

Côte Saint-Luc Emergency Medical Services

[MEMBER'S GUIDE]

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CHAPTER 1 - INTRODUCTION

1.1 About EMS

Welcome to the Côte Saint-Luc Emergency Medical Services (“EMS”). Founded in 1964 as the Emergency Measures Organization (“EMO”), Côte Saint-Luc EMS is a unique service. EMS is the only volunteer first responder service on the island of Montreal, responding to over 3,000 medical calls per year, in addition to being present at numerous special events, fire scenes and community outreach programs. Usually arriving on scene within the first few minutes of the emergency, members of EMS are trained to provide treatment and interventions that often make the difference between life and death.

1.2 The history of EMS

Caring for the sick and injured is a tradition that dates back to Biblical times. The mid-1800s saw the development of the ambulance transport device – a wheeled carriage used to move the wounded off the battlefield. As the automobile became prevalent, motorized ambulances replaced horse-drawn versions. Many ambulances doubled as hearses – and vice-versa. In 1977, the Star-of-Life logo (seen at right) was adopted as the international symbol for pre-hospital care. Its six branches symbolize: early detection, early reporting, rapid response, on-scene care, care in transit and transfer to definitive care.



1.3 On the local scene

The 1950s through the 1970s saw the rise of numerous private ambulance companies in Montreal, in addition to an ambulance service provided by the Montreal Police Department. In the days before 9-1-1, callers had to dial a seven-digit number to summon an ambulance company, whose ambulance may have been far away. In an effort to reduce the response times, some cities started first responder teams, equipping their firefighters or, in the case of Côte Saint-Luc, volunteers who would respond first to medical emergencies. Urgences-santé was formed in March 1989, creating a public system at first to centrally dispatch and eventually replace the private ambulance companies in one unified service.

In the City of Côte Saint-Luc (hereinafter referred to as the “City”), the EMO was founded in 1964 as a civil protection organization. EMO had three branches: rescue, communications and security. The medical “rescue” mission started as an evening and weekend only service, run by a team of dedicated volunteers. The other missions eventually fell by the wayside and the medical mission remained. In 1991, the Côte Saint-Luc City Council created an EMO Review Committee, which recommended sweeping changes to modernize the organization into EMS, and hire the first full-time EMS Director.

Under the guidance and with the full support of the City Council, EMS is a key component of the City and the volunteers are recognized as integral parts of the public safety of the residents of and visitors to the City. The City Council plays a driving role in promoting and protecting EMS, including lobbying different levels of government, providing vision and ensuring an adequate operating budget to purchase equipment, vehicles, supplies and other items necessary to ensure the continued success of EMS.

In 2009, as a direct result of intense lobbying at the political level and strong grassroots support, EMS won protection in provincial law when Bill 22 included a special provision to allow Côte Saint-Luc to maintain its first responder service, whereas the rest of the Island of Montreal is served by the Montreal Fire Department.

Also in 2009, the City Council modified the structure and brought EMS into a unified Public Safety department, along with Public Security, the volunteer Citizens on Patrol, the Dispatch Centre and emergency preparedness.

1.4 Mission statement

The mission of Côte Saint-Luc Emergency Medical Services is:

To provide the highest quality care and assistance to the residents of and visitors to Côte Saint-Luc, 24 hours a day, 7 days a week, 365 days a year, through rapid response, dedicated quality intervention and unparalleled compassion and integrity.

1.5 Guiding principles

The following principles should guide all EMS members while on duty and in uniform:

1. Safety is the first priority -- of the scene, the crew, the patient and others.
2. Being a volunteer does not mean that you are not a professional.
3. Treat all people with respect, compassion and dignity.
4. What may seem to be a trivial or routine to you, is a crisis to your patient.
5. Explain what you are going to do before you do it.
6. If you did it, record it. If you didn't record it, you didn't do it.
7. Keep the station, the vehicles and your uniform clean, neat and properly stocked, ready to respond to the next emergency call.

1.6 Structure

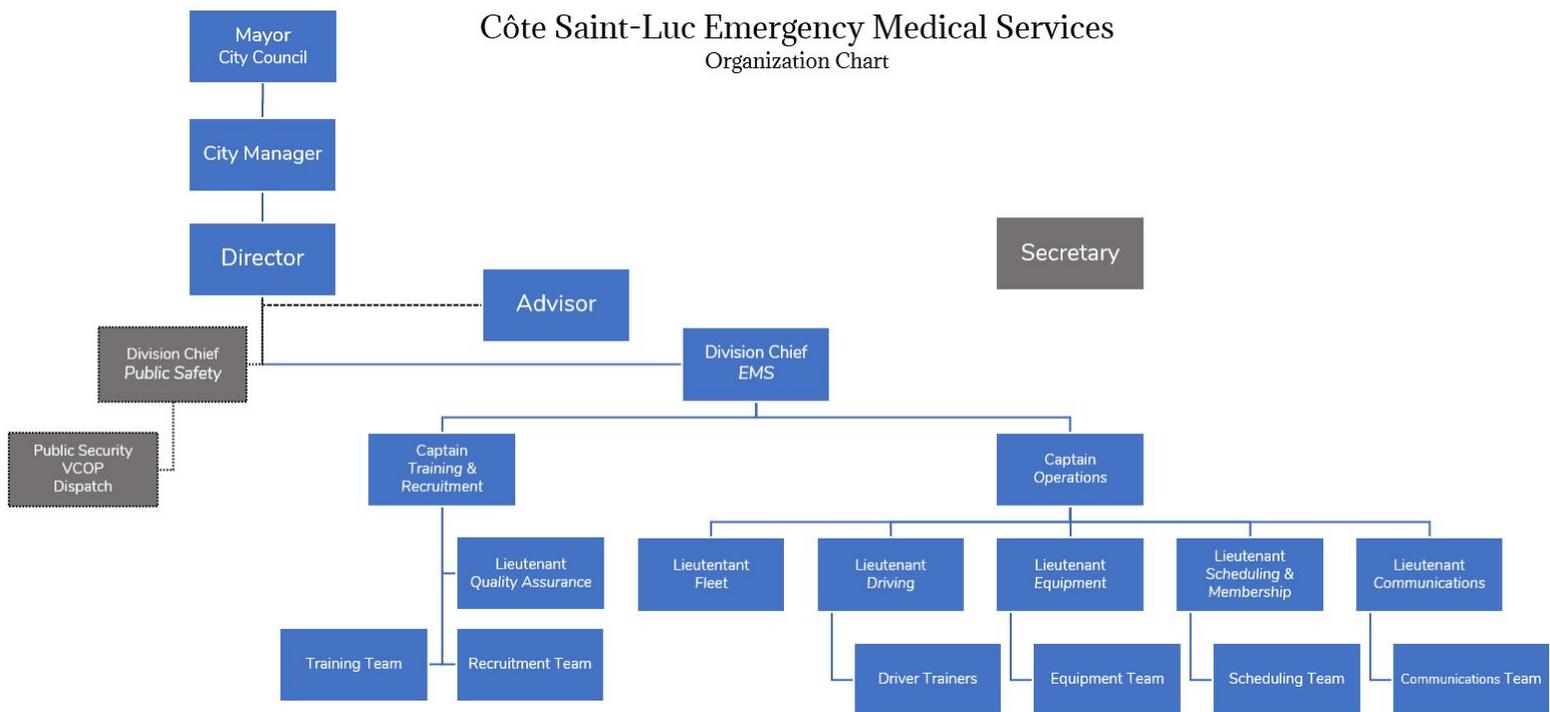
EMS is a division of the City of Côte Saint-Luc's Public Safety Department. The EMS division is then divided into branches and subsequently into teams.

