to the Director the following for the preceding calendar year:

- The percentage of times that a person equipped to provide defibrillation arrived on-scene for sudden cardiac arrest patients, within six minutes.
- The percentage of times the ambulance crew arrived on-scene for sudden cardiac arrest or other CTAS 1 patients, within eight minutes.
- The percentage of times the ambulance crew arrived on-scene for patients categorized as CTAS 2, 3, 4 and 5, within the response time targets set by the UTM or Service Provider.

### **Service Provider Deployment Plan**

Legislated Requirement: A Service Provider’s Deployment Plan and strategies provide the Service Provider oversight to ensure in part, the continuity of operations and provision of service meets community needs.

Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (i.1) states in part, the communication service that normally directs the movement of the ambulances and emergency response vehicles in the applicant/operator's service, will be kept informed by the employees of the applicant/operator at all times as to the availability and location of each employee, ambulance or emergency response vehicle.

Inspection Methodologies: The Review Team reviewed reports and records relevant to service/staffing deployment and conducted interviews with Frontenac Paramedic Services personnel.

Observations: The Service Provider has provided a copy of their deployment plan to the Field Office. Documentation demonstrates the service did not always have sufficient staff at each level of qualification to meet their deployment plan (*2018 reported equivalent of 355 ½ days down-staffed, since then 21 paramedics have been hired*). **(Observation: 9)**

To ensure continuity of operations, the Service Provider does notify the Communication Service of any changes to their staffing pattern. The Service Provider notifies the Communication Service before implementing or revising policies or procedures that may affect the dispatching/deployment of ambulances or ERVs.

### **Ambulance Service ID Card Program**

Legislated Requirements: A paramedic in Ontario is required to obtain a ministry issued, service specific ID card prior to the provision of patient care. The ID card must be carried on their person at all times while performing patient care duties. The ID card process ensures the paramedic meets qualification requirements and provides the paramedic an ability to log onto the ambulance dispatch environment. The ID card is a provincially accepted ID for access to restricted areas otherwise not available to the general public and must be returned to the ministry upon employment separation.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (g) states in part, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.

The unique identification number shall appear on a photo identification card and the photo identification card shall be on the person of the paramedic while on-duty.

Section III also states in part, ambulance service identification cards are and remain the property of the Ministry of Health (the ministry). Upon release from employment, the identification card must be surrendered to the employer and returned to the ministry.

*Ambulance Service Identification Card Program, Operating Protocols and Processes* stipulates, the ministry is to be notified of an employee's release by way of either email or facsimile so that the Human Resources Inventory database may be updated.

Inspection Methodologies: The Review Team reviewed reports and records relevant to the service staffing deployment/ID Cards (service and ministry documentation) and conducted interviews with Frontenac Paramedic Services personnel.

Observations: The Service Provider has provided their baseline employee record information to the ministry.

Documentation demonstrates the Service Provider notifies the ministry of each instance of employee hiring and separation. It was noted that newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card. Accordingly, we did not note any occasions when a newly hired paramedic logged onto the communication environment with either a fictitious number or a number assigned to another person.

The ministry is notified in each instance an identification card is lost. The Service Provider recovered the paramedic's service specific identification card and returned it to the ministry on each occasion of employment being terminated.

### **Base Hospital Agreement**

Legislated Requirement: Each Service Provider must have an Agreement in place with their regional Base Hospital for medical oversight. Each Base Hospital has a framework within which its medical director provides guidance and medical advice, quality assurance, advanced care skills training, certification of paramedics and the delegation of Controlled Acts.

Base Hospital Policies and Medical Directives are established specifically to enable delegation to paramedics in accordance with legislated requirements, regulations, standards, College of Physician and Surgeons of Ontario (CPSO) and provincial guidelines. The Base Hospital Program has been providing pre-hospital medical oversight for over thirty years.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (I) states in part, a valid agreement is in effect between the applicant/operator and the designated Base Hospital Program, for each area in which the applicant/operator proposes to provide land ambulance service, for the delegation of Controlled Acts by paramedics employed by the applicant/operator.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service QA/CQI/Base Hospital initiatives and conducted interviews with Frontenac Paramedic Services personnel.

Observations: The Service Provider has a written performance agreement with the Base Hospital that includes:

- Providing medical direction and training to all paramedics.
- Monitoring quality of patient care given by those paramedics.
- Delegation of controlled medical acts to paramedics.

### **Policy and Procedure**

Legislated Requirement: A Service Provider has in place, policies and procedures which impact directly or indirectly on patient care. Policies and procedures are monitored and enforced to ensure compliance with standards and legislation.

- The *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- No person smokes any cigar, cigarette, tobacco or other substance while in an ambulance or emergency response vehicle.

- No paramedic, while on duty, takes or consumes any liquor within the meaning of the *Liquor Control Act*, or any drug which could impair his or her ability to function as a paramedic; or reports for duty while under the influence of any liquor within the meaning of the *Liquor Control Act*, or any drug which impairs his or her ability to function as a paramedic; or responds to a request for ambulance service while apparently under the influence of liquor or drugs or is apparently suffering the effects of liquor or drugs.
- The *Ambulance Service Communicable Disease Standards* states in part, each operator shall ensure that: employees are aware of current communicable disease risks and follow all aspects of the ASCDS.
- The *Ambulance Act*, Part III Discharge of Responsibilities states in part, an upper-tier municipality shall ensure the supply of vehicles, equipment, services, information and any other thing necessary for the proper provision of land ambulance services in the municipality in accordance with this Act and the regulations.
- The Act further states the requirements respecting the disclosure of personal health information and personal health information has the same meaning as in the *Personal Health Information Protection Act, 2004*.
- Part VI of *Ontario Regulation 257/00* made under the Act states in part, the operator of an ambulance service shall ensure that the remains of a dead person are not transported by ambulance unless, the remains are in a public place and it is in the public interest that the remains be removed; arrangements are made to ensure that an alternative ambulance is readily available for ambulance services during the time that the remains are being transported; and no patient is transported in the ambulance at the same time as the remains are transported.
- 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.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Policies and Procedures, Service QA/CQI initiatives and conducted interviews with Frontenac Paramedic Services personnel.

Observations: The Service Provider has a Policy and Procedure document accessible to staff. New and updated Policies and Procedures are communicated to staff. The Service Provider monitors and enforces Policies and Procedures to ensure optimal provision of service.

The Service Provider had policies covering the following areas:

- Prohibiting staff from responding to calls under the influence of alcohol or drugs.
- Prohibiting staff from reporting to work under the influence of alcohol or drugs.
- Prohibiting staff from consuming alcohol or drugs while at work.
- Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance service vehicle.
- Regarding transport of a person's remains as per legislation.
- Regarding the disposal of bio-medical materials/waste.
- That students are to be free from communicable diseases.

