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**Brief presented to the *Commission de l'aménagement du territoire* on provisions regarding Côte Saint-Luc Emergency Medical Services contained in **Bill 22**:**

An Act to amend various legislative provisions concerning the urban agglomeration of Montreal

Prepared and submitted by

**The City of Côte Saint-Luc**  
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## **I. Introduction**

The City of Côte Saint-Luc welcomes the proposal by the Government of Quebec to amend the rules of governance of the urban agglomeration of Montreal in *Bill 22: An Act to amend various legislative provisions concerning the urban agglomeration of Montreal*.

As a member of the Association of Suburban Municipalities (ASM), the City of Côte Saint-Luc supports the ASM brief and actively participated in its preparation. Nonetheless, the City of Côte Saint-Luc is present at these hearings in its own right, because one article contained in Bill 22 relates exclusively to the City of Côte Saint-Luc and we wish to expand on the supportive position taken by the ASM on this article.

Ever since the current Côte Saint-Luc council was elected in November of 2005, we have taken every step possible to save our unique Emergency Medical Services (EMS), which has provided exemplary first responder service to our municipality since 1980. Part of that process involved sending information to all MNAs and speaking with representatives of all three political parties to explain the nature of our unique service and why legislative amendments were required. Côte Saint-Luc was one of the very first municipalities in Quebec to start a first responder service of this magnitude. The members of our EMS service are among the best trained first responders in the province and are highly appreciated in our community.

Unfortunately, without immediate legislative action, our EMS service would soon cease to exist as we know it, due to the collective agreement signed by the City of Montreal with the firefighters union in 2003. If Section 3 of Bill 22 amending Article 28.1 of the Act respecting the exercise of certain municipal powers in certain urban agglomerations (R.S.Q., chapter E-20.001) (hereafter referred to as “Section 28.1”) is not adopted, then the Montreal fire department will have the right to supplant EMS on the territory of Côte Saint-Luc against the will of our council and residents as of January 1, 2009.

### ***Côte Saint-Luc EMS: a special service for our community***

There are many things that distinguish the City of Côte Saint-Luc as a municipality but if you asked our council and residents they would single out two services that make our city special. One is our superb library which is open between 10am to 10pm, 7 days a week, 365 days a year. The other is the Côte Saint-Luc EMS first responder service, which residents know will respond before the Urgences-santé ambulance in the event of a

medical emergency in Côte Saint-Luc. Most residents personally know someone who has assisted by our EMS and many would know someone who has been assisted due to the rapid and effective intervention of Côte Saint-Luc EMS.

It is not only local Côte Saint-Luc residents who support our EMS. Attached as **Annex A** of our brief you will find letters of support for Côte Saint-Luc EMS from the directors of emergency medicine at the Jewish General Hospital (**Dr. Marc Afilalo**), the Montreal General Hospital (**Dr. Robert Primavesi**) and the Royal Victoria Hospital (**Dr. Mitchell Shulman**). In **Annex B**, you will find a sample of petitions we received from residents in support of our EMS. In **Annex C**, you will find editorials from local papers in support of Côte Saint-Luc EMS and this article of Bill 22 and a variety of news articles that provide further background on this issue.

The council of the City of Côte Saint-Luc has no more important job in this mandate than to protect our EMS first responder service, which the city has spent approximately 20 million dollars over the last 27 years to build and which has wide support in our community.

Given that, we are here today to provide all the members of this commission and by extension all members of the National Assembly with the background information we have in our possession and to strongly support Article 28.1, which confirms that the first responder service on the territory of the City of Côte Saint-Luc is a local power and not an urban agglomeration power.

In this brief, we will provide information on:

- Why Bill 22 is critical to the survival of Côte Saint-Luc EMS
- Côte Saint-Luc EMS and what it does
- How our first responder service is superior to the service proposed by the Montreal fire department
- Financing issues

If Article 28.1 is adopted by the National Assembly, then our EMS first responder service will remain in place to render high quality, rapid and humane emergency medical care to our residents as well as to save lives for many years to come. If Article 28.1 is not adopted, then our EMS service as we have known it for 27 years will disappear.

## **II. Bill 22: Critical to the survival of our first responder service**

Côte Saint-Luc and its residents greatly appreciate the recognition within the legislation of how important Côte Saint-Luc EMS is to our community. Earlier this year, we sent letters to all members of the National Assembly urging them to help protect our long-established first responder service. The history and context of our request are explained in the pages that follow.