The **Operations Branch** is responsible for membership, scheduling, emergency driving, social activities and enhancing the volunteer experience.

The **Logistics Branch** is responsible for operational support, including equipment, uniforms, vehicles and the station.

The **Training Branch** is responsible for training for new and existing members, quality assurance, field coaching and recruiting.

DIAGRAM 1 - EMS ORGANIZATIONAL CHART



1.7 Roles and responsibilities

Each member has a role to play in the success of EMS.

1.7.1 Director

The Director is responsible for the running of the Department, for communication with the City's elected officials, management team and other departments. The Director also represents the department to partner agencies. In the absence of the Director, the Manager of Operations assumes the responsibilities of the Director.

1.7.2 Manager of Operations / Division Chief

The Manager of Operations is responsible for the day-to-day running of the department, including issues related to volunteers, administration, logistics, purchasing and dealing with other City departments. The Manager of Operations wears the rank of Division Chief. In the absence of the Manager of Operations, the Director assumes the responsibilities of the Manager of Operations.

1.7.3 Officers

There are two levels of Officers within EMS, as follows:

- Staff Officers are paid employees of the City and include the Director and Manager of Operations.
- Officers are the Captains and Lieutenants. All Officers are volunteers.

The Officers are collectively responsible for the operations of the EMS division and have the authority to enforce the policies and procedures of EMS and give directives to an EMS member. In addition, the Officers

rotate the responsibility of being on-call, where they oversee the membership and scheduling for their assigned day(s).

1.7.4 Captain

Captains are responsible for supervising their branch and the Officers and Team Leaders in their branch. Captains can also intervene in other branches, as needed, or take command of an incident.

1.7.5 Lieutenant

Lieutenants assist the Captains in overseeing the various portfolios, Team Leaders and teams within their branch.

1.7.6 Team Leaders

Team Leaders are responsible for a particular team or portfolio.

1.7.7 Medic

The Medic is responsible for the provision of patient care and the maintenance and care of EMS equipment. When working with a Trainee, the Medic is responsible for supervising their interventions and for providing coaching and guidance. Medics must attend training sessions and certifications as mandated and follow all policies and protocols.

1.7.8 Driver-Medic

The Driver-Medic is a Medic who is also responsible for driving the vehicle and for its maintenance and care. Driver-Medics must attend training sessions and certifications and follow all policies and protocols. Driver-Medics must hold a valid class 4A driver's license.

1.7.9 Trainee (*Stagiaire*)

The Trainee is a Medic in training and is responsible for participating in training and performing shifts where they will practice under the supervision of the Medic(s). Trainees must attend training sessions and certifications as mandated and follow all policies and protocols.

1.7.10 Driver-Trainer

The Driver-Trainer is a Driver-Medic who is authorized to train Driver-Trainees, in accordance with the Driver Training Manual and under the supervision of the Driver Training program supervisor. Driver-Trainers must hold a valid class 4A driver's license.

1.7.11 Driver-Trainee

The Driver-Trainee is a Medic who is in training to become a Driver-Medic. This training includes a theoretical and a practical component. Driver-Trainees may only drive an EMS vehicle while under the direct supervision of a Driver-Trainer, except for driving in non-urgent ("10-16") mode once they have been authorized to do so by the Driver Training program Lieutenant. Driver-Trainees must hold a valid class 4A driver's license.

1.7.12 Coach

A Coach is a Medic who works with a group of Trainees and follows their progress, helps them improve their skills, reviews their evaluations and provides feedback related to the Trainees.

1.7.13 Auxiliary member

An Auxiliary member is a member who is not a Driver-Medic, Medic or Trainee and does not respond to emergency calls. An auxiliary member may perform other tasks for the benefit of EMS. Auxiliary members must follow all policies and protocols.

1.7.14 Observer

An Observer is not a member of EMS, but participates in a shift to observe the operations of EMS. The Observer must complete a release form and be approved in advance. An Observer is not permitted to provide patient care or to drive an EMS vehicle. Observers must be at least 18 years old.

1.8 Code of ethics

EMS members must ensure a safe and secure environment, devoid of harassment, discrimination, hostility, intimidation of any kind, or false accusations of any of the aforementioned. Members must act with the utmost of honesty and integrity and always in the best interests of EMS, its members, the City, the patient and the patient's family.

Members are forbidden from accepting monetary donations or gifts of value. EMS members may not publicly endorse any politician, political party or cause while representing EMS, make statements to the press, or complete surveys.

1.9 Confidentiality

EMS members will have regular access to personal and confidential information, including but not limited to patient contact information, medical history, medications, treatments and conditions. Other than passing relevant information to other health care providers or to law enforcement as required for them to fulfill their respective mandates, any confidential, privileged or identifiable information must be held in strict confidence and may not be shared with anyone at any time. Members may not use any confidential information for their personal benefit or the benefit of another person, whether directly or indirectly. Provincial and federal laws governing the confidentiality of data must be respected.

1.10 Conflict of interest

EMS members must avoid a situation that could be perceived as a conflict of interest. A conflict of interest is a situation where a member has competing interests which may be to the benefit or detriment to the member, personally or professionally, to EMS or to the City.

