



CITY OF KINGSTON
REPORT TO THE ARTS, RECREATIONS &
COMMUNITY POLICIES COMMITTEE

Report No: ARCP-07-010

TO: Chair and Members of the Arts, Recreation & Community Policies Committee

FROM: Denis Leger, Commissioner of Corporate Services

RESOURCE STAFF: Kelly Williams, Arenas Manager

DATE OF MEETING: March 19, 2007

SUBJECT: City of Kingston Public Access Defibrillator Program

EXECUTIVE SUMMARY:

In response to a motion by City Council on January 23, 2007, directing City administration to proceed with an aggressive, systematic approach to install portable defibrillators in municipal buildings, and to arrange for the appropriate training of staff for emergency use of these defibrillation units, City staff has responded with the development of a municipal Public Access Defibrillator (PAD) program.



This newly developed PAD program, upon Council adoption and approval, will create the structure and vehicle required to fully follow through with commitments contained within the Memorandum of Understanding (MOU) between the Corporation of the City of Kingston and the Heart and Stroke Foundation of Ontario. Once signed by both parties, the MOU will see seven automatic external defibrillators (AEDs), along with funds for an initial wave of staff training and other various AED components, donated to the City of Kingston by the Heart and Stroke Foundation of Ontario and its funding partners. These initial defibrillators are to be implemented in City of Kingston recreation facilities.

RECOMMENDATION:

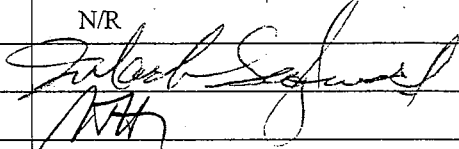
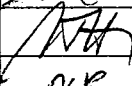
THAT Council authorize staff to proceed with full implementation of the newly developed Public Access Defibrillator program as presented in this report.

THAT Council approve and adopt the attached Public Access Defibrillator Program, Policy and Standard Operating Procedure to be used in conjunction with the implementation of the approved PAD program.

AUTHORIZING SIGNATURES:

 Denis Leger, Commissioner of Corporate Services
 Glen Laubenstein, Chief Administrative Officer

CONSULTATION WITH THE FOLLOWING COMMISSIONERS:

Commissioner Beach, <i>Growth & Sustainability</i>	N/R
Commissioner Segsworth, <i>Public Works & Emergency Services</i>	
Commissioner Hunt, <i>Finance & Corporate Performance</i>	
Commissioner Thurston, <i>Community Development Services</i>	N/R
Commissioner Leger, <i>Corporate Services</i>	N/R
Jim Keech, President, <i>Utilities Kingston</i>	N/R

(N/R indicates consultation not required)

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OPTIONS/DISCUSSION:

Background: The opportunities involved in the municipal incorporation of an automated external defibrillator (AED) program were first introduced through a motion by the *Arts, Recreation & Community Policies Committee* meeting on January 30th, 2006. At that meeting, it was moved and carried that the issue of implementation of AEDs on municipal property be referred to appropriate staff for a committee report and referred back to the appropriate committee for further discussion. The report of the *Arts, Recreation & Community Policies Committee* was received and approved at a subsequent Council meeting.

On January 23rd, 2007, Council, through a motion, directed City administration to proceed with an aggressive, systematic approach to install portable defibrillators in municipal buildings and for the appropriate training of staff for their emergency use and also present a progress report to Council within 60 days.

Commencing in early 2006, staff, through several meetings with both internal and external key stakeholders, has been involved in assessing the many components of an AED program including site selection, policy development, standard operating procedure development, risk management, and training requirements. The culmination of this research and discussion is the development of policies and procedures that will allow the City to move forward with a PAD program.

PAD Program Policy: (*Exhibit A*) A policy document has been developed to guide and establish the PAD program. The policy establishes goals, defines the program, describes and assigns roles and responsibilities, establishes a protocol for the acceptance of AEDs from volunteer/ service groups and defines how staff are to be trained.