On December 8, 2005, by virtue of Article 69 of Decree 1229-2005 (hereafter referred to as “the Agglomeration Decree”), Côte Saint-Luc EMS received a three-year protection, which allows it to continue operating as a first responder service under local jurisdiction. This protection expires on December 31, 2008. While it was very appreciated at the time, it still was not a permanent solution.

Article 28.1 gives the City of Côte Saint-Luc the permanent exemption we need to continue to operate our EMS service. This is something of great importance to the residents of Côte Saint-Luc and its council.

The following text is included in Article 28.1, which will have the effect of allowing EMS to continue to answer Priority 1 calls (i.e., life-threatening calls), on its territory.

## **Section 3: Article 28.1**

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### *PUBLIC SECURITY*

*28.1. Despite subparagraph a of paragraph 8 of section 19, the component of public security consisting in first responder services on the territory of Ville de Côte-Saint-Luc is a power other than an urban agglomeration power and is under the responsibility of that city."*

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## **III. History of Côte Saint-Luc EMS**

City of Côte Saint-Luc (pop: 31,395) was a pioneer in the field of pre-hospital emergency medical care and disaster readiness. One of the reasons for this is that approximately 30 percent of our population are senior citizens, one of the highest percentages in Quebec. We also have, to our knowledge, the highest percentage of residents age 85 and older in the entire province.

Côte Saint-Luc is home to two long-term care hospitals and seven senior residences along with many autonomous seniors. As a result of our demographics, Côte Saint-Luc has a disproportionately large number of 9-1-1 emergency medical calls.

Founded in 1965 as the Emergency Measures Organization, Côte Saint-Luc EMS has provided first responder service to the community since 1980. Our EMS offers a superior quality of pre-hospital emergency medical care to the residents of and visitors to Côte Saint-Luc.

Côte Saint-Luc EMS has a full-time director and an administrative coordinator who supervise our local 24 hours a day 7 days a week 365 days a year dispatch service and a group of more than 85 volunteers who are dispatched on first response calls 24 hours a day 7 days a week 365 days a year. These full-time staff members are also trained first responders who are available to respond to calls and do so whenever a crew is unavailable because of multiple calls. In fact, in June 2007, EMS Director Stéphane Kallos became the first person in Quebec to be certified as a Canadian Red Cross emergency medical responder (EMR) instructor. The Red Cross EMR course is the first

one that meets the strict requirements of the Paramedic Association of Canada. See section VII for a description of the first responder training Côte Saint-Luc EMS volunteers receive, which far surpasses the training of the Montreal fire department.

Côte Saint-Luc EMS volunteers provide emergency patient care and on-site medical support at special events and large public gatherings. They also provide basic first-aid training for lifeguards and city employees, first-aid training for the public, blood pressure clinics and CPR demonstrations.

Côte Saint-Luc EMS generally arrives at 9-1-1 Priority 1 and Priority 2 calls several minutes before the Urgences-santé ambulance. Our average response time is approximately three and a half minutes following notification.

Indeed the level of training that our EMS volunteers receive before they are certified is higher than what the Montreal fire department plans to achieve when their first responder service is implemented on the rest of the island. Although by law Côte Saint-Luc EMS cannot perform more medical procedures than any other first responders in Quebec, we are certain the quality of care delivered by our EMS volunteers and their level of understanding to the particular needs of our residents is higher. In particular, our EMS medics are better able to interpret a patient's often complex complaint and to tailor care accordingly. Furthermore, our medics receive specialized training in caring for a senior population, which is of vital importance given the local demographics explained above.

Just as important as quality of care is the types of calls to which Côte Saint-Luc EMS responds. Our EMS answers both Priority 1 (immediately life threatening calls) and Priority 2 (potentially life threatening calls) whereas the fire department will only answer Priority 1 medical calls.

## **IV. Investing in our first responder service**

Before the forced municipal mergers that took effect on January 1, 2001, the City of Côte Saint-Luc invested heavily in its EMS first responder service, including in the following:

- A municipal building to headquarter EMS on Côte Saint-Luc Road
- Emergency vehicles capable of transporting personnel and equipment
- Medical, rescue and communications equipment
- Training for our top-notch volunteers
- Administration, coordination and management

We estimate that, since 1980, Côte Saint-Luc has spent more than \$20 million to build this unique service. This amount does not even include some ongoing costs such as vehicle maintenance, fuel, insurance or the nominal per diems received by our volunteers to cover transportation and meals. All this has historically been accomplished without any financing from the Government of Quebec or any other taxpayers on the island. We would note that over the entire history of EMS, the City of Côte Saint-Luc solely financed the service until January 1, 2006 when the Agglomeration Decree came into effect and stated that EMS was to be financed by the agglomeration of Montreal.