1.11 Anti-harassment policy

The City has an anti-harassment policy which protects employees and volunteers from harassment and discrimination. This policy, including the process for filing a complaint and the investigation process is found in annex to the present document.

1.12 Document

No policy, protocol, section or text that is added, removed, modified or deemed unenforceable will have any bearing on any other policies, protocols, sections or text. This document remains the exclusive property of the City. The document or any part thereof cannot be disclosed by anyone other than the City (through the Director).

CHAPTER 2 – MEMBERSHIP

2.1 Membership

Membership at EMS is a privilege.

2.2 Membership pre-requisites

Members must:

- Be at least 18 years old;
- Be bilingual (French and English);
- Be in good health;
- Pass a police background check when joining EMS and at periodic intervals;
- Be a strong team-player, good communicator and be open to constructive criticism;
- Be authorized to work in Canada (must have a Canadian Social Insurance Number);
- Commit to the membership requirements, including following all policies and protocols.

2.3 Discipline

Infractions to the policies and protocols or the failure to report an infraction may result in disciplinary measures. These measures may include a verbal warning, written warning, corrective actions, suspension or expulsion. Measures will be based on the severity of the infraction and on the history of disciplinary measures taken against the member. The member(s) involved in an incident may be removed from active status pending the outcome of an investigation into the allegations made upon the member. Volunteers may appeal the decision of a disciplinary measure in writing to the Director. Other than in the case of sexual harassment, EMS members do not have recourse to the City's Human Resources department.

Examples of infractions that will result in disciplinary measures:

- Jeopardizing the safety or well-being of an EMS member or of a patient;
- Deliberate deviation or disobedience of any policy or protocol;
- Abandoning a shift or call;
- Insubordination to an EMS Officer, senior City staff or member of the City Council;
- Improper conduct, including being under the influence of drugs or alcohol while on shift, unsafe driving or theft;
- Falsifying documents or failing to report incidents or accidents;
- Any action that jeopardizes, exposes to legal action or attacks EMS, the City or an EMS member;
- Harassment of any kind, in conformity with Annex F of the present document.

2.4 Accidents, errors and omissions

Accidents, errors and omissions must be reported as soon as possible and in writing to the Manager of Operations. When requested, all members involved in an incident must complete an individual report detailing the incident. All reports will be treated with confidentiality.

2.5 Complaints

EMS members must remain neutral while representing EMS and may not engage in arguments with the public, other EMS members or members of other services. Internal complaints must be addressed in writing to a Staff Officer. External complaints (i.e. from a resident or member of another service) must be referred to the Director.

2.6 Media

EMS members may not speak to the media unless authorized to do so by the Mayor of Côte Saint-Luc or the Director. Any media requests must be directed to the Director.

2.7 Active status

A member is considered to be active if they have completed at least 24 hours of volunteer service per calendar quarter (3 months).

2.8 Inactive status

Members who do not maintain active status are considered inactive and will be required to update skills and/or certifications (“shakedown”) before returning to active status. A member who is inactive for more than six months will be removed from the membership. Inactive members may be requested to return all or parts of their uniform or assigned equipment.

2.9 Leave of absence

Members may request a leave of absence, not to exceed six months, in writing. While on leave, a member is not permitted to perform any shifts. Members on a leave of absence may be requested to return all or parts of their uniform or assigned equipment.

2.10 Medical leave

Members who have a medical condition that precludes them from performing their EMS duties must inform a Staff Officer in writing. The member will be permitted to return to active duty upon the presentation of a doctor’s note authorizing the return and completing any missing training modules.

2.11 Pregnancy

Members who are pregnant are encouraged to stop performing shifts as soon as possible. Membership will be maintained as inactive for one year following the birth of the child. If after one year following the birth of the child the member has not returned to active status, the member’s file will be closed. During pregnancy leave, the member must complete all continuing education modules.

2.12 Trainee completion

Trainees have a maximum of six consecutive months from the date of their final exam to complete their *stage*, though they may be dismissed before the end of this period with just cause. This period may be shortened or extended as needed. Trainees who are inactive for more than three consecutive months may be required to restart their *stage*. Trainees who do not complete their *stage* within the allotted time period may not reapply for membership for at least six months.

Driver-Trainees have six consecutive months from the completion of the theory course to complete their training, failing which, they will return to Medic status and lose driving rights.

2.13 Probation period

All members whose status changes (e.g. from Trainee to Medic, from Medic to Driver-Medic) are subject to a three month probation period. During this probation period, their status change may be rescinded.

2.14 Shakedown and recertification

A member who does not maintain active status for one quarter must, in the following quarter, complete the required hours for the quarter plus those that were missed in the previous quarter. After two quarters not maintaining active status, the member must complete a shakedown, which involves at least three shifts as a trainee and three shifts as a medic with no trainee. All continuing education modules must be completed.

2.15 Insurance and liability

The City provides insurance and liability protection for all EMS members while performing their duties. Details of this coverage are listed in Annex E.

2.16 Personal relationships

Members who are in a personal relationship (e.g. close family, dating, married, etc.) may not work together if one member will be evaluating the other (e.g. Medic with Trainee, Driver-in-Training with Driver-Trainer). Members are forbidden from engaging in intimate activities while on shift or in the EMS station.

2.17 Letter of reference

Only the Director is authorized to write letters of reference on behalf of EMS. Letters may be requested by active members who have been cleared as a Medic for at least six months.

CHAPTER 3 – OPERATIONS

3.1 Shifts

The typical EMS day is divided into three shifts: overnight, day and evening. In order to ensure full coverage, these shifts may be divided into parts to match the availability of members. Members are expected to arrive at their shift 15 to 60 minutes before the scheduled start of their shift and should leave within an hour of the end of their shift.

Overnight shifts start at midnight and end at 8 AM. Day shifts begin at 8 AM and end at 6 PM on weekdays and 4 PM on weekends. Evening shifts begin at 6 PM on weekdays and 4 PM on weekends and end at midnight.

A shift is considered to be complete when there is at least one Driver-Medic and one Medic. Optionally, a Trainee or Observer may occupy the third position. At no time can a crew have more than three people (including Driver-Medic, Medic, Trainee or Observer).

Certain shifts may have two EMS crews working at the same time. When a secondary shift is scheduled in advance, crews will alternate calls (a call is considered any medical or fire call for which an alert tone is sent, regardless of the outcome of the call). For Priority 1 and 0 calls If one crew is much closer to the call that crew will respond regardless of whose turn it is. Last minute secondary shifts or a Senior Medic, or Officer, working alone, will only respond to second calls in sector.