- That students are to be immunized.
- Requirements for students/observers are monitored and enforced.
- Staff will immediately notify the Communication Service in the case of any accident involving an ambulance or ERV.
- Outlining the legislative parameters of sharing and disclosure of personal health information.
- Governing the protection of personal information of patients.
- Directing staff in the release of confidential information to allied agencies.
- Directing staff in the release of confidential information to the public.
- Regarding cleaning and disinfection of patient care equipment.

There was documentation to demonstrate Service Policies relating to drugs, alcohol and tobacco are complied with. There was further documentation to demonstrate Service Policies relating to the release of confidential information are complied with.

The Service Provider ensured the continuity of operations.

### **Insurance**

Legislative Requirement: To mitigate risk and exposure to paramedics, staff and their management team, Service Providers must have appropriate insurance coverage as outlined in Regulation 257/00.

Part VI of *Ontario Regulation 257/00* made under the Act states in part, if the operator of a land ambulance service that is an applicable enterprise uses or permits the use of a land ambulance or emergency response vehicle that is not owned by the Province of Ontario, the operator shall obtain and maintain in good standing a contract of automobile insurance under Part VI of the *Insurance Act* in respect of the vehicle, under which, the operator and every driver are insured and delineates all insurance requirements.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service insurance policy coverage and conducted interviews with Frontenac Paramedic Services personnel.

Observations: It was noted the Service Provider's insurance policy was current and valid. Further, the insurance coverage was at least equal to that outlined in legislation.

The insurance policy includes and covers:

- Each ambulance, ERV and ESU,
- The Service Provider and every driver,
- An amount equal to at least \$5,000,000, in respect of any one incident,
- Liability for loss of or damage to, resulting from bodily injury to or the death of any passenger carried, getting into or alighting from the ambulance or ERV,
- Liability for loss of or damage to, the property of a passenger carried in an ambulance or ERV, and
- Liability while the ambulance is used for carrying passengers for compensation or hire.

**Observation: 9**

**Service Provider Response**

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The Review Team found that “the service did not always have sufficient staff at each level of qualification to meet their deployment plan (2018 reported equivalent of 355 ½ days down-staffed, since then 21 paramedics have been hired)”.

We acknowledge that Frontenac Paramedics had difficulties meeting staffing requirements during 2018. We started a hiring process in September of 2018 and have subsequently hired 21 paramedics. The characterization of being down-staffed the “equivalent of 355 ½ days in 2018 is not accurate. That depiction implies we were down-staffed almost every day in 2018. We were not. There were a number of days in the summer were down-staffed; however, it was not 355 ½ days. The total number of hours paramedics should have been on the road in 2018 were 163,520. Of the 163,520 hours we were down-staffed 1,975.25 hours. I would ask that you revise observation 9 to better reflect the occurrences of down-staffing.

**Inspector’s Findings**

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During the follow-up visit, a review of the Service Provider Deployment Plan was undertaken. The Service is currently looking at ways to enhance their staffing levels to meet the staffing benchmark. Frontenac Paramedic Services’ have undertaken a review of their plan and hired more paramedics in September of 2018, and another hiring process begins in January 2020. The Service Provider hopes this will eliminate down staffed hours in the future. **Frontenac Paramedic Services are committed to compliance in this area.**

**Appendix A HRI Omissions Table**

| Employee # | Documentation Issue                              |
|------------|--|
| 13279      | • Missing current valid, annual CPR certificate. |
| 66797      | • Missing Tetanus/Diphtheria.                    |
| 18521      | • Missing Tetanus/Diphtheria.                    |

**Appendix B ACR Omissions Tables; Patient Carried Calls Code 4 & 3**

| Call Number  | Documentation Issue  | Driver # | Attendant # |
|--------------|--|----------|-------------|
| 942001721449 | <ul style="list-style-type: none"> <li>• Date of Occurrence.</li> <li>• Time of Occurrence.</li> </ul>   | 50754    | 22920       |
| 942001721577 | <ul style="list-style-type: none"> <li>• Date of Occurrence.</li> <li>• Time of Occurrence.</li> </ul>   | 15724    | 13280       |
| 942001732083 | <ul style="list-style-type: none"> <li>• Date of Occurrence.</li> <li>• Time of Occurrence.</li> <li>• Pulse Rate.</li> <li>• Resp. Rate.</li> <li>• B/P.</li> <li>• Temp.</li> <li>• SpO<sub>2</sub>.</li> <li>• EtCO<sub>2</sub>.</li> <li>• GCS.</li> <li>• Pupils.</li> <li>• Pain Scale.</li> </ul> | 12172    | 11608       |
| 942001734185 | <ul style="list-style-type: none"> <li>• Pupils.</li> </ul>  | 10311    | 15725       |
| 942001723071 | <ul style="list-style-type: none"> <li>• Time of Occurrence.</li> <li>• Chief Complaint.</li> </ul>  | 12930    | 22893       |
| 942001743782 | <ul style="list-style-type: none"> <li>• Pulse Rate.</li> <li>• Resp. Rate.</li> <li>• Reading/Code.</li> <li>• SpO<sub>2</sub>.</li> <li>• EtCO<sub>2</sub>.</li> <li>• GCS.</li> <li>• Pupils.</li> <li>• Pain Scale.</li> </ul>   | 12429    | 50754       |
| 942001749532 | <ul style="list-style-type: none"> <li>• Date of Birth.</li> <li>• Deceased.</li> <li>• Physician/BHP Name.</li> <li>• Date.</li> <li>• Time.</li> <li>• Warning Systems - to destination.</li> </ul>  | 70084    | 46863       |
| 942001725298 | <ul style="list-style-type: none"> <li>• Date of Occurrence.</li> <li>• Time of Occurrence.</li> </ul>   | 24601    | 18211       |
| 942001725317 | <ul style="list-style-type: none"> <li>• Date of Occurrence.</li> <li>• Time of Occurrence.</li> </ul>   | 18212    | 17362       |
| 942001748252 | <ul style="list-style-type: none"> <li>• Date of Occurrence.</li> <li>• Time of Occurrence.</li> <li>• Pain Scale.</li> </ul>  | 19288    | 22963       |
| 942001726027 | <ul style="list-style-type: none"> <li>• Date of Occurrence.</li> <li>• Time of Occurrence.</li> </ul>   | 13161    | 28934       |

