

# Agenda

## Community and Protective Services Committee

11th Meeting of the Community and Protective Services Committee

July 27, 2021, 4:00 PM

2021 Meeting - Virtual Meeting during the COVID-19 Emergency

Please check the City website for current details of COVID-19 service impacts.

Meetings can be viewed via live-streaming on YouTube and the City website

Members

Councillors J. Helmer (Chair), S. Lewis, M. Salih, A. Kayabaga, S. Hillier, Mayor E. Holder

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A matter pertaining to personal matters about an identifiable individual, including municipal or local board employees, with respect to the Awarding of the 2021 Queen Elizabeth Scholarships.

## **7. Adjournment**

# **Animal Welfare Advisory Committee**

## **Report**

The 6th Meeting of the Animal Welfare Advisory Committee  
July 8, 2021  
Advisory Committee Virtual Meeting - during the COVID-19 Emergency

Attendance                      PRESENT: W. Brown (Chair), M. Blosh, A. Hames, and M. Toplack; A. Pascual (Committee Clerk).

ABSENT: P. Lystar and M. Szabo.

ALSO PRESENT: M. McBride, O. Katolyk, and B. Westlake-Power.

The meeting was called to order at 5:02 PM; it being noted that the following members were in remote attendance: M. Blosh, W. Brown, A. Hames, and M. Toplack.

### **1. Call to Order**

#### 1.1 Disclosures of Pecuniary Interest

That it BE NOTED that no pecuniary interests were disclosed.

### **2. Consent**

#### 2.1 The 5th Report of the Animal Advisory Committee

That it BE NOTED that the 5th Report of the Animal Welfare Advisory Committee from its meeting held on June 3, 2021, was received.

### **3. Items for Discussion**

#### 3.1 Fishing Line Impacts to Wildlife

That it BE NOTED that the Animal Welfare Advisory Committee held a discussion with respect to fishing line impacts to wildlife in the City of London; it being noted that additional information will be brought forward to a future meeting with respect to this matter.

### **4. Adjournment**

The meeting adjourned at 5:28 PM.



Office of the County Clerk  
399 Ridout Street North, London, Ontario, N6A 2P1  
[kbunting@middlesex.ca](mailto:kbunting@middlesex.ca)  
519-434-7321

June 23, 2021

Cathy Saunders, City Clerk  
The Corporation of the City of London  
300 Dufferin Avenue, P.O. Box 5035  
LONDON ON N6A 4L9  
[csaunder@london.ca](mailto:csaunder@london.ca)

Dear Cathy:

Middlesex County Council at its meeting on June 22, 2021 directed that a copy of the 2020 MLPS Annual Report be forwarded to the City of London for circulation to your Council. I am attaching a copy of the presentation along with the Annual Report.

If you have any questions please feel free to contact myself prior to my retirement on June 30<sup>th</sup> or Marci Ivanic, Manager of Legislative Services/Clerk beginning July 1, 2021

On another note, it has been a pleasure working with you over the past number of years.

Yours truly,

A handwritten signature in black ink that reads "Kathy Bunting". The signature is written in a cursive style.

Kathy Bunting, AMCT  
County Clerk  
/kb

Enclosures

**Meeting Date:** June 22, 2021  
**Submitted by:** Neal Roberts, Chief, Middlesex-London Paramedic Service  
**SUBJECT:** 2020 MIDDLESEX-LONDON PARAMEDIC SERVICE ANNUAL REPORT

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## **BACKGROUND:**

Middlesex–London Paramedic Service is pleased to release the 2020 Annual Report, providing an overview of the service and accomplishments during the past year.

In addition to call data, this report looks at all aspects of Middlesex-London Paramedic Service, including Performance, Regulatory Compliance, Efficiency and Community Involvement.

## **ANALYSIS:**

Highlights of the 2020 Annual Report include the following:

- During the 2020 year (responding to the pandemic) we can report:
  - The number of life-threatening calls (Code 4) dispatched decreased by 6.8% to 42,848 calls. This decrease was seen throughout Paramedic Services in Ontario and Canada.
  - Calls for Service has decreased by 3.9% over 2020 (Code 1 to 4). Total calls responded to in 2020 was 90,590.
  - MLPS responded (on average) to 248 calls per day in 2020.
- Approximately 90% of the Code 1-4 calls attended by Middlesex–London Paramedic Service occurred within the City of London boundaries.
- Average chute time (reaction time) for Code 4 calls was 1 minute and 24 seconds.
- Emergency response time across Middlesex-London was 9 minutes 57 seconds or less 90% of the time, an improvement from 2019.

- Middlesex–London Paramedic Service continues to maintain targeted goals for Land Ambulance Response Time Standards as reported to the Ministry of Health. Despite increases in call volumes over 2020, all but CTAS 2 ambulance calls were in compliance with the Land Ambulance Response Time Standards.
- In 2020 offload delays decreased by 24.8%.
- Customer satisfaction surveys showed, with results at 99% positive feedback in 2020.
- A Special Operations Paramedic Bus was added to support the system.
- Community Paramedicine expanded throughout the year (and pandemic), supporting COVID-19 swabbing and vaccinations.

With this introduction in mind, I am pleased to present our 2020 Annual Report on behalf of our Service.

This report is available on the Middlesex-London Paramedic Service website.

**ALIGNMENT WITH STRATEGIC FOCUS:**

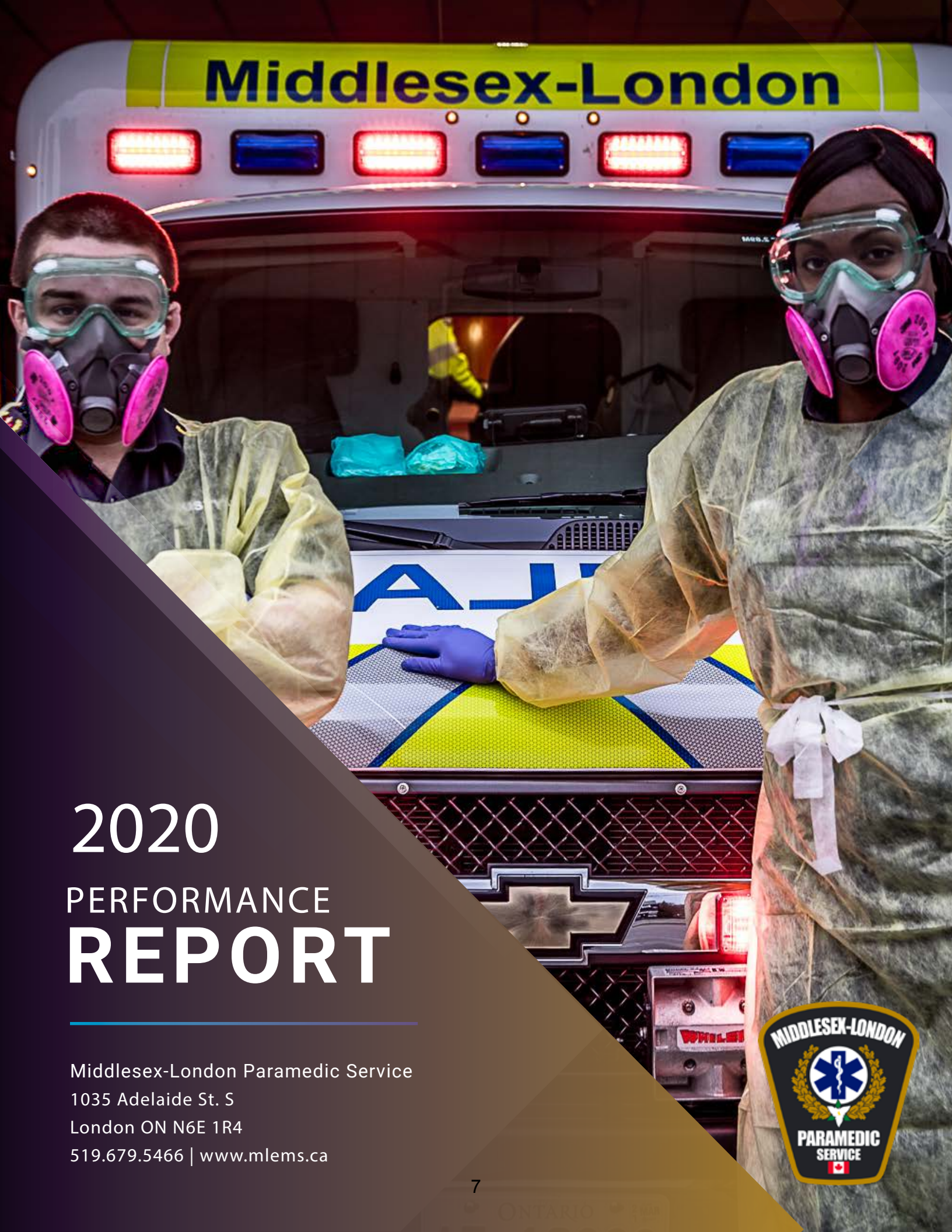
This report aligns with the following Strategic Focus, Goals, or Objectives: Promoting Service Excellence. Middlesex-London Paramedic Service continues to review service performance to ensure that the citizens of Middlesex County and the City of London continue to receive excellent care.

**RECOMMENDATION:**

That Council receive this report for information and direct the County Clerk to forward a copy of this report to the City of London Clerk for distribution to London City Council.

Attachment

Middlesex-London



# 2020 PERFORMANCE REPORT

Middlesex-London Paramedic Service  
1035 Adelaide St. S  
London ON N6E 1R4  
519.679.5466 | [www.mlems.ca](http://www.mlems.ca)



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**Neal Roberts**  
Chief, Middlesex-London  
EMS Authority

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## MESSAGE FROM THE CHIEF

Welcome to the 2020 Annual Report for Middlesex-London Paramedic Service. The year began with much uncertainty and many unknowns, as we faced unprecedented challenges in caring for patients with COVID-19. The entire MLPS team has been called upon in many different ways to adapt and respond to the evolving effects of the pandemic on our communities. It is with sincere gratitude and respect that I extend appreciation to all of our staff and teams for their day-to-day work that is delivered with professionalism, compassion, excellence and dedication.

As Chief, and on behalf of Middlesex-London Paramedic Service, it is a privilege to share through this annual report, the advancements, improvements, partnerships and achievements gained over the past year. This report also offers insight into the impact of the pandemic on our programs and performance metrics. An analysis of these for 2020 reveals that the COVID-19 pandemic affected unit hour utilization in that overall call demand decreased by 3.9%. Data shows that at the onset of the pandemic many people did not seek medical attention; however, as restrictions were lifted and the pandemic remained ongoing, we saw a resurgence in call volume. Similarly, we saw variation in offload delays with the subsequent waves of the pandemic. Given that circumstances can shift rapidly, we remain vigilant and attentive to monitoring data, and collecting new information as needed.

Throughout 2020 we developed and implemented programs that supported mobile COVID-19 testing and expanded vaccine administration opportunities. In rallying together around a common cause, we developed unique partnerships in pursuit of achieving specific and measurable outcomes. As an example, MLPS worked with London Transit to secure and retrofit a bus to serve as an Emergency Support Unit (ESU). The first deployment for the ESU-Bus was to the municipalities in Middlesex County to provide mobile COVID testing. The ESU-Bus has also been deployed in response to crisis situations, and was immensely helpful in providing support at the structure collapse on Teeple Terrace in London.

In response to the COVID-19 pandemic, a top priority has been the health and safety of all our employees and patients. We quickly transitioned to provide the necessary protective equipment, supplies and procedures; and we continue to implement changes based on scientific evidence. In this regard, many teams worked tirelessly to source equipment and provide just-in-time training. The ability of our collective departments and teams to pivot rapidly has been tested, and I am extremely proud of their innovation, resilience and responsiveness.

Other enhancements have been implemented due to the impacts of the pandemic, which our staff have so capably integrated into their day-to-day work, such as new patient triage and assessment processes, new equipment, enhanced cleaning practices, and staff pre-shift screening. It is also important to recognize that our day-to-day operations and responsibilities through community-based programs have been maintained, and the results demonstrate their value. Our community paramedic program continues to maximize efficiencies in supporting vulnerable patients in their homes.

The work that we do here at MLPS benefits from strong governance and public policy, through the support of the Authority Board, County Council, the City of London and the Province of Ontario. Our sphere of partnerships has greatly expanded as we consistently work with Ontario Health and other provincially led groups. It is a privilege to work closely with contacts within various ministries and the Premier's Office; they are grateful for our contributions and MLPS is appreciative of their trust and confidence in us to deliver services where it matters most. MLPS is also grateful for the incredible support and generosity shown by our communities in recognizing the ongoing hard work, sacrifice and dedication of our paramedics and teams during the past year.

The future will be filled with continued growth, change and exciting opportunities to build upon our expanding scope to serve patients in new and innovative ways. Growth continues in response to the need for services and our changing health care system. However, we are mindful of examining ways to best balance our system costs with the resources that are available. MLPS remains well positioned to engage the future and to provide the residents of Middlesex County and the City of London with the highest quality of care and service possible.

Without a doubt, 2021 is already presenting itself as another year of new and evolving challenges and changes. An issue of continuing concern relates to better resource utilization and system outcomes that would be achieved through Land Ambulance Dispatch reform. Ongoing advocacy by Middlesex County Council is appreciated as a means of improving overall service. As we continue with focused and strategic approaches, and with the strength of our exceptional team, MLPS looks ahead in continuing to deliver safe, timely and compassionate care.

In closing, my sincere thanks go out to our employees; they are the strength and foundation of all that we do in serving our communities.

Neal Roberts,  
Chief, Middlesex-London EMS Authority



# 64,896

Middlesex-London Paramedic Service paramedics responded to 64,896 potential patient carrying calls.



9  
1  
1

248  
average calls  
per day

179  
cardiac arrest  
saves

29  
babies  
delivered

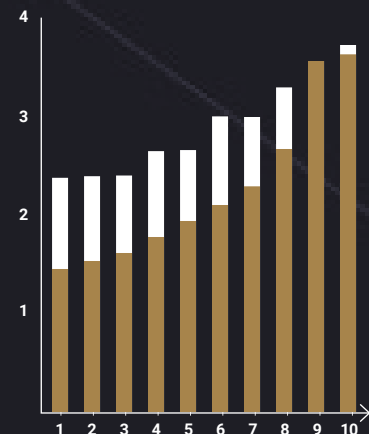
329  
Paramedics

1.9 million km  
driven during the past year.



## Responded to 90,590 Calls for Service

Middlesex-London Paramedics responded to a total of 90,590 calls for service in 2020. A decrease of 3.9% in calls since last year and an increase of 51% in emergency calls in the past 10 years.





## MIDDLESEX-LONDON PARAMEDIC SERVICE — Mission Statement

To deliver an efficient and high quality emergency response and care service to the population of Middlesex – London, with required provincial targets and standards as a minimum service level, and to contribute to the health of the community through active collaboration with other health care, community and emergency services partners.



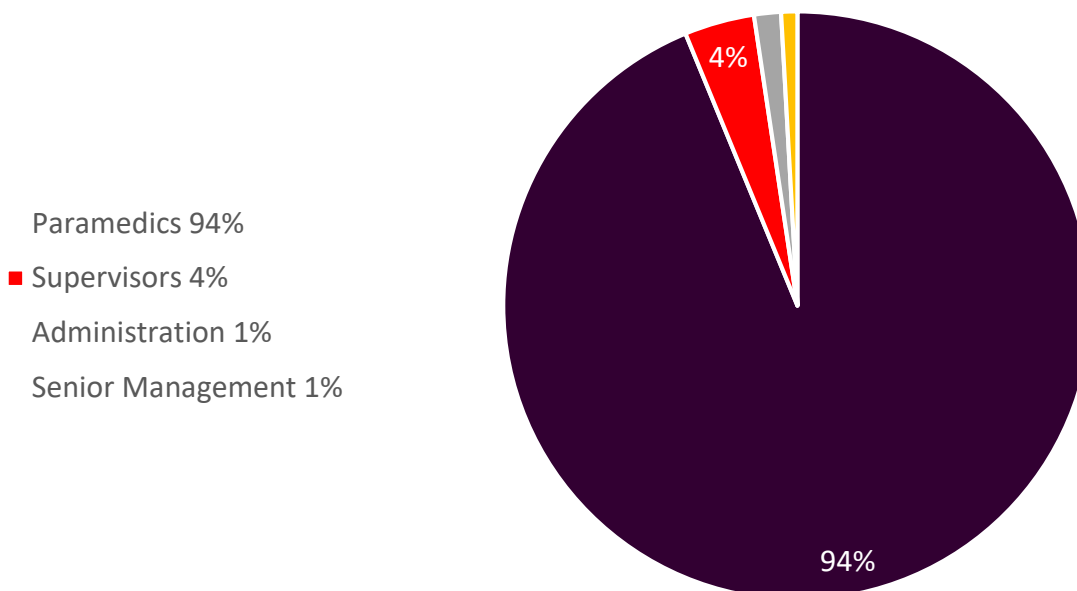
## OUR TEAM — Staffing Breakdown



Middlesex-London Paramedic Service employs a total of 375 staff including Paramedics, Supervisors (operations superintendents & deputy superintendents); Administration staff (coordinators, administrative support, logistics, and training staff); and Senior Management.

Made up of full-time and part-time staff, Middlesex-London Paramedic Service has paramedic staff on duty 365 days a year.

Front line paramedics are responsible for providing patient care and make up 86% of the employees of Middlesex-London Paramedic Service.



### What is a paramedic?

Paramedics are graduates of a community college full-time program dedicated to the paramedic profession.

Upon graduation from a paramedic program, the paramedic student must complete the Ontario Ministry of Health and Long-Term Care provincial certification.

The certification, known as the Advanced Emergency Medical Care Assistant (A-EMCA) exam, must be successfully completed the practice as a primary care paramedic in Ontario.

In addition, the paramedic must be authorized by medical director or regional Base Hospital to perform controlled medical ask. All Middlesex-London paramedics are certified under the southwest Ontario Regional Base Hospital program by Dr. Matt Davis.



## ONTARIO PARAMEDIC SCOPE OF PRACTICE

### PRIMARY CARE PARAMEDIC 2 Year Community College Diploma Program



### ADVANCED CARE PARAMEDIC 3 Year Community College Diploma Program

#### Medications

- Acetaminophen (PO)
- Antibiotics (TOP)
- ASA (PO)
- Dextrose (IV)
- Dimenhydrinate (IM, IV)
- Diphenhydramine (IM, IV, PO)
- Epinephrine (IM, NEB)
- Glucagon (IM)
- Glucose (PO)
- Ibuprofen (PO)
- Ketorolac (IM, IV)
- NaCl 0.9% (IV)
- Naloxone (IM, SC, IN)
- Nitroglycerine (SL)
- Oxygen (100%)
- Salbutamol (MDI, NEB, BVM)

#### Procedures & Controlled Medical Acts

- 12 Lead ECG & STEMI Diagnosis
- Advanced Airway (Supraglottic LMA / KingLT)
- Airway Suctioning
- Capnometry (ETCO<sub>2</sub>)
- CPAP Therapy (PEEP)
- Defibrillation (Automated External)
- Intravenous Access & Monitoring
- SpO<sub>2</sub> / SpCO
- Taser Probe Removal
- \*Evidence Based Research

#### Medications

- Acetaminophen (PO)
- Adenosine (IV)
- Amiodarone (IV, IO)
- Antibiotics (TOP)
- ASA (PO)
- Atropine (IV, IO)
- Calcium Gluconate (IV, IO)
- Dextrose (IV, IO)
- Dimenhydrinate (IV, IM)
- Diphenhydramine (IV, IM, PO)
- Dopamine (IV, IO)
- Epinephrine (IV, IM, NEB, IO, ETT)
- Glucagon (IM, SC)
- Glucose (PO)
- Ibuprofen (PO)
- Ketorolac (IV, IM)
- Lidocaine (IV, IO, ETT, TOP)
- Midazolam (IV, IM, IN, BC)
- Morphine (IV, IM, IO, SC)
- NaCl 0.9% (IV, IO)
- Naloxone (IV, IM, IN, SC, IO)
- Nitroglycerine (SL)
- Oxygen (100%)
- Salbutamol (MDI, NEB, BVM)
- Sodium Bicarbonate (IV, IO)
- Xylometazoline / Phenylephrine (IN)

#### Procedures & Controlled Medical Acts

- 12 Lead ECG, Posterior, Right & STEMI Diagnosis
- Advanced Airway (Endotracheal Intubation)
- Advanced Airway (Supraglottic LMA / KingLT)
- Advanced Airway (Tracheal Tube Introducer Device)
- Airway Foreign Body Removal (McGill Forceps)
- Airway Suctioning & Deep Suctioning
- Capnometry & Capnography (ETCO<sub>2</sub>)
- CPAP Therapy (PEEP)
- CVAD Infusion
- Defibrillation (Manual External)
- Intraosseous Therapy
- Intravenous Therapy
- Needle Cricothyrotomy
- Needle Thoracostomy
- SpO<sub>2</sub> / SpCO
- Synchronized Cardioversion
- Taser Probe Removal
- Transcutaneous Pacing
- \*Evidence Based Research

NEXT PAGE

Performance Report [2020]



# FINANCIALS

## — 2020 Operating Costs

Despite the global COVID-19 pandemic, Middlesex-London Paramedic Service responded to an average of 248 calls per day in 2020.