3.2 Replacement

In the event that a member's replacement has not arrived by the end of the shift, every effort should be made to remain on duty, to contact the replacement and to contact the Officer-on-call.

3.3 Tardiness

Members must be respectful of others and arrive at least 15 minutes in advance of their scheduled shift. If a member forecasts being late for a shift, they should contact the member they are replacing to ask that they cover. If there is no answer at the EMS station, the member must contact the Dispatch Centre (514-485-6950).

3.4 Unavailability for calls

Rendering EMS unavailable for calls ("10-06") should be a last resort and members should do everything possible to avoid having to put EMS unavailable for calls.

3.5 Scheduling

EMS uses an online scheduling system to manage members and their shifts. Submissions of availability for the following month must be entered into the online scheduling system before the 20th of each month. The following month's schedule will be published by the 26th of the month.

Members are responsible for ensuring that the hours on the online schedule are correct. The member must advise the Officer-on-Call of any discrepancies on the online schedule so that corrections can be made. Members may not perform more than 18 consecutive shift hours.

3.6 Shift trade

Members are responsible for trading any shifts or parts of shifts that they cannot complete. Any trade requests for shifts that are 24 hours or more before the start of the scheduled shift must be done on the online scheduling system.

3.7 Patrol

Members are encouraged to patrol the City. This includes driving around, performing periodic foot patrols in parks (weather permitting) and municipal buildings, including the Aquatics and Community Centre (“ACC”) and outdoor swimming pool. This increases the visibility of EMS and allows members to better interact with residents.

3.8 Bike patrol

EMS has a bike patrol, which will supplement but never replace a vehicle-based EMS crew. Bike helmets must be worn at all times while cycling and members must obey bicycle laws and City by-laws.

3.9 Special Events

In addition to regular shifts, EMS covers sporting, cultural, religious or social events in the City. Members are encouraged to help cover these events. The information relative to each event and the means for confirming attendance will be communicated prior to each event.

3.10 Safety

EMS strives to offer a safe workplace for all members and all members are responsible for ensuring their safety and the safety of others at all times. This includes being aware of and advising others of potential safety risks, correcting or avoiding unsafe conditions, assisting with the lifting or rolling of patients, equipment or stretchers and ensuring a clear and easily accessible means of egress from any situation.

Members are expected to be safety-conscious and keep the EMS Station and all vehicles clean and in proper working order. Members must identify and correct, if possible, any unsafe conditions, equipment, etc. including reporting them to the appropriate persons.

Member must protect themselves against undue risk, injury or harm. Members must wear the required protective clothing, including gloves, safety glasses and facemasks as the situation requires, ensure proper lifting and carrying techniques and be aware of their surroundings at all times.

Everyone riding in an EMS vehicle must wear a seatbelt, including the lap belt and shoulder harness, at all times while the vehicle is in motion, without exceptions. Cell phones may not be used while driving, in accordance with provincial law. The doors and compartments of EMS vehicles must be locked when the vehicle is not in service or is parked.

3.11 Communications

For safety reasons, at least one radio per crew must be kept on at all times at an audible volume, so that the Dispatch Centre can reach the crew. All other radios can be lowered or turned off to avoid feedback on the radio. When aboard an EMS vehicle, the portable radios may be turned off if the mobile radio is on and at an adequate volume.

3.12 Injuries sustained on duty

Members who are injured while on duty must:

1. If the injury is serious or life threatening, request an ambulance via the Dispatch Centre to the location of the incident and the member transported to the hospital for evaluation and treatment.
2. Request Public Security to complete an incident report and document the circumstances of the incident and photograph, as required.
3. Ensure a patient care report is completed by the other members of the crew.
4. The Director must be immediately advised of any serious or life threatening injury sustained on duty.

All reports must be submitted to the Director within 24 hours of the incident. The Director will work with the member to open a claim through the insurance policies available to the members, as described in Annex E.

3.13 Request for assistance

EMS members may request assistance or back-up if they reasonably feel a situation to be unsafe or potentially unsafe. Police must be requested for incidents that involve the commission of a crime, threats of violence and for deaths that may be of a suspicious nature. Public Security can be requested for infractions to municipal by-laws, such as parking or for general assistance to the EMS crew. The Volunteer Citizens on Patrol (“vCOP”) can be requested for minor assistance and can pick up EMS members that accompany a patient to the hospital, if there is a vCOP crew on duty.

3.14 Calls involving the police

The police will be sent to certain types of calls. If instructed to wait for the police (radio code “10-35”) before proceeding, the EMS crew must wait away from the address of the call and await the arrival of the police. Special care must be paid on scenes that may be crime scenes (including incidents that involve weapons, assault, suspicious death, violence or other forms of danger).

Members must request the police for any suspicious incident. Members should be careful not to disturb a suspected crime scene beyond what is required to provide patient care, including moving furniture, opening windows, etc.

In some instances, the police on scene will advise that EMS services are not required. The EMS crew must wait nearby until the call has been cancelled by the dispatcher (radio code “10-03”) or the Urgences-santé crew arrives on scene.

3.15 Police statements

EMS members may be required to provide a police statement or answer questions related to the scene, the incident, the patient or the care provided. A Staff Officer must be notified whenever an EMS member is requested to complete a police statement.

3.16 Handling personal belongings

Members may be required to handle a patient's personal belongings, such as a wallet or purse to obtain the patient's Medicare card. When opening a purse or wallet, perform this in front of the patient or other responsible person, to avoid accusations of theft, and return the purse or wallet to where it was found.

3.17 Calls requiring Public Security

Public Security must be affected to any medical call that involves an injury sustained on public property (e.g. a fall on the sidewalk, on the road or in a park), in order to complete an incident report. Note that shopping centres and their parking lots are private property and Public Security is not required on calls there, unless in the case of an infraction of a municipal by-law (e.g. parking in the emergency lane).

3.18 Emergency Response Team

The Emergency Response Team ("ERT") is made up of members who are trained in emergency operations, such as mass casualty incident ("MCI") response, incident command and are called out in the event of a disaster or major incident.