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| Call Number  | Documentation Issue  | Driver # | Attendant # |
|--------------|--|----------|-------------|
| 942001726196 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> <li>Time of Occurrence.</li> </ul>   | 18520    | 15411       |
| 942001727231 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> </ul>  | 22893    | 22892       |
| 942001727248 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> <li>Time of Occurrence.</li> <li>Treatment Prior to Arrival.</li> </ul>    | 62687    | 12405       |
| 942001727910 | <ul style="list-style-type: none"> <li>EtCO<sub>2</sub>.</li> </ul>  | 22489    | 19754       |
| 942001728612 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> <li>Time of Occurrence.</li> </ul>   | 18520    | 15411       |
| 942001729919 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> <li>Time of Occurrence.</li> </ul>   | 10631    | 19986       |
| 942001731383 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> <li>Time of Occurrence.</li> </ul>   | 14321    | 20913       |
| 942001728891 | <ul style="list-style-type: none"> <li>Sex.</li> <li>Date of Occurrence.</li> <li>Time of Occurrence.</li> <li>Chief Complaint.</li> </ul> | 10571    | 10311       |
| 942001729809 | <ul style="list-style-type: none"> <li>Health Insurance Number.</li> <li>Version.</li> <li>EtCO<sub>2</sub>.</li> </ul>                    | 19289    | 18522       |

### Patient Carried Calls Code 2 & 1

| Call Number | Documentation Issue   | Driver # | Attendant # |
|-------------|-----------------------|----------|-------------|
|             | No documented issues. |          |             |

### Non Patient Carried/Patient Refusal Calls

| Call Number  | Documentation Issue   | Driver # | Attendant # |
|--------------|---|----------|-------------|
| 942001721234 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> </ul>         | 24601    | 18211       |
| 942001723846 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> </ul>         | 19290    | 15433       |
| 942001724500 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> </ul>         | 18534    | 15724       |
| 942001728577 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> </ul>         | 15756    | 12930       |
| 942001728756 | <ul style="list-style-type: none"> <li>Non Paramedic Witness Name.</li> </ul> | 11171    | 50746       |
| 942001729975 | <ul style="list-style-type: none"> <li>Non Paramedic Witness Name.</li> </ul> | 19289    | 18522       |
| 942001730207 | <ul style="list-style-type: none"> <li>Non Paramedic Witness Name.</li> </ul> | 19754    | 22489       |
| 942001730719 | <ul style="list-style-type: none"> <li>Non Paramedic Witness Name.</li> </ul> | 18211    | 13279       |
| 942001732650 | <ul style="list-style-type: none"> <li>Time of Occurrence.</li> </ul>         | 18605    | 24461       |
| 942001734305 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> </ul>         | 10311    | 10571       |
| 942001734440 | <ul style="list-style-type: none"> <li>Non Paramedic Witness Name.</li> </ul> | 12991    | 12675       |
| 942001735089 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> </ul>         | 95529    | 20271       |
| 942001738407 | <ul style="list-style-type: none"> <li>Non Paramedic Witness Name.</li> </ul> | 62734    | 63410       |
| 942001738446 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> </ul>         | 19290    | 15433       |
| 942001739794 | <ul style="list-style-type: none"> <li>Date of Occurrence.</li> </ul>         | 14322    | 15724       |
| 942001740160 | <ul style="list-style-type: none"> <li>Non Paramedic Witness Name.</li> </ul> | 15725    | 66797       |
| 942001741181 | <ul style="list-style-type: none"> <li>Non Paramedic Witness Name.</li> </ul> | 15151    | 63410       |
| 942001741840 | <ul style="list-style-type: none"> <li>Non Paramedic Witness Name.</li> </ul> | 18534    | 23913       |

**Appendix C Paramedic Ride-Out Observation Tables**

| Call Observation Summary                 |                     |              |              |                                     |                |       |                                     |
|--|---------------------|--------------|--------------|-------------------------------------|----------------|-------|-------------------------------------|
| CALL NO.:                                | <b>942001775209</b> | VEHICLE NO.: | <b>4122</b>  | PRIORITY                            | OUT: 3         | IN: 3 |                                     |
| MEDIC #1                                 | <b>19754</b>        | MEDIC # 2    | <b>13161</b> | CALL TYPE:                          | <b>Medical</b> |       |                                     |
| Call Sequence                            |                     |              |              | Y                                   | P              | N     | NA                                  |
| Pre-Call Performed to Standard           |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Communications Performed to Standard     |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Primary Assessment Performed to Standard |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Patient Management Performed to Standard |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Patient Refusal Performed to Standard    |                     |              |              |                                     |                |       | <input checked="" type="checkbox"/> |
| Patient Transport Performed to Standard  |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Transfer of Care Performed to Standard   |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| General Duties Performed to Standard     |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Post Call Duties Performed to Standard   |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Call Completed to ALS/BLS Standards      |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |

| Call Observation Summary                 |                     |              |              |                                     |                |       |                                     |
|--|---------------------|--------------|--------------|-------------------------------------|----------------|-------|-------------------------------------|
| CALL NO.:                                | <b>942001775305</b> | VEHICLE NO.: | <b>4122</b>  | PRIORITY                            | OUT: 4         | IN: 3 |                                     |
| MEDIC #1                                 | <b>13161</b>        | MEDIC # 2    | <b>19754</b> | CALL TYPE:                          | <b>Medical</b> |       |                                     |
| Call Sequence                            |                     |              |              | Y                                   | P              | N     | NA                                  |
| Pre-Call Performed to Standard           |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Communications Performed to Standard     |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Primary Assessment Performed to Standard |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Patient Management Performed to Standard |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Patient Refusal Performed to Standard    |                     |              |              |                                     |                |       | <input checked="" type="checkbox"/> |
| Patient Transport Performed to Standard  |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Transfer of Care Performed to Standard   |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| General Duties Performed to Standard     |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Post Call Duties Performed to Standard   |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |
| Call Completed to ALS/BLS Standards      |                     |              |              | <input checked="" type="checkbox"/> |                |       |                                     |

| Call Observation Summary                 |                     |              |              |                                     |                                     |                                     |                                     |
|--|---------------------|--------------|--------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| CALL NO.:                                | <b>942001775349</b> | VEHICLE NO.: | <b>4126</b>  | PRIORITY                            | OUT: 4                              | IN: 3                               |                                     |
| MEDIC #1                                 | <b>66797</b>        | MEDIC # 2    | <b>91685</b> | CALL TYPE:                          | <b>Medical</b>                      |                                     |                                     |
| Call Sequence                            |                     |              |              | Y                                   | P                                   | N                                   | NA                                  |
| Pre-Call Performed to Standard           |                     |              |              | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| Communications Performed to Standard     |                     |              |              | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| Primary Assessment Performed to Standard |                     |              |              |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| Patient Management Performed to Standard |                     |              |              |                                     |                                     | <input checked="" type="checkbox"/> |                                     |
| Patient Refusal Performed to Standard    |                     |              |              |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| Patient Transport Performed to Standard  |                     |              |              |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| Transfer of Care Performed to Standard   |                     |              |              | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| General Duties Performed to Standard     |                     |              |              | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| Post Call Duties Performed to Standard   |                     |              |              | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| Call Completed to ALS/BLS Standards      |                     |              |              |                                     |                                     | <input checked="" type="checkbox"/> |                                     |