PAD Standard Operating Procedure: (*Exhibit B*) Accompanying the abovementioned PAD policy is the standard operating procedure to be used by staff as a guide in the use of public access defibrillators in response to a cardiac emergency that may occur in their workplace/ facility. This standard operating procedure walks staff through a step by step use of a PAD in the event that they are faced with acting as a first responder to a cardiac event.

Risk Management: During discussions involving the development of a municipal PAD program for the City of Kingston, risk management and the protection of the staff and the Corporation of the City of Kingston were investigated. Certainly, all critical incidents that occur on municipal property possess the potential to attract degrees of liability and potential litigation. The development of policies and procedures guiding staff in the use of these units along with regular and ongoing training for first responders does demonstrate that the City of Kingston has committed to providing a top-notch, professional program. It also puts the program structure in place that will allow for program evaluation and continuous improvement. It demonstrates the City's commitment to due diligence.

When it comes to legislative protection from litigation, persons voluntarily providing emergency medical or first aid services to a victim are protected under Ontario's Good Samaritan Act, which received Royal assent in April 2001. Currently, the act does not mention the use of AEDs. The *Chase McEachern Act* (*Exhibit C*), also known as the *Heart Defibrillator Use Civil Liability Act*, is attempting to fill this gap by ensuring that those who use a defibrillator on a victim of a perceived medical emergency are offered the same protection offered through the *Good Samaritan Act*. The *Chase McEachern Act* was introduced in

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December 2006 and is anticipated to receive Royal Assent sometime in 2007. This legislation would protect private individuals, health care workers and owners and occupiers of premises on which AED is installed. The proposed legislation is intended to support public access to AEDs and encourage their use in order to save lives.

Acquisition: A Memorandum of Understanding (MOU) will be entered into with the Heart and Stroke Foundation of Ontario to provide for the first phase of implementation. This MOU provides for acquisition of an initial seven AEDs which are sourced from the current supplier of such devices to Kingston Fire and Rescue, allowing for certain efficiencies. In any future phases of acquisition the City will be free to seek such suppliers and financing partners as it deems appropriate at that time.

Training: The initial training involved in rolling out the PAD program will involve training approximately 60 full and part-time staff will be delivered with the assistance of the Base Hospital program for Southeastern Ontario as described in *Exhibit A*. Training will be accomplished through six classes with a maximum of ten staff per class to be scheduled over ranging dates and times to accommodate shift schedules and summer vacations. This initial compliment of trained AED first responders will provide shift to shift coverage at our arenas and aquatic centre.

Ongoing AED training and certification will be provided by Fire & Emergency Services. Further training opportunities will be made available to staff based on need and PAD program size. Corporately, AED training can be dovetailed to existing First Aid and CPR modules as they become available to staff with a marginal cost increase.

Program Implementation: The program implementation plan below will allow for full program start-up before the commencement of the 2007/08 arena season and ensure that all training and site response plan development is completed prior to unit installations.

1. Execute MOU with HSFO. Establish corresponding by-law – March 2007
2. Complete policy, SOP, training schedule, implementation plan – March 2007
3. Policy, SOP, training schedule, implementation plan before *Arts, Recreation & Community Policies Committee* and adoption by Council - March 2007
4. Purchase units – April 2007. 2-4 week order period
5. Purchase of site specific signage – April 2007.
6. Development of site specific response plans - May 2007
7. Commence and complete staff training – June/July 2007
8. Installation of units – July/August 2007
9. Initiation of program – August/Sept 2007
10. Program launch – August/Sept 2007
11. First quarterly training review – Oct 2007

EXISTING POLICY/BY LAW:

N/A

NOTICE PROVISIONS:

N/A

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ACCESSIBILITY CONSIDERATIONS:

In each facility housing a defibrillation unit, the AED will be mounted in accordance with accessibility guidelines.