3.19 Critical Incident Stress Management

In the event of a call that any member feels that they need assistance to cope, EMS has an agreement with health care professionals from the CLSC René-Cassin (located in the Cavendish Mall), who can provide coping assistance and counselling. Members should contact the CLSC René-Cassin directly at 514-484-7878 to arrange a confidential appointment. The CLSC does not report back to EMS the use of their services.

3.20 Accompanying patient to the hospital

EMS members may be asked to accompany the patient to the hospital in the back of the ambulance (radio code "10-48"). This should only be done for critically unstable patients and is discouraged when there is only one EMS crew on duty as it puts EMS out of service while the Medic is absent. If on duty, members of the volunteer Citizens on Patrol Division can be requested to pick up the EMS member(s) from the hospital.

3.21 Drugs and alcohol

Members are forbidden from consuming or being under the influence of drugs or alcohol immediately prior to or when on shift or in uniform. Alcohol consumption is not permitted in the EMS Station, other than during activities sanctioned by the City.

3.22 Smoking

EMS is dedicated to promoting health. Smoking by members on shift is strongly discouraged. Members may smoke only in designated areas outside of the EMS Station and never while on the scene of a call, even if the call has been completed. Smoking is forbidden inside any City vehicle or building or in a park during a special event, in conformity with the City by-laws.

CHAPTER 4 – LOGISTICS

4.1 Uniforms

The EMS uniform is a sign that the person wearing it is a trained and compassionate care provider. The EMS uniform is to be worn with pride. Members may only wear the EMS uniform going directly to, during and returning home from a shift, special event or other official EMS functions. Members must keep their uniform clean at all times. Members on shift must wear the complete uniform as prescribed in the uniform protocol, attached hereto. Members who cover a shift at the last minute or respond to calls while off-duty should wear as complete a uniform as possible. For safety reasons, open toe shoes are never permitted.

Members may only wear certification designations (on epaulets, nametag, pins, etc.) that they have successfully completed through a recognized agency.

4.2 Return of uniform articles

Members who resign from EMS must return all uniforms, including shoulder patches. Members dismissed from EMS must return all articles bearing the EMS logo, even if paid for in whole or in part by the member or that are redeemed as part of an incentive program. Former members may not wear the EMS logo in any official capacity or in a way that they may be perceived as representing EMS.

4.3 Equipment

EMS equipment must be cared for and maintained at all times. Certain equipment requires special maintenance and/or cleaning or disinfecting after use. EMS equipment may only be used for EMS shifts and sanctioned events. Any equipment that is broken or unusable must be identified to the equipment team by e-mail by the end of the shift. Members who deplete the supply of a particular item must restock it from the equipment room inventory, and advise the equipment team if replacement stock is not available. Equipment is available for use while for an EMS shift, special event or training activity. Use of EMS equipment for any other reason requires the written permission of a Staff Officer.

4.4 Defibrillators

All EMS defibrillators are identified by number and the posted rotation schedule must be respected to ensure equal use of all units. Defibrillators must be checked at the start of every shift. The data card must be transferred to the computer at the start of every shift. Defibrillators must be returned to the Equipment Room when putting a vehicle out of service.

4.5 Jump bags

Jump bags must be returned to the equipment room when the vehicle is placed out of service. Medication contained therein that is left exposed to the elements can cause damage or render the medication ineffective.

4.6 Vehicles

EMS vehicles must be kept clean – both inside and out – and well stocked at all times. The utmost care and attention must be paid at all times, in accordance with provincial law and the rules of the Driver Training program. An accident involving an EMS vehicle must be reported to the Dispatch Centre and a Public Security agent dispatched to complete an incident report. In the event of minor damages, a joint accident report may be completed with the other driver. Any major damages, or accidents while driving in emergency mode (“10-30”) must be investigated by the police and the Director must be advised immediately.

Use of EMS vehicles is limited to shifts, approved driver training, equipment pick-up and other sanctioned events. Vehicles may not be used for any other purpose without the permission of a Staff Officer. Only Driver-Medics, Driver-Trainees and Non-Medic Drivers are allowed to drive an EMS vehicle.

4.7 Vehicle rotation

The vehicle rotation schedule must be followed to ensure equal use of all vehicles. In the event that a vehicle is not available, the designated replacement vehicle is to be used.

4.8 Driving

All Drivers are responsible for practicing safe driving and obeying all rules of the road, including traffic signals, signage and speed limits. The City is not responsible for moving violation infractions or demerit points obtained as a result of improper or illegal driving. When driving in urgent response mode (radio code “10-30”), extreme caution must be used at all times. Drivers must stop at all red lights, slow and/or stop at stop signs and drive at a reasonable rate of speed, as specified in the Driver Training Manual.

Any accident or damages involving an EMS vehicle must be reported to the Dispatch Centre. A Public Security agent must be dispatched to complete a report. In the event of minor damages, a joint accident report must be completed with the other driver (if applicable) and a detailed report must be completed. Any accident that causes major damage, injury or is caused while driving in emergency mode (“10-30”) must be immediately reported to the Police and the Director, via the Dispatch Centre.

All passengers must wear the seatbelt, including the lap belt and shoulder harness, when the vehicle is in motion, without exception, in accordance with Provincial law.

4.9 Out-of-sector

Members may not take an EMS vehicle out of the City without the prior approval from a Staff Officer, except for picking up another member from a hospital. Members may go to areas immediately adjacent to the City to pick up food while on shift and then return to the City.

4.10 Global Positioning System

All EMS vehicles are equipped with a Global Positioning System (GPS) that tracks the location, direction and speed of travel and status at all times.

4.11 Patient transport

Under extenuating circumstances, EMS may be required to transport a patient to the hospital in an EMS vehicle, but only with the expressed authorization of the Director.

4.12 Parking

EMS vehicles must be parked in order to allow easy access for all responders. When responding to a medical call, always park the EMS vehicle in such a way as to allow space in front of the door for the ambulance to park. On fire calls, park far enough away in order to allow the fire department to access the building and adjacent fire hydrants.

From November 1st to April 1st of the following year, vehicles must be plugged into the shoreline block heater system when parked in station.

4.13 EMS Station

Care must be taken to keep the EMS station clean. Members are responsible for cleaning their own mess, removing clutter, making the beds, washing dishes, cutlery and glassware. Any notices, memos or other posters should be posted on the bulletin board and not taped to the walls.

4.14 Dispatch Centre

EMS relies on the Côte Saint-Luc Dispatch Centre for receiving calls. A hub of activity, with numerous phone lines, radio frequencies and computer screens to monitor, the dispatcher is a vital member of the EMS team. Visits to the Dispatch Centre must be kept short (maximum 20 minutes) and distractions of the dispatcher kept to a minimum.