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| Call Observation Summary                 |              |              |       |                                     |          |                                     |
|--|--------------|--------------|-------|-------------------------------------|----------|-------------------------------------|
| CALL NO.:                                | 942001775606 | VEHICLE NO.: | 4126  | PRIORITY                            | OUT: 4   | IN: 3                               |
| MEDIC #1                                 | 66797        | MEDIC # 2    | 91685 | CALL TYPE:                          | Medical  |                                     |
| <b>Call Sequence</b>                     |              |              |       | <b>Y</b>                            | <b>P</b> | <b>N</b> <b>NA</b>                  |
| Pre-Call Performed to Standard           |              |              |       | <input checked="" type="checkbox"/> |          |                                     |
| Communications Performed to Standard     |              |              |       | <input checked="" type="checkbox"/> |          |                                     |
| Primary Assessment Performed to Standard |              |              |       | <input checked="" type="checkbox"/> |          |                                     |
| Patient Management Performed to Standard |              |              |       | <input checked="" type="checkbox"/> |          |                                     |
| Patient Refusal Performed to Standard    |              |              |       |                                     |          | <input checked="" type="checkbox"/> |
| Patient Transport Performed to Standard  |              |              |       | <input checked="" type="checkbox"/> |          |                                     |
| Transfer of Care Performed to Standard   |              |              |       | <input checked="" type="checkbox"/> |          |                                     |
| General Duties Performed to Standard     |              |              |       | <input checked="" type="checkbox"/> |          |                                     |
| Post Call Duties Performed to Standard   |              |              |       | <input checked="" type="checkbox"/> |          |                                     |
| Call Completed to ALS/BLS Standards      |              |              |       | <input checked="" type="checkbox"/> |          |                                     |

**Appendix D Vehicle, Equipment and Supplies Omissions Table**

| Vehicle No. | Review Findings  | Vehicle No. | Review Findings  |
|-------------|--|-------------|--|
| 4131        | <b><u>Safe Mechanical Condition</u></b><br>• Missing supply of ACRs (paper) in the vehicle.  | 4181        | <b><u>Safe Mechanical Condition</u></b><br>• Missing front fire extinguisher annually.   |
| 4120        | <b><u>Safe Mechanical Condition</u></b><br>• Missing front fire extinguisher annually.<br>• Missing rear fire extinguisher annually. | 4525        | <b><u>Safe Mechanical Condition</u></b><br>• Missing front fire extinguisher annually.<br>• Missing rear fire extinguisher annually. |
| 4132        | <b><u>Safe Mechanical Condition</u></b><br>• Missing front fire extinguisher annually.   |             |  |

**Appendix E Patient Care Devices Maintenance Table**

| Patient Care Devices Testing      |               |                      |                          |                          |
|-----------------------------------|---------------|----------------------|--------------------------|--------------------------|
| Device                            | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Defibrillator – Annual Inspection | 47357520      | 15-04-2019           | 20-06-2018               | New                      |
| Defibrillator – Annual Inspection | 47359933      | 11-04-2019           | 19-06-2018               | New                      |
| Defibrillator – Annual Inspection | 47359939      | 12-04-2019           | 19-06-2018               | New                      |
| Defibrillator – Annual Inspection | 47360145      | 09-04-2019           | 19-06-2018               | New                      |
| Defibrillator – Annual Inspection | 47360215      | 09-04-2019           | 21-06-2018               | New                      |
| Defibrillator – Annual Inspection | 47360408      | 12-04-2019           | 19-06-2018               | New                      |
| Defibrillator – Annual Inspection | 47360631      | 09-04-2019           | 19-06-2018               | New                      |
| Defibrillator – Annual Inspection | 47362588      | 09-04-2019           | 22-06-2018               | New                      |
| Defibrillator – Annual Inspection | 47362777      | 12-04-2019           | 21-06-2018               | New                      |
| Defibrillator – Annual Inspection | 47363199      | 09-04-2019           | 21-06-2018               | New                      |
| Defibrillator – Annual Inspection | 47363669      | 11-04-2019           | 20-06-2018               | New                      |
| Defibrillator – Annual Inspection | 47363837      | 11-04-2019           | 21-06-2018               | New                      |
| Defibrillator – Annual Inspection | 47364041      | 11-04-2019           | 21-06-2018               | New                      |

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| <b>Patient Care Devices Testing</b> |               |                      |                          |                          |
|-------------------------------------|---------------|----------------------|--------------------------|--------------------------|
| Device                              | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Defibrillator – Annual Inspection   | 47367295      | 09-04-2019           | 21-06-2018               | New                      |
| Defibrillator – Annual Inspection   | 47367335      | 12-04-2019           | 21-06-2018               | New                      |
| Defibrillator – Annual Inspection   | 47367340      | 12-04-2019           | 21-06-2018               | New                      |
| Defibrillator – Annual Inspection   | 47367515      | 09-04-2019           | 21-06-2019               | New                      |
| Defibrillator – Annual Inspection   | 47367515      | 09-04-2018           | 21-06-2018               | New                      |
| Defibrillator – Annual Inspection   | 47367625      | 09-04-2019           | 21-06-2018               | New                      |
| Defibrillator – Annual Inspection   | 47367987      | 11-04-2019           | 21-06-2018               | New                      |
| Defibrillator – Annual Inspection   | 41423208      | 09-04-2019           | 09-10-2018               | 27-12-2017               |
| Defibrillator – Annual Inspection   | 41423133      | 11-04-2019           | 09-10-2018               | 27-12-2017               |

| <b>Patient Care Devices Testing</b> |               |                      |                          |                          |
|-------------------------------------|---------------|----------------------|--------------------------|--------------------------|
| Device                              | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Oxygen Calibration Machine          | TC02          | 07-05-2019           | 02-05-2018               | 03-08-2017               |