### The Stats

**Total Calls Received:**  
90,590

**Calls Per Day:**  
248

**Decrease in Service Demand:**  
3.9%

**Unit Cost Per Hour:**  
\$186.68

**Wages and Benefits:**  
76.87%

**Marginal Operating Costs:**

Middlesex-London Paramedic Service received 90,590 calls in 2020, resulting in a unit cost per hour of \$186.68.

The majority of the 2020 operating costs are fixed and based on emergency response capacity. A significant portion of the marginal operating costs for Middlesex-London Paramedic Service are variable in nature. These costs are primarily related to vehicle operations and consumable supplies.

For 2020, the marginal operating costs comprised 17.90% of total operational expenditures. Approximately 72.77% of all operational costs are directly attributed to employee salaries, wages, and benefits.

Middlesex-London Paramedic Service has worked to reduce its variable costs through strategic partnerships, purchase agreements, and business intelligence processes.

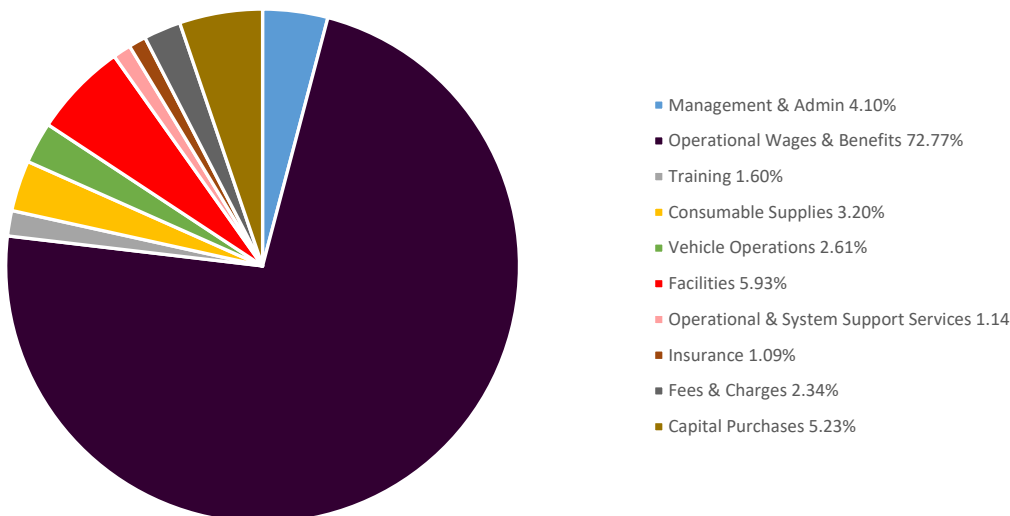
### MLPS Initiatives To reduce Expenses

In 2020, Middlesex-London Paramedic Service's operating fleet consisted of 65 service vehicles, including ambulances, command vehicles, administration vehicles, and logistic vehicles. These vehicles traveled over 1.8 million kilometers in 2020. The average cost per kilometer for these vehicles, including fuel, maintenance, repairs, and insurance costs was \$0.87 per kilometer.

Middlesex-London Paramedic Service continues to partner with the City of London in a corporate fuel purchasing agreement.

Additionally, Middlesex-London Paramedic Service utilizes advanced Logistics and warehouse supply software to accurately account for consumables and assets.

Operating Costs





# PERFORMANCE

## — Calls for Service

### Notes

Calls for service have increased by 51% since 2010.

In 2020, the number of calls for patient carrying service (Code 1-4) was 64,896 – an decrease of 5.3% over 2019, and an increase of approximately 51% since 2010 when calls for service were at 43,583.



### The Stats

Total Calls for Service:  
**90,590**

Total Emergency Calls:  
**64,896**

Number of Patients Transported:  
**44,120**

**6.8%**  
Decrease in Life  
Threatening Calls  
(Code 4)

Station Name	Priority 1	Priority 2	Priority 3	Priority 4	Priority 8	Total
Adelaide (HQ)	82	164	3,526	7,811	4,639	16,222
Waterloo	35	48	5,289	11,160	2,327	18,859
Trossacks	24	25	1,810	3,854	2,198	7,911
Glencoe	20	4	256	356	175	811
Parkhill	0	0	180	413	1,527	2,120
Lucan	0	2	244	502	1,343	2,091
Komoka	4	0	394	741	1,208	2,347
Byron	3	24	1,869	3,552	3,063	8,511
Hyde Park	7	14	1,305	2,210	2,719	6,255
Horizon	26	15	3,599	6,594	2,562	12,796
Strathroy	16	22	830	1,459	1,249	3,576
Dorchester	11	22	514	975	1162	2,684
Trafalgar	18	35	1,611	3,221	1,522	6,407
<b>Total</b>	<b>246</b>	<b>375</b>	<b>21,427</b>	<b>42,848</b>	<b>25,694</b>	<b>90,590</b>

Data Source: ADRS



## — Unit Hour Utilization

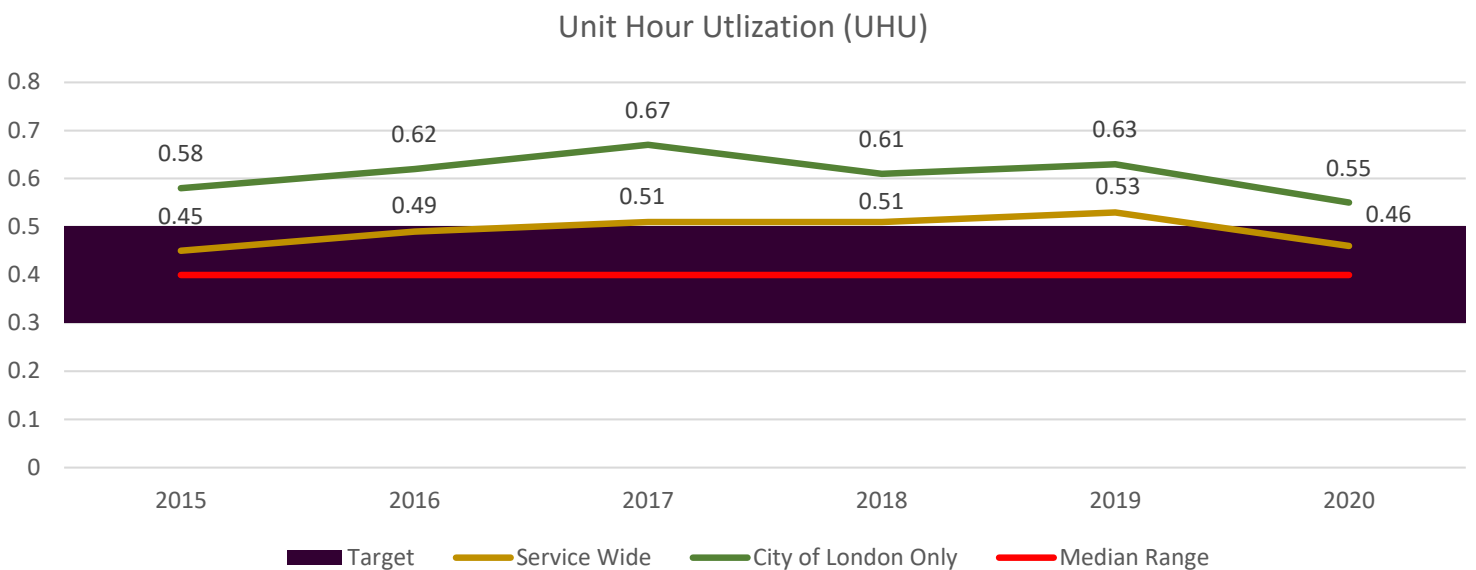
Unit Hour Utilization (UHU) is a ratio which measures the number of calls for service in relation to the number of units available over the period of one hour. Generally, 9-1-1 systems target between 0.30 and 0.50 to ensure that there enough resources available in the 9-1-1 system to respond to large scale incidents and to accommodate surges in call volume.

It is important to note that UHU does not capture productivity outside of responding to 9-1-1 calls (such as cleaning and restocking the vehicle) nor does it capture time spent driving to the call or time lost to offload delays.

The COVID-19 pandemic affected unit hour utilization (UHU) in that overall call demand decreased in relation to the pandemic. A correlation was seen with the subsequent waves of COVID and in relation to provincial and municipal lockdowns. Call volume decreased dramatically at the onset of the pandemic with many people not seeking medical attention in the emergency departments and with citizens staying at home in their residences tertiary calls decreased as well. In preparation for the pandemic, hospitals and emergency departments (LHSC) made preparations to receive more patients, this in turn resulted in more capacity within the emergency department and significantly reduced offload delays. Together, these two factors resulted in a reduction in unit hour utilization (less calls and each call taking less time to complete).

As restrictions began to lift and citizens acclimated to the pandemic we saw a resurgence in call volume. Additionally, offload delays began to increase again contributing to higher unit hour utilization in the later half of 2020. With each wave of COVID-19 we see a reduction in call demand but these reductions have become smaller and over a shorter period of time providing less of an impact on UHU.

When examining unit hour utilization for Middlesex-London Paramedic Service it is important to examine utilization for the service as a whole and to break out and focus on the utilization for the City of London independently, due to the ratio of call demand and units available in the city to service those calls.



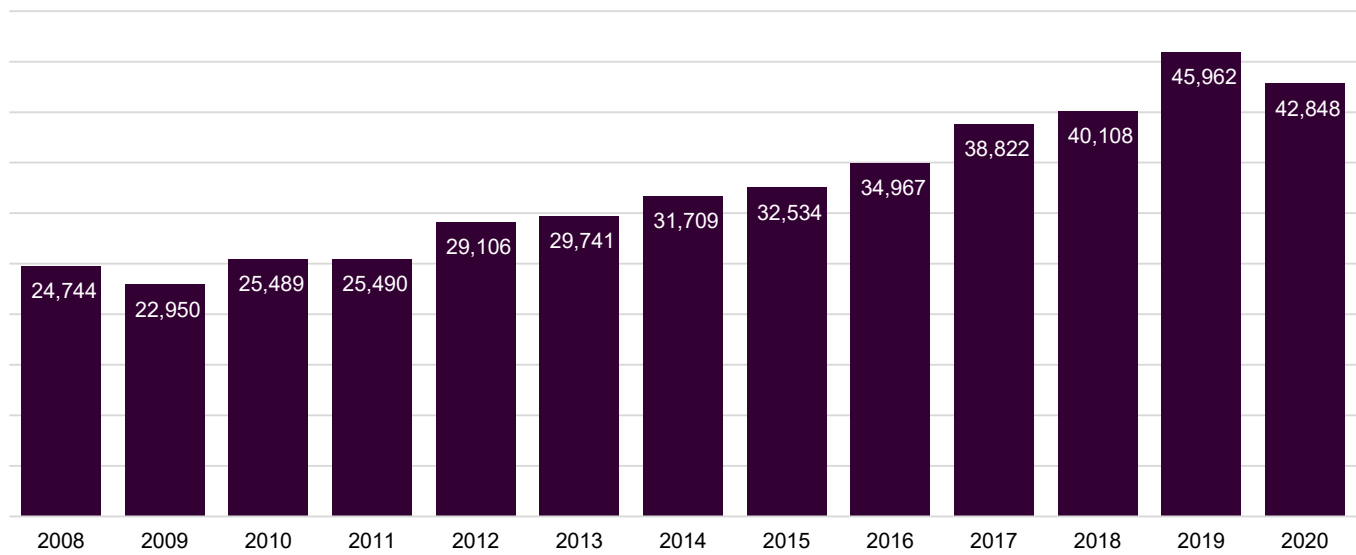
Data Source: ADRS

## — Life Threatening Calls (Code 4)

In 2020, the number of life threatening calls (Code 4) dispatched was 42,848, a decrease of 6.8% over 2019 and a 68.1% increase since 2010.

Middlesex-London Paramedic Service continued to analyze trends in call demand, unit utilization and activity in order to adapt to and make adjustments to ensure resources are optimized.

Life Threatening Calls (Code 4)



Data Source: ADRS



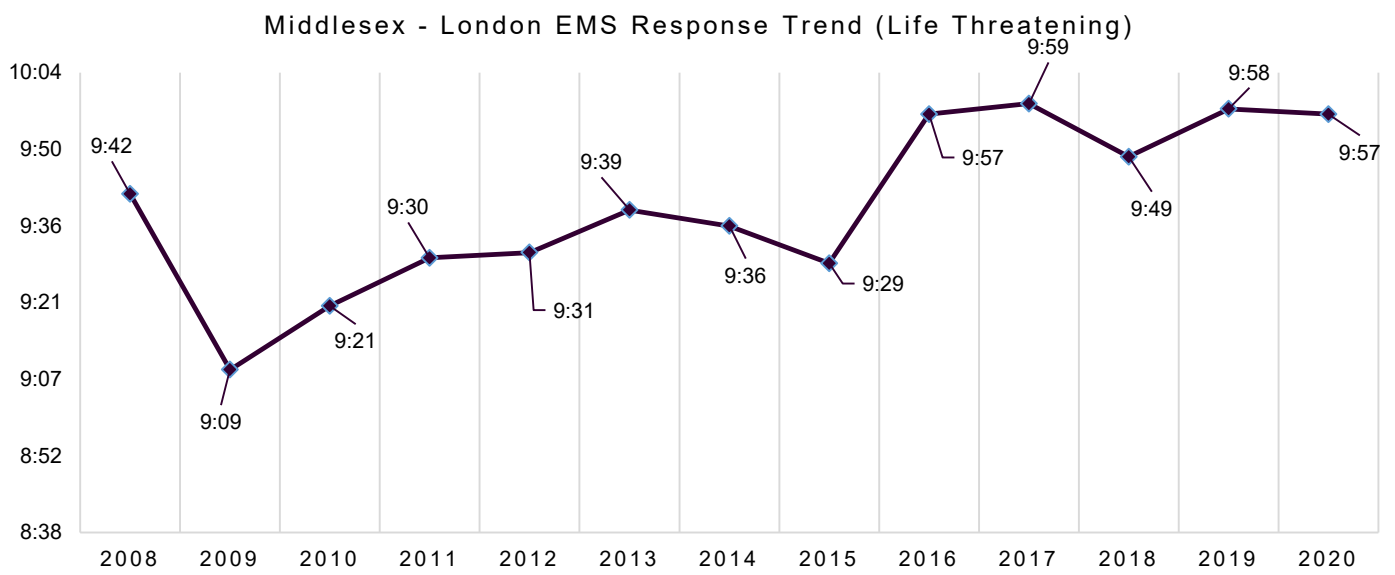
## — Response Time

### Notes

Length of time for Middlesex-London Paramedic Service to arrive at an emergency scene.

Middlesex-London Paramedic Service 90th percentile response time trend for life-threatening “Code 4” calls saw an decrease in 2020. A reduction in offload delays led to a 1 second decrease in response times, dropping to 9 minutes and 57 seconds in 2020.

Response times in Middlesex County increased by 30 seconds in 2020 increasing to 14 minutes and 00 seconds.



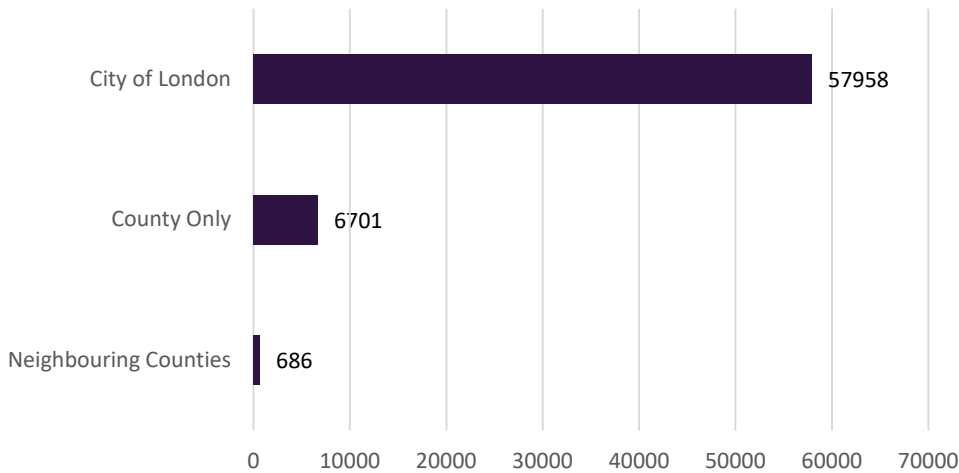
Data Source: ADRS



## — Calls Completed Within Middlesex County Boundaries

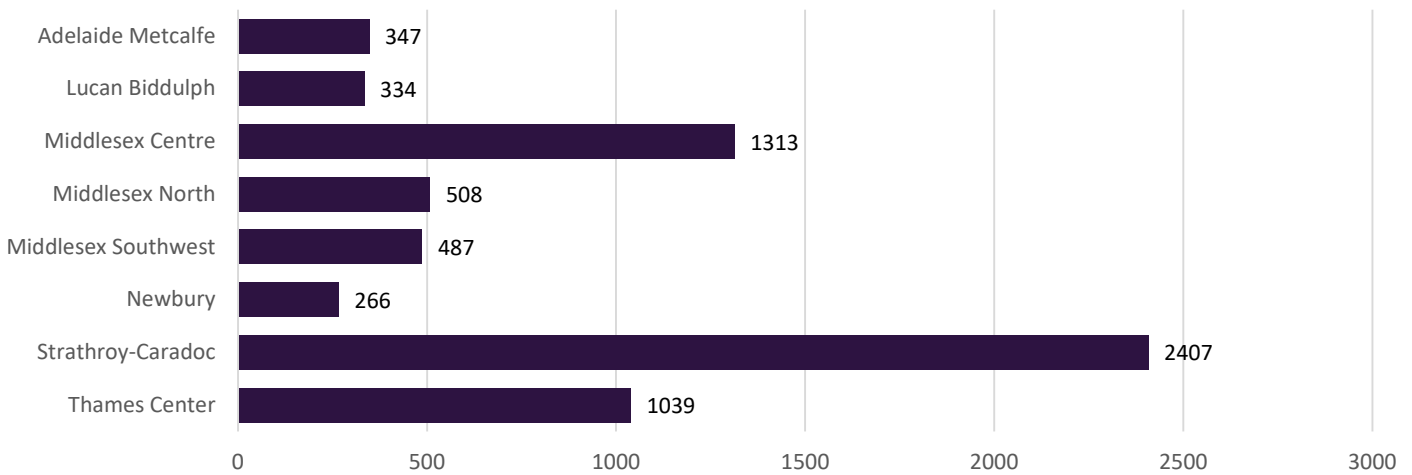
Approximately 90% of the Priority 1-4 calls attended by Middlesex-London Paramedic Service occur within the City of London. During 2020, other municipalities assisted within Middlesex-London 829 times. Conversely, Middlesex-London Paramedic Service assisted neighbouring municipalities 686 times.