Côte Saint Luc is committed to financing the service and continuing to invest in this service in order to maintain the same standard of excellence and is not requesting that the EMS service be financed through the agglomeration of Montreal beyond the period set out in the Agglomeration Decree. We will address the issue of financing in Section VIII.

By allowing Côte Saint-Luc to maintain control of first responder services on its territory, Article 28.1 ensures that Côte Saint-Luc residents will continue to enjoy the benefits from the millions of dollars they have invested in EMS over the last 27 years by retaining what we consider to be the highest quality first responder service.

## **V. Local volunteers: Pursuing health care careers in Quebec**

Côte Saint-Luc has been able to attract volunteers who have spent years serving the community by giving hours of their time to help the sick and injured and save lives. Many of these volunteers have gone into the medical profession as a result of their Côte Saint-Luc EMS experience, practicing their skills here in Quebec.

Article 28.1 ensures that these dedicated volunteers can continue to serve their community—not because they are required to do so to get a pay cheque or because of a collective agreement—but because of a deep connection to the community.

Through the investment by Côte Saint-Luc in hundreds of young people across the region of Montreal, Quebec has benefited by many who have become physicians, nurses and technicians in the Quebec health care system. If our EMS continues, Quebec will continue to benefit from the investment by Côte Saint-Luc in our youth.

## **VI. Effect of the forced municipal mergers**

The Côte Saint-Luc EMS first responder service came under threat because of the forced municipal mergers. If they had never happened, the issue would never have arisen.

Pre-merger, Côte Saint-Luc had the jurisdiction to administer first responder services on its territory. It also had jurisdiction over its fire department. Therefore the current situation never could have existed before the forced mergers.

Côte Saint-Luc had signed agreements with Urgences-santé ensuring EMS would receive Priority 1 (life threatening calls) and Priority 2 (urgent and potentially life threatening calls) when 9-1-1 was called and this ran effectively. The Côte Saint-Luc fire department was trained in first response so they could use those skills where required but understood that the EMS volunteers were better trained as first responders and there was mutual respect between the different services.

The forced mergers changed this. Not only was Côte Saint-Luc forced into the City of Montreal against its will but jurisdiction over the fire department and first response shifted to the City of Montreal.

While Mayor Gerald Tremblay promised Côte Saint-Luc when he was a candidate in the 2001 election that it would retain its unique EMS service and stated that it was a jewel on the island, the City of Montreal executive committee entered into a collective agreement with the fire union in 2003 that promised the firefighters union a monopoly on first responder service Priority 1 calls.

As this occurred during a period when the City of Côte Saint-Luc did not exist we were not party to the negotiations or discussions and had no say in defending our service. Whether Montreal representatives negotiating the collective agreement forgot about protecting EMS or just did not care to do so is beside the point. The effect of the collective agreement is that if the members of the National Assembly do not adopt Article 28.1, the EMS service will be replaced by the fire department because of this collective agreement.

When the collective agreement was ratified, there were protests from the elected officials representing the Borough of Côte Saint-Luc/Hampstead/Montreal West and from our residents. In reaction to this protest the Executive Member then responsible for Public Security Peter Yeomans promised that Côte Saint-Luc EMS would be protected and that an agreement with the firefighters would be negotiated to override the collective agreement. In an October 27, 2003 press release (attached as **Annex E**), Mr. Yeomans said:

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*L'administration municipale actuelle à la volonté politique de faire tout ce qui est en son pouvoir pour assurer que ces services importants et extrêmement populaires demeurent en place. Notre administration à l'intention de s'asseoir avec le syndicat des pompiers afin d'aborder la question du service SMU de Côte St-Luc, comme exemple de <<pratiques exemplaires>>, pouvant servir de modèle à reproduire pour les autres arrondissements.*

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In addition Côte Saint-Luc received further reassurances from then fire director Alain Michaud. In a letter dated September 25, 2003 (attached as **Annex F**) Michaud stated that nothing in the collective agreement would impact EMS and that he would negotiate further with the union. The press release (attached as **Annex E**) issued by the City of Montreal quoting Peter Yeomans affirms this position.

Furthermore when the proposed agreement with the government to finance first responders first came up at Council in 2003, it was clearly understood that these negotiations would continue in order to accommodate and protect first responders in Côte Saint-Luc in co-existence with the fire department.