FINANCIAL CONSIDERATIONS:

Through the MOU with the HSFO, \$4500 per unit (7) will be donated to the City of Kingston. The approximate cost breakdown for full implementation of each unit is as follows:

\$2,800	Medtronics CR Plus defibrillator
\$300	Purchase and installation of unit wall mount cabinet
\$300	Cabinet retrofit to accommodate security monitoring
\$100	Miscellaneous directional signage
\$650	Staff training per facility/unit (includes trainer fee and manuals)
\$150	Medical Director fees at \$15 per person
\$100	Cost per unit associated with purchase of two trainer AEDs
\$50	Cost per unit for quarterly training package development
<u>\$50</u>	Cost per unit for review of program by Base Hospital Program
\$4,500	

Annually, costs associated with the operation of each defibrillator unit will be approximately \$1,000. This is to cover costs such as recertification (annual), medical direction, and service. It is recommended that these annual individual unit operating costs be added to the annual operating budget associated with each facility housing an AED unit.

CONTACTS:

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OTHER CITY OF KINGSTON STAFF CONSULTED:

Alan McLeod, Senior Legal Counsel
Mark Fluhrer, Director of Culture and Recreation
Lynda Breen, Manager of Recreation
Sean Liddle, Health & Safety Coordinator

EXHIBITS ATTACHED:

Exhibit A – Public Access Defibrillator Program Policy
Exhibit B – Public Access Defibrillator Standard Operating Procedure
Exhibit C – Information on *Chase McEachern Act*



City of Kingston Public Access Defibrillator Program and Policy

Policy Statement

The City of Kingston recognizes the benefits associated with operating a Public Access Defibrillation (P.A.D.) program. In Canada, 35,000 to 45,000 people die of sudden cardiac arrest each year. The odds of survival for an out-of-hospital cardiac arrest are approximately five percent. According to the Heart and Stroke Foundation of Ontario, sudden cardiac arrest (S.C.A.) survival declines by seven to ten percent with each passing minute. Defibrillation when used with CPR can improve cardiac arrest survival rates from 5 to over 50 percent if delivered in the first few minutes. The implementation of a P.A.D. program in City of Kingston facilities, and more specifically, facilities with a higher S.C.A. occurrence probability like arenas, pools, marinas and senior centres, offers residents, staff and visitors to the City of Kingston a reasonable chance of survival should they experience an S.C.A. while using or visiting a City of Kingston facility. The City of Kingston will endeavour to employ a P.A.D. program in all recreation and public facilities in the first phase of implementation.

What is a Public Access Defibrillator (P.A.D.)?

A Public Access Defibrillator (P.A.D.) is an automated external defibrillator (A.E.D.) that has been designed for public use. These units are typically located in central locations within higher risk public recreation facilities such as arenas and pools. They are designed to be accessed and utilized by any member of the public should they come across a person who is suffering from a sudden cardiac arrest. These A.E.D.'s are designed with ease of use and quickness of response in mind. Any member of the public can access a P.A.D. and apply it to a victim who may appear to be having a cardiac arrest. The quicker the response – the greater chance of survival the victim of a cardiac arrest will have.

P.A.D.'s are machines that analyse and look for shockable heart rhythms. They advise the first responder of the need for defibrillation and deliver a shock to the patient if required. The unit does this in order to re-set a heart that has stopped beating effectively, usually caused by an abnormal heart rhythm called ventricle

fibrillation. A P.A.D. can also be applied to a victim of sudden cardiac arrest, a condition where the heart unexpectedly or abruptly quits beating.

Selection of P.A.D. Sites

The determination of municipal P.A.D. sites and locations will be guided by the following factors:

- High risk facilities such as recreation centres.
- Facilities regularly hosting large scale public events.
- Facilities hosting senior groups or associations.
- Facilities adjacent to sports playing fields/ outdoor rinks.
- Facilities serving a large number of residents.

Roles and Responsibilities

PAD Program Coordinator

Selection

A P.A.D. Program Coordinator will be designated by the Manager of Facilities. During the initial implementation of the P.A.D. program (donation of seven defibrillators from HSFO), the Commissioner of Corporate Services, through the Manager of Facilities, will designate the Arenas Manager as the P.A.D. Program Coordinator. This staff person will be selected based on the criteria below.