| <b>Patient Care Devices Testing</b> |               |                      |                          |                          |
|-------------------------------------|---------------|----------------------|--------------------------|--------------------------|
| Device                              | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Wall Mount Oxygen Regulator         | 552008        | 06-03-2019           | 25-09-2018               | 22-03-2018               |
| Wall Mount Oxygen Regulator         | 612240        | 19-03-2019           | 05-09-2018               | 02-03-2018               |
| Wall Mount Oxygen Regulator         | 612241        | 21-03-2019           | 05-09-2018               | 02-03-2018               |
| Wall Mount Oxygen Regulator         | 612242        | 19-03-2019           | 21-09-2018               | 28-03-2018               |
| Wall Mount Oxygen Regulator         | 612243        | 21-03-2019           | 21-09-2018               | 02-03-2018               |
| Wall Mount Oxygen Regulator         | 612244        | 21-03-2019           | 05-09-2018               | 02-03-2018               |
| Wall Mount Oxygen Regulator         | 620925        | 19-03-2019           | 21-09-2018               | 28-03-2018               |
| Wall Mount Oxygen Regulator         | 620926        | 14-03-2019           | 11-09-2018               | 28-03-2018               |
| Wall Mount Oxygen Regulator         | 620927        | 21-03-2019           | 05-09-2018               | 02-03-2018               |
| Wall Mount Oxygen Regulator         | 644424        | 11-03-2019           | 18-09-2018               | 14-03-2018               |
| Wall Mount Oxygen Regulator         | 656290        | 21-03-2019           | 05-09-2018               | 02-03-2018               |
| Wall Mount Oxygen Regulator         | 656294        | 05-03-2019           | 21-09-2018               | 23-03-2018               |
| Wall Mount Oxygen Regulator         | 656295        | 21-03-2019           | 05-09-2018               | 02-03-2018               |
| Wall Mount Oxygen Regulator         | 656297        | 21-03-2019           | Missing                  | 23-03-2018               |
| Wall Mount Oxygen Regulator         | 656298        | 07-03-2019           | 14-09-2018               | 21-03-2018               |
| Wall Mount Oxygen Regulator         | 660973        | 21-03-2019           | 05-09-2018               | 02-03-2018               |
| Wall Mount Oxygen Regulator         | 660970        | 21-03-2019           | 05-09-2018               | 02-03-2018               |
| Wall Mount Oxygen Regulator         | 660970        | 21-03-2019           | 05-09-2018               | 02-03-2018               |
| Wall Mount Oxygen Regulator         | 656299        | 21-03-2019           | 05-09-2018               | 02-03-2018               |
| Wall Mount Oxygen Regulator         | 660969        | 01-03-2019           | 05-09-2018               | 02-03-2018               |
| Wall Mount Oxygen Regulator         | 612255        | 13-03-2019           | Missing                  | 28-03-2018               |

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| <b>Patient Care Devices Testing</b> |               |                      |                          |                          |
|-------------------------------------|---------------|----------------------|--------------------------|--------------------------|
| Device                              | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Portable Oxygen Kit Regulator       | 592784        | 01-03-2019           | Missing                  | 21-03-2018               |
| Portable Oxygen Kit Regulator       | 592786        | 12-03-2019           | 25-09-2018               | 21-03-2018               |
| Portable Oxygen Kit Regulator       | 606973        | 13-03-2019           | New                      | N/A                      |
| Portable Oxygen Kit Regulator       | 592785        | 18-03-2019           | 06-09-2018               | Missing                  |
| Portable Oxygen Kit Regulator       | 592786        | 12-03-2019           | 25-09-2018               | 21-03-2018               |
| Portable Oxygen Kit Regulator       | 612246        | 06-03-2019           | 25-09-2018               | 22-03-2018               |
| Portable Oxygen Kit Regulator       | 612247        | 07-03-2019           | 05-09-2018               | Missing                  |
| Portable Oxygen Kit Regulator       | 612248        | 07-03-2019           | 05-09-2018               | Missing                  |
| Portable Oxygen Kit Regulator       | 612254        | 01-03-2019           | 12-09-2018               | 22-03-2018               |
| Portable Oxygen Kit Regulator       | 612254        | 01-03-2019           | 12-09-2018               | 22-03-2018               |
| Portable Oxygen Kit Regulator       | 612255        | 13-03-2019           | Missing                  | 28-03-2018               |
| Portable Oxygen Kit Regulator       | 621427        | Missing              | Missing                  | 22-03-2018               |
| Portable Oxygen Kit Regulator       | 621428        | 05-03-2019           | 05-09-2018               | Missing                  |
| Portable Oxygen Kit Regulator       | 621431        | 19-03-2019           | 21-09-2018               | 28-03-2018               |
| Portable Oxygen Kit Regulator       | 626455        | 12-03-2019           | 11-09-2018               | 06-02-2018               |
| Portable Oxygen Kit Regulator       | 626456        | 29-03-2019           | 27-09-2018               | Missing                  |
| Portable Oxygen Kit Regulator       | 626457        | 26-03-2019           | 05-09-2018               | Missing                  |
| Portable Oxygen Kit Regulator       | 626458        | Missing              | Missing                  | 15-03-2018               |
| Portable Oxygen Kit Regulator       | 626460        | 29-03-2019           | 26-09-2018               | 28-03-2018               |
| Portable Oxygen Kit Regulator       | 644365        | 13-03-2019           | 19-09-2018               | Missing                  |
| Portable Oxygen Kit Regulator       | 644368        | 20-03-2019           | 05-09-2018               | 02-03-2018               |
| Portable Oxygen Kit Regulator       | 644370        | 26-03-2019           | 27-09-2018               | Missing                  |
| Portable Oxygen Kit Regulator       | 644371        | 12-03-2019           | 05-03-2018               | Missing                  |
| Portable Oxygen Kit Regulator       | 656281        | 21-03-2019           | 05-09-2018               | Missing                  |
| Portable Oxygen Kit Regulator       | 656282        | 21-03-2019           | 07-09-2018               | 21-03-2018               |
| Portable Oxygen Kit Regulator       | 565286        | 12-03-2019           | 12-09-2018               | Missing                  |

| <b>Patient Care Devices Testing</b> |               |                      |                          |                          |
|-------------------------------------|---------------|----------------------|--------------------------|--------------------------|
| Device                              | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Main Tank Regulator                 | 609561        | 11-03-2019           | 07-09-2018               | 21-03-2018               |
| Main Tank Regulator                 | 610934        | 14-03-2019           | 11-09-2018               | 28-03-2018               |
| Main Tank Regulator                 | 620750        | 19-03-2019           | 05-09-2018               | Missing                  |
| Main Tank Regulator                 | 620751        | 19-03-2019           | 05-09-2018               | Missing                  |
| Main Tank Regulator                 | 620751        | 26-03-2019           | 05-09-2018               | 28-03-2018               |
| Main Tank Regulator                 | 638863        | 19-03-2019           | 21-09-2018               | 28-03-2018               |
| Main Tank Regulator                 | 638864        | 11-03-2019           | 05-09-2018               | 06-03-2018               |
| Main Tank Regulator                 | 638865        | 05-03-2019           | 04-09-2018               | 27-03-2018               |
| Main Tank Regulator                 | 638866        | 26-03-2019           | 05-09-2018               | Missing                  |
| Main Tank Regulator                 | 638867        | 21-03-2019           | 05-09-2018               | 06-03-2018               |
| Main Tank Regulator                 | 655216        | 01-03-2019           | 12-09-2018               | 21-03-2018               |
| Main Tank Regulator                 | 655217        | 19-03-2019           | 05-09-2018               | 06-03-2018               |
| Main Tank Regulator                 | 665218        | 07-03-2019           | 14-09-2018               | 21-03-2018               |
| Main Tank Regulator                 | 665219        | 21-03-2019           | 05-09-2018               | 06-03-2018               |