Calls in City of London vs County of Middlesex



Data Source: ADRS

Total Patient Calls Completed in Middlesex County



Data Source: ADRS

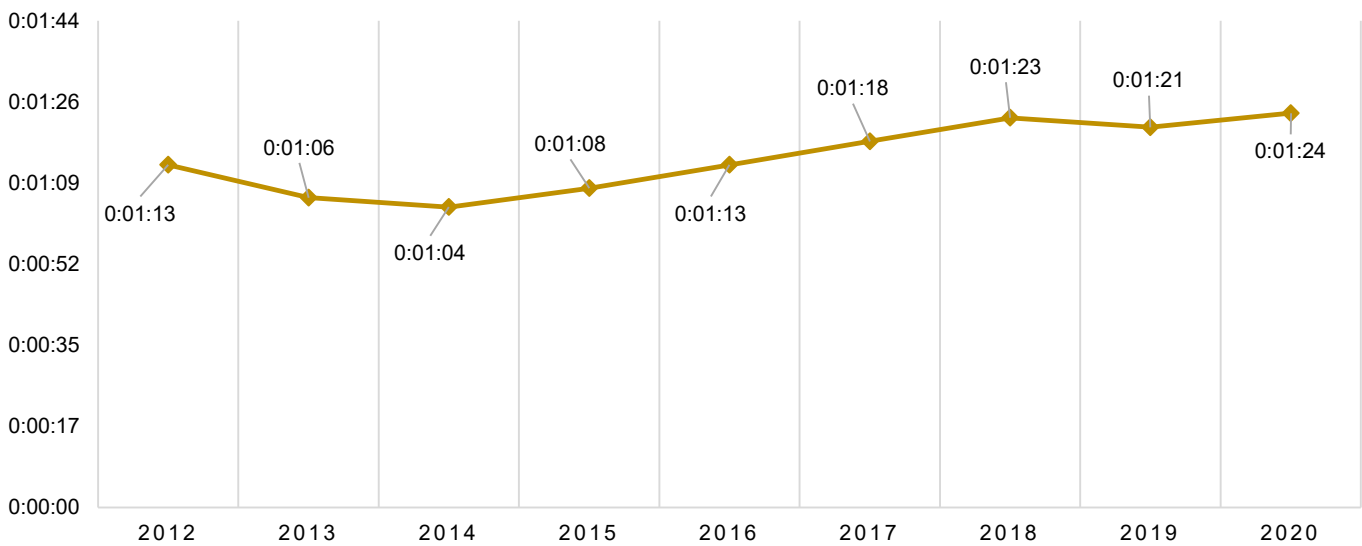


## — Average Chute Time for Life Threatening Calls (Code 4)

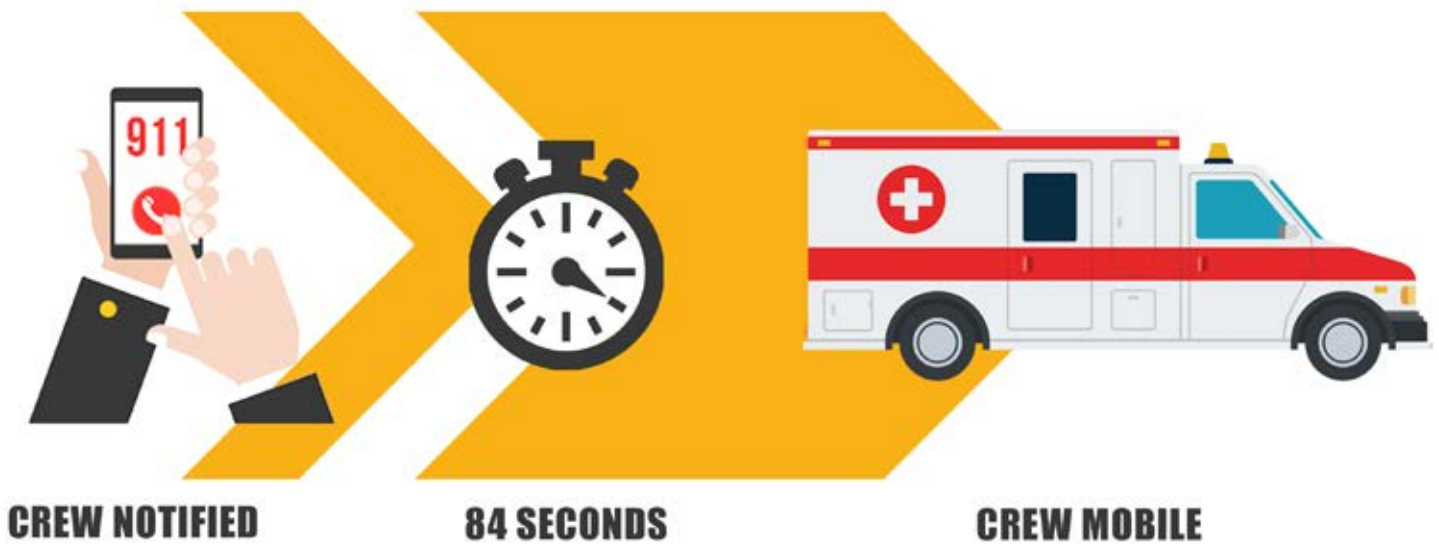
The Average Elapsed Time from the time the crew is notified of life threatening calls to the crew being mobile on the call is called the Chute Time.

In 2020, the Average Code 4 Chute Time for Middlesex-London Paramedic Service was 1 minute and 24 seconds. This time can vary as the Paramedics could be at a station, in a hospital (further away from their vehicle) or already in the vehicle.

Middlesex - London EMS Chute Trend (Life Threatening)



Data Source: ADRS



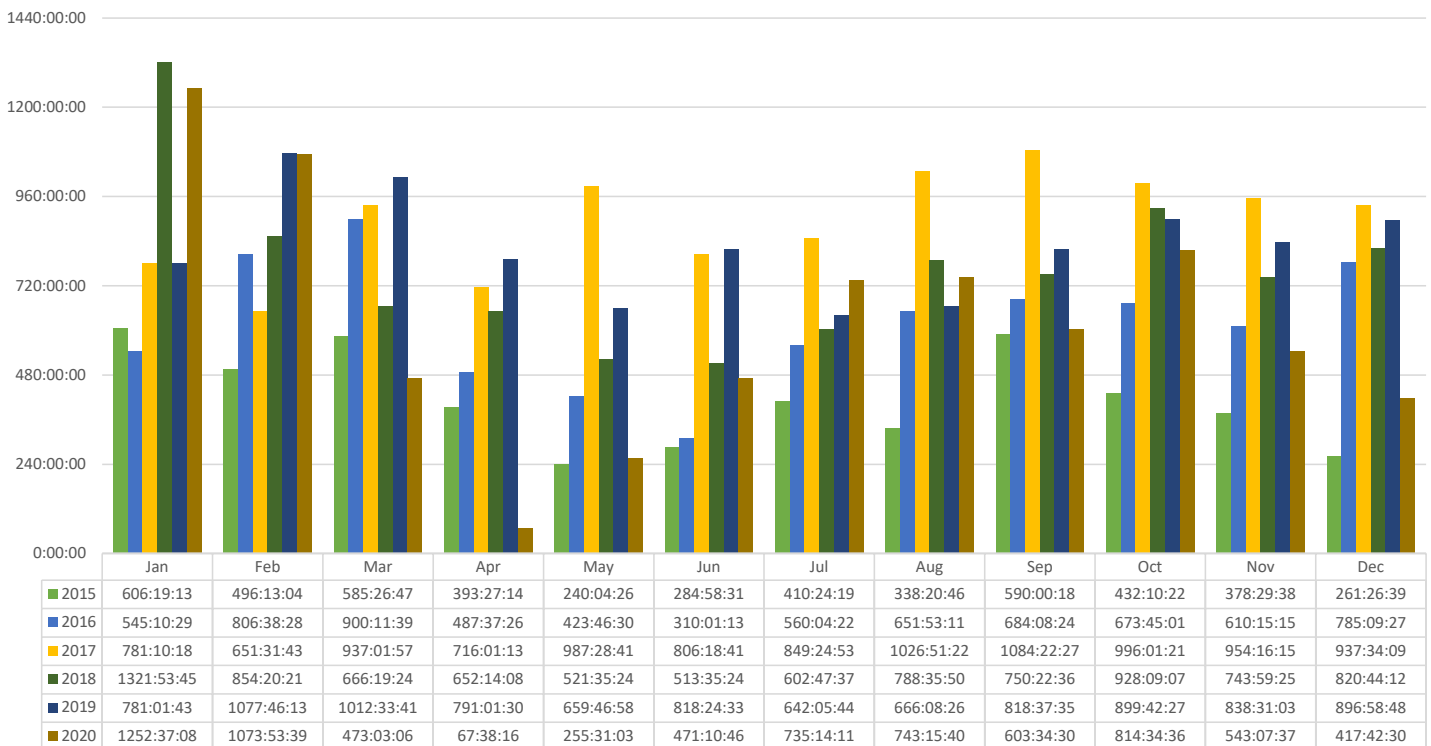
## — Offload Delay

The definition of offload delay is the amount of time spent in the Emergency Department transferring care to the hospital staff. It is calculated as the difference in time from when the ambulance arrives at the Emergency Department until Transfer of Care is documented and acknowledged on the Ambulance Call Report – less the standard thirty (30) minutes which is normal for ambulance turnaround. Any time greater than thirty minutes is considered offload delay.

Over the course of 2020, Ambulance Offload Delay hours fluctuated throughout the year peaking in February. In response to COVID-19, Offload Delay hours declined in 2020 decreasing by 24.8% from the previous year.



Total Offload Delay Hours

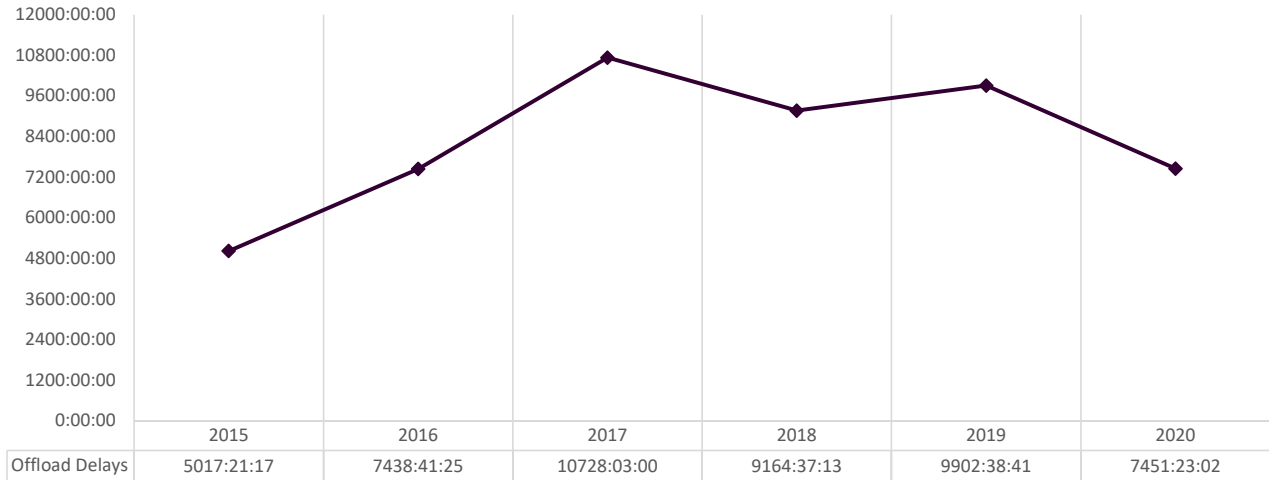


Data Source: Interdev



In 2020, a total of 310.5 24-hour days were lost to offload delays. This is a decrease of 32.9% from the previous year.

Offload Delays Year Over Year (By Total Time)



Number of 24-Hour Days Lost per Month in 2020

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
52.19	44.75	19.71	2.82	10.65	19.63	30.63	30.97	25.15	33.94	22.63	17.40





## — 2020 Middlesex-London Paramedic Service Response Time Plan

Ontario Regulation 368/10 as consolidated into Ontario Regulation 257/00 requires ambulance service delivery agents to adopt municipally-developed response time plans for cardiac arrest patients and CTAS (Canadian Triage Acuity Scale) 1, 2, 3, 4 and 5 patients receiving emergency responses.

As the designated delivery agent for ambulance service for Middlesex County and the City of London, Middlesex County Council adopted a performance plan respecting response times for 2020.

Middlesex-London Paramedic Service continues to monitor the targeted response time standards, working towards bringing all categories into compliance with the standards.



Data Source: Interdev



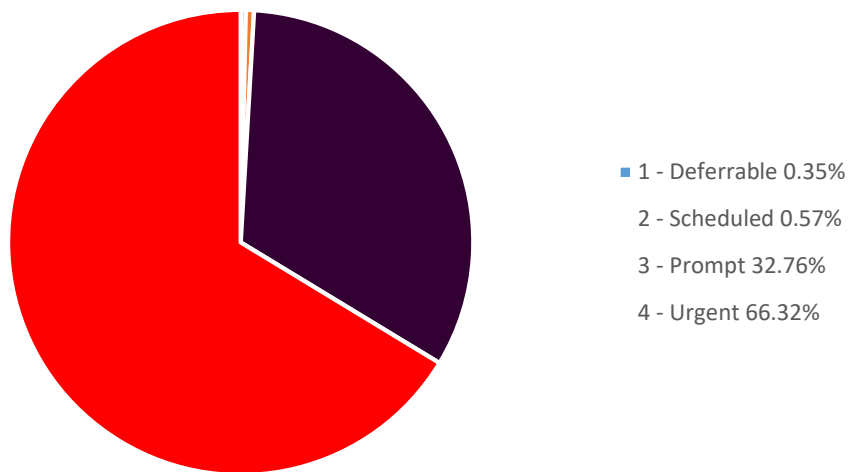
## DEMOGRAPHICS

### — Dispatch Priority and Return Priority

In 2020, 66.32% of all calls were dispatched as Code 4 (lights and sirens) and 11.60% of all calls were returned Code 4.

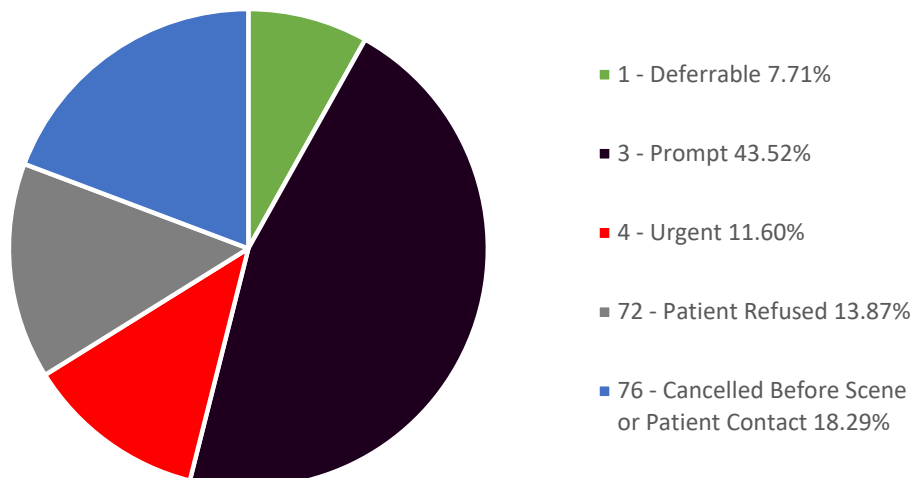
The calls dispatched as Code 4 in 2020 represent a 1.08% decrease from that of 2019 and the calls returned Code 4 represent a decrease of 2.45% from 2019.

Dispatch Priority



Data Source: Interdev

Return Priority



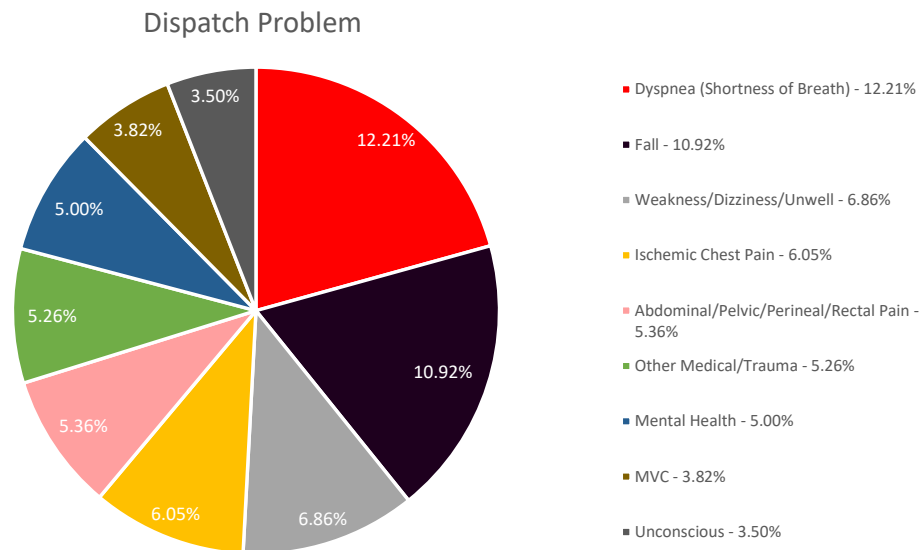
Data Source: Interdev

## — Top Dispatch Problems and Top Primary Problems

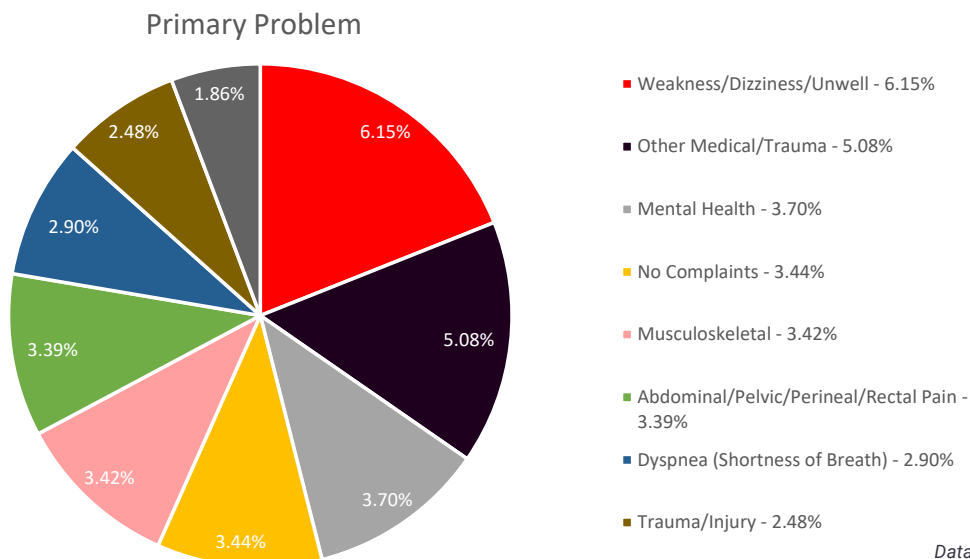
In 2020, the top Dispatch Problems, what the paramedics are told when they are assigned to the call by London Central Ambulance Communications Centre (CACC) were for Dyspnea (shortness of breath), Falls, Weakness/Dizziness, Ischemic Chest Pain, Abdominal pain and Mental Health.

The top Primary Problems, what the actual problem is with the patient when the paramedics arrive on scene, included General Illness/Weakness, Mental Health, Musculoskeletal Injuries, Abdominal Pain and Dyspnea (shortness of breath).

2020 saw an increase of 10.04% in calls dispatched as Dyspnea (shortness of breath).



Data Source: Interdev



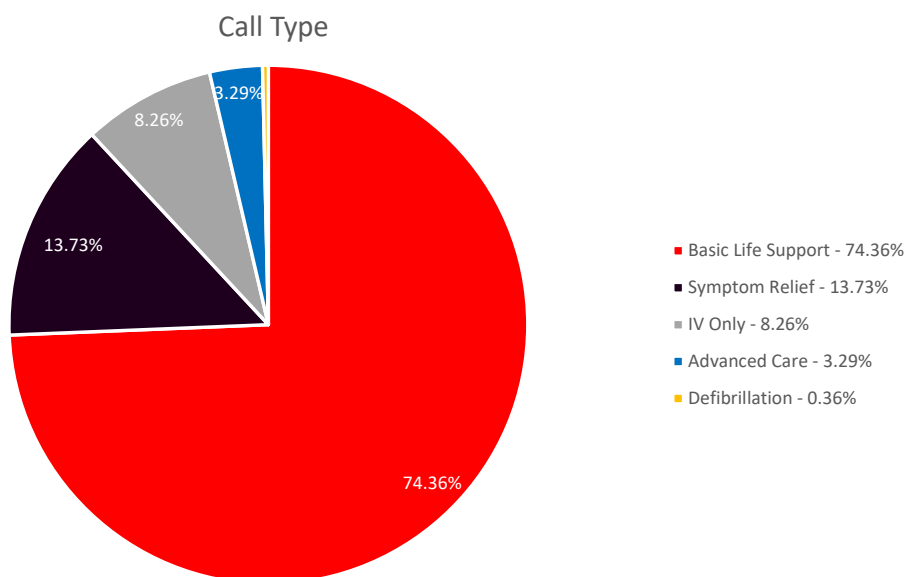
Data Source: Interdev



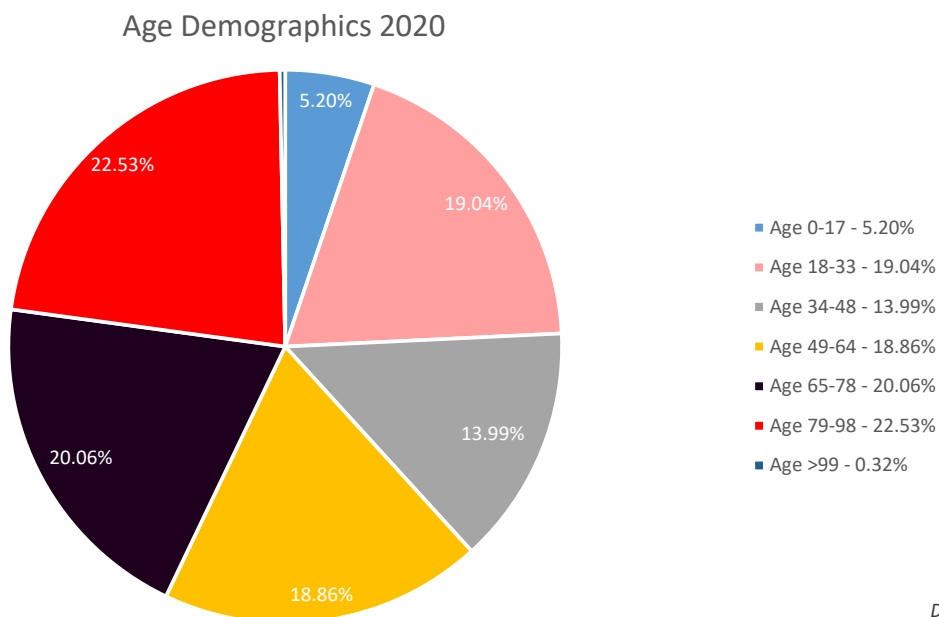
## — Call Type and Age Demographics

In 2020, the majority of the calls that the Middlesex-London Paramedic Service responded to were considered Basic Life Support Calls comprising 74.36% of all calls.

Of all the calls in 2020, 17.02% were considered the most critical Advanced Care. Primary Care Paramedics with enhanced skills of Symptom Relief and Intravenous Therapy Certification are able to provide the majority of care needed.



Data Source: Interdev



Data Source: Interdev

# OPERATIONS

## Notes

Middlesex-London Paramedic Service participated in several operations and events over 2020.