However following this period came the demerger of Côte Saint-Luc and since then no effort has been made by the City of Montreal or the fire union management to negotiate with the union to protect Côte Saint-Luc EMS. Given that fire is now an urban agglomeration responsibility, Côte Saint-Luc has no authority to negotiate on its own with the union but in our informal contacts they have made it clear that they refuse to renegotiate the monopoly on Priority 1 calls that was handed to them in the collective agreement.

In 2005, through our intensive lobbying, the cooperation of the Transition Committee led by Pierre Lortie and our local MNA for D'Arcy McGee and through the goodwill of the Quebec government, the Agglomeration Decree provided Côte Saint-Luc EMS with the three year exemption that expires on December 31, 2008.

However that temporary exemption is not sufficient and a permanent solution is required. Given that this issue only affects Côte Saint-Luc and no other territory on the Island, there is no political incentive for the City of Montreal or the Montreal fire department to do anything to change the current situation. However when approached on this subject at the March 2007, agglomeration council meeting, Mayor Tremblay stated that it was up to the Quebec government was to continue this protection through legislation.

Presumably, the original exemption was granted by the Government of Quebec in the hope that the City of Montreal would work with Côte Saint-Luc to find a way to continue EMS by mutual consent. Given that this has not occurred, the National Assembly must provide a permanent solution to this problem. The language proposed in Section 28.1 accomplishes this admirably and we strongly support its adoption.

## **VII. Côte Saint-Luc EMS and the Montreal fire department**

Our local council is the most familiar with our services and closest to our residents and therefore is best positioned to pronounce what is best for our local community. The desire by the local municipality to protect its service should be the primary consideration in the legislator's mind. We are sure that you understand that the Council of Côte Saint-Luc is composed of highly educated individuals who have the public interest at heart. Our residents are equally well educated and demanding of the best services.

Therefore, given that fact that with our in-depth knowledge of both EMS and the services the fire department can offer, our Council stands unanimously before you with the support of our residents and influential medical professionals asking to keep EMS should confirm for you that we truly believe our service to be superior to what the firefighters can offer. Otherwise you can rest assured we would not be investing the time and energy in this cause.

Nonetheless, we are aware that the Montreal fire fighters union wishes to have a monopoly on first responder service on the island of Montreal—at least for Priority 1 calls. Therefore, we feel compelled to mention not only the strengths of the Côte Saint-Luc EMS first responder service but also to compare it to the service the Montreal fire department claims to be able to provide.

Côte Saint-Luc EMS is the better trained more professional service with 27 years of experience in the field and a record of hundreds of lives saved. The fire department has not even started its island wide service, yet we can easily note that our service is superior in almost every regard. EMS volunteers are better trained, faster, more sensitive to the community and will respond to more calls than the fire department.

Let us be clear. Our council and residents have the highest respect for our firefighters. These comparisons are not meant to put down the fire department or the firefighters. For the remainder of the island of Montreal that has no first responder service except the fire department, it is clear that the firefighters providing first response will provide an invaluable service, which we strongly encourage.

However, because the City of Côte Saint-Luc has its own unique, superior and purely locally-run service that preceded the fire department service by a quarter of a century, we have every right—or should have every right—to say we do not want to lose it or surrender any part of it to the Montreal fire department.

### ***First response is the only job of Côte Saint-Luc EMS***

Côte Saint Luc EMS is a dedicated service with only one core responsibility: to respond to all emergency medical calls. The fire department's core responsibility, however, is to train for and respond to fire calls.

In fact, one need only review actual data from fire inspections in Côte Saint-Luc when we had our own fire department and today to see how priorities set by Montreal can change and reduce the services for our residents.

In 2001, when before Côte Saint-Luc was merged into the Montreal megacity, the Côte Saint-Luc fire department performed 1,800 fire prevention inspections. In the last 12 months (from November 2006 to October 2007), the Montreal fire department conducted 523 fire prevention inspections in Côte Saint-Luc.

In summary, the Montreal fire department is providing just 29 percent of the fire inspections we used to receive from our own Côte Saint-Luc fire department. It is clear from these statistics that because fire prevention is not the main priority of the Montreal fire department. Similarly, medical first response not its first priority either and never will be.

We cannot let the Montreal fire department reduce the level of medical first response in Côte Saint-Luc as they have already done in the area of fire prevention. But that is exactly what will happen until Article 23.1 is adopted.

Unlike the Montreal fire department, the first priority of Côte Saint-Luc EMS is to be first responders. They don't fire fires. They don't respond to gas leaks. They have only one mission.