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| <b>Patient Care Devices Testing</b> |               |                      |                          |                          |
|-------------------------------------|---------------|----------------------|--------------------------|--------------------------|
| Device                              | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| On Board Vehicle Suction Unit       | 4120          | 01-03-2019           | 11-09-2018               | 20-03-2018               |
| On Board Vehicle Suction Unit       | 4121          | 01-03-2019           | 18-09-2018               | 22-03-2018               |
| On Board Vehicle Suction Unit       | 4122          | 01-03-2019           | 12-09-2018               | Missing                  |
| On Board Vehicle Suction Unit       | 4123          | 01-03-2019           | 25-09-2018               | 22-03-2018               |
| On Board Vehicle Suction Unit       | 4124          | 01-03-2019           | 06-09-2018               | 13-03-2018               |
| On Board Vehicle Suction Unit       | 4125          | 01-03-2019           | 13-09-2018               | 13-03-2018               |
| On Board Vehicle Suction Unit       | 4126          | 01-03-2019           | 14-09-2018               | 21-03-2018               |
| On Board Vehicle Suction Unit       | 4129          | 01-03-2019           | 21-09-2018               | 22-03-2018               |
| On Board Vehicle Suction Unit       | 4131          | 01-03-2019           | 18-09-2018               | 14-03-2018               |
| On Board Vehicle Suction Unit       | 4132          | 01-03-2019           | 07-09-2018               | 07-03-2018               |
| On Board Vehicle Suction Unit       | 4176          | 01-03-2019           | 04-09-2018               | 27-03-2018               |

| <b>Patient Care Devices Testing</b> |               |                      |                          |                          |
|-------------------------------------|---------------|----------------------|--------------------------|--------------------------|
| Device                              | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Battery Powered Portable Suction    | 120716A020    | 29-03-2019           | 11-09-2018               | 28-03-2018               |
| Battery Powered Portable Suction    | 130401A051    | 01-03-2019           | 12-09-2018               | 22-03-2018               |
| Battery Powered Portable Suction    | 150303A172    | 13-03-2019           | 13-09-2018               | 23-03-2018               |
| Battery Powered Portable Suction    | 150303A019    | 12-03-2019           | 04-09-2018               | 23-03-2018               |
| Battery Powered Portable Suction    | 170301A140    | 04-03-2019           | 12-09-2018               | 08-03-2018               |
| Battery Powered Portable Suction    | 150303A022    | 12-03-2019           | 18-09-2018               | 27-03-2018               |
| Battery Powered Portable Suction    | 170301A152    | 18-03-2019           | 21-09-2018               | New                      |

**Appendix F Conveyance Equipment Maintenance Summary Table**

| <b>Conveyance Equipment Maintenance</b> |               |                      |                          |                          |
|---|---------------|----------------------|--------------------------|--------------------------|
| Stretcher Type                          | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Power load devices                      | 160739050     | 11-03-2019           | 05-12-2018               | 17-10-2018               |
| Power load devices                      | 160739051     | 18-03-2019           | 19-12-2018               | 18-10-2018               |
| Power load devices                      | 160739052     | 12-03-2019           | 12-12-2018               | 18-10-2018               |
| Power load devices                      | 160739053     | 13-03-2019           | 12-12-2018               | 18-10-2018               |
| Power load devices                      | 160739054     | 01-03-2019           | 07-12-2018               | 18-10-2018               |
| Power load devices                      | 160739055     | 18-10-2018           | 02-01-2019               | 14-03-2019               |
| Power load devices                      | 160739056     | 13-03-2019           | 18-12-2018               | 18-10-2018               |
| Power load devices                      | 160739057     | 28-03-2019           | 18-12-2018               | 18-10-2018               |
| Power load devices                      | 160739060     | 06-03-2019           | 31-12-2018               | 18-10-2018               |
| Power load devices                      | 160739063     | 28-03-2019           | 02-01-2019               | 18-10-2018               |

| <b>Conveyance Equipment Maintenance</b> |               |                      |                          |                          |
|---|---------------|----------------------|--------------------------|--------------------------|
| Stretcher Type                          | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Stretchers                              | 160641204     | 02-04-2019           | 12-12-2018               | 18-10-2018               |
| Stretchers                              | 160641206     | 20-03-2019           | 13-11-2018               | 18-10-2018               |
| Stretchers                              | 160641207     | 28-03-2019           | 12-12-2018               | 10-10-2018               |

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| <b>Conveyance Equipment Maintenance</b> |               |                      |                          |                          |
|---|---------------|----------------------|--------------------------|--------------------------|
| Stretcher Type                          | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Stretchers                              | 160641209     | 12-03-2019           | 31-12-2018               | 30-11-2018               |
| Stretchers                              | 160641210     | 18-03-2019           | 19-12-2018               | 18-10-2018               |
| Stretchers                              | 160641211     | 07-03-2019           | 18-12-2018               | 18-10-2018               |
| Stretchers                              | 160641213     | 19-03-2019           | 12-12-2018               | 18-10-2018               |
| Stretchers                              | 160641221     | 12-03-2019           | 12-12-2018               | 18-10-2018               |
| Stretchers                              | 013615        | 07-03-2019           | 12-12-2018               | 18-10-2018               |
| Stretchers                              | 013628        | 29-03-2019           | 20-12-2018               | Missing                  |
| Stretchers                              | 0141181       | 26-03-2019           | 02-01-2019               | 19-10-2018               |
| Stretchers                              | 021055        | 26-03-2019           | 26-10-2018               | 14-09-2018               |
| Stretchers                              | 032461        | 14-03-2019           | Missing                  | Missing                  |
| Stretchers                              | 078500        | 20-03-2019           | 17-10-2018               | Missing                  |
| Stretchers                              | 034275        | 18-03-2019           | 19-12-2018               | 17-10-2018               |
| Stretchers                              | 034567        | 27-03-2019           | 07-12-2018               | 18-10-2018               |
| Stretchers                              | 036553        | 20-03-2019           | 13-11-2018               | 17-10-2018               |
| Stretchers                              | 036186        | 11-03-2019           | 31-12-2018               | 18-10-2018               |