Middlesex-London Paramedic Service participated in several planned operations and events throughout 2020. Middlesex-London Paramedic Service worked with the City of London, London Police Services, London Fire, Western University, LHSC and the MLHU to prepare messaging, public education and a response plan for the Broughdale Ave Unsanctioned Street Event (FOCO). In the heights of the COVID-19 pandemic a coordinated effort resulted in a safe day in which citizens and students largely adhered to provincial and local directives for public health.

Middlesex-London Paramedic Service also participated in the London Airshow which hosted the first ever “drive-in” airshow.



## Events

### London and Middlesex

London



#### Student Unsanctioned Street Event

MLPS participated in the planning, education and response for FOCO.

Middlesex



#### COVID-19 Testing

MLPS provided mobile COVID-19 testing to Middlesex County.

London



#### Bike Unit

The MLPS Bike Unit provides rapid support at crowded events.

NEXT PAGE

Performance Report [2020]





Middlesex-London Paramedic Service worked with London Transit to secure and retrofit a bus to be deployed as an Emergency Support Unit (ESU). The ESU-Bus was designed to be modular so that it could be quickly deployed to different emergencies and provide support to different projects and community initiatives. The first deployment for the ESU-Bus was to the municipalities of Middlesex to provide mobile COVID testing. This initiative was immensely successful and provided support to these communities that would otherwise not be able to access this testing.

The ESU-Bus has also been deployed to scenes such as the structure collapse on Teeple Terrace to provide support for the first responders and a secured triage and assessment area for citizens.



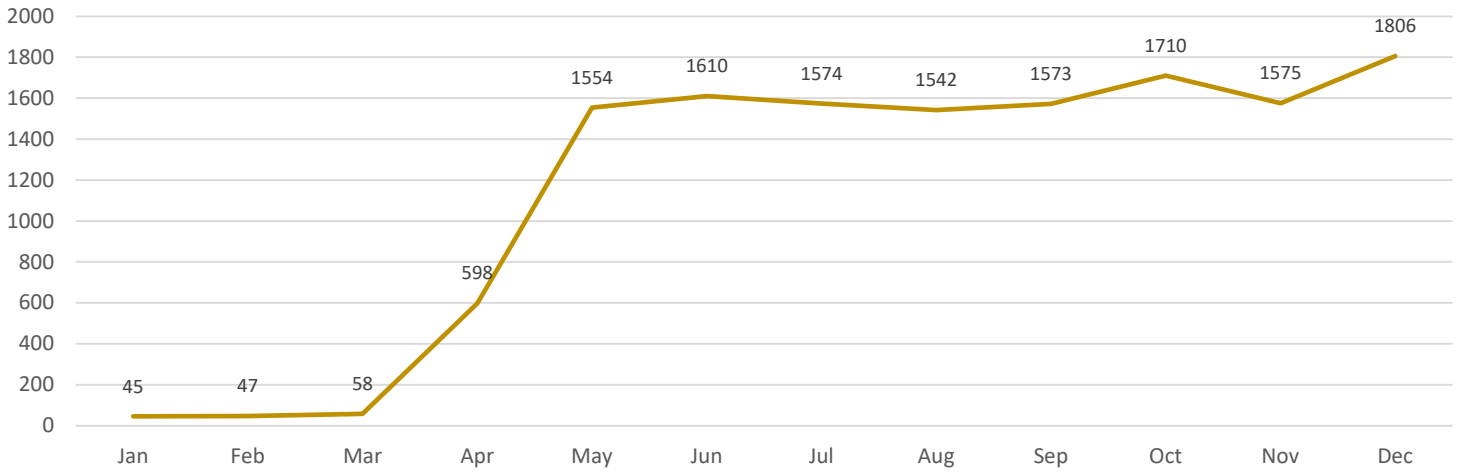
# COVID-19

## Notes

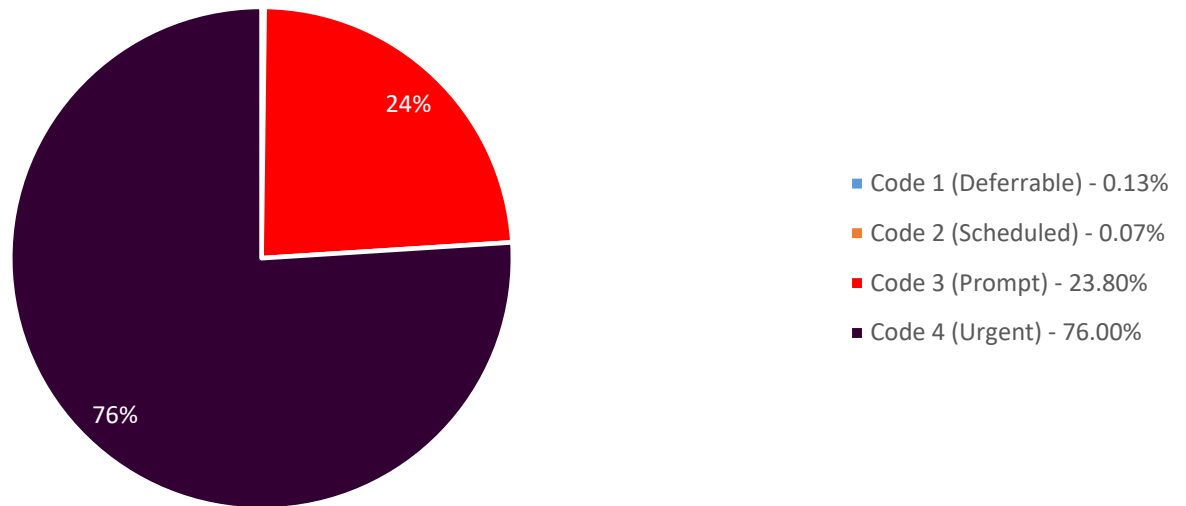
The impact of the global COVID-19 pandemic on Middlesex-London Paramedic Service

Over the course of 2020 Middlesex-London Paramedic Service responded to and transported 13,692 patients that were potentially positive for COVID-19, that comprised 21.10% of all patient encounters. COVID-19 encounters increased dramatically in the second quarter of 2020 and remained high for the rest of the year with 29.92% of all patient encounters being potentially positive for COVID-19.

COVID-19 Risk by Patient Encounters



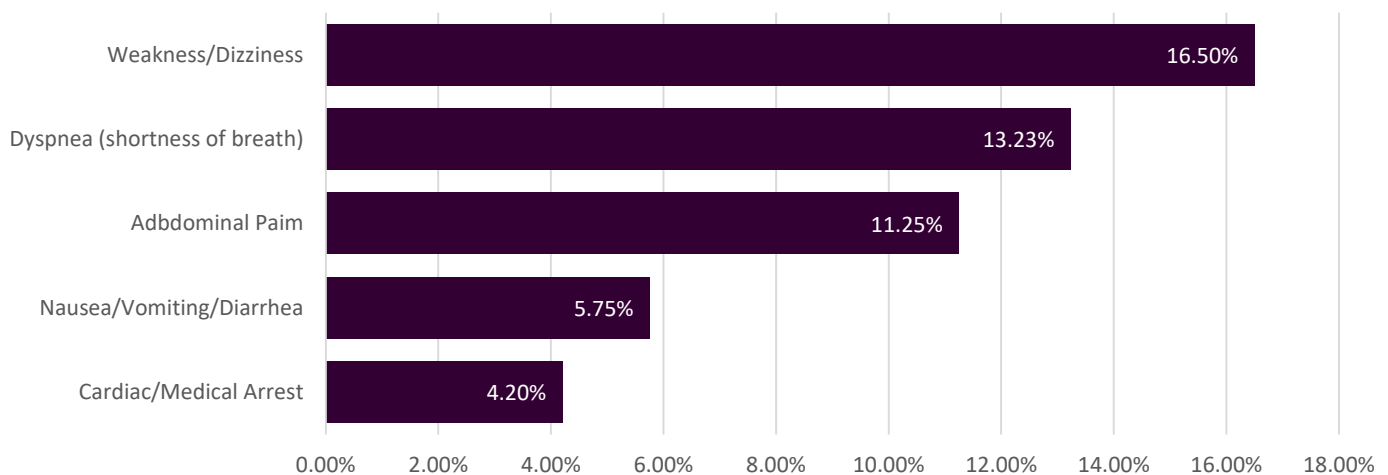
### Return Priority for Possible COVID-19 Positive Patients



Of the 13,692 potential COVID-19 positive patient interactions had by Middlesex-London Paramedic Service in 2020, 76% of these calls required a Code 4 (lights and sirens) response.

Of all the possible COVID-19 positive patient encounters, 16.50% were for patients experiencing weakness and 13.23% were for patients experiencing shortness of breath.

### Primary Problem for Possible COVID-19 Positive Patients





# CONTINUING QUALITY IMPROVEMENT

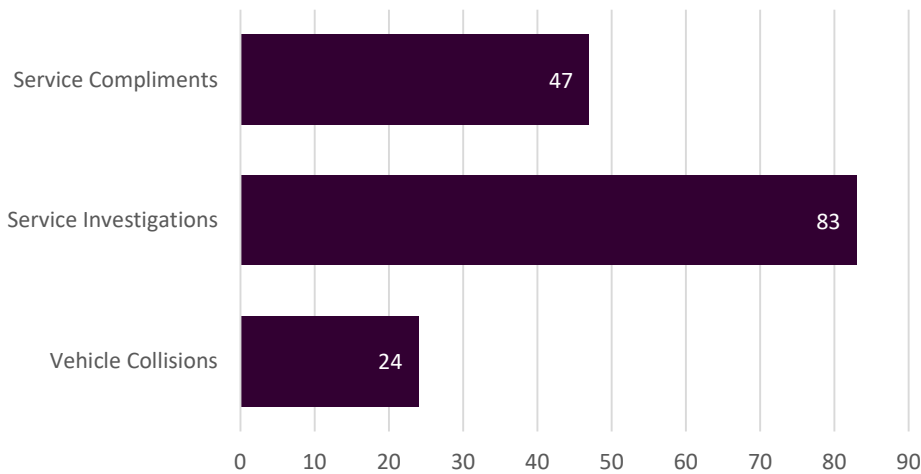
## — Regulatory Compliance Office

The Regulatory Compliance office is responsible for auditing and maintaining policies and procedures for the operation of Middlesex-London Paramedic Service and its related activities. This office manages and conducts all workplace investigations of complex and unique scale and works closely with the Ministry of Health and Long-Term Care, specifically the Investigations, Certification and Regulatory Compliance Group (ICRCG), Provincial Coroner’s Office, local and municipal Police Services, Special Investigations Unit (SIU) and any other external investigative bodies.

Middlesex-London Paramedic Service strives to provide the highest quality of care to anyone who requires our services. Our quality assurance process involves a review of all feedback from patients, external and internal agencies. In 2020, Middlesex-London Paramedic Service Regulatory Compliance responded to 83 inquiries from internal and/or external stakeholders of which 99% were positive feedback or compliments.

The remaining inquiries required further investigation to determine if service or behavioral improvements can be made to better serve the residents of Middlesex and London.

Types of Inquiries



## The Stats

Service Compliments in 2020:  
47

Number of Customer Surveys Issued :  
650

Number of Customer Surveys Returned :  
89

Number of Customer Service Responses :  
712

Number of Inquiries:  
83

Number of Positive Feedback:  
704

### Caring and Compassion Citizen Compliments

Your staff is sooooo comforting to me. Some have met me several times. But EVERY TIME is a positive experience.

I would like to share and pass on a compliment with gratitude to the crew who attended to a cardiac arrest on September 14th in the am.

The family was so thankful for the respect and dignity that the paramedics showed to not only the patient but to his wife. The patient was beyond distraught and the love, respect and compassion that was given to her from the paramedics was so very much appreciated by her family. I saw first hand the great work Paramedics do on a daily basis and the difficult emotional job they have. The way they made the family feel during the worst day of their life has truly made a difference in their life.

I feel safe in your Ambulances even when I m feeling my worst.



## — Customer Survey

The Professional Standards Department sends out customer satisfaction surveys each month to clients who have used the services of Middlesex-London Paramedic Service. Each month 65 surveys are sent out – 5 picked at random from the 13 stations of Middlesex-London Paramedic Service. Clients are given an option to use online submissions or mail in results.

In 2020, 89 surveys were returned. The survey format prompts the client to choose words to describe 8 different stages of their emergency experience, from the moment the 911 call is placed to the point at which the Paramedics transfer care over to the staff at the hospital. The words indicate either a positive experience or a negative experience and the client is encouraged to add comments.

### Survey Questions

I felt	in regard to the 911 call experience?
I felt	with the paramedic's treatment at the scene?
I felt	during the transport to the hospital?
I felt	waiting at the hospital with the paramedics before being transferred to the hospital staff?
I felt	about the crew's introduction & approach?
I felt	in regard to the way the crew communicated with me?
I felt	about the crew's listening skills with me and others at scene?
I felt	in regard to the overall treatment the crew provided?

Each survey has 8 questions for 8 possible responses, either a positive response or a negative response. Of the 650 surveys, we received 89 responses. Only 8 responses were a negative response, which amounted to 99% of all responses being positive.

# LOGISTICS & SUPPORT

## — Fleet Services

The Logistics Department is responsible for a wide variety of services that supports Middlesex-London Paramedic Service. In 2020, Logistics staff processed 1,480 helpdesk requests for service.

### The Stats

**Helpdesk Requests:**  
1,480

**Number of Fleet Vehicles:**  
65

**Vehicles Readied:**  
8,030

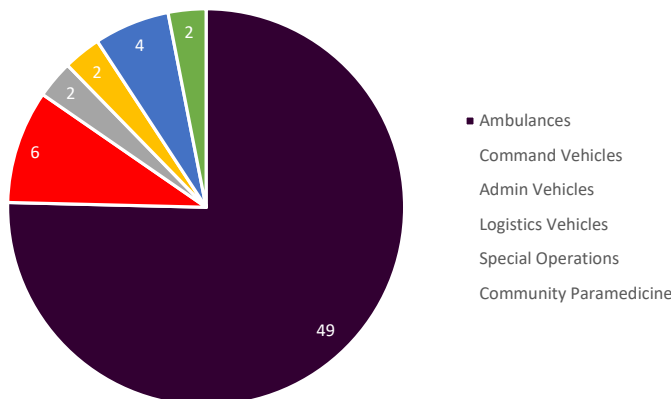
**Deep Cleans Completed:**  
720

**Kilometers Driven:**  
1,844,482

**Reportable Collisions:**  
24



In 2020, Middlesex-London Paramedic Service operating fleet consisted of 65 vehicles. In 2020 Middlesex-London Paramedic Service also deployed a Gator Utility Vehicle along with Emergency Support Units to be used at special events. These units allow paramedics more expeditious access to patients and help strengthen the positive presence and engagement of Middlesex-London Paramedic Service in the community. These units were deployed for events such as the Broughdale Unsanctioned Street Event, and the London Airshow. Logistics is responsible for coordinating the maintenance of vehicles through external vendors and commissioning new emergency vehicles for service as well as decommissioning retired vehicles.



### LOGISTICS & SUPPORT

#### Logistics Technicians

(LT's) prepare vehicles sixteen hours per day including washing, restocking vehicles and response bags, checking equipment and vehicle deep cleans.

- Vehicle preparedness = 720 vehicles/month (average)
- Deep Cleans = 60 vehicles/month (average)

#### Supply Chain Management

- Purchasing of supplies and services including RFP and RFI's
- Warehousing / Distributing of supplies
- Liaising with external suppliers for fuel and linen supplies
- Asset management
- General facility maintenance

#### Equipment

- Coordinating maintenance of equipment through external vendors
- Equipment testing

#### Project Management

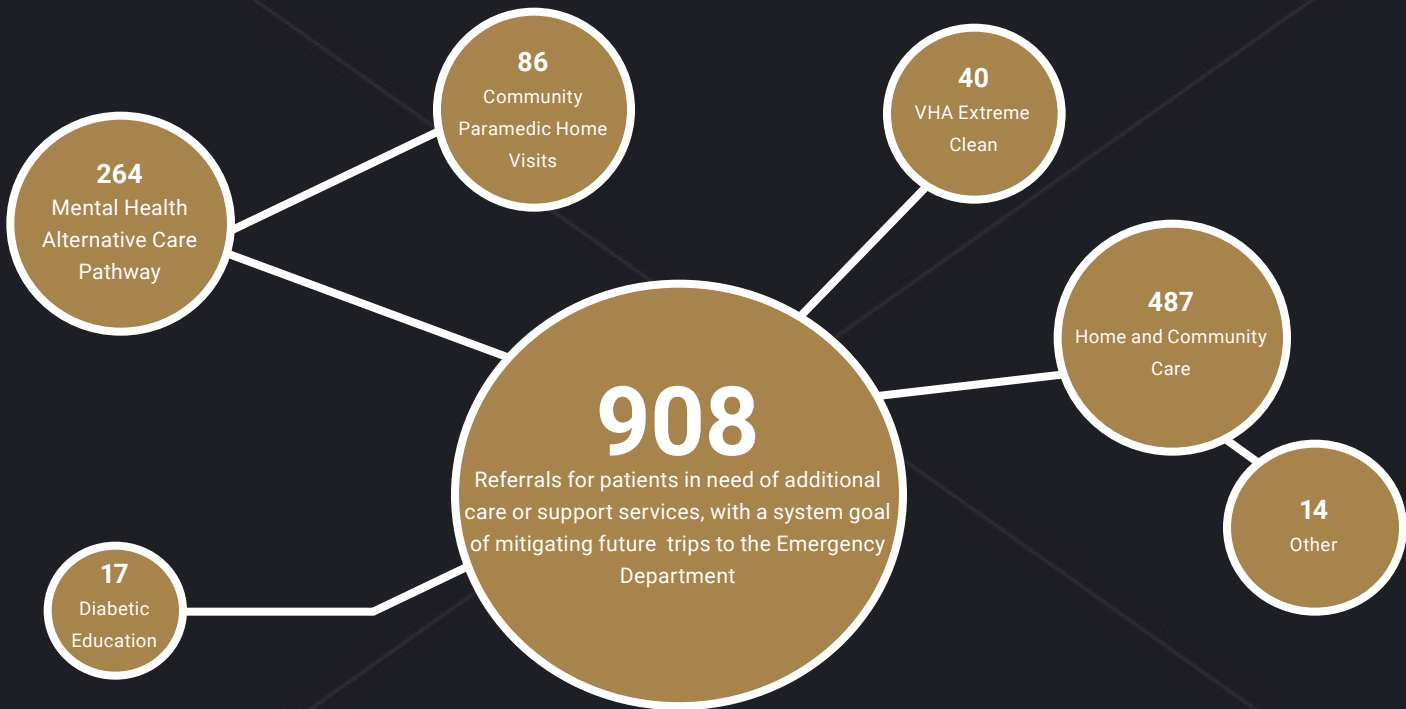
- New station construction
- Support the introduction of new products and equipment





# COMMUNITY PARAMEDICINE

Community Paramedicine (CP) is designed to maximize efficiencies in patient care and resources by allowing paramedics to apply their education and skill beyond the traditional role of emergency medical response. Comprised of a non-emergent mobile response team with specialized training, this team is dedicated to supporting vulnerable patients in the community and those at risk of institutionalization, while helping to reduce unnecessary emergency department visits and hospital admissions by bringing primary care into a patient's home.



Individuals being discharged home from hospital, who are at risk of institutionalization are often sent home requiring additional services to support them with their medical or physical needs in the home while they recuperate from their hospitalization. Many of the needed Community Support Services include a service fee, which poses a further barrier to access. To address this need the MLPS CP program partnered with community support services to pilot a comprehensive approach to ensure successful discharge by providing up to 160 patients between December 1, 2020 to March 31, 2021, with access to a bundle of free services for a short period giving them time to rebuild their strength and regain their ability to live independently.



## — Mobile COVID-19 Testing



As MLPS community paramedics work in a unique setting of both 9-1-1 response and community paramedicine, there is potential risk of community transmission of infectious diseases to some of Middlesex-London's most vulnerable patients. In response to COVID-19, the MLPS CP program designed a multi-phased approach based on the seriousness of the pandemic to maintain surveillance of vulnerable patients where possible, and transition to support 9-1-1 response as required.

Throughout 2020, the MLPS CP program was heavily requested by various community partners to support the Middlesex-London COVID-19 response. As part of the COVID-19 response, community paramedics were deployed to support the City of London Assessment Centres in partnership with London Health Sciences Centre, St. Joseph's Health Care London, Thames Valley Family Health Team, Middlesex-London Health Unit and the City of London. Assessment Centres are out-of-hospital clinics where people can be seen by a health-care provider for COVID-19 concerns, rather than have them visit an Emergency Department, Urgent Care Centre or their family doctor's office. Community paramedics worked in fixed, mobile, and pop-up clinic locations designated to perform COVID-19 screening, assessment, and nasopharyngeal swabbing under the Middlesex-London Health Unit Associate Medical Director. An additional request for community paramedics to support COVID-19 vaccine administration was submitted in December, 2020.

In addition the MLPS CP program supported a regional request by Ontario Health West to assist in development and implementation of a collaborative approach to community-based palliative care to provide crisis and symptom management (24/7) for palliative patients in their home when resources are in demand. To support the work of the South West Hospice Palliative Care Network and South West LHIN London Middlesex Palliative Care Outreach Teams (PCOT) 2 and 3, a seven member team from Middlesex-London Paramedic Service was established to support the Community Paramedic PCOT Response pilot until August 31, 2020. Due to preliminary findings the South West Hospice Palliative Care Network the pilot was extended until further notice. In October, 2020, an adjustment was made to the pilot to add a dedicated PCOT Response peak car available (mon-fri, 9-5) to enhance surveillance and management of high intensity long-term trajectory palliative patients.