Côte Saint-Luc EMS medics remain on duty and available for calls and stay within the limits of the City of Côte Saint-Luc. This is not the case with the fire department, which

now responds to calls all over the island of Montreal. Our vehicles are driving consistently through the city bringing them closer to most calls than the fire department whose vehicles, when not on a call, are sitting at a station at the outer border of Côte Saint-Luc.

Côte Saint-Luc EMS now has a second crew (and frequently a third crew) available in the Côte Saint-Luc EMS station or traveling around the City of Côte Saint-Luc that are available to respond to simultaneous calls. This is something that the fire department would almost never be able to offer—unless the responders came from stations that were far outside our territory with a response time that would not beat the ambulance to the patient.

In addition to our multiple crews, on the rare times when a crew on duty would not be available to respond, we are fortunate to have 11 EMS officers who live in our city and who are all radio equipped when off duty. They also carry medical gear and supplies and respond either to offer additional assistance at the scene of a major call or to other calls when the shift on duty is not available ensuring that we are generally able to respond to calls 7 days a week, 24 hours a day, 365 days a year.

### ***Côte Saint-Luc EMS: Responding to Priority 1 and Priority 2 calls***

Where Côte Saint-Luc EMS responds to 1,500 Priority 1 (immediately life threatening) calls and 1,500 Priority 2 (potentially life threatening) calls each year. A Priority 2 call can easily be, and frequently is, upgraded to a Priority 1 by the dispatcher. In addition, the call taking process is not perfect and some critical calls get classified as Priority 2, even though an immediate threat to life is present.

Where Côte Saint-Luc EMS answers both Priority 1 and Priority 2 medical calls, the fire department will only answer Priority 1 calls. In practice, therefore, the fire department would not respond to a call where a 90-year-old woman has fallen on ice and suffered a hip fracture outside at -20C, or where someone has suffered a stroke, or where someone has had a psychiatric emergency. These are all examples of Priority 2 calls.

Only Côte Saint-Luc EMS responds to these important calls and offers these residents care and comfort before the Urgences-santé ambulance arrives.

Therefore, regardless of the number of Priority 1 calls the fire department responds to, it will still not respond to 50 percent of our current call volume that is prioritized by 9-1-1 dispatchers as Priority 2. This is important because a good percentage of calls prioritized as Priority 2 are, in fact, Priority 1 life threatening medical calls.

The firefighters union argues that Côte Saint-Luc EMS continue answering Priority 2 calls while it fields Priority 1 calls. Unfortunately, Côte Saint-Luc is not likely to be able to run this service and attract volunteers if we are limited to Priority 2 calls alone. Our volunteers thrive the most compelling calls—those that enable them to put their extensive training to use in saving lives and alleviating suffering of the sick and injured.

### ***Fire department unavailable for many Priority 1 calls***

In addition to answering a greater number of emergency calls (Priority 1 and Priority 2) than the fire department, we also believe Côte Saint-Luc EMS offer superior service on the calls the fire department has agreed to respond to (Priority 1 calls). One reason is that fire department crews are not available when away on fire calls and take longer to become available following a fire call. Côte Saint-Luc EMS has only one role and can respond to emergency calls much sooner.

One of the arguments advanced by the fire department is that they are available 24 hours a day, seven days a week. However, we know that the fire department does not respond to first response calls when they are out of station. One large fire or a number of false alarms can empty all stations that could provide first response to our area.

In comparison, Côte Saint-Luc EMS has two or three teams on duty for the day and evening shifts—the time of day that most calls occur. We also have a team at the station for the overnight shift and in the rare event that a team is not at the station, other volunteers are on duty in the city.

Côte Saint-Luc EMS has numerous medics on call 24 hours a day—some carrying pagers and some in constant radio communication with our dispatch centre. That means our EMS has access to volunteers to respond to calls when a shift is not in the station meaning that they are available at all times. These volunteers also mean that additional resources are there to assist on a call, or to respond to a second or third call simultaneously. This is not achievable with the fire department.

## **Firefighter delays put the public's safety at risk**

On November 9, 2007, The Gazette reported on a hearing at the Essential Services Council whether Montreal firefighters have been providing a basic level of service while negotiating for a new labour contract. Francois Beaubien, who represents the City of Montreal, says that there are delays when one fire station sends its first responders to cover for another. Here is an excerpt from the news article, which is available as **Annex I**.

Some firefighters who are qualified as first responders - personnel who provide urgent medical care before an ambulance arrives – have not showed up for work for various reasons, leaving certain fire stations without first responders for several hours on four days this week, Beaubien said.