- Staff person must work within the Facilities Management Department.
- Staff person must possess logistical/administrative responsibility over the facilities housing the units.
- Staff person must have responsibility for the administration of facility staff.

Responsibility

- Initiate PAD program.
- Liaison with Fire and Emergency Services/Police/EMS.
- Site selection and site response plans in conjunction with Fire and Emergency Services.
- Coordination through appropriate agencies.
- Coordination with CUPE.
- Liaison with Corporate Communications – program launch, staff information etc.
- Monitor program.
- Program maintenance.
- Unit administration.
- Coordinate purchasing and installations.

- Incident tracking and information.
- Program quality assurance.
- Program continuous improvement.
- Annual training coordination.
- Records management – training, service, unit checks, incident reporting, unit inventory, equipment inventory.
- Event response – record downloads, documentation, follow-up.
- Post event debriefing.
- Championing the P.A.D. program.

First Responders

Selection

First Responders will be designated based on facility shift schedules and a formula that ensures a designated first responder is available at all times to respond to a cardiac incident when the facility is open to the public. For an example, all full and part time arena shift operators will be trained in A.E.D. allowing coverage of the arena with an A.E.D. trained staff person at all times the arena is open. The current arena shift schedule has a full or part time shift operator in each arena facility while the facility is open.

Responsibility

- First response in the event of sudden cardiac arrest or ventricular fibrillation.
- Incident reporting and documentation.
- Participate in incident follow-up and debriefing.
- Public Liaison.
- Training requirements:
 - Must be First Aid and CPR certified.
 - Initial – AED training.
 - Annual recertification.
 - Bi-annual together with corporate First Aid/CPR
 - Quarterly reviews and sign off.

Base Hospital Program for Southeastern Ontario

The role of the Base Hospital Program for Southeastern Ontario is to assist in the establishment of the City of Kingston PAD program and provide quality control and expertise as needed.

Responsibility – Program Director

- Establish medical direction and agreement

- Provide initial training sessions (organized through PAD Coordinator)
- Training sessions include review of site specific emergency response plans.
- Quarterly review program development.
- Program assessment – review SOP's etc.
- Post event documentation – proper completion and submission
- Staff newsletter article – annual for 3rd quarter training review.

Responsibility – Medical Director

- Ongoing medical oversight.
- Evaluation of policies and procedures.
- Program improvement recommendations.
- Evaluation of A.E.D. post event data.

Fire and Emergency Services

The Fire and Emergency Services Department will be responsible for assistance with developing PAD program policies, procedures and site response plans along with ongoing AED training and certification ensuring efficient and effective response to a cardiac incident in all facilities.

Responsibility

- Site response plan development with PAD Program Coordinator.
- AED training commencing with first recertification.
- Ongoing response to AED incidents.

Human Resources Department

The City of Kingston Human Resources Department will be required as an administrative resource to the program. Through the Safety Coordinator, its role essentially will focus on training coordination and training records management.

Responsibility

- Maintain annual training records.
- Training coordination.

Corporate Communications

The Corporate Communications Department will be responsible for assisting with the promotion and communication aspects of the PAD program.

Responsibility

- Media communications – program launch.
- Program marketing.
- Staff newsletter articles.
- Internal promotion.

Facility Managers/ Supervisors

The management and supervisory level staff for various facilities containing PAD units will be responsible for assisting with program monitoring and adherence to PAD program policies and procedures.

Responsibility

- Monitoring.
- Liaison between facility and PAD program coordinator.
- Ensuring adherence to PAD Policy and Standard Operating Procedure.
- Incident debriefing assistance.
- Incident reporting and follow-up.
- Training identification.
- Public Liaison.

Training

All designated First Responders will be required to be First Aid/ CPR and AED Certified. Certification will be determined by the PAD Coordinator in conjunction with individual facility managers and supervisors. Training classes will be organized and offered as required in order to maintain the coverage requirements contained within this policy. Typically, training will occur in groups of 10-12 persons at various times throughout the year. Training will be coordinated through the Human Resources Department.