## — Influenza Vaccine Clinic



This is the second year MLPS has supported the MLHU by providing Community Paramedic-Led Influenza Vaccine Clinics. The Community Paramedic-Led Influenza Vaccine Clinic is a mobile, drop-in, community-based health promotion program complementary to the existing influenza vaccine settings to service populations less likely to utilize one of the existing service settings. Community paramedics received training, medical directive and delegation through the Middlesex-London Health Unit to administer influenza vaccine (Fluzone QIV and High-Dose) to individuals at high risk of influenza-related complications or hospitalization outlined by the Ministry of Health.

Community Paramedics held nineteen clinics over a four-week period at the beginning of the 2020/2021 influenza season. In addition, Community Paramedics provided mobile vaccinations to vulnerable individuals in the community unable to access existing services. These were done at the request of the Southwest Local Health Integration Network (SW LHIN) and the Palliative Care Outreach Teams (PCOT) in conjunction with the Middlesex-London Health Unit.



# STAFF EDUCATION & TRAINING

## — New Employees

### Notes

In 2020 Middlesex-London Paramedic Service hired 40 additional part-time paramedics.

COVID-19 impacted multiple areas of Middlesex-London Paramedic Service, including training.

To ensure that staff were protected and that physical distancing parameters were upheld, Middlesex-London Paramedic Service adopted a modular approach to training and transitioned to a combination of controlled in person sessions with online training and remote sessions that allowed staff to participate remotely.

In total, Middlesex-London Paramedic Service trained and on-boarded 40 new paramedics, conducted 17 training sessions and released 23 on-line learning and training packages.

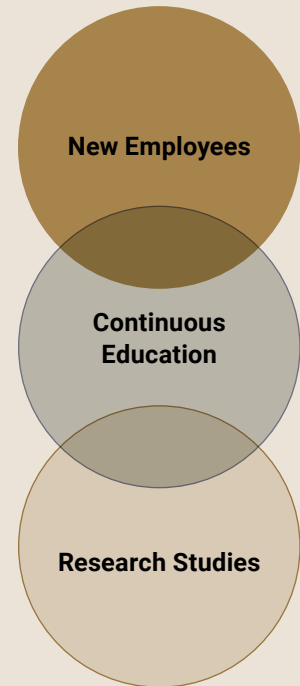
Additionally, Middlesex-London Paramedic Service was able to continue to participate in 6 research studies.



## HOW WE DO IT

### Notes

The Middlesex-London Paramedic Service Education and Training Division stays current with best practices and trends in paramedicine.



## Training Stats

**Number of New Employees:**  
40

**Training and Education Sessions:**  
40

**Training Hours:**  
500

**Research Studies:**  
6



## — Continuous Training



Our Education / Training division oversees all of the training and education needs of our service and community. This includes yearly service training days, continuing education sessions, online learning through our learning portal, return to work programs, patient feedback programs, the intake of new employees, orientation programs, as well as liaising with college students and physicians for their ride out placements. The division looks after all research and development for our service as well as new equipment implementation programs.



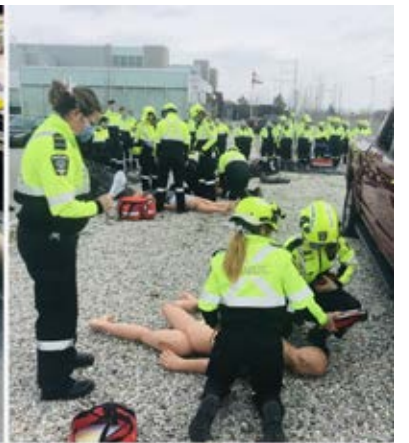
12 Field Training Officers (FTO's) assist with content development and delivery. The FTO's act as a mentor to current and new staff, and are seen in the classroom at various times each year, as well as playing a large part in our driver education, and continuing education programs. In 2019, we provided over 500 hours of training to our staff.



Middlesex-London Paramedic Service worked with London Transit to train 8 paramedics as ESU-Bus operators. This intensive program gave paramedics the skills they need to be safe and effective operators and be able to deploy this resource at a moment's notice when it is needed the most. Thanks to the teamwork and initiative from London Transit, this program was a huge success.

Over the course of the year, Middlesex-London Paramedic Service paramedic educators attended stations to help teach new skill sets and drill scenarios. Paramedics had the opportunity to practice important and less frequently used skills and work through unusual and challenging scenarios increasing their knowledge and experience.

Middlesex-London Paramedic Service also continues with the Field Training Officer program whereby paramedics participate in the ongoing training of their peers and assist in paramedics returning to work. Over the course of 2020, Middlesex-London Paramedic Service, with the assistance of the Field Training Officers (FTO) were able to return 22 paramedics to the workforce.



# EMPLOYEE RECOGNITION

## Notes

The community had an outpouring of support and positivity for paramedics during the COVID-19 pandemic.



2020 was a difficult year for healthcare professionals. The community of Middlesex and the City of London showed incredible support for the paramedics of Middlesex-London during such a challenging time.

This outpouring of positivity reached paramedics and buoyed spirits during some of the most challenging times of their careers.

The caring and generosity shown by the community is deeply appreciated by all of Middlesex-London Paramedic Service.



## 2020 Memorial Ride

The annual Paramedic Memorial Ride to honour fallen paramedics.

### 2020

Middlesex-London Paramedic Service participated in the annual Paramedic Memorial Ride to honour fallen paramedics.

This ride begins in Nova Scotia and sees paramedics cycle across Canada and finishing in British Columbia. The ride stops at paramedic services as it moves across the provinces bringing with it a memorial bell.

The Memorial Paramedic Ride honours paramedics that have been killed in the line of duty and brings awareness to their sacrifices.



## COMMUNITY ENGAGEMENT

### Notes

During 2020 the Middlesex-London Paramedic Service Public Access Defibrillator program focused on community CPR/ AED awareness and preparedness.

Offering certification training and public awareness programs, 446 people were trained in CPR and Standard First Aid certification through the Canadian Red Cross despite the challenges faced with the COVID-19 pandemic.

With public engagements and in-person training not possible for much of the year, Middlesex-London Paramedic Service focused on ways to support the community and provide important information including keepig the community informed and engaged with the MLPS mobile COVID testing program.

The 9-1-1 AED registry continues to grow as we added even more crowd sourced public access defibrillators, placing AEDs throughout Middlesex County and the City of London. There are currently 425 AEDs registered. Over the course of 2020, 7 public AED's were used, delivering a total of 5 shocks.

During the month of May, Middlesex-London Paramedic Service staff wanted to find a way to give back to our very generous community who has shown us tremendous support. Our "Food Drive Challenge" was able to raise \$ 3,250.00 for the London Food Bank.



## Public Awareness

### Increasing cardiac arrest survival outcomes.

Middlesex-London Paramedic Service is dedicated to helping improve survivability of out of hospital cardiac arrests.

Through public education and awareness and programs such as the Public Access Defibrillator (PAD) program and CPR training Middlesex-London Paramedic Service is making London-Middlesex a better place to live and work.

We trained 446 citizens in CPR, first aid and how to use an AED in 2020 alone and placed an additional 9 AEDs in to the community.

1

#### Public AEDs

9  
AEDs placed in the community.

2

#### AED Registry

425  
AEDs in the registry to improve patient outcomes.

3

#### CPR/AED Awareness

446  
Citizens participated in training and awareness.



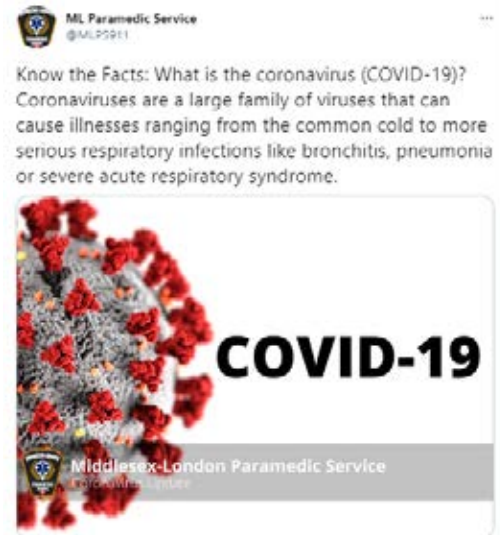


## Social Media Presence

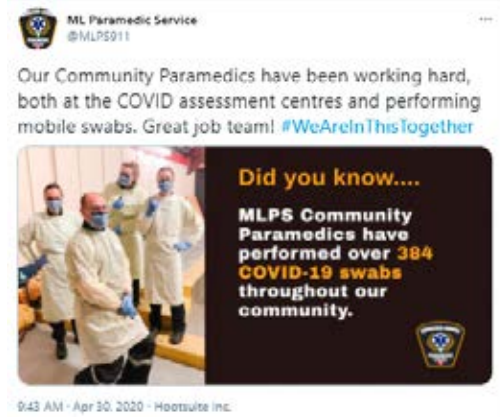
### Notes

MLPS engaged with the public more than seven million times through social media in 2020 alone.

Middlesex-London Paramedic Service is active on social media and engages with the public to communicate our message, build trust and confidence with the public and share the amazing stories of our paramedics and interact with the citizens of London and Middlesex.



7:10 AM · Mar 13, 2020 · Hootsuite Inc.

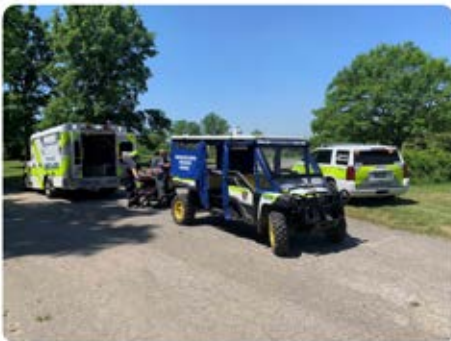


9:43 AM · Apr 30, 2020 · Hootsuite Inc.





Today, our MLPS gator was deployed to assist our Paramedics in accessing a person requiring medical attention on a trail. #RightCareRightTime



 ML Paramedic Service  
@MLPS911

Last call for Paramedic 61741 Chris "Bones" Skelton.  
May you rest in peace Chris.



3:35 PM · Feb 29, 2020 · Hootsuite Inc.

View Tweet activity

51 Retweets 5 Quote Tweets 358 Likes

 ML Paramedic Service  
@MLPS911

"We are here for you, please stay home for us"  
Paramedics are here to help those who need us the  
most. By staying home, you can help keep everyone as  
safe and healthy as possible! #practiceSocialDistancing  
#community



3:53 PM · Mar 20, 2020 · Hootsuite Inc.

View Tweet activity

67 Retweets 5 Quote Tweets 190 Likes

 ML Paramedic Service  
@MLPS911

We were honoured to welcome @celliottability back to  
@MLPS911 this morning for a very exciting Ontario  
Health Team announcement. @ChiefMlps



12:06 PM · Feb 26, 2020 · Hootsuite Inc.

 ML Paramedic Service  
@MLPS911

Congratulations to the Royal Canadian  
Legion Branch 341 in Parkhill on  
becoming a #heartsafe facility!  
@northmiddlesx #chainofsurvival



## Twitter

Middlesex-London Paramedic Service engages with the public through Twitter to show the amazing job our paramedics do on a daily basis and to share with them important information. Growth and engagements through Twitter with the public has increased by 53% over the past year.

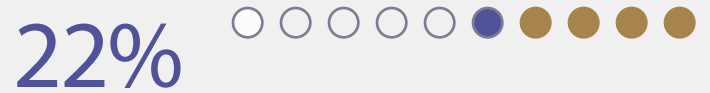
according to 2020 Twitter statistical analysis



## Facebook

Facebook allows us to engage in real time with our clients and the public and build a positive relationship with the citizens of London and Middlesex while sharing the stories of our amazing paramedics. Over the past year our engagements on the Facebook platform have grown by 22%.

according to 2020 Facebook statistical analysis



## Social Media Statistics



**Twitter Followers**

Follow us on Twitter @MLPS911



**Twitter Engagements**

Follow us on Twitter @MLPS911



**Facebook Followers**

Join our Facebook Page



**Facebook Engagements**

Join our Facebook Page



## GLOSSARY

**ACC:** Ambulance Communications Centre

**ADRS:** Ambulance Dispatch Reporting System

**AED:** Automatic External Defibrillator – An electronic device that applies an electric shock to restore the rhythm of a fibrillating heart.

**Chute Time:** The time it takes an ambulance to depart once notified of a call.

**Code 1 (Deferrable):** A routine call that may be delayed without detriment to the patient (e.g. a non-scheduled transfer; a minor injury).

**Code 2 (Scheduled):** A call which must be done at a specific time, for example because of special treatment or diagnostic facility requirement (e.g. inter-hospital transfers or a scheduled meet with an air ambulance).

**Code 3 (Prompt):** A call that should be performed without delay (e.g. serious injury or illness).

**Code 4 (Urgent):** A call that must be performed immediately where the patient's 'life or limb' may be at risk (e.g. Vital Signs Absent patient or unconscious head injury).

**Code 8:** This is a call for emergency coverage. This occurs when an ambulance is required to reposition to maintain response times and coverage of the region in the event that the next 911 call occurs within that area.

**CTAS Level:** The 'Canadian Triage & Acuity Scale' is used to assign a level of acuity to a patient. Acuity refers to the gravity of the situation – the potential for death and/or irreversible illness. CTAS is a tool that more accurately defines the patient's need for care. Assignment of the CTAS level is to be based upon not only the presenting complaint identified on the initial assessment made by the paramedic, but also on their examination findings, and response to treatment.

**Dispatch Priority Code:** The priority code number that is assigned to the call by the dispatcher. It identifies the priority under which the ambulance responds to the call location (e.g. an urgent response would be entered as Code 4).

**Dispatch Problem:** The problem given to the crew by the Ambulance Dispatcher indicating the nature of the problem of the call they are responding to.

**iMedic ePCR:** The electronic documentation software used to chart the Ambulance Call Report.

**IMS:** Incident Management System is a consistent and systematic way for multiple agencies to coordinate and respond to public emergencies and disasters.

**LHIN:** Local Health Integration Networks are the health authorities responsible for regional administration of public healthcare services in the Province of Ontario, Canada.

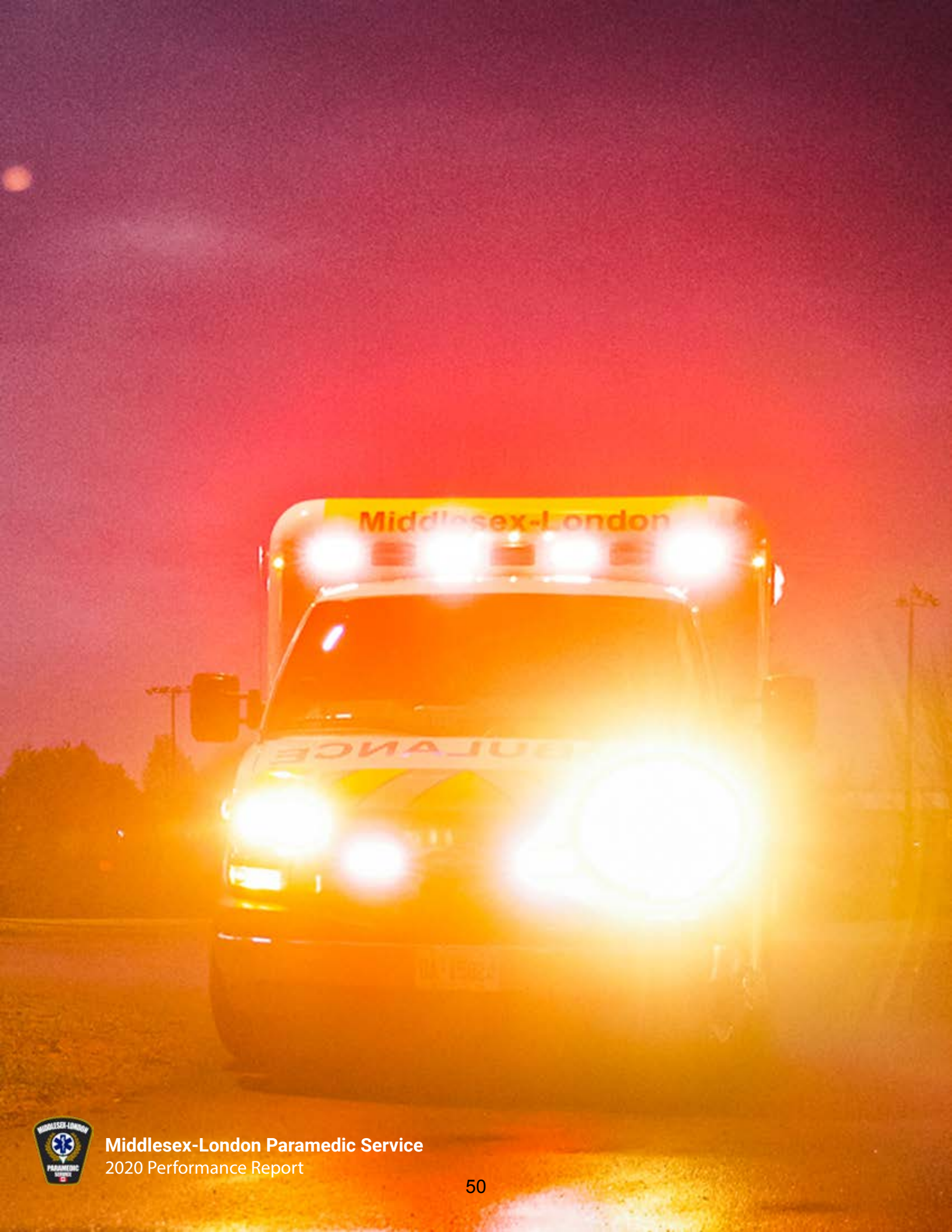
**Offload Delay:** Offload delay is the amount of time spent in the Emergency Department transferring care to the hospital. It is calculated as the difference in time from when the ambulance arrives at the Emergency Department until Transfer of Care is documented – less the standard thirty (30) minutes which is normal for ambulance turnaround. Any time greater than thirty minutes is considered offload delay.

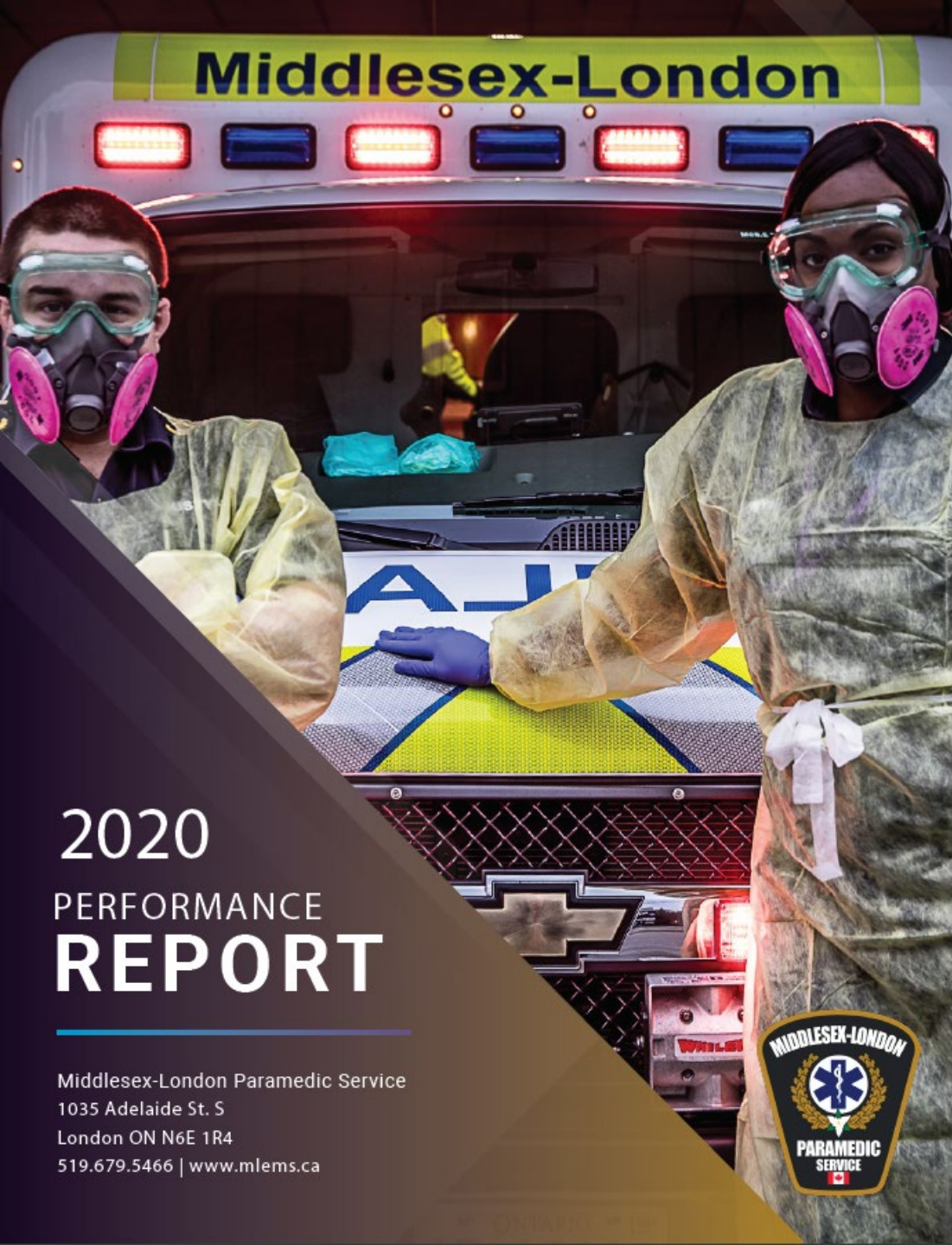
**Primary Problem:** The primary complaint of the patient upon assessment by the paramedic crew.