4.15 Radio communications

The EMS radio communications equipment must be maintained. All radio communications are recorded at the Dispatch Centre. Microphones should not be removed from the radio unless they are defective. The programming of the radios, including talk groups scanned, should not be altered. Portable and mobile radios should be tested at or near the start of every shift (radio code "10-50").

All other radio communication policies can be found in the Radio Communication Protocol, annexed to this document.

4.16 Computer and telephone systems

EMS members may use the computer systems, telephones and wireless network while on shift. Access to inappropriate or offensive websites is not permitted. Members may not download large files or stream data from the internet. Members must adhere to the City internet usage policy, which can be found in the reference library. Long distance calls are not permitted.

4.17 Websites and social media

EMS members must exercise extreme caution and judgment when visiting and posting on websites and social media. Information and photos related to patients, incidents and scenes, even if the patient is not directly identifiable, may never be posted to social media sites, even if done while not on shift, without the permission of a Staff Officer. Members may not post disparaging or defamatory comments about the organization, other members or any aspect of EMS or the City.

4.18 Photographs

EMS members must exercise extreme caution and judgment when taking and sharing photographs of incidents, EMS members in uniform, vehicles and activities. Photographs posted of an EMS member in uniform must be in good taste and not defamatory to the organization or its members. A Staff Officer reserves the right to request that any EMS-related photo be removed.

4.19 Assigned equipment

Certain EMS members are assigned EMS equipment to be kept in their personal vehicle or for a particular use. This equipment remains the property of EMS and must be kept in good working order. Assigned equipment (e.g. radio, jump bag), must be left in station if the member to whom the equipment is assigned will be away or unavailable for more than 7 consecutive days. All assigned equipment must be returned when the member resigns or is dismissed.

4.20 Identification cards

All members will be issued an identification card, which must be worn or carried at all times while on duty. The identification card remains the property of the City and can be revoked at any time.

4.21 Linens

EMS provides linens (sheets, blankets, pillows) for patient use. Additional linens may be provided for members who do overnight shifts.

4.22 Lockers

Members may be assigned a locker for storing their personal effects between shifts. Locks and keys will be assigned. Personal locks are not permitted and may result in the lock being cut and the loss of locker privileges.

4.23 Weapons

Other than multi-tool devices (e.g. Swiss Army knife), with a blade shorter than three inches, no weapons of any type may be carried while on shift or in the EMS Station.

CHAPTER 5 – TRAINING

5.1 Training

EMS offers courses and certifications throughout the year. All new recruits must complete the initial training program and a *stage* before being cleared to work as a Medic. Members who obtain outside certification must supply a copy of their certificate of successful completion to the department secretary, who will add it to the member's personnel file.

5.2 Continuing education

All members must complete a certain number of continuing education credits every year. Failure to complete the continuing education program established will result in the member being placed on inactive status.

5.3 Certification

All members must complete the required continuing education modules, in accordance with the established training schedule. Members must be on time to all training sessions and may not be permitted to complete the class if they are late, at the sole discretion of the instructor. Failure to complete modules will result in the loss of on-the-road privileges until the module is completed. Members who do not complete the modules may organize private lessons with an accredited agency or instructor, at their sole cost.

5.4 Driver training

All Medics who wish to become Driver-Medics must complete the Driver Training program, which includes a theoretical and practical component. The Driver Training program supervisor will provide the necessary tools and assist Medics with the process involved in getting the proper license certification. The City does not reimburse license fees or fees associated with obtaining or maintaining an emergency driving license classification (4A).

5.5 Evaluations

Members must complete Trainee or Driver-Trainee evaluation forms within 24 hours of the end of the shift.

5.6 Recruiting

EMS strives to attract the best of the best and all members can help bring quality applicants to join the organization. All potential recruits must attend an information session and interview process and must undergo any required background checks.

CHAPTER 6 – QUALITY ASSURANCE

6.1 Quality Assurance program

In order to ensure that the highest level of care is provided, the members of the Quality Assurance Team review all patient care reports to ensure that the documents are completed properly and that treatment provided respects the standard of care.

In the case of errors, omissions or the need for clarification, the Quality Assurance Team members may contact a member by e-mail, telephone or in person.

6.2 Patient Care Report (“PCR”)

All Patient Care Reports must be properly completed and signed by the Driver-Medic and before leaving the station at the end of the shift. Members may not remove any Patient Care Reports from the EMS station. Calls that involve more than one patient require a separate Run Sheet and patient care records for each patient. Patient Care Reports include the following forms:

- *Rapport d’intervention préhospitalière - premier répondant (AS805M)*: This form must be completed for all calls received via the Urgences-santé CAD system (“RAO”).

Complementary report: This form must be completed for calls that:

- Occur elsewhere than at the patient’s residence;
- Involve an error by an EMS member or malfunction of EMS equipment;
- Require additional information.

It is not necessary to append a copy of a patient’s medical file or EKG print-out to the Patient Care Records.

6.3 Run Sheet

The dispatcher must complete a Run Sheet for every call, indicating the response times, location of the call and other pertinent information and send this form to the responding crew after the call. A separate Run Sheet is required for every patient. The Run Sheet must be stapled to the AS805M and PCR, as well as any additional narrative forms and deposited in the report box. The Run Sheet is sent to the EMS Station at the end of each call.

6.4 Defibrillator data card

The defibrillator data card must be downloaded to the Ready Room computer at the start of every shift.

6.5 Access to patient information or care records

EMS members are not permitted to give out patient information other than to other providers or police officers directly involved in the incident. Any requests for copies of patient care records must be sent to the Director.

CHAPTER 7 – ADMINISTRATION

7.1 Honorarium

EMS Driver-Medics and Medics may be entitled to an honorarium, or *per diem*, which is a nominal sum per hour of service, to cover the member's out-of-pocket expenses for gas, meals, uniforms and supplies. Honorariums are a privilege offered by the City and the amount may be changed or revoked at any time. Trainees, observers and auxiliary members are not eligible for honorariums.

The City does not issue tax forms (T4 or T4A) for honorariums. Declarations must be made in accordance with the law.

7.2 Vehicle checklist

At or near the beginning of every shift, the Driver-Medic (or Driver-Trainee, under the supervision of the Driver-Medic) must complete a vehicle inspection and checklist. Any minor problems should be recorded on the checklist. Any major problems must be indicated on the checklist and reported to the appropriate Officer.