Designated First Responders will be required to re-certify annually. Re-certification classes will be coordinated by the PAD Program Coordinator. Quarterly reviews will be required to be completed by all Designated Responders. The PAD program Coordinator will be responsible for providing quarterly review material to all First responders. Individual Facility Managers and Supervisory will be required to ensure all First responders complete the quarterly reviews and sign off forms documenting review completion.

Donations of PAD's from Volunteers/Service Groups

The City of Kingston will accept full or partial financial donations from volunteer and/or service groups or clubs to be used towards the purchase of an AED(s).

The PAD Program Coordinator will ensure donations are properly recognized and funds applied to the program in an appropriate manner.

Responsibility

- PAD Program Coordinator determines locations and AED type and need.
- PAD Program Coordinator through Corporate Communications coordinates media event.
- Cheque donations only accepted. Actual AED units will not be accepted due to the need for program quality control.

Policy Note

Minor policy changes may be required from time to time as a result of P.A.D. program changes and/ or growth. These minor changes will be done at the discretion of the P.A.D. Program Coordinator as approved by the Manager of Facilities. Any major changes in substance and/or scope will be brought back to the Arts, Recreation and Culture Policy Committee for review.



City of Kingston Standard Operating Procedure

Procedure #		Location:	Various
Section:	Emergency Procedures	Revised:	N/A
Sub-section:	PAD	Effective:	
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PURPOSE

The City of Kingston currently administers and operates a Public Access Defibrillator (P.A.D.) program in several City owned and operated facilities. These Automated External Defibrillators (A.E.D.'s) are currently located in conspicuous locations in the Artillery Park Aquatic Centre (1), Centre 70 Arena (1), Kingston Memorial Centre (1) and the Cataraqui Arena (1). Upon completion of construction, AED units will be located in both the Large Venue Entertainment Centre (Kingston Regional Sports and Entertainment Centre (2) and the Multiplex Community Centre Arena (1). The P.A.D. units are stored in wall mounted cabinets located in noticeable areas of each facility in order to promote and facilitate their use in the event of an occurrence of a sudden cardiac arrest (S.C.A.) by a member of the public or a staff person within or nearby the facility. The P.A.D. cabinets are alarmed both locally and through the facility monitoring station (Bob Londry Electronic Alarms 613-542-8857). When the cabinet door is opened, a very loud audible alarm will sound. The alarm can be turned off with a key marked "P.A.D.". The P.A.D. key is located in the staff office within each facility.

DEFINITIONS

A.E.D. – An Automated External Defibrillator is a machine that analyses and looks for shockable heart rhythms, advises the rescuer of the need for defibrillation and delivers the shock if needed. Its purpose is to reset a heart that has stopped beating effectively or has unexpectedly quit beating.

P.A.D. - A Public Access Defibrillator is an A.E.D. that has been designed for public use.

EMERGENCY PROCEDURES – ARENA/AQUATIC STAFF AS FIRST RESPONDER

✓ **Someone who is at least 8 years of age and/or over 25 kg. (55 lbs) is found unconscious, collapsed or heart problem is suspected.**

- Call 911 (if you are alone – you make the call, otherwise, send a bystander).
- Secure the scene (hazards etc.). The scene must be secured prior to assessing the victim.
- Retrieve the P.A.D. machine from its cabinet (send a bystander if possible).