Staff from neighbouring stations can usually fill in, but with possible delays, he said.

"A delay definitely puts the public's safety in danger."

As a result of the tactics, one of three fire trucks was out of service at Station 65 in LaSalle on Oct. 29, Oct. 30, Oct. 31 and Nov. 1, Beaubien said.

*Source: The (Montreal) Gazette, November 9, 2007, page A6.*

This recent example illustrates two key facts:

1. Labour unrest can undermine the first responder service offered by the Montreal fire department, whereas Côte Saint-Luc EMS uses a volunteer force and is never hostage to labour negotiations or disruptions
2. Delays are inevitable when firefighters move people or equipment from one station to other and, according to the City of Montreal, this “puts the public’s safety in danger.” We strongly agree.

## **Availability of firefighters**

While the discussion above deals with the theoretical availability of firefighters, the next section provides actual data from weeks in May and November, which confirms that

Montreal firefighter first responders would fall far short of their claim to 100 percent availability in responding to emergency medical calls.

Between May 9 – 15, 2007, and November 5 – 9, 2007 Côte Saint-Luc collected information on the availability of firefighters at Station 78 in Côte Saint-Luc during Priority 1 and Priority 2 emergency medical calls.

During the week of May 9, Côte Saint-Luc EMS responded to 47 emergency medical calls from 9-1-1 dispatch. Had the fire department been providing first responder services, it would have been unavailable during 49 percent of the 9-1-1 calls that Côte Saint-Luc EMS responded to (n=23/47). Counting only Priority 1 calls, the fire department would have been unavailable 48 percent of the time (n=11/23). Moreover, the fire department would not have responded to the 24 calls which were Priority 2 calls meaning that the fire department would have in total responded to 11 of the 47 calls that EMS responded to.

During the week of November 5, Côte Saint-Luc EMS responded to 26 emergency medical calls from 9-1-1 dispatch. Had the fire department been providing first responder services, it would have been unavailable during 50 percent of the 9-1-1 calls that Côte Saint-Luc EMS responded to (n=13/26).

Counting only Priority 1 calls, the fire department would have been unavailable 48 percent of the time (n=11/23) meaning the fire department would have responded in total to 11 of the 26 calls responded to by EMS.

*Note: We defined “unavailable” as no pump truck available at Station 78. Although the fire department claims that in the future they might send a pump truck from an adjacent territory, the extended travel time from any other station would likely make them a second responder—not a first responder.*

Côte Saint-Luc residents should not be required to accept a lesser level of service and this example clearly illustrates that the level of service would materially diminish. Based on these statistics, the fire department would have responded to 22 out of 73 calls that Côte Saint-Luc EMS responded to in these two weeks—less than 30 percent availability.

Moreover, there is no knowledge that we have that statistics from any other week would be any better nor do we believe this situation is likely to change in the future.

How can any legislator in good conscience force that on our city? Each of you has constituencies that elected you. Imagine you having to explain that diminution of a life saving service to those who elected you. Please do not allow this to happen to the MNA for D'Arcy McGee and the council of the City of Côte Saint-Luc.

### **Firefighters often called away to other parts of island**

Since the merger of the fire departments, fire crews are increasingly out of their station for training, out-of-service or performing their primary task of fighting fires. At these times, they are unavailable to offer first-response service. It must be remembered that the fire department pre-merger 2002 responded to calls only within Côte Saint-Luc (or on an exceptional basis for mutual aid within certain suburban municipalities). Today, the Montreal fire department dispatches any number of resources to any point on the island of Montreal as it sees fit. Hence, the local fire station is called upon far more often than ever before, resulting in less availability to respond to medical emergencies.

For instance, when the fire department is dispatched to an apartment or high rise in Côte Saint-Luc (a Category 4 call), at least three fire stations will empty out to respond to the call—the fire station in Côte Saint-Luc and two neighbouring stations.

When no intervention is required (no fire, no gas leak, etc.) the fire department crews are tied up for several minutes until becoming available once again. When an intervention is required, the fire department crews are tied up for many more minutes or hours leaving first response unavailable to our residents and visitors no matter how acute the medical emergency.

Under the planned fire department protocol, the fire department plans to send one fire truck from another fire station to act as the first responder unit for territory around the empty fire station. Apart from the time it takes to move the truck from one station to another, the delays in doing so and the difficulty in doing so if resources are unavailable because of a major fire, the new fire truck can be called away at any time to respond to a fire call in its home area or any other area, which would leave Côte Saint-Luc, again, without any first responders. For instance, Station 79 in Hampstead is the closest station to Côte Saint-Luc. However, this station was abandoned eight months ago, in March

2007. Its firefighters now are working from Station 78 in Côte Saint-Luc and Station 18 in Montreal North. No other station is close enough to Côte Saint-Luc for that station to actually respond as a first responder.

