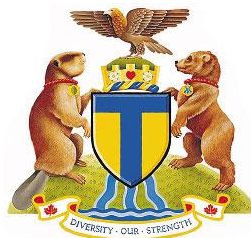


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OPEN LETTER

October 6, 2017

Mr. Gord McEachen
Acting Chief
Toronto Paramedic Services
4300 Dufferin Street
Toronto, ON M3H 5R9

RE: Councillor Jim Karygiannis Report on Paramedic Morale Crisis

Dear Chief McEachen,

Two years ago, I was approached by the Union Local 416 to assist with the morale problem that frontline paramedics were experiencing. I was instrumental in passing a Motion in Toronto City Council which was supposed to address the issue of paramedic morale. However, I kept hearing of the existence of additional problems which have escalated over time.

After I visited EMS/TPS headquarters earlier this summer and was given a tour of the operation, I decided it was time to speak to frontline paramedics. I spent four night and day shifts visiting paramedics at hospital emergency wards. I was shocked at what I discovered and heard.

To learn how widespread the issue of poor paramedic morale was I also convened four Town Hall Meetings with front line staff and other members of the Union to hear their concerns. I met separately with ALS/ACP, BLS/BCP, part-time, and female paramedics.

This letter lays out the abstract of their concerns across several subjects, including but not limited to: schedule changes, uniforms and equipment, ALS/ACP coverage, leadership and morale.

Schedule Changes

Prior to 2012, all paramedics and dispatchers worked the same shift patterns across the six separate battalions. This allowed for strong rapport and continuity within peer groups and provided opportunities to debrief, informal or casual settings, such as breakfast after a night shift. Dispatchers and medics worked the same shifts which added to the workplace rapport and synchronicity.

In October 2012, the schedules were changed to eight unique schedules that paramedics bid on. Several of these schedules have shift patterns with negative and detrimental effects on paramedics' health.

Schedule 1 is the least desirable of the options; the shift pattern constantly switches from nights to days. Toronto has twenty stations that staff ALS/ACP ambulances. Nine out of the twenty stations are on Schedule 1 and are not permitted to bid on Schedules 6 or 7.

Since the implementation of these schedule changes, we have seen dozens of ALS/ACP paramedics immediately drop down to a BLS/BCP level. This has a significant impact on ALS/ACP coverage in the City and a negative impact on service to the residents of Toronto who need life-saving care. It takes two years to replace and train a couple dozen ALS/ACP paramedics. If more high skilled paramedics continue to drop down, EMS will not be able to hire and train enough paramedics to cover this loss.

EMS is forcing the most highly trained and skilled paramedics into a shift schedule that has harmful effects on their health. The health and psychological imbalances, created as a result of these schedule changes, have great negative effects on the frontline staff. I heard from paramedics who experience sleep deprivation, negative shifts in behaviour and who require the use of sleeping aids to be able to cope with the quick swings between day and night shifts. This is completely unacceptable.

I heard from many paramedics, who want to see part-time paramedics used more effectively as "swing" staff to effectively cover planned vacations or illness. Paramedics often work with a new person every shift, when their regular partner is absent. It is obvious how this unsynchronized staffing has negative effects on the morale of paramedics, who require basic consistency when they are on the road serving Torontonians in need.

On the subject of Lieu Time, I have been informed by paramedics that they face great difficulty in scheduling shifts off, even with weeks of advance notice, due to "operational demands." There are thousands of hours of Lieu Time on the City Ledger, with a value of millions of dollars. EMS must find a way to give frontline staff the Lieu Time they are owed, in a timely manner that is predictable for both frontline staff and their supervisors.

Uniforms and Equipment

When hearing from paramedics, I was utterly dismayed to discover that these frontline public servants lack a unified uniform and functioning equipment that should be automatic in their line of work.

It is unbelievable that there have been, at least, six different uniform suppliers over the past dozen years. Torontonians see multiple variations of uniforms, of shockingly poor quality, on members of our frontline EMS. The uniform materials regularly fade and fall apart after few washes. Moreover, for the sake of uniformity, they are required to buy one type of boot. However, I have heard on a number of occasions that the required boot is structured in such a way that it is not comfortable for a twelve hour shift.

Paramedics are not provided with summer shirts. The City-issued leather belts are poor quality and paramedics are purchasing their own good quality belts period. Safety helmets fit poorly, visors crack and stethoscopes don't work. In my time on the road with paramedics, I did not see one paramedic use a City-issued stethoscope.

To be forthright: it is dangerous for a Torontonians to find themselves in an EMS vehicle being tended to by a paramedic who cannot hear a heartbeat over the vehicle's engine because the City-issued stethoscopes are of such poor quality.