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Sub-section:	PAD	Effective:	
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- **Staff's first priority is to the victim.** Turning off the PAD cabinet audible alarm is secondary. The alarm should remain on until back-up arrives should you be by yourself.
- Send someone to find the A.E.D. trained staff if you have not been trained. Begin First Aid and CPR. Every second is critical to the victim's survival.
- Apply the P.A.D. to the patient and follow the prompts.
- The P.A.D. is designed to prompt an untrained rescuer in its use. If it is necessary for an untrained staff/public to apply the P.A.D., then do so and follow the prompts.
- The care of the patient should then proceed as required and to the level of training of the attending staff. In the case of non-shockable rhythm as determined by the P.A.D. unit, continue First Aid and CPR until EMS arrives. All patient and care information needs to be documented on the forms provided in the P.A.D carrying case.
- Should shock be required, remember the patient **MUST BE CLEAR**. You must ensure that there is **no one touching the patient** in any way prior to pushing the shock button.
- Should you come upon the scene and a member of the public has initiated use of the PAD unit, identify yourself as a trained member of staff and ask if they wish for you to take over. If they are confident with what they are doing, then allow them to continue and stay to act as a guide. As the facility staff member on site, you will be required to perform incident/accident reporting of the event including the completion of all required documentation and follow-up.
- **WET CONDITIONS** – if the patient is in a wet environment (pool, outdoors in the rain etc.), remove the patient to a dry area. Thoroughly dry the patients chest area prior to applying the defibrillation pads and shocking the patient.
- **OXYGEN USE** – using oxygen on a patient that is being defibrillated may constitute a fire hazard. Just prior to shocking the patient, remove the oxygen delivery device to a distance of at least 1 metre.

ARRIVAL OF EMS

- Ensure EMS staff has clear access to the patient. If two staff are on shift, and one is able to leave the victim, he/she should greet EMS staff at the front of the facility and assist with efficient access to the patient. Two way radios (where possible) should be used to assist in communications between staff members.



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- When EMS arrives, the paramedics/firefighters will assume responsibility of patient care. Should the responder be in the middle of a shock sequence, the paramedics will act as a guide and take over when the sequence is complete.
- Should the Fire Department arrive first, they will take over airway management and act as a guide to staff/ public as they continue the emergency procedure. The Fire Department will take over the procedure if they deem it necessary. The EMS paramedics will take over from the Fire Department.
- When giving a report to paramedics or fire fighters, begin with what protocol (stage) you are in, where you are and work back to when you found the victim.
- You may be asked for a copy of the first responder defibrillation (PAD print-out). Inform them that our defibrillator does not have the ability to print out a strip and that the P.A.D. program. Medical Director will send a full report of first responder defibrillation to the Base Hospital. (Hotel Dieu Hospital of Kingston).
- Ensure you complete both the City of Kingston-Accident/Incident Report and the P.A.D. Call Report located within the unit. Call in your report. You must immediately notify your Assistant Supervisor or his/her alternate of the event. The date and time of this outgoing notice will be recorded on the accident/ incident report form.
- In the case of Aquatics staff (lifeguards), the Major Incident Form protocol will be followed as per the Aquatics Manual.
- The Assistant Supervisor or his/ her alternate, upon notification, will immediately call for the downloading of the information stored on the P.A.D. machine – Medtronics, **1-888-879-0977**.
- The Assistant Supervisor or his/ her alternate will immediately ensure the P.A.D. download and all associated reports are sent to the Medical Director and the Base Hospital. (phone and fax #).

POST EVENT REVIEW

- Following each use of the P.A.D. unit, a review shall be conducted to learn from the incident as a means of program quality assurance. The Assistant Supervisor or his/ her alternate and/or the Arenas Manager/ Recreation Manager shall conduct and document the post event review. All key staff participants in the event shall participate in the review. Included in the review shall be the identification of actions that went well, the collection of opportunities for



City of Kingston Standard Operating Procedure

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improvement as well as critical incident stress debriefing. A summary of the post event review shall be kept on file with the accident/incident report. If required, staff should be directed to the Employee Assistance Program (E.A.P.) for further critical incident stress debriefing.