### **Côte Saint-Luc EMS has better response time**

Côte Saint-Luc EMS medics are on the road, in the community and close to the people who need help. Calculating our response time using the same criteria as the fire department in those cities where the fire department provides first responder coverage, our response time is faster on average, responding in approximately 3 minutes and 30 seconds from the time we are notified of the call by the Urgences-santé dispatch centre until we report “in patient contact.”

This is based on actual historical data—not best case scenarios. Statistics provided for the fire department’s first response times in our neighbouring cities of Hampstead and Montreal West show a slower average response time of that of Côte Saint-Luc EMS using the same parameters. Given that the closest station was responding to calls there is no reason to believe that the times going forward would be any faster irrespective of how many stations theoretically could respond.

Indeed one need only look at the Protocole d'entente (see **Annex G**) between Montreal, the fire department and Urgences-santé that sets a goal of 7 minutes and 59 seconds for the fire department first response to a scene following dispatch. In emergency response, seconds count. An 8-minute response time is not acceptable when we have a better and faster service already that responds in half the time and given that a victim of cardiac arrest must have basic life support initiated within 4 to 6 minutes if there is to be any reasonable hope of resuscitation.

Part of the reason we are able to respond so quickly is that our crews know the geography, the streets, the parks and the buildings exceedingly well. Côte Saint-Luc EMS crews are often on the road patrolling the city, or at local events, when not responding to calls. Also our EMS crews are driving smaller, lighter response vehicles and not large fire trucks.

During large public events in Côte Saint-Luc, we can mobilize a dozen first responders to be on scene, ready to respond in seconds to a medical emergency. By contrast, the fire

department only has two first responders on shift at any one time and would not be available for be on site at public events.

### **Côte Saint-Luc EMS medics speak many languages**

Côte Saint-Luc EMS medics are bilingual and, in many case, multi-lingual. Ever since the merger of the Montreal fire department, a significant percentage of the firefighters serving our area do not speak any English. Given that more than 80 percent of the population of Côte Saint-Luc speaks English as their preferred language, it is certainly preferable to have first responders who can communicate with each and every Côte Saint-Luc resident in either English or French.

When there is an emergency, our residents want to be able to communicate with their first responders in their preferred language. Indeed, being unable to understand the patient can lead to serious complications and can aggravate an already stressful situation.

As well our EMS medics come from many cultural and linguistic communities and speak more than a dozen different languages in addition to English and French. Some volunteers speak Italian, Mandarin, Romanian, Hungarian, Russian, Hebrew, Yiddish, Hindi, American Sign and more.

### **Training**

Côte Saint-Luc EMS medics receive more than 120 hours of classroom training, including an extensive practical component. This is followed by at least 120 hours of on-road training where the EMS first responder stagiaire must also complete 35 calls to the satisfaction of a trainer.

All Côte Saint-Luc EMS personnel are certified “Emergency Medical Responder” (EMR), which is a class above “First Responder”. EMR is first level of “Professional” pre-hospital care providers designated the Paramedic Association of Canada in association with the Canadian Medical Association. Côte Saint-Luc EMS instructors even go beyond EMR training in their teaching.

Under the supervision of Dr. Mitchell Shulman, an emergency room physician at the Royal Victoria Hospital, our medics undergo continuing education, skill re-qualifications and new skill training every year. By 2008, all Côte Saint-Luc first responders EMS will be certified as Pre-hospital Trauma Life Support (PHTLS).

The fire department's training program lasts 62 hours (instead of 120) and is refreshed every three years (instead of every year). Therefore the firefighters are not taught to manage some of the more complex medical problems that affect many elderly people in Côte Saint-Luc and again would offer a lower level of service than our population has enjoyed since 1980.

Côte Saint-Luc EMS holds training courses three times each year as part of its ongoing recruitment of volunteer first responders. See **Annex J** for a summary curriculum.

## **VIII. Financing**

The only element that remains to be clarified in Bill 22 is the means by which Côte Saint-Luc residents are not double taxed for our operation of our EMS first responder service. We want to make it clear that the City of Côte Saint-Luc is prepared without hesitation to finance our own first responder service, which was the case between 1980 and 2006. However, we would note that it would not be equitable for us to be additionally charged by the urban agglomeration for the first responder portion of the fire department budget.