7.3 Equipment checklist

At or near the beginning of every shift, the Medic (or Trainee, under the supervision of the Medic) must complete an equipment inspection and checklist. Any missing or broken supplies must be replaced with inventory from the Equipment room and the equipment team advised by e-mail of any missing or broken equipment.

7.4 Personnel files

EMS maintains a file on each member, which will contain their contact information, commendations, disciplinary measures and other related documents. Members must report any change in their status to the Manager of Operations, such as the revocation of a driver's license, the loss of the 4A driver's license class or the opening of a criminal record. Members may request to see a copy of their personnel file, in writing to the Director. Personnel files can only be viewed in the presence of the Director.

7.5 Access to information

Members who are requested to provide call data, other than to other services involved in an intervention, must refer the request to the Director who will validate the request with the City Clerk and ensure that federal and provincial access to information laws are respected.

7.6 Training fees

Members may be required to pay all or part of certain training courses that are offered. Payment of fees related to these courses is not a guarantee of successful completion of the course, nor that, in the case of the course taught to new Trainees, the Trainee will be cleared as a Medic.

ANNEX A – COMMON PHONE NUMBERS

EMS

Ready Room	514-485-6800 ext. 5121
Director	514-485-6800 ext. 5105
Manager of Operations	514-485-6800 ext. 5102
Secretary	514-485-6800 ext. 5101
Fax	514-485-8953
Officer on Call	514-451-7513

Dispatch Centre

Internal line	514-485-8915
EMS Dispatch	514-485-6950
Public Security Dispatch	514-485-6960
Fax	514-485-6846

City

City Hall	514-485-6800
Library	514-485-6900
Parks & Recreation	514-485-6806
Public Works	514-485-6868

Partner services

SPVM	514-280-2222
SPVM Station 9	514-280-0109
SIM Prevention	514-280-0868
Urgences-Santé Support Clinique	514-723-5800

Health care services

Poison Control Centre	1-800-463-5060
Info-santé	811
CLSC René-Cassin	514-488-7878
Jewish General Hospital	514-340-8222

Montreal General Hospital	514-934-1934
Montreal Children's Hospital	514-934-1934
Royal Victoria Hospital	514-934-1934
Ste. Justine Hospital	514-345-4931
St. Mary's Hospital	514-345-3511

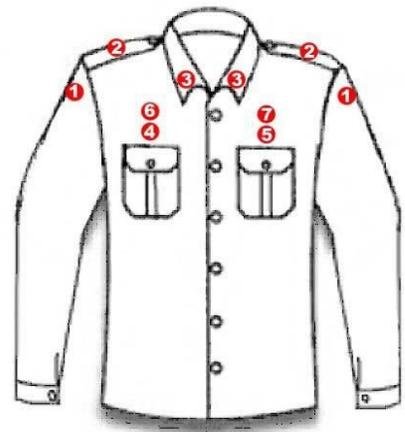
ANNEX B – UNIFORM PROTOCOL

Introduction

The purpose of this protocol is to standardize the uniforms worn by all EMS members on shift, to portray a positive and professional image. Members may only wear the uniform directly en route to, during and immediately after a shift or other sanctioned event. The uniform must be kept clean and be worn with pride.

Mandatory uniform for Driver-Medics and Medics

1. The choice of one of the following collared tops:
 - Navy uniform shirt with CSL EMS crests on both shoulders (*position 1*), short or long sleeve, worn over a neutral colour t-shirt, camisole or turtleneck;
 - CSL EMS-issued polo;
 - CSL EMS-issued workshirt, worn over a neutral colour t-shirt, camisole or turtleneck.
2. Navy cargo pants with a reflective band down the seam. Stretch pants, nylon pants, jeans and jogging pants may not be worn.
3. Black boots or shoes, free of any large logos or markings, with a CSA-approved safety toe.
4. Black belt with a plain or EMS-related buckle.



Optional uniform items for Driver-Medics and Medics

1. CSL EMS jacket.
2. The following items may be worn over the uniform shirt or polo:
 - Workshirt, as described above;
 - Navy v-neck sweater with CSL EMS crests on both shoulders (*position 1*);

Officers may wear their rank insignia on the epaulet (*position 2*) of the uniform shirt or v-neck sweater. A navy clip-on tie may also be worn.

3. CSL EMS issued baseball cap or toque.

Mandatory uniform for Trainees

1. Navy uniform shirt with CSL EMS crests on both shoulders (*position 1*), choice of short or long sleeve, worn over a white or navy t-shirt, camisole, tank top or turtleneck.

2. Navy cargo pants, preferably with a reflective band down the seam. Stretch pants, nylon pants, jeans and jogging pants may not be worn.
3. Black boots or shoes, free of any large logos or markings, with a CSA approved safety toe.
4. Black belt with a plain or EMS-related buckle.
5. Trainee jackets are available in station for use while on shift.

Mandatory uniform for Observers

Members who bring an Observer are responsible for ensuring that they wear the proper attire.

1. Grey, black or navy button-down or polo shirt, free of any large logos;
2. Black or navy pants. Stretch pants, nylon pants, jeans and jogging pants may not be worn.
3. Black closed-toe boots or shoes;
4. Trainee jackets are available in station for use while on shift;
5. The observer vest must be worn.

Miscellaneous uniform items

1. Reflective traffic vests must be worn by all members for calls on the street, sidewalk, parking lot or other at risk area.
2. Fire gear must be worn on the scene of a hazardous incident (e.g. car accident, fire).
3. EMS-related collar pins may be worn on the uniform shirt, polo, workshirt or jacket, one on each side (*position 3*).
4. Name Tags may be worn, on the right side above the breast pocket (*position 4*). Only recognized accreditations, degrees, honours and certifications will be permitted on name tags.
5. Ribbons recognized by the Canadian Honours and Awards System may be worn on the left side of the uniform shirt (*position 5*).
6. During the winter members may wear gloves or mitts and a navy toque. For safety reasons, scarves may not be worn.
7. From November 1st to November 11th of each year, members are encouraged to wear a poppy, which is worn on the left side, over the breast pocket (*position 7*).
8. The CSL EMS t-shirt is considered part of the uniform, but may not be worn on its own on shift. It may be worn when not on shift, but members must remember that when they wear the t-shirt, they represent CSL EMS and must act accordingly.