REGULAR OPERATING PROCEDURES

- When shift schedules are created, it should be the utmost priority to ensure that at least one staff trained in P.A.D. procedures is on site at all times the facility is open.
- The "OK" in the LED display on the P.A.D. machine must be checked on a daily basis. The daily operator checklist at each facility must include this check, to be initialed daily by the shift operator/ maintenance staff.
- The daily inspection of the unit should include:
 - "OK" sign present in the LED display
 - The following in the case attached to the protective cover of the unit:
 - Working pen/paper
 - First aid kit supplies
 - Accident forms
 - Razor
 - Towel
 - Extra set of electrodes
- Be sure to check the expiry date of the spare electrodes
- Should the "OK" **not** be present, call Medtronics at 1-888-879-0977 and ask for service.
- The units will be checked more thoroughly on a weekly basis by the Assistant Supervisor assigned to each facility. This check will include removal of the unit from the cabinet, a thorough physical inspection of the unit looking for any abnormalities, a check of the physical condition of the cabinet and security devices and the proper replacement of the unit back into the cabinet so that the unit is ready for use.



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- Should the P.A.D. unit be unavailable for any reason, notice must be posted in public areas within the facility including the P.A.D. cabinet.
- Report any deficiencies or problems with the P.A.D. unit to your Assistant Supervisor immediately.

STAFF TRAINING

- Training will be made available to designated staff with the initial installation of the P.A.D. unit into each facility.
- It is mandatory that the following staff positions receive and pass P.A.D. certification:
 - Assistant Supervisors in each facility where a PAD is located.
 - Arena Attendants (FT)
 - Arena Attendant (PT - weekend coverage of shifts)
 - All Aquatic staff
- Recertification of P.A.D. training will be done once a year and every second year as part of the corporate First Aid/CPR training program.
- Quarterly reviews will be performed in-house by all staff having P.A.D. certification.
- All attempts will be made to get newly hired staff requiring certification certified in P.A.D. use as soon as possible.
- Whenever possible, regular user groups should be encouraged to participate in a 2 hour "Orientation To The P.A.D." session.



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On December 12, 2006, the Ontario Government introduced Bill 171: The Health System Improvements Act, 2006. The stated intent behind Bill 171 is to "make the healthcare system more responsive to the needs of the public by strengthening and supporting health professionals and the various programs and services that make up the healthcare system". Concurrent with the release of Bill 171, the Ontario Government also introduced new legislation to encourage the use of automated external defibrillators (AEDs) and proposed amendments to the Ambulance Act aimed at facilitating the integration of air and land ambulance services in Ontario. Bill 171: - proposes a new medical audit system for physician billing to the Ontario Health Insurance Plan (OHIP) which has four phases: education, payment review, review by a new board and an appeal process - enhances regulatory colleges' complaints processes by consolidating existing committee functions, increasing patient access to information, improving communications, streamlining processes and expanding mandatory reporting requirements to include a requirement that facility operators report any concerns about possible incapacity or incompetence - establishes the Ontario Agency for Health Protection and Promotion, which will be a specialized centre for public health excellence that would provide research, scientific and technical advice and support in the areas of infectious disease, infection control and prevention, health promotion, chronic disease and injury prevention and environmental health, similar to that provided by the Centers for Disease Control and Prevention in the United States - expands the scope of services that optometrists, dental hygienists and pharmacists are authorized to provide in accordance with the Regulated Health Professions Act - creates new colleges under the Regulated Health Professions Act: for naturopathy/homeopathy, kinesiology and psychotherapy Chase McEachern Act (Heart Defibrillator Civil Liability Act, 2006) The Ontario Government has introduced the "Chase McEachern Act (Heart Defibrillator Civil Liability Act, 2006 which, if passed, will protect individuals and health care professionals from liability for damages that may occur from their use of an AED at the immediate scene of an emergency provided that such damages are not caused by gross negligence. It also proposes to protect owners and occupiers of premises on which AEDs are installed (except hospitals and other health care facilities) from liability provided that the AEDs are made available in good faith and are properly maintained. Proposed Amendments to the Ambulance Act The proposed amendments to the Ambulance Act are aimed at integrating air and land ambulance services by relying on a centralized operation of a new system by Ornge, a not-for-profit organization that currently operates air ambulance services for the province. The proposed new system would operate with \$15 million in annual funding. If you have any questions or want additional information about the impact on your institution of Bill 171 or the other proposed enactments or amendments to existing legislation, please contact Megan Evans at 416 860 2949. -----

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