| <b>Conveyance Equipment Maintenance</b> |               |                      |                          |                          |
|---|---------------|----------------------|--------------------------|--------------------------|
| Stretcher Type                          | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Stretchers – #9                         | 286510        | 18-03-2019           | Missing                  | Missing                  |
| Stretchers – #9                         | FC 1001       | 20-03-2019           | Missing                  | Missing                  |
| Stretchers – #9                         | FC 1614       | 27-03-2019           | Missing                  | Missing                  |
| Stretchers – #9                         | FC 1704       | 26-03-2019           | Missing                  | Missing                  |
| Stretchers – #9                         | FC 1898       | 05-03-2019           | Missing                  | Missing                  |
| Stretchers – #9                         | FC 2051       | 26-03-2019           | 31-12-2018               | 17-10-2018               |
| Stretchers – #9                         | FC 2661       | 06-03-2019           | 12-12-2018               | 18-10-2018               |
| Stretchers – #9                         | FC 2696       | 04-03-2019           | Missing                  | Missing                  |
| Stretchers – #9                         | FC 2697       | 11-03-2019           | 02-01-2019               | 18-10-2018               |
| Stretchers – #9                         | FC 2797       | 28-03-2019           | Missing                  | Missing                  |
| Stretchers – #9                         | I 32344       | 07-03-2019           | Missing                  | Missing                  |
| Stretchers – #9                         | K 82487       | 26-03-2019           | 31-12-2018               | 17-10-2018               |
| Stretchers – #9                         | L 19021       | 14-03-2019           | Missing                  | Missing                  |
| Stretchers – #9                         | 286510        | 18-03-2019           | Missing                  | Missing                  |
| Stretchers – #9                         | FC 1001       | 20-03-2019           | Missing                  | Missing                  |
| Stretchers – #9                         | FC 1614       | 27-03-2019           | Missing                  | Missing                  |

| <b>Conveyance Equipment Maintenance</b> |               |                      |                          |                          |
|---|---------------|----------------------|--------------------------|--------------------------|
| Stretcher Type                          | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Stair Chairs – 59T                      | 06-016353     | 05-03-2019           | 01-12-2018               | 17-10-2018               |
| Stair Chairs – 59T                      | 06-016354     | 01-03-2019           | 18-12-2018               | Missing                  |
| Stair Chairs – 59T                      | 06-016356     | 21-03-2019           | 31-12-2018               | 17-10-2018               |
| Stair Chairs – 59T                      | 06-016916     | 12-03-2019           | 11-12-2018               | 18-10-2018               |
| Stair Chairs – 59T                      | 08-069672     | 11-03-2019           | 07-12-2018               | 18-10-2018               |
| Stair Chairs – 59T                      | 10N-150881    | 07-03-2019           | 18-12-2018               | 18-10-2018               |

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| <b>Conveyance Equipment Maintenance</b> |               |                      |                          |                          |
|---|---------------|----------------------|--------------------------|--------------------------|
| Stretcher Type                          | Serial Number | Last Inspection Date | Previous Inspection Date | Previous Inspection Date |
| Stair Chairs – 59T                      | 11N-208204    | 21-03-2019           | 31-12-2018               | 17-10-2018               |
| Stair Chairs – 59T                      | 11N-208206    | 18-03-2019           | 19-12-2018               | 18-10-2018               |
| Stair Chairs – 59T                      | 18N-388478    | 14-03-2019           | 01-12-2018               | 01-09-2018               |
| Stair Chairs – 59T                      | 18N-390358    | 12-03-2019           | 12-12-2018               | 18-10-2018               |
| Stair Chairs – 59T                      | 18N-388482    | 13-03-2019           | 18-12-2018               | 18-10-2018               |

**Appendix G Abbreviations**

| <b>Glossary of Abbreviations</b> |   |                        |   |
|----------------------------------|---|------------------------|---|
| <b>ACRONYM</b>                   | <b>MEANING</b>  | <b>ACRONYM</b>         | <b>MEANING</b>  |
| <b>ACP</b>                       | Advanced Care Paramedic                               | <b>EORR</b>            | Education, Operational Readiness and Regulations                        |
| <b>ACR</b>                       | Ambulance Call Report                                 | <b>ERV</b>             | Emergency Response Vehicle  |
| <b>ACS</b>                       | Ambulance Communications Service                      | <b>ESU</b>             | Emergency Support Unit  |
| <b>ACO</b>                       | Ambulance Communications Officer                      | <b>HRI</b>             | Human Resources Inventory   |
| <b>AEMCA</b>                     | Advanced Emergency Medical Care Assistant             | <b>IC</b>              | Inspections and Certifications  |
| <b>ALS</b>                       | Advanced Life Support                                 | <b>IR</b>              | Incident Report   |
| <b>ASCDS</b>                     | Ambulance Service Communicable Disease Standards      | <b>LAISC</b>           | Land Ambulance Implementation Steering Committee                        |
| <b>ASR</b>                       | Ambulance Service Review                              | <b>LACS</b>            | Land Ambulance Certification Standards                                  |
| <b>BLS</b>                       | Basic Life Support                                    | <b>MOH</b>             | Ministry of Health  |
| <b>CACC</b>                      | Central Ambulance Communications Centre               | <b>OAPC</b>            | Ontario Association of Paramedic Chiefs                                 |
| <b>CCP</b>                       | Critical Care Paramedic                               | <b>OADS</b>            | Ontario Ambulance Documentation Standards                               |
| <b>CME</b>                       | Continuing Medical Education                          | <b>OBHAG</b>           | Ontario Base Hospital Advisory Group                                    |
| <b>CO</b>                        | Communications Officer                                | <b>OEM</b>             | Original Equipment Manufacturer   |
| <b>CPR</b>                       | Cardiopulmonary Resuscitation                         | <b>OPLA &amp; ERVS</b> | Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard |
| <b>CPSO</b>                      | College of Physician and Surgeons of Ontario          | <b>PCTS</b>            | Patient Care and Transportation Standards                               |
| <b>CQI</b>                       | Continuous Quality Improvement                        | <b>PMAC</b>            | Provincial Medical Advisory Committee                                   |
| <b>CTAS</b>                      | Canadian Triage & Acuity Scale                        | <b>QA</b>              | Quality Assurance   |
| <b>DDA</b>                       | Direct Delivery Agent                                 | <b>RTPP</b>            | Response Time Performance Plan  |
| <b>DSSAB</b>                     | District Social Services Administration Board         | <b>P&amp;P</b>         | Policy and Procedure  |
| <b>EHPMDB</b>                    | Emergency Health Program Management & Delivery Branch | <b>PCP</b>             | Primary Care Paramedic  |
| <b>EHRAB</b>                     | Emergency Health Regulatory and Accountability Branch | <b>PESFOAS</b>         | Provincial Equipment Standards for Ontario Ambulance Services           |
| <b>EMA</b>                       | Emergency Medical Attendant                           | <b>RFO</b>             | Regional Field Office EHPMDB  |
| <b>EMCA</b>                      | Emergency Medical Care Assistant                      | <b>UTM</b>             | Upper Tier Municipality   |
| <b>EMS</b>                       | Emergency Medical Service(s)                          | <b>VIN</b>             | Vehicle Identification Number   |



**By-Law Number 2020-0013**

**of**

**The Corporation of the County of Frontenac**

being a by-law to amend By-law No. 2018-0032 (Council Remuneration By-law) as it relates to Per Diems for attendance at conferences, training and workshops