Cleanliness, hygiene and safety

EMS members must keep their uniform clean. Required replacement items should be addressed to the Equipment Team Leader. Members must maintain good personal hygiene. Long hair (passed the shoulders) must be tied up in a ponytail when on shift and outside of the EMS Station. Men must be clean shaven or keep beards neatly trimmed. Exceptions based on religious needs will be considered on an individual basis. Earrings may be worn if they are stud-type or loops that touch the earlobe. Small nose rings are permitted, but other facial jewellery may not be worn on shift. Tattoos must not be visible when in uniform.

Special considerations

Members who cover a shift at the last minute may be exempted from abiding by the uniform protocol provided that they are appropriately dressed, including long pants and closed toe shoes. However, an effort must be made to wear at least a CSL EMS top.

Bike patrol

A special uniform, including shorts, is permitted for bike patrol teams on duty.

ANNEX C – RADIO COMMUNICATION PROTOCOL

Introduction

The purpose of this protocol is to standardize the use of radio communications amongst EMS members to ensure consistent and efficient radio use. Communication requires a receiver, as well as a transmitter, so proper radio etiquette must be followed to ensure that messages get through. To simplify communications, use of the 10-codes is preferred. Communication should be short, clear and to the point.

Language

English and French can be used on the radio. Vulgar or profane language is prohibited. All communications are recorded and can be heard over various internet feeds.

Dispatch Centre

The dispatcher is responsible for coordinating all radio communications. EMS members must follow the directives of the dispatcher. The call sign of the Dispatch Centre is “Central.”

All communications must go through the Dispatch Centre. Only Officers may communicate directly with another member without the permission of the dispatcher. All other one-to-one communication requests must be approved by the dispatcher.

Preparation

Think of the intended message before beginning transmission and keep messages short and to the point. Transmissions will cut off after 30 seconds.

Transmission

All medical calls, including the alert tone, must be transmitted over the air, even if the EMS crew is at the Dispatch Centre when the call is received on the Computer Assisted Dispatch system (*Répartition assistée par ordinateur* “RAO” in French.)

Identification

The transmitter and intended recipient of a message must always be identified at the beginning of a conversation. The conversation will always end with the dispatcher giving the time (in 24-hour format). According to Industry Canada standards, the correct order of identification is the intended recipient, then the transmitter. The dispatcher will always use the call sign of the unit in subsequent transmissions to that unit.

Example: Central, 839. (839 is calling Central)

Answering

The words “yes” and “no” should not be used. The correct terms are “affirmative” and “negative”, respectively.

Stand-by

If a receiver is not ready to receive a transmission, they may instruct the transmitter to stand-by (radio code “10-18”). There is no need to respond to a request to stand-by. Simply wait for the receiver to call back indicating that they are ready to receive the message.

Call signs

Call signs should be used to identify users. All Officers have assigned call signs. The vehicle number should be used as the call sign for the mobile radio. Likewise, each member on shift should carry the radio that corresponds to the vehicle on which they are assigned. The Driver-Medic should use the “A” radio, the Medic should use the “B” radio and the Trainee should use one of the Trainee radios.

Below are the standing call signs:

Call sign	Designation
ESC-1	City Councillor - Public Safety
PS-1	Public Safety Director
PS-2	Public Safety Manager of Operations
EMS-XX	EMS Captain or Lieutenant

Letters

The International Phonetic Alphabet should be used to spell out words and names. The list of letters and their corresponding word is found in this protocol.

Numbers

To ensure comprehension of multiple digit numbers, they should be read, and then repeated digit by digit. To avoid confusion, the number “0” should be pronounced “zero”.

Example: Fifty-five, seventeen. Five. Five. One. Seven.

Single digit numbers can be repeated by adding them.

Example: Five. Three plus two.

Alert tones

The Dispatch Centre can transmit the four following audible tones by radio:

Tone	Sound	Use
1	Solid tone	Second call in sector
2	Beeping tone	Fire call
3	Alternating high-low tone	Medical call
4	Siren tone	Evacuation alert

Acknowledgement of alert tone

EMS crews must acknowledge that they received a medical call alert tone by either confirming with the dispatcher or taking the call information right away.

Example: <ALERT 3> 839, Central. 10-200 Cavendish and Mackle for a 26-Delta-2. Prio 1.
839, 10-04, 10-18.

Status updates

When affected to a call, the crew must confirm when they arrive on scene (radio code “10-17”), when they make initial patient contact (radio code “IPC”) and when they complete the call (radio code “10- 05”).

Information update

EMS crews must provide an information update (radio code “10-33”) within five minutes of their initial patient contact. These updates should be brief and identify the age and gender of the patient, the chief complaint and the vital signs. Detailed information about a mechanism of injury would be helpful, whereas a patient’s detailed medical history is not.

After giving an information update along with a complete set of vital signs, an EMS member may recommend that the ambulance downgrade to a non-urgent “10-16” response mode.

Phonetic Alphabet

Alpha	Juliet	Sierra
Bravo	Kilo	Tango
Charlie	Lima	Uniform
Delta	Mike	Victor

Echo	November	Whisky
Foxtrot	Oscar	X-Ray
Golf	Papa	Yankee
Hotel	Quebec	Zulu
India	Romeo	

Clawson Codes

EMS uses the Medical Priority Dispatch System, developed by Dr. Jeff Clawson to standardize and codify the various types of medical emergencies to which EMS crews are dispatched. The 33 Clawson Codes are further broken down with a letter (Omega, Alpha, Bravo, Charlie, Delta or Echo) and a number, example: 29-delta-2. A brief description of the specific Clawson Code can be provided by the Dispatcher when dispatching a medical call.

The list of Clawson Codes is:

1	Abdominal pain
2	Allergic reaction
3	Animal attack / bite
4	Assault
5	Back problem (non-traumatic)
6	Breathing / respiratory problem
7	Burn / explosion
8	Carbon monoxide inhalation
9	Cardiac arrest
10	Chest pain
11	Choking
12	Convulsions
13	Diabetic problem
14	Drowning / diving accident
15	Electrocution
16	Eye problem
17	Fall

18	Headache
19	Heart problem
20	Heat / cold injury
21	Hemorrhage
22	Industrial accident
23	Overdose
24	Pregnancy / birth
25	Psychiatric problem
26	Sick Person
27	Stabbing / shooting
28	Stroke
29	Traffic accident
30