**Response Time:** Response time is measured in two different ways; in cardiac arrest, it is the time the 911 call is received until a defibrillator arrives to the scene (by paramedic or otherwise). In non-cardiac arrest calls, it is the time the 911 call is received until the paramedic crew arrives to the scene.

**Return Priority Code:** The priority code number that is assigned to the call by the ambulance crew. It identifies the priority under which the patient is transported (e.g. a prompt return to a medical facility would be entered as a Code 3).







Middlesex-London

# Middlesex- London Paramedic Service

## 2020 PERFORMANCE REPORT

Middlesex-London Paramedic Service  
1035 Adelaide St. S  
London ON N6E 1R4  
519.679.5466 | [www.mlems.ca](http://www.mlems.ca)



# 2020 Statistics

# 64,896

Middlesex-London Paramedic Service paramedics responded to 64,896 potential patient carrying calls.



# 9 1 1

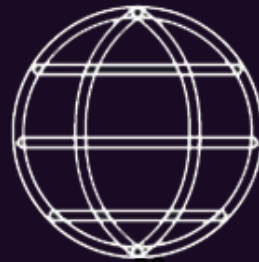
248  
average calls  
per day

179  
cardiac arrest  
saves

29  
babies  
delivered

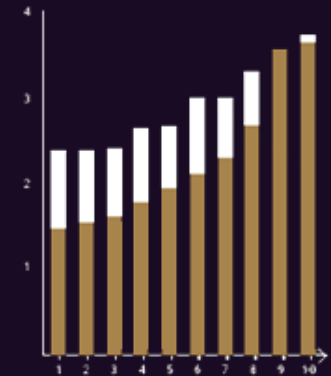
# 329 Paramedics

1.9 million km  
driven during the past year.



## Responded to 90,590 Calls for Service

Middlesex-London Paramedics responded to a total of 90,590 calls for service in 2020. A decrease of 3.9% in calls since last year and an increase of 51% in emergency calls in the past 10 years.



# Performance – Calls for Service

## PERFORMANCE — Calls for Service

### Notes

Calls for service have increased by 51% since 2010.

In 2020, the number of calls for patient carrying service (Code 1-4) was 64,896 – an decrease of 5.3% over 2019, and an increase of approximately 51% since 2010 when calls for service were at 43,583.



### The Stats

Total Calls for Service:  
90,590

Total Emergency Calls:  
64,896

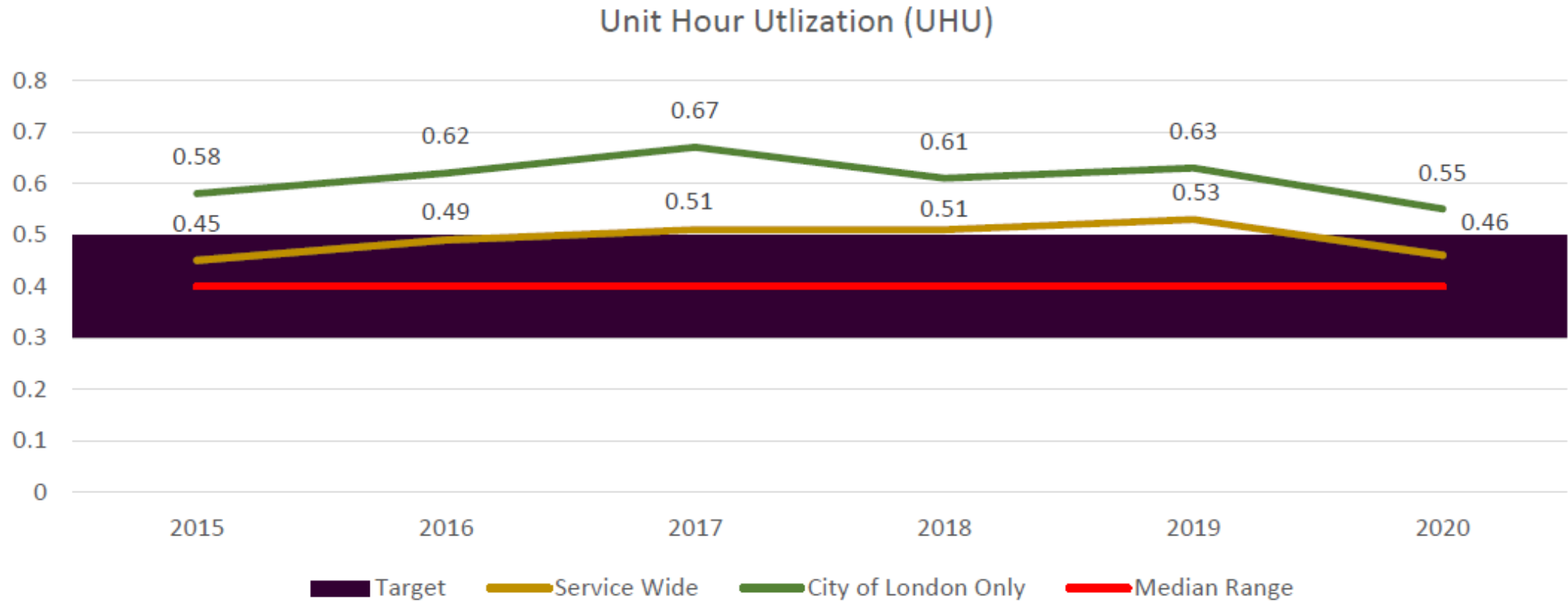
Number of Patients Transported:  
44,120

**6.8%**  
Decrease in Life  
Threatening Calls  
(Code 4)

Station Name	Priority 1	Priority 2	Priority 3	Priority 4	Priority 8	Total
Adelaide (HQ)	82	164	3,526	7,811	4,639	16,222
Waterloo	35	48	5,289	11,160	2,327	18,859
Trossacks	24	25	1,810	3,854	2,198	7,911
Glencoe	20	4	256	356	175	811
Parkhill	0	0	180	413	1,527	2,120
Lucan	0	2	244	502	1,343	2,091
Komoka	4	0	394	741	1,208	2,347
Byron	3	24	1,869	3,552	3,063	8,511
Hyde Park	7	14	1,305	2,210	2,719	6,255
Horizon	26	15	3,599	6,594	2,562	12,796
Strathroy	16	22	830	1,459	1,249	3,576
Dorchester	11	22	514	975	1,162	2,684
Trafalgar	18	35	1,611	3,221	1,522	6,407
<b>Total</b>	<b>246</b>	<b>53375</b>	<b>21,427</b>	<b>42,848</b>	<b>25,694</b>	<b>90,590</b>

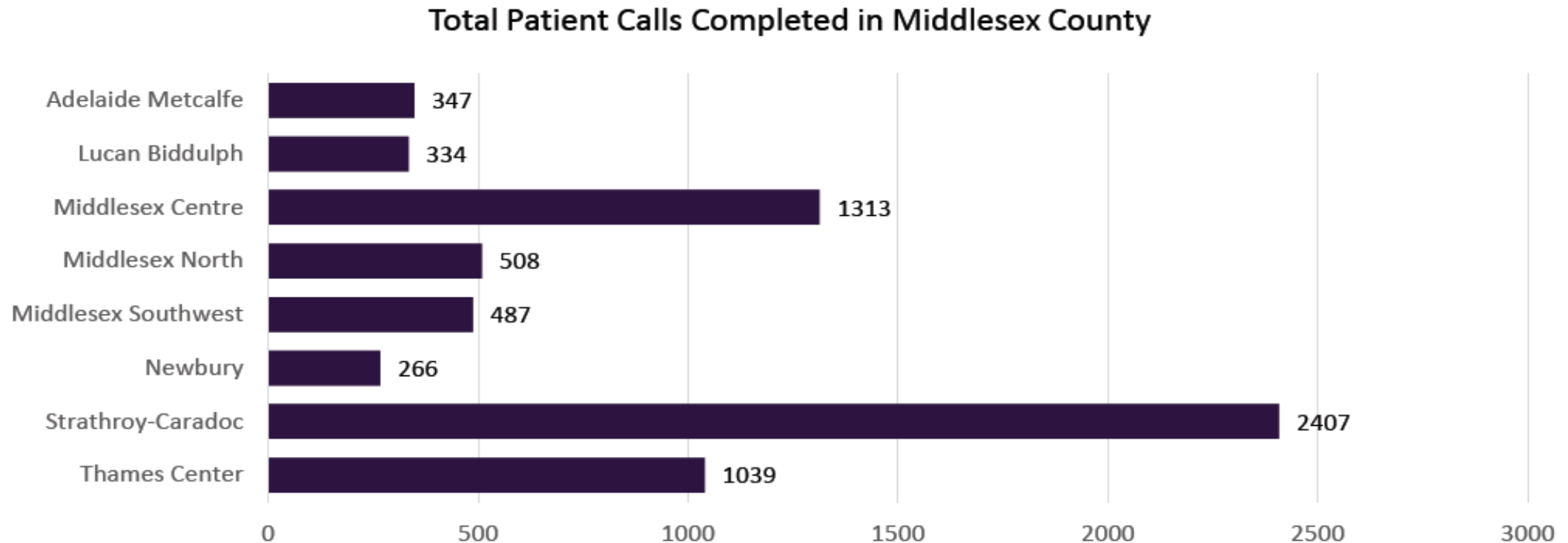
Data Source: ADRS

# Unit Hour Utilization



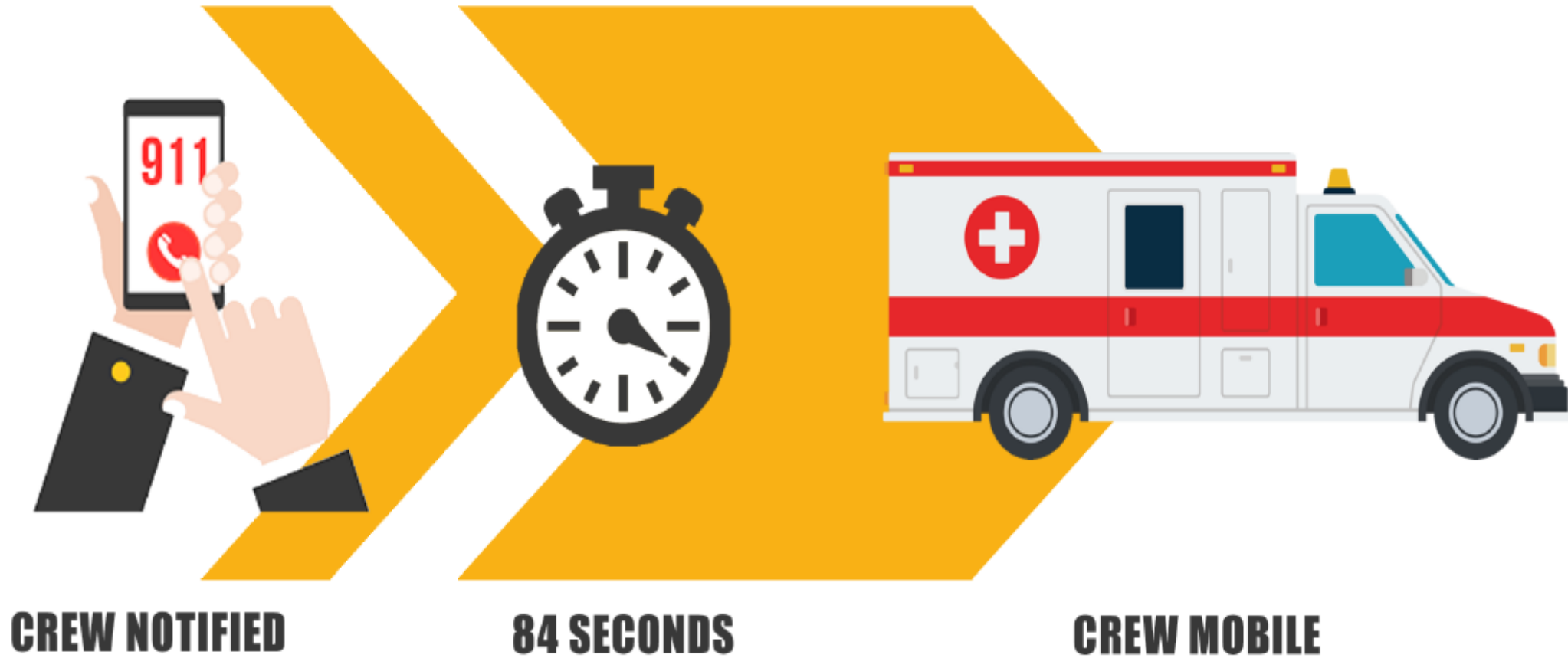
Data Source: ADRS

# Total Patient Calls Completed in Middlesex County



*Data Source: ADRS*

# REACTION TIME

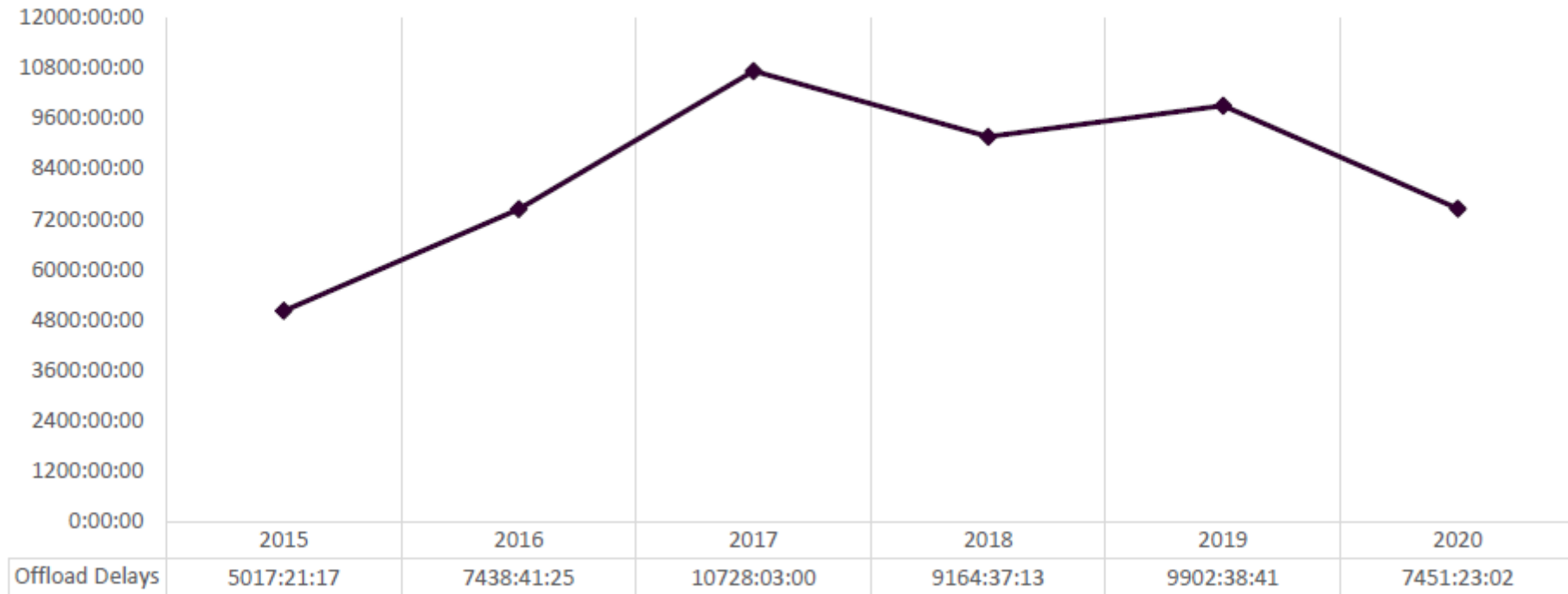




# Off Load Delays

In 2020, a total of 310.5 24-hour days were lost to offload delays. This is a decrease of 32.9% from the previous year.

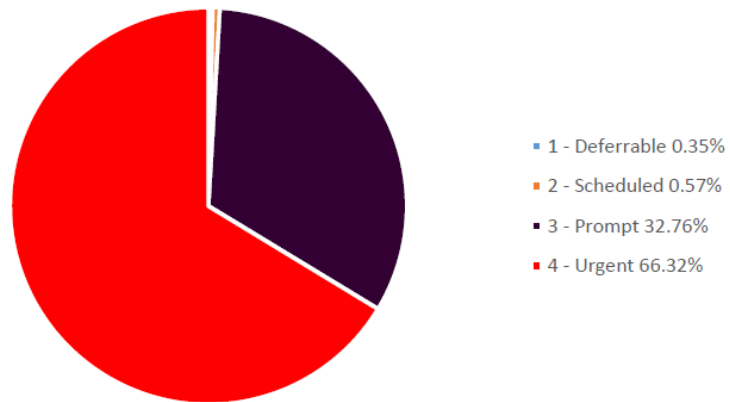
Offload Delays Year Over Year (By Total Time)



# DISPATCH VS RETURN PRIORITY

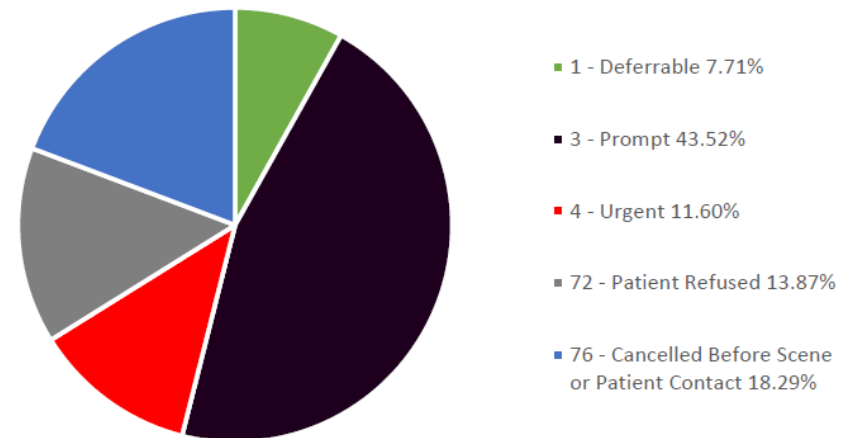
**66.32% of all calls were dispatched as Priority (Code) 4 but only 11.60% were returned Priority (Code) 4.**

Dispatch Priority



Data Source: Interdev

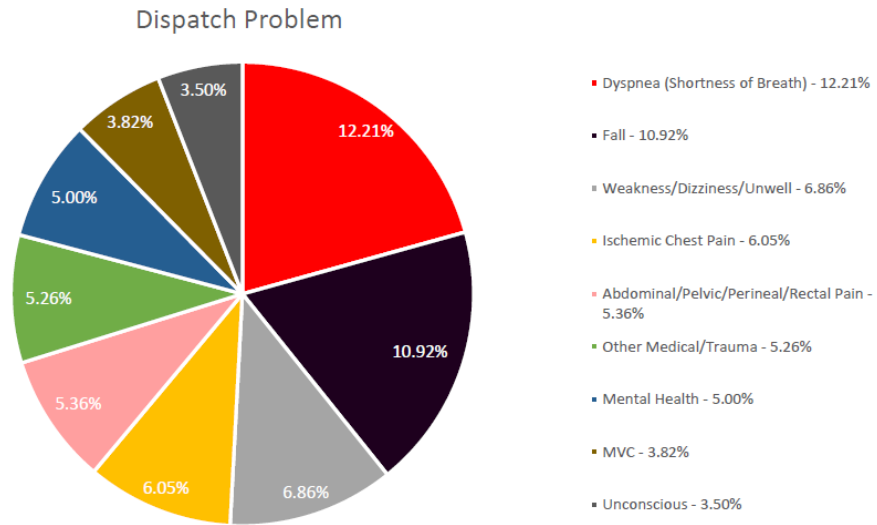
Return Priority



Data Source: Interdev

# Dyspnea

**Dyspnea (Shortness of Breath)** remains the most prevalent reason for paramedics being dispatched.



Data Source: Interdev

**Emergency Support Unit Bus in 2020.** This unit was deployed for mobile COVID-19 swabbing in the County of Middlesex as well as to major incidents including the structure collapse on Teeple Terrace



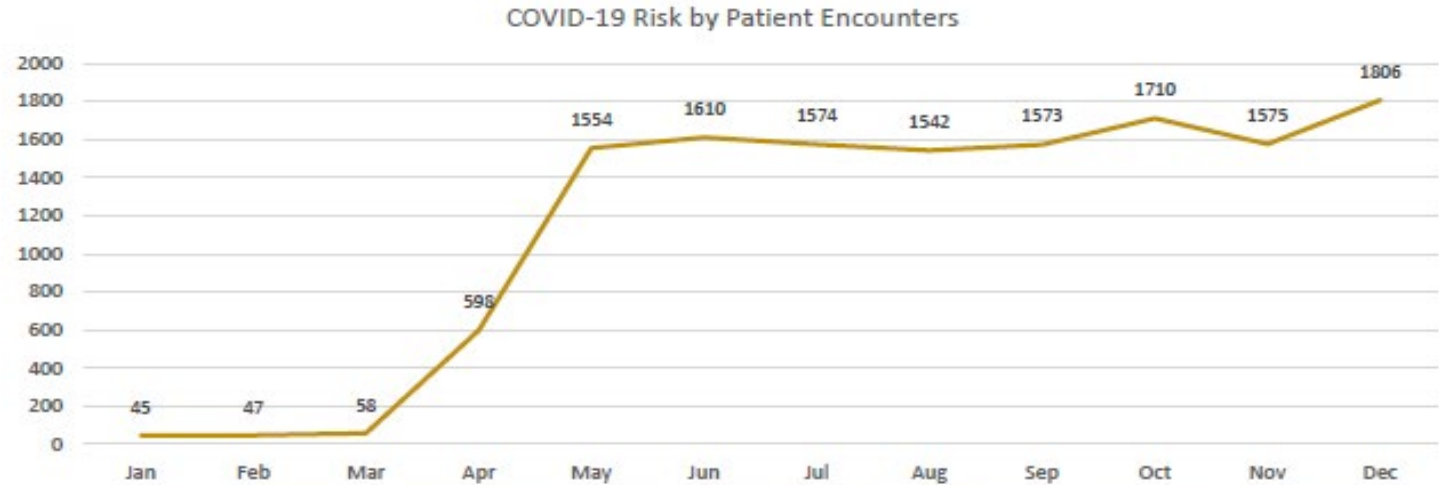
# COVID-19 13,692

Potentially COVID-19 positive patients transported.