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**Whereas** Sections 5 of the *Municipal Act, 2001*, as amended (hereinafter the Act) provides that a municipal power, including a municipality's capacity, rights, powers and privileges, shall be exercised by its council by by-law, unless the municipality is specifically authorized to do otherwise; and,

**Whereas** under the Municipal Act, 2001, Section 283 a municipality may pay any part of the remuneration and expenses of the members of any local board of the municipality and of the officers and employees of the local board; and,

**Whereas** By-law No. 2018-0032, being a by-law to authorize the payment of remuneration to Members of Council and Non-Council Appointees to Statutory Boards and Committees was passed by Frontenac County Council on December 1, 2018; and,

**And Whereas** the Corporation of County of Frontenac deems it expedient to amend By-law No. 2018-0032 as it relates to Per Diems for attendance at conferences, training and workshops;

**Now Therefore Be It Resolved That** the Council for The Corporation of the County of Frontenac hereby enacts as follows:

**That** by-law 2018-0032 be amended to add to Schedule A, section 1 a clause d) that being:

- d) A per diem of \$250 may be claimed by members of Council against their annual expense account when attending conferences, training and workshops.

**That** this by-law shall come into force and take effect on the date of final passing.

Read a First and Second Time this 18<sup>th</sup> day of March, 2020.

Read a Third Time, Signed, Sealed and Finally Passed this 18<sup>th</sup> day of March, 2020.

**The Corporation of the County of Frontenac**

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Frances Smith, Warden

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Jannette Amini, Clerk

**By-Law Number 2020-0014**

**of**

**The Corporation of the County of Frontenac**

being a by-law to authorize the execution of an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”).

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**Whereas** Sections 5 of the *Municipal Act, 2001*, as amended (hereinafter the Act) provides that a municipal power, including a municipality’s capacity, rights, powers and privileges, shall be exercised by its council by by-law, unless the municipality is specifically authorized to do otherwise; and,

**Whereas** the Eastern Ontario Leadership Committee submitted an application on December 6, 2019 to the Municipal Modernization Fund to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”); which requires each municipality to sign an agreement for the said funding; and,

**Whereas** the County of Frontenac wishes to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”);

**Now Therefore Be It Resolved That** the Council of the Corporation of the County of Frontenac enacts as follows:

1. **That** the Warden and Clerk are hereby authorized to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, (“the Municipalities”).
2. **That** this By-law shall come into force and take effect upon the date of final passing.

Read a First and Second Time this 18<sup>th</sup> day of March, 2020.

Read a Third Time, Signed, Sealed and Finally Passed this 18<sup>th</sup> day of March, 2020.

**The Corporation of the County of Frontenac**

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Frances Smith, Warden

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Jannette Amini Clerk

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By-law 2020-0014 - to authorize the execution of an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to review the possible cost savings in creating a One-Window Permitting System for Freight Movement in the County of Frontenac, the United Counties of Leeds and Grenville, the County of Lanark, the United Counties of Prescott and Russell, United Counties of Stormont, Dundas and Glengarry, the City of Cornwall, and the Town of Smith Falls, ("the Municipalities")  
March 18, 2020

Page 2 of 2

**By-Law Number 2020-0015**

**of**

**The Corporation of the County of Frontenac**

being a by-law to authorize the execution of an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete a third party review of the Frontenac County Economic Development program

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**Whereas** Sections 5 of the *Municipal Act, 2001*, as amended (hereinafter the Act) provides that a municipal power, including a municipality's capacity, rights, powers and privileges, shall be exercised by its council by by-law, unless the municipality is specifically authorized to do otherwise; and,

**Whereas** the County of Frontenac wishes to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete a third party review of the Frontenac County Economic Development program;

**Now Therefore Be It Resolved That** the Council of the Corporation of the County of Frontenac enacts as follows:

1. **That** the Warden and Clerk are hereby authorized to enter into an Agreement with Her Majesty the Queen in right of Ontario as represented by the Minister of Municipal Affairs and Housing for the Municipal Modernization Program to complete a third party review of the Frontenac County Economic Development program.
2. **That** this By-law shall come into force and take effect upon the date of final passing.

Read a First and Second Time this 18<sup>th</sup> day of March, 2020.

Read a Third Time, Signed, Sealed and Finally Passed this 18<sup>th</sup> day of March, 2020.

**The Corporation of the County of Frontenac**

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Frances Smith, Warden

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Jannette Amini Clerk

**By-Law No. 2020-0016**

**of**

**The Corporation of the County OF Frontenac**

being a by-law to confirm all actions and proceedings of County Council on  
March 18, 2020

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**Whereas** Section 8 of the *Municipal Act, S.O. 2001, c.25* and amendments thereto provides that a municipality has the capacity, rights, powers and privileges of a natural person for the purpose of exercising its authority under the *Municipal Act* or any other Act; and;

**Whereas** Subsection 2 of Section 11 of the *Municipal Act, S.O. 2001, c.25* and amendments thereto provides that a lower-tier municipality and an upper-tier municipality may pass by-laws respecting matters within the spheres of jurisdiction described in the Table to Subsection 2 subject to certain provisions, and;

**Whereas** Section 5 of the *Municipal Act, S.O. 2001, c. 25* and amendments thereto provides that a municipal power, including a municipality's capacity, rights, powers and privileges under Section 8 shall be exercised by its council and by by-law unless the municipality is specifically authorized to do otherwise; and;

**Whereas** the Council of the County of Frontenac deems it expedient to confirm its actions and proceedings;

**Now Therefore Be It Resolved That** the Council of the Corporation of the County of Frontenac hereby enacts as follows:

1. **That** all actions and proceedings of the Council of the County of Frontenac taken at its regular meeting held on March 18, 2020 be confirmed as actions for which the municipality has the capacity, rights, powers and privileges of a natural person.
2. **That** all actions and proceedings of the Council of the County of Frontenac taken at its regular meeting held on March 18, 2020 be confirmed as being matters within the spheres of jurisdiction described in Subsection 2 of Section 11 of the *Municipal Act, S.O. 2001, c.25* and amendments thereto.
3. **That** all actions and proceedings of the Council of the Corporation of the County of Frontenac taken at its regular meeting held on March 18, 2020 except those taken by by-law and those required by by-law to be done by resolution are hereby sanctioned, ratified and confirmed as though set out within and forming part of this by-law.

4. **That** this by-law shall come into force and take effect as of the final passing thereof.

Read a First and Second Time this 18<sup>th</sup> day of March, 2020

Read a Third Time and Finally Passed, Signed and Sealed this 18<sup>th</sup> day of March, 2020.

**The Corporation of the County Of Frontenac**

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Frances Smith, Warden

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Jannette Amini, Clerk