Female paramedics have been forced to wear male uniforms. Pregnant paramedics – and there could be up to forty pregnant paramedics serving each year – are forced to wear ill-fitting uniforms.

The paramedic bag design is over twenty years old but the amount of equipment and supplies paramedics are required to carry has doubled over that time period. The bags can weigh up to forty pounds. Paramedics are asking for bags that can be carried over their shoulders and modular bags. ALS/ACP bags are not equipped to carry oxygen tanks. The list could go on.

There must be an end of purchasing uniforms for cost savings instead of operational requirements. Paramedics should not have to purchase their own supplies to compensate for the materials that are of poor quality.

We should not be shocked that there is low paramedic morale when they do not have complete uniforms and the materials and supplies that are absolutely necessary to perform their number one duty, which is saving the lives of Torontonians.

ALS (Advance Life Support) / ACP (Advanced Care Paramedic) Coverage

As a result of a number of overlapping factors, such as schedule changes, uniform and supply deficiencies and a lack of respect, the force has seen the effects of the number of ALS/ACP paramedics dropping down to lower levels of service or leaving the force entirely.

There is a shockingly low number of ALS/ACP coverage across the City. In fact, I have been informed that the saturation of nightly ALS/ACP coverage is only fifteen percent compared to Peel Region at seventy-five to eighty percent.

Torontonians will be shocked to learn that, on an average night, there is only one ALS/ACP vehicle covering all of Scarborough, or, that vehicles regularly have to cross into different regions, for example from Scarborough to south Etobicoke to respond to high need emergency calls.

ALS/ACP paramedics are highly skilled and trained. There is an urgent need to train more ALS/ACP paramedics to keep up with population growth and to replace paramedics who dropped down to a lower level due to schedule changes and declining morale. For situations like cardiac arrest and fatal violence, the choice between having an Advance Life Support or Basic

Life Support paramedic is clear.

These advance skilled paramedics will only return to Level 3 service when the morale improves. I am asking you to ensure that Torontonians, in emergency situations, know that they have the best possible response to their urgent medical needs.

Leadership and Morale

Underlying all these issues is the strong feeling that frontline paramedics feel that they are treated as if they are a world apart from EMS management.

There is nearly a ten to one ratio of EMS management to front line paramedics. Absent is any formal feedback process, whereby frontline staff can speak to the leadership qualities of their road supervisors and superiors.

Regrettably, several paramedics have informed me that they face threats of reproach should they criticize their supervisors, in the office or to the media. Sadly, many were afraid to speak with me directly, even with the assurance that their information and concerns would remain anonymous. This culture of fear must end.

Mental health is being treated as an afterthought. Paramedic mental health coverage, in the hundreds of dollars annually, is minimal compared to the thousands of dollars that Toronto Police and Toronto Fire frontline officers, including members of their family, are entitled to.

There is a serious need for a staff mental health specialist. I take assurances from recent meetings with yourself and senior staff that EMS that this position has been filled and that you are expanding the number of members of a Peer Team who can provide invaluable emotional and psychological supports to frontline staff.

Rules on sick benefits have been constricted. This takes away the ability to recover from illnesses, injury, and mental stress. The job is not easy. Due to the heavy volume of calls, and the required paperwork, they are unable to have professional cleaners clean the human debris from their truck. Paramedics see the most difficult emergency situations in their line of duty. It is not too much to ask that they receive adequate time to cope with the traumatic situations they face on a daily basis.

Conclusion

The one thing that greatly concerns me, as a resident of Toronto, are the affects of these EMS deficiencies on the health and safety of Torontonians. I have an eighty-seven year old mother and I pray that, if anything were to happen to her an ALS/ACP unit will be able to respond. If the problems laid out in this report are not addressed now, the health and safety of all Torontonians, especially the most vulnerable, are put at risk.

Following meetings with yourself and other members of the EMS senior staff, it is my desire to continue to work, proactively, with you to resolve as many of these issues as possible. Our

frontline paramedics deserve no less than our full support and full commitment to resolve these issues and improve their morale.

By improving outcomes, we will be fulfilling our duty to care for our frontline paramedics in the same manner as they have cared for Toronto residents.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "James Karygiannis". The signature is written in a cursive, flowing style.

Hon. Jim Karygiannis
Councillor Ward 39
Scarborough-Agincourt

CC.

Ms. Giuliana Carbone
Deputy City Manager, City of Toronto

Mr. Mike Merriman
Unit Chair – Union Hall, CUPE Local 416