## Notes

The impact of the global COVID-19 pandemic on Middlesex-London Paramedic Service

Over the course of 2020 Middlesex-London Paramedic Service responded to and transported 13,692 patients that were potentially positive for COVID-19, that comprised 21.10% of all patient encounters. COVID-19 encounters increased dramatically in the second quarter of 2020 and remained high for the rest of the year with 29.92% of all patient encounters being potentially positive for COVID-19.





# Community Engagement

## COMMUNITY ENGAGEMENT

### Notes

During 2020 the Middlesex-London Paramedic Service Public Access Defibrillator program focused on community CPR/ AED awareness and preparedness.

Offering certification training and public awareness programs, 446 people were trained in CPR and Standard First Aid certification through the Canadian Red Cross despite the challenges faced with the COVID-19 pandemic.

With public engagements and in-person training not possible for much of the year, Middlesex-London Paramedic Service focused on ways to support the community and provide important information including keeping the community informed and engaged with the MLPS mobile COVID testing program.

The 9-1-1 AED registry continues to grow as we added even more crowd sourced public access defibrillators, placing AEDs throughout Middlesex County and the City of London. There are currently 425 AEDs registered. Over the course of 2020, 7 public AED's were used, delivering a total of 5 shocks.

During the month of May, Middlesex-London Paramedic Service staff wanted to find a way to give back to our very generous community who has shown us tremendous support. Our "Food Drive Challenge" was able to raise \$ 3,250.00 for the London Food Bank.



## Public Awareness

Increasing cardiac arrest survival outcomes.

Middlesex-London Paramedic Service is dedicated to helping improve survivability of out of hospital cardiac arrests.

Through public education and awareness programs such as the Public Access Defibrillator (PAD) program and CPR training Middlesex-London Paramedic Service is making London-Middlesex a better place to live and work.

We trained 446 citizens in CPR, first aid and how to use an AED in 2020 alone and placed an additional 9 AEDs in the community.

- Public AEDs**  
9 AEDs placed in the community.
- AED Registry**  
425 AEDs in the registry to improve patient outcomes.
- CPR/AED Awareness**  
446 Citizens participated in training and awareness.

Middlesex-London Paramedic Service (@MLPS911) Congratulations to the Royal Canadian Legion Branch 341 in Parkhill on becoming a #heartsafe facility! @northmiddlesex #chainofsurvival



MIDDLESEX-LONDON PARAMEDIC SERVICE  
**COVID-19 Community Mobile Swabbing Site**



## Social Media Presence

Notes  
MLPS engaged with the public more than seven million times through social media in 2020 alone.

Middlesex-London Paramedic Service is active on social media and engages with the public to communicate our message, build trust and confidence with the public and share the amazing stories of our paramedics and interact with the citizens of London and Middlesex.



Middlesex-London Paramedic Service (@MLPS911) Following



7:10 AM - Mar 13, 2020 - @hoobakinc



9:03 AM - Apr 30, 2020 - @hoobakinc

# Social Media Statistics

## Social Media Statistics

5,685

**Twitter Followers**

Follow us on Twitter @MLPS911

2.9M

**Twitter Engagements**

Follow us on Twitter @MLPS911

3,201

**Facebook Followers**

Join our Facebook Page

4.5M

**Facebook Engagements**

Join our Facebook Page



# Questions



## Report to Community and Protective Services Committee

**To:** Chair and Members  
Community and Protective Services Committee

**From:** Cheryl Smith, Deputy City Manager, Neighbourhood and Community-Wide Services

**Subject:** Special Events Policies and Procedures Manual – Deferred Matters File No. 2

**Date:** July 27, 2021

## Recommendation

That, on the recommendation of the Deputy City Manager, Neighbourhood and Community-Wide Services, the following action be taken with respect to Special Event Policies – Deferred Matter File No. 2:

- a) That Civic Administration **BE DIRECTED** to limit amplified concerts on weekdays after Labour Day between the hours of 9 a.m. and 9 p.m. for 2021, to limit the disruption caused by special events on a school and/or workday.

## Executive Summary

The purpose of this report is to present City Council with an option to consider that may limit the disruptions caused by Special Events on City of London properties, and more specifically, amplified concerts, on a school and/or workday after the Labour Day weekend for 2021. This is an interim solution for the fall of 2021 as Civic Administration enters a more fulsome review on all Special Event Policies for a future report back to Committee and Council in the Spring of 2022.

## Linkage to the Corporate Strategic Plan

Special Events, including amplified concerts, permitted by the City of London are aligned with two strategic areas of focus, as presented in the City of London Strategic Plan 2019-2023:

- Strengthening our Community under the outcome, Londoners are engaged and have a sense of belonging in their neighbourhoods and community.
- Growing our Economy under the outcome, London is a leader in Ontario for attracting new jobs and investment.

## Analysis

### 1.0 Discussion and Considerations

#### 1.1 Background and Purpose

As noted in the Special Event Policy and Procedure Manual, the City of London recognizes Special Events as an important part of London's quality of life and as providers of affordable entertainment to its residents. It is also recognized that Special Events enhance tourism, culture, recreation, and education as well as providing an economic benefit to businesses in the City of London.

In September 2019, a Special Event permit was issued for an event (amplified concert) at Harris Park that covered the following dates, Thursday, September 5 through Sunday, September 8 (4 days); and, Thursday, September 12 through Saturday, September 14 (3 days). It should be noted that the same event was permitted in 2016, 2017, and 2018 but 2019 was the first year that Thursday evenings and consecutive weekends were included as part of the event request and approval.

The 2019 event was approved as it complied with the existing policies for the use of Harris Park. Policy clause 4.29 states that Harris Park “will be limited to 5 major special events (4 consecutive days in length) totaling no more than 12 days combined of amplified concerts per year.”

During the 2019 event, complaints were received by both Civic Administration and members of Council about the disruption this event caused the public. Complaints were largely about how the Thursday, September 5, 2019 portion of the event was aligned with the first day of school, being September 6, 2019.

Following the completion of the event, City Council resolved the following:

- a) That the communication dated September 6, 2019 from Councillor A. Kayabaga, with respect to the Special Events Policies and Procedure Manual, BE RECEIVED
- b) The Civic Administration BE DIRECTED to review the City’s Special Events Policies and Procedures Manual and report back on possible amendments to the Manual to address the following matters:
  - i) The disruption caused by special events being held in the evenings prior to a work and/or school day;
  - ii) The application of the same rules/restrictions that are in place for Victoria Park to Harris Park; and,
  - iii) Increased fines and penalties for special events that contravene the manual.

Civic Administration recognizes that the recommendation included in this report does not respond to all the above items and is mainly focused on an interim potential solution for i) above for 2021. This interim option for Council to consider would be included in a more in-depth review for Council’s consideration in 2022.

This 2019 permitted Special Event (amplified concert) was the last one permitted by the City of London prior to the COVID-19 pandemic, which forced event organizers to cancel events for 2020 and many for 2021. Due to the pandemic, it became increasingly difficult to engage with stakeholders on this topic and to complete an overarching review knowing that it would be some time before Special Events would be permitted again in the community.

## **Conclusion**

The City of London recognizes Special Events as an important part of London’s quality of life, enhancing tourism, culture, recreation, and education, providing economic benefit to businesses in London.

The interim option recommended in this report for the fall of 2021, provides a balance between supporting Special Events and limiting the disruptions caused by Special Events on a school and/or workday after labour day.

A more fulsome policy review will take place in the Spring of 2022 that will address the outstanding Council resolutions and provide longer term solutions for City Council to consider.

**Prepared by:** Jon-Paul McGonigle, Director, Recreation and Sport  
**Submitted by:** Kristen Pawelec, Director, Community Development and Grants  
**Recommended by:** Cheryl Smith, Deputy City Manager, Neighbourhood and Community-Wide Services

# Community Safety and Crime Prevention Advisory Committee

## Report

The 3rd Meeting of the Community Safety and Crime Prevention Advisory Committee  
June 24, 2021

2021 Meeting - Virtual Meeting during the COVID-19 Emergency

Please check the City website for current details of COVID-19 service impacts.

Meetings can be viewed via live-streaming on YouTube and the City website

Attendance                      PRESENT: B. Gibson (Chair), I. Bielaska-Hornblower, J. Campbell, B. Fragis, T. Khan, D. Luthra, D. MacRae and B. Madigan

ABSENT: L. Fay, L. Krobisch, B. Rankin and J. Slavin

ALSO PRESENT: H. Lysynski, O. Nethersole - LPS, M. Schulthess, C. Smith and B. Westlake-Power

The meeting was called to order at 12:18 PM; it being noted that all Members were in remote attendance

### 1. Call to Order

#### 1.1 Disclosures of Pecuniary Interest

That it BE NOTED that no pecuniary interests were disclosed.

### 2. Consent

#### 2.1 2nd Report of the Community Safety and Crime Prevention Advisory Committee

That it BE NOTED that the 2nd Report of the Community Safety and Crime Prevention Advisory Committee from its meeting held on April 22, 2021, was received.

### 3. Sub-Committees and Working Groups

#### 3.1 Advisory Committee Review - Interim Report VI

That a Working Group BE ESTABLISHED, led by T. Khan, to undertake a review of the Community Safety and Crime Prevention Advisory Committee (CSCP) and to report back at the August 26, 2021 CSCP meeting; it being noted that the CSCP held a general discussion and heard verbal updates from C. Smith, Deputy City Manager, Neighbourhood and Community-Wide Services, B. Westlake-Power, Deputy City Clerk and M. Schulthess, Deputy City Clerk, with respect to the Advisory Committee Review - Interim Report VI.

#### 3.2 Working Groups

That a Working Group BE ESTABLISHED consisting of B. Fragis, D. Luthra and B. Madigan, relating to two components of the Community Safety and Crime Prevention Advisory Committee (CSCP) Terms of Reference, as follows:

- i) developing, encouraging and promoting activities and education programs for Londoners of all ages on safety in the community, such as (but not limited to) injury prevention, pedestrian safety, traffic safety,

bicycle safety, water safety and fire prevention; and,

ii) developing, encouraging and promoting activities and education programs for Londoners of all ages on the prevention of crime in the community;

it being noted that the contact and coordination with departments, agencies, community associations and boards and commissions BE POSTPONED to the August 26, 2021 CSCP meeting.

#### **4. Items for Direction**

##### **4.1 Invitation to Community and Protective Services Committee Chair**

That Councillor Jesse Helmer, Chair, Community and Protective Services Committee (CPSC) BE REQUESTED to attend the August 26, 2021 Community Safety & Crime Prevention Advisory Committee (CSCP) meeting to discuss various initiatives of the CPSC and to recommend how CSCP may contribute as a resource for the CPSC as described in the CSCP Terms of Reference.

##### **4.2 London Police Services Bicycle Registration Program - Update**

That it BE NOTED that the Bicycle Registration Program undertaken by the London Police Services has been provided to various community organizations.

#### **5. Adjournment**

The meeting adjourned at 12:56 PM.

# Accessibility Advisory Committee Report

6th Meeting of the Accessibility Advisory Committee

June 24, 2021

Advisory Committee Virtual Meeting - during the COVID-19 Emergency

Attendance                   PRESENT: J. Menard (Chair), T. Eadinger, D. Haggerty, N. Judges, P. Moore, K. Pereyaslavskaya, B. Quesnel, P. Quesnel, D. Ruston and K. Steinmann and J. Bunn (Committee Clerk)

ALSO PRESENT: L. Livingstone; E. Conway, A. Husain, S. Maguire, P. Masse, J. Michaud, L. Sanders, C. Saunders, J. Skimming and M. Stone

ABSENT: M. Bush, A. McGaw and J. Teeple

The meeting was called to order at 3:02 PM.

## 1. Call to Order

### 1.1 Disclosures of Pecuniary Interest

That it BE NOTED that no pecuniary interests were disclosed.

## 2. Scheduled Items

### 2.1 Southwest Optimist Park Playground

That it BE NOTED that the presentation, dated June 24, 2021, from J. Michaud, Parks Planning and Design, with respect to the Southwest Optimist Park Playground, was received; it being noted that verbal delegations from J. Michaud and J. Elliott, with respect to this matter, were received.

### 2.2 SoHo Thames Valley Corridor - Natural Playground and Park Redevelopment

That it BE NOTED that the presentation, dated June 24, 2021, from E. Conway, Park Planning and Design, with respect to the SoHo Thames Valley Corridor Natural Playground and Park Redevelopment, was received; it being noted that verbal delegations from E. Conway, K. Preston and L. Williams, with respect to this matter, were received.

## 3. Consent

### 3.1 5th Report of the Accessibility Advisory Committee

That it BE NOTED that the 5th Report of the Accessibility Advisory Committee, from its meeting held on May 27, 2021, was received.

### 3.2 Municipal Council resolution from its meeting held on May 25, 2021, with respect to the 4th Report of the Accessibility Advisory Committee

That it BE NOTED that the Municipal Council resolution, from its meeting held on May 25, 2021, with respect to the 4th Report of the Accessibility Advisory Committee, was received.

3.3 Notice of Planning Application - Zoning By-law Amendment - 755-785  
Wonderland Road South (Westmount Mall)

That it BE NOTED that the Notice of Planning Application, dated May 27, 2021, from C. Parker, Senior Planner, with respect to a Zoning By-law Amendment related to the properties located at 755-785 Wonderland Road South (Westmount Mall), was received.

**4. Items for Discussion**

4.1 Electronic Scooters (E-Scooters)

That the following actions be taken with respect to E-Scooters in the City of London:

a) the revised attached comments, outlining the opinions of the Accessibility Advisory Committee with respect to E-Scooters in the City of London BE FORWARDED to the Civic Administration for consideration; and,

b) the Civic Administration BE REQUESTED to engage in external feedback acquisition in a public forum to solicit feedback on this matter.

4.2 Accessibility Advisory Committee Terms of Reference

That the attached comments, outlining the opinions of the Accessibility Advisory Committee with respect to Accessibility Advisory Committee Terms of Reference, BE FORWARDED to the Civic Administration to be considered as part of the Advisory Committee Review.

4.3 (ADDED) Summer Meeting Date

That it BE NOTED that the next meeting of the Accessibility Advisory Committee will be held on August 26, 2021.

**5. Adjournment**

The meeting adjourned at 4:44 PM.

Given the information that we have received, in addition to both lived experience and the examples set by Canadian municipalities such as Montreal and Toronto, the City of London's Accessibility Advisory Committee is unable to support the City's participation in a pilot project allowing electronic scooters (e-scooters) in public.

While the majority of our concerns are specific to challenges that these scooters pose to members of the accessibility community, they are complemented by a lack of proven benefit that would set the foundation for further discussion. The supposed environmental benefits, as proven in a North Carolina study looking at e-scooter user behaviour, are spurious at best. These e-scooters are not being used by those forsaking vehicles, but rather are generally used by those who normally walk or bike to destinations -- both of which are far more ecologically responsible forms of transportation.

And we have yet to broach the topics of injury liability, potential for theft and the related replacement costs, and additional enforcement costs that the City would be forced to absorb to meet even the minimum safety and accessibility thresholds we would expect.

So with little to no benefit, yet so much risk, we see no reason to move forward with this project. As per the City of London's Diversity and Inclusion Policy states, the City is committed to "removing system barriers to accessibility and access as experienced by our community by listening and responding to the voices of those who are marginalized."

Our "marginalized" community is expressing these concerns in advance in order to prevent the establishment of a system barrier, and we hope that prevention carries just as much weight as after-the-fact remediation efforts.

Our concerns are as follows:

- E-scooters are often discarded in locations away from their designated areas. As staff have suggested that these scooters are intended for last-kilometer traffic, one could make a reasonable assumption that they will be left on sidewalks and doorways that represent the end of that destination. That "reasonable assumption" is further reinforced by the examples of cities like Montreal, where pilot projects were ended due to this behaviour.
- Discarded e-scooters pose a risk to those with visual challenges, mobility challenges, and who use wheelchairs. Unexpected obstacles on the sidewalk, boulevard, or even along the street can pose trip-and-fall hazards for people with visual challenges, and they can effectively block people in wheelchairs, people pushing strollers, or those using walkers from progressing down pedestrian walkways.
- E-scooters are silent and pose a risk to those with visual and auditory challenges. If ridden on the sidewalk, they are an unexpected vehicle on a pedestrian-first pathway.

The Accessibility Advisory Committee fully supports the development of a multi-modal transportation model for the City of London. We have supported the integration of safely designed bike lanes, but we feel e-scooters have proven to be problematic in other communities and we encourage you to follow the example set by the City of Toronto in not voting to support a pilot project.

If the Toronto example does not suffice, we encourage you to learn from the experiences of other communities, such as Montreal, which shut down their projects specifically as a result of the manifestation of the concerns that we've expressed.

We appreciate that the lobbyist for the vendor has suggested that these concerns can be alleviated through enforcement and technological restrictions that would prevent these devices from accessing sidewalks. But we question at what cost? Who bears both the additional upfront costs and the ongoing residual costs (e.g. enforcement officers? Technological maintenance to ensure that "no-ride" zones are maintained?)

We feel that the risks, both in terms of accessibility, liability, and long-term costs far outweigh any perceived benefit (which, at this point, is restricted to some nebulous "cool factor" for the



downtown, as the environmental benefits are simply non-existent -- especially when one factors in the environmental cost of producing these scooters, and, ultimately, maintaining and replacing them.)

It is our hope that the Civic Works Committee and/or Municipal Council rejects the opportunity to participate in this pilot project.

The committee recommends that the civic administration engages in external feedback acquisition in a public forum to solicit feedback on this matter. This includes both individual community members and representatives of potentially impacted organizations.

Signed,

The City of London's Accessibility Advisory Committee  
Letter endorsed at its June 24, 2021 meeting.

The Accessibility Advisory Committee has reviewed the proposed Terms of Reference and has requested the following reinstatements and additions. Some of the items that have been proposed to be removed negatively impact the committee in that they prevent us from fully embracing the scope of the Committee's mandate.

As well, we have included language in the role, mandate, and duties section to reflect the need for accessibility to be looked upon by the "Corporation" as reflective of ableist structures and policies, to better align the committee and the language with the desired inclusive nature of the City's other documentation, including but not limited to, its Diversity and Inclusion policy.

This version is presented as an example of desired edits to the current state. However, we feel that council documentation, as a whole, should embrace Plain Language principles and adhere to the concept of universal accessibility. As it stands, this document scores a 12.8 on the Flesh Reading Ease Scale. The desired score for universal accessibility is 60.

At 12.8, this score is aligned to college graduates and is described as "very difficult to read. Best understood by university graduates." It is also at the high-end of that difficulty scale, on the cusp of Professional -- described as "Extremely difficult to read. Best understood by university graduates."

The Government of Canada in its Policy on Communications and Federal Identity embraces a move to Plain Language communication. Medical and legal organizations throughout North America have been moving towards embracing Plain Language to ensure that content is accessible to all users and that linguistic barriers do not prevent people from accessing and understanding content. And the City of London's communications team has embraced Plain Language in all of its web content.

Universal accessibility is not targeted towards the accessibility community. In fact, universal accessibility supports the needs of all users -- not only those with educational barriers, but also for our growing community for whom English may not be their first language. Universal accessibility promotes writing content in a manner that ensures comprehension, and we strongly recommend that all City of London documentation should be written in a way to promote universal accessibility.