We would suggest the second paragraph of Section 69 of the Agglomeration Decree regarding the financing of the first responder service remain in force until December 31, 2008 (given that 2008 budgets have already been prepared). Also, we suggest that thereafter the City of Côte Saint-Luc finances our own EMS service and a fair mechanism be established to ensure that Côte Saint-Luc is not double charged by the agglomeration for the first responder service provided on the rest of the agglomeration territory.

## **IX. Conclusion**

It is rare for a mayor and councillors to have a unique issue that purely affects their municipality and no other. In this case the balance of inconvenience needs to be considered.

The City of Montreal and the other municipalities on the island would not be affected by Côte Saint-Luc retaining its own EMS first responder service. There would be no impact on the fire union as all their firefighters would continue to be trained in first response and they would all be paid the additional amounts they were promised under the collective agreement for being trained as first responders. The only difference is that they would not need to provide this service on the territory of Côte Saint Luc.

The only people truly impacted by this decision are the residents of Côte Saint-Luc and its EMS volunteers. The Mayor and Councillors of the City of Côte Saint-Luc are unanimous in our desire to keep our EMS first responder service. The other 14 municipalities in the ASM support us in this matter, as does our local MNA for D'Arcy McGee. As mentioned above, the directors of emergency medicine at the Jewish General Hospital, the Montreal General Hospital and the Royal Victoria Hospital also support Côte Saint-Luc EMS (see **Annex A**), as do our residents (see **Annex B**) and the local media (see **Annex C**).

Therefore, we plead with the legislature to adopt Article 28.1 and assure you that the residents of Côte Saint-Luc will always appreciate and remember the decision made by the legislature in this matter.

The City of Côte Saint-Luc wishes to express its appreciation to the Government of Quebec for having included Article 28.1 as part of Bill 22. In particular we wish to thank the Minister of Municipal Affairs, the Minister responsible for the Montreal Region, our Member of the National Assembly for D'Arcy McGee and the members of the government's Montreal Island Caucus for taking the time to meet with us and understand our concerns about this issue.

The City of Côte Saint-Luc would also like to express its appreciation to the members of the Official Opposition for also having taken the time to study the issue. In particular, we would like to thank the Leader of the Opposition, the Municipal Affairs critic (the Member of the National Assembly for Prévost) and the Health and Social Services Critic, (the Member of the National Assembly for La Peltrie) for taking the time to meet with us and understand our concerns.

## **X. Annexes**

**Annex A:** (1) Letter of support for Côte Saint-Luc EMS from **Dr. Marc Afilalo**, Director, Emergency Department, Sir Mortimer B. Davis Jewish General Hospital; co-signed by Dr. Azuelos, Dr. Dankoff, Dr. Engo, Dr. Grad, Dr. Guttman, Dr. Kohn, Dr. Lang, Dr. Le, Dr. Pearson, Dr. Simons, Dr. Smith, Dr. Stendel, Dr. Stern, Dr. Turner, Dr. Unger. (2) Letter of support for Côte Saint-Luc EMS from **Dr. Robert Primavesi**, Director, Department of Emergency Medicine, Sir Mortimer B. Davis Jewish General Hospital. (3) Letter of support from the Director of Emergency Medicine at the Royal Victoria, **Dr. Mitchell Shulman**.

**Annex B:** Extract of the signatures from residents on a petition to ask the Government of Quebec to help save Côte Saint-Luc EMS.

**Annex C:** Sample of press clippings from newspapers and editorials in support of Côte Saint-Luc EMS.

**Annex D:** Côte Saint-Luc resolution in support of EMS.

**Annex E:** October 27, 2003 press release from City of Montreal quoting Executive Committee member responsible for Public Security Peter Yeomans in his intention to help maintain Côte Saint-Luc EMS.

**Annex F:** September 25, 2003 letter from fire director Yves Michaud stating that nothing in the collective agreement would impact Côte Saint-Luc EMS and that he would negotiate further with the firefighters union.

**Annex G:** *Sommaire décisionnel re Projet de protocole entre l'agence de la Santé et des Services sociaux de Montréal, la Corporation d'Urgences-santé et la Ville de Montréal.*

**Annex H:** Article 69 of Agglomeration Decree (December 10, 2005) giving Côte Saint-Luc EMS a temporary exemption until December 31, 2008.

**Annex I:** News article from The Gazette (November 9, 2007) in which City of Montreal states that there are delays when one fire station sends its first responders to cover for another.

**Annex J:** Curriculum summary of Côte Saint-Luc EMS in-class training course.