With that, our minimum threshold edits are presented in bold, as follows:

## APPENDIX A

### Terms of Reference Accessibility Advisory Committee

#### Role

The role of an advisory committee is to provide recommendations, advice and information to the Municipal Council on those specialized matters which relate to the purpose of the advisory committee **[edit reinstate the following “, to facilitate public input to City Council on programs and ideas and to assist in enhancing the quality of life of the community.”]**

The establishment and role of the Accessibility Advisory Committee is mandated by the Accessibility for Ontarians with Disabilities Act, 2005, SO 2005, c 11.  
Definitions (AODA 2005)

“the organizations” refers to:

- the City of London and may refer to the City's Agencies, Boards and Commissions, to be determined subject to the Ontarians with Disabilities Act, 2001 (ODA 2001) and the Accessibility for Ontarians with Disabilities Act, 2005 (AODA 2005) and its regulations. It is intended that the Accessibility Advisory Committee shall advise comprehensively upon issues **[add: “that promote the dismantling of existing ableist structures and work to prevent the creation of new ableist structures towards establishing” (remove “for)]** a barrier-free London which may entail forwarding recommendations to the City's Agencies, Boards and Commissions and/or other outside organizations;

“barrier” means:

- anything that prevents a person with a disability from fully participating in all aspects of society because of their disability, including a physical barrier, an architectural barrier, an information or communication barrier, an attitudinal barrier, a technological barrier, a policy or a practice (“obstacle”);

“disability” means:

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

Mandate

The Accessibility Advisory Committee (ACCAC) shall advise and assist “the organizations” in **[add: “working towards dismantling existing ableist structures, preventing the creation of new ableist structures, and]** promoting and facilitating a barrier-free London for citizens of all abilities (universal accessibility). This aim shall be achieved through the review of municipal policies, programs and services, which may include the development of means by which an awareness and understanding of matters of concern can be brought forward and the identification, removal and prevention of barriers faced by persons with disabilities, and any other functions prescribed under the Ontarians with Disabilities Act,

2001 (ODA 2001), Accessibility for Ontarians with Disabilities Act, 2005 (AODA 2005) and regulations.

#### APPENDIX A

The Accessibility Advisory Committee reports to Municipal Council, through the Community and Protective Services Committee. The Accessibility Advisory Committee is responsible for the following: Duties Required by the Accessibility for Ontarians with Disabilities Act, 2005 (AODA 2005)

- A. participating in the development and/or refinement of the City of London's Multi- Year Accessibility Plan, which outlines the City of London's strategy to prevent and remove barriers for persons with disabilities;
- B. advising the City of London on the implementation and effectiveness of the City's Multi-Year Accessibility Plan to ensure that it addresses the identification, removal and prevention of barriers to persons with disabilities in the City of London's by-laws, and all its policies, programs, practices and services;
- C. selecting and reviewing in a timely manner the site plans and drawings for new development, described in section 41 of the Planning Act;
- D. reviewing and monitoring existing and proposed procurement policies of the City of London for the purpose of providing advice with respect to the accessibility for persons with disabilities to the goods or services being procured;
- E. reviewing access for persons with disabilities to buildings, structures and premises (or parts thereof) that the City purchases, constructs, significantly renovates, leases, or funds for compliance with the City of London's Accessibility Design Standards (FADS);
- F. Consulting on specific matters as prescribed under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA 2005)

#### Other Duties

- G. advising "the organizations" on issues and concerns (barriers) faced by persons with disabilities and the means by which "the organizations" may work towards the elimination of these barriers;
- H. annually reviewing and recommending changes to The City of London's Facility Accessibility Design Standards (FADS) and other applicable and related policies including, but not limited to, sidewalk design, traffic signalization, public works etc.;
- I. supporting, encouraging and being an ongoing resource to "the organizations", individuals, agencies and the business community by educating and building community awareness about measures (such as the availability of employment, leisure and educational choices) for improving the quality of life for persons with disabilities, through the removal of physical barriers, incorporation of universal design standards, and education to overcome attitudinal barriers to make London an accessible, livable City for all people.

#### [Reinstate:

- **i) advising "the organizations" on universal transportation issues and how to enable barrier-free access for persons with disabilities. Issues related to**

**universally accessible forms of transportation, conventional transit and taxi services, specialized services such as Para-transit, sidewalk design (curb cuts), traffic signalization, etc. shall be considered;**

- **(ii) advising, consulting and reporting findings and recommendations to “the organizations” on matters related to the status of persons with disabilities. The Committee shall be informed on matters of government policy (municipal, provincial or federal) affecting persons with disabilities and shall inform “the organizations” about the impact of these policies on London;**
- **(iii) reviewing and making recommendations on barriers faced by persons with disabilities to existing facilities owned, leased, or operated (in full or part) by the City of London;**
- **(iv) reviewing public works policies and standards (sidewalks, snow removal, etc.) and advising “the organizations” on the accessibility for persons with disabilities;**
- **(iv) coordinating the immediate and ongoing dissemination of information in various formats to the disabled community, etc. and to the public at large regarding issues faced by persons with all types of disabilities and regarding the work undertaken by the Accessibility Advisory Committee; and**

#### **Add**

- **v) in accordance with the principles of the City’s Diversity and Inclusion Policy, work with “the organizations” to identify ableist structures, policies, and behaviours, and work towards both dismantling existing barriers and preventing the introduction of new ableist policies and structures.]**

#### Composition

#### Voting Members

A maximum of thirteen members consisting of:

- a majority of the members (minimum 7) shall be persons with disabilities as required under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA 2005). The Committee members shall be representative of gender, ethnicity and diverse types of disabilities wherever possible; and
- a maximum of six additional members, as follows:
  - one member (parent) representing children with disabilities; and
  - five members-at-large, interested in issues related to persons with disabilities

it being noted that these additional members may also have a disability.

#### Non-Voting Resource Group

Non-Voting and Resource members may be engaged as the committee deems necessary.

#### APPENDIX A

#### Staff Resources

Staff resources will be allocated as required, however the specific liaison shall be the Supervisor, Municipal Policy (AODA), or designate.

#### Sub-committees and Working Groups

The Advisory Committee may form sub-committees and working groups as may be necessary to address specific issues; it being noted that the City Clerk's office does not provide resources or support to these groups. These sub-committees and working groups shall draw upon members from the Advisory Committee as well as outside resource members as deemed necessary. The Chair of a sub-committee and/or working group shall be a voting member of the Advisory Committee.

#### Term of Office

Appointments to advisory committees shall be determined by the Municipal Council.

#### Conduct

The conduct of Advisory Committee members shall be in keeping with Council Policy.

#### Meetings

Meetings shall be once monthly at a date and time set by the City Clerk in consultation with the advisory committee. Length of meetings shall vary depending on the agenda. Meetings of working groups that have been formed by the Advisory Committee may meet at any time and at any location and are in addition to the regular meetings of the Advisory Committee.



## *LONDON COMMUNITY ADVOCATES NETWORK*

June 8, 2021

Councillor Helmer, Chair  
Community & Protective Services Committee  
300 Dufferin Avenue  
London, ON N6B 1Z2  
cpssc@london.ca

### **Re: Property Standards By-Laws CP-16 & A-35**

Dear Councillor Helmer and Members of the Committee

The London Community Advocates Network (LCAN) is comprised of numerous organizations serving recipients of Ontario Works and Ontario Disability benefits as well as other low income Londoners. Co-Chairs Mike Laliberte, of Neighbourhood Legal Services, and Jacqueline Thompson, of LIFE\*SPIN, are submitting this on behalf of the LCAN. We meet with the group on a quarterly basis, and with staff from both program areas, to provide input regarding local issues and policies affecting the vulnerable populations that we serve. The concerns regarding vacant properties and property standards have been part of our discussions for more than a year and, at our May 27<sup>th</sup> meeting, we noted the Co-Chairs would send a letter from us in this regard. The network agencies are keenly aware of the difficulties low-income Londoners face and, thus the London Community Advocates Network would like endorse the recommendations put forward in the May 17 Report to Council by the Western students working with LIFE\*SPIN. The submission was moved to the CPSC report; however, the submission, nor its recommendations, were not provided an avenue for follow-up.

We understand that with the Covid-19 pandemic, there is an increased pressure on municipalities to manage vital services and programs with more staffing constraints. Despite these constraints, we implore City Council to take needed action in a number of systemic areas of Property Standards Enforcement. During the stay at home order, children living in low-income families were locked in homes that were unsafe to live in. **We implore, that when Covid-19 restrictions are lifted, that inspections of mapped properties become a priority.** As our community begins to recover, there will be fallout from two years of no enforcement measures in their homes and to begin with, we would like to make the following recommendations in relation to current issues before the CPSC and Council on property standard issues and vacant properties.

#### **1. Access to Information**

As noted in the May 17<sup>th</sup> Report to Council, the by-law changes do not recognize nor address the tenant's right to access information about the lack of safe living conditions in their homes. Tenants residing in units that do not meet property

standards should be viewed as a party and given notice of bylaw breaches and hearings. They are the party most impacted by property standards breaches. All tenants living in a property that does not meet the community standards detailed in the bylaw should receive a copy of current enforcement orders and notification of appeals submitted in this regard. The May 17<sup>th</sup> Report to Council provides a clear picture of the dangerous and unhealthy conditions where poor families live, as well as the prevalence of these conditions throughout our community. At the public participation meeting regarding CP-16, staff noted that it would be easy to provide tenants copies of enforcement orders when they are issued. This will enable the tenants to take appropriate measures to protect their families and seek reimbursement through the Landlord & Tenant Tribunal process available to them. We request that this practice be implemented without delay.

## **2. Unlicensed & Unfit Housing**

How will you address the loss of housing when enforcement staff identify homes where people should not be living?

Low income families living in substandard housing are already reticent to report their living conditions for fear of reprisal that includes the loss of their housing. The City needs a plan to relocate them to safe living conditions while the enforcement process unfolds. Temporary housing needs to be designated for families to live in, in their neighbourhoods. This will require the Housing staff to work with Enforcement staff to develop a plan.

The City has the power to undertake the repairs to bring these units up to the standards detailed in the Bylaw and to bill the property owners for the repairs. The costs to the City can be recovered when appropriate steps are taken by the City regarding Title and the sale of the property. The Bylaw was recently updated with the addition of fines, however it did not address the need to move tenants to safe housing, while the City takes action to rectify the violations, and return the tenants to their homes, at the same rent, when the work is completed.

Inclusionary Zoning could include temporary units for this purpose, rent supplements could be designated, and London Housing could be utilized, however an Affordable Housing Plan needs to be developed with a multi-layered approach to address the spiralling effect of the housing market and lack of enforcement capacity for an extended period. Our Network is well placed to assist the City in identifying the overlapping barriers impacting the low-income families we serve.

## **3. Vacant Property**

Fewer affordable housing units are available as a result of other ongoing pressures within London. We are aware that many private investors are purchasing affordable housing units, renovating them, and then requesting higher rents. We are also aware of properties being purchased by developers and holding companies and left vacant for many years. Not only does this lower the availability of affordable housing, it also drives market rents higher.



In addition to the capacity to issue fines for not maintaining vacant properties, the municipality could take a more proactive approach to making it less appealing to property owners to leave homes vacant. Slapping plywood over the windows does not meet the standards outlined in the bylaw. Again, the City has the authority to complete the repairs to bring these properties up to standards detailed in the bylaw.

Why should taxpayers bear the burden of the costs for ongoing inspections of properties that are clearly not secured according to our community standards and the costs and risks of sending the Fire Department to these properties. When the property standards are enforced, there is less likelihood that they will be left vacant to deteriorate, particularly when there is a substantial cost for property owners to secure them appropriately. Some municipalities are taking a more proactive approach, including levying additional taxes on vacant properties.

**In conclusion**, we ask that the issues of low income Londoners be taken fully into account when the 're-opening' plan begins to address the unsafe conditions people have been confined to during the stay at home orders. The time for Council to act on property standards issues is now. We submit that these be approached systemically and be prioritized by staff, including a budget to safely house the tenants and proactively enforce the property standards repairs. These are necessary to maintain our current affordable housing stock and protect the most vulnerable families in our community.

Respectfully,

*Mike Lalaberte*

Mike Lalaberte, Staff Lawyer  
Neighbourhood Legal Services  
[laliberm@lao.on.ca](mailto:laliberm@lao.on.ca)

*Jacqueline Thompson*

Jacqueline Thompson, Executive Director  
LIFE\*SPIN  
[life@execulink.com](mailto:life@execulink.com)



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London, ON  
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**London**  
CANADA

6 Jul 2021

Members and Chair  
Community and Protective Services Committee

re: Recognizing the impact of hosting the COVID-19 assessment centres at Oakridge Arena and Carling Heights Optimist Community Centre

Dear Colleagues,

It has now been 16 months since the COVID-19 assessment centres opened at Oakridge Arena and Carling Heights Optimist Community Centre. As you will recall, particularly in the first phase of the pandemic, the establishment of these very necessary testing centres resulted in not only the loss of community recreation facilities (an issue that has affected so many recreation facilities) but also substantial impacts in the neighbourhoods where the testing centres are located, especially in terms of unusually high volumes of traffic, including very long queues before the appointment system was implemented.

To recognize the significant impact that the testing centres have had on the local host neighbourhoods, we believe it is appropriate to engage those residents in a discussion about outdoor or indoor recreation upgrades in those areas. For example, and to give a sense of the scale we are contemplating, the wading pool in McMahan Park could be upgraded to a splash pad.

As the councillors representing residents in these two areas, we are therefore seeking support for the following motion:

- a) That Civic Administration BE DIRECTED to consult residents, especially those close to the COVID-19 assessment centres, about priorities for new recreational amenities or upgrades to existing recreational amenities in the general area.
- b) That Civic Administration BE DIRECTED to explore potential provincial and federal funding opportunities for recreational infrastructure and to report back with recommended new or upgraded recreational amenities in the general area of both testing centres, along with a recommended source of financing.

Sincerely,

Steve Lehman  
Councillor, Ward 8

Jesse Helmer  
Councillor, Ward 4

Ed Holder  
Mayor

RE: Business case request for agricultural transitional housing project

July 15, 2021

Dear chair and members of the CPSC,

I see the need for innovative transitional housing in London and believe that providing opportunities for engaging agricultural activities by residents would add value to our efforts. Engaging people in agricultural learning has been shown to build both life skills, pride of ownership and self esteem where it has been undertaken elsewhere.

Some elements I am personally interested in are:

- Transitional housing in a rural setting
- Opportunities for the residents to contribute to the community such as
  - Growing food, including a greenhouse
  - Food preparation
  - Transitional housing construction
  - Property maintenance
- Appropriate storage apparatus (or facilities)
- Appropriate personal supports and site security
- Volunteer opportunities for Londoners to assist with the community

To this end I hope you will support the following motion or something similar:

That Civic Administration be directed to review and included opportunities for appropriate scale food production and/or agriculture activities in future business cases for transitional housing developments led by the city and it's partner agencies, boards and commissions.

Yours,

Michael van Holst  
City Councillor, Ward 1

**DEFERRED MATTERS**

**COMMUNITY AND PROTECTIVE SERVICES COMMITTEE**

as of July 19, 2021

<b>File No.</b>	<b>Subject</b>	<b>Request Date</b>	<b>Requested/Expected Reply Date</b>	<b>Person Responsible</b>	<b>Status</b>
1.	<p><b><u>Proposed Accessible Vehicle for Hire Incentive Program – Update</u></b>                      That, on the recommendation of the Managing Director, Development and Compliance Services and Chief Building Official the following actions be taken with respect to the staff report dated September 10, 2019 related to an update on a proposed accessible vehicle for hire incentive program:</p> <p>b) the Civic Administration BE DIRECTED to hold a public participation meeting at a future meeting of the Community and Protective Services Committee with respect to amending the Vehicle for Hire By-law to make the necessary changes to implement an incentive program for accessible vehicles for hire.</p>	September 10, 2019	TBD	Anti Racism, Anti Oppression Service area	
2.	<p><b><u>Special Events Policies and Procedure Manual</u></b>                      That the following actions be taken with respect to the “Special Events Policies and Procedure Manual”:</p> <p>a) the communication dated September 6, 2019 from Councillor A. Kayabaga, with respect to the “Special Events Policies and Procedures Manual” BE RECEIVED; and,</p> <p>b) the Civic Administration BE DIRECTED to review the City’s “Special Events Policies and Procedures Manual” and report back on possible amendment to the Manual to address the following matters:</p> <p>i) the disruption caused by special events being held in the evenings prior to a work and/or school day;</p>	September 10, 2019	July 2021	S. Stafford	

File No.	Subject	Request Date	Requested/Expected Reply Date	Person Responsible	Status
	<p>ii) the application of the same rules/restrictions that are in place for Victoria Park to Harris Park; and,            iii) increased fines and penalties for special events that contravene the Manual.</p>				
3.	<p><b><u>Short-Term Accommodations - Proposed Regulations</u></b>            That, on the recommendation of the Managing Director, Development and Compliance Services and Chief Building Official, the following actions be taken with respect to the staff report dated February 19, 2020 related to short-term accommodations:            a) the Civic Administration BE DIRECTED to amend all necessary by-laws to address short-term accommodations and hold a public participation meeting at a future meeting of the Community and Protective Services Committee;            b) the Civic Administration BE DIRECTED to continue consulting with short-term accommodation platforms on the further collection of Municipal Accommodation Tax; and,            c) the above-noted staff report BE RECEIVED;            it being noted that a communication from G. Webster, as appended to the Added Agenda, as well as the attached presentation from N. Musicco, Specialist I, Municipal Policy, with respect to this matter, were received.</p>	February 19, 2020	Q1 2021	G. Kotsifas O. Katolyk	
4.	<p><b><u>Graphic, Unsolicited Flyer Deliveries to Residential Properties</u></b>            That the following actions be taken with respect to graphic, unsolicited flyer deliveries to residential properties:            a) the Civic Administration BE DIRECTED to investigate options to address community concerns around graphic, unsolicited flyer deliveries to residential properties and report back to a future meeting of the Community and Protective Services Committee, outlining information and options including, but not limited to:</p>	November 3, 2020	Q3 2021	G. Kotsifas O. Katolyk	

File No.	Subject	Request Date	Requested/Expected Reply Date	Person Responsible	Status
	<p>i) steps taken by other municipalities with respect to this matter; and,</p> <p>ii) potential amendments to the existing municipal nuisance by-law or introduction of a new by-law with respect to this matter;</p> <p>b) the communication, dated November 1, 2020, from Councillor van Holst, with respect to this matter, BE REFERRED to the Civic Administration for consideration;</p> <p>c) the delegation request by M. McCann, London Against Abortion, BE REFERRED to a future public participation meeting with respect to this matter; it being noted that a communication from M. McCann, dated October 30, 2020, with respect to this matter, was received;</p>				
5.	<p><b><u>London Community Recovery Network - Ideas for Action by Municipal Council</u></b></p> <p>That, on the recommendation of the Managing Director, Neighbourhood, Children and Fire Services, the Acting Managing Director, Housing, Social Services and Dearness Home, and the Managing Director, Parks and Recreation, the following actions be taken with respect to the staff report dated February 9, 2021 related to the London Community Recovery Network and ideas for action by Municipal Council:</p> <p>ii) the implementation plan for item #2.3 Downtown Recovery – free transit to the downtown, as it relates to transit initiatives to the downtown, BE REFERRED back to the Civic Administration to continue working with the London Transit Commission on this matter, with a report back to a future meeting of the Community and Protective Services Committee (CPSC) when additional details are available; and,</p> <p>iii) implementation plan for item #2.3 Downtown Recovery – free transit to the downtown, as it relates to parking initiatives in the downtown BE REFERRED back to the Civic Administration with a report back to</p>	February 9, 2021	TBD	C. Smith K. Dickins S. Stafford	

File No.	Subject	Request Date	Requested/Expected Reply Date	Person Responsible	Status
	a future meeting of the CPSC when additional details are available;				
6.	<p><b><u>Affordable Housing Units in London</u></b>  That the following actions be taken with respect to the creation of affordable housing units in London:</p> <p>a) the Civic Administration BE DIRECTED to expedite the development of needed 3,000 affordable housing units as set out in "Housing Stability Action Plan" (HSAP) to be in place in five years, instead of ten years as set out in the Plan; and,</p> <p>b) the Civic Administration BE DIRECTED to report back to a future meeting of the Community and Protective Services Committee with an implementation plan, inclusive of financial impacts, that sets out the best supports for the development of affordable housing units;</p> <p>it being noted that a communication from Mayor E. Holder, with respect to this matter, was received. (2021-S14)</p>	March 30, 2021	TBD	K. Dickins	
7.	<p><b><u>Animal By-law PH-3</u></b>  That the communication, dated April 1, 2021, from Councillor M. Cassidy, with respect to By-law PH-3, being "A by-law to provide for the regulation, restriction and prohibition of the keeping of animals in the City of London", BE REFERRED to the Civic Administration for review and a report back at a future meeting of the Community and Protective Services Committee related to revisions or updates that could be made to the by-law; it being noted that a communication from K. and K. Beattie, as appended to the Added Agenda, with respect to this matter, was received.</p>	April 20, 2021	TBD	G. Kotsifas O. Katolyk	
8.	<p><b><u>School Planning</u></b>  That the Civic Administration BE DIRECTED to provide an information report at a future meeting of the Community and Protective Services Committee with respect to the roles and responsibilities of the</p>	June 22, 2021	TBD	C. Smith	

File No.	Subject	Request Date	Requested/Expected Reply Date	Person Responsible	Status
	local school boards and how the City of London interacts with the boards related to the items listed in the communication, as appended to the Agenda, from Councillors S. Lewis and P. Squire; it being noted that the above-noted communication, with respect to this matter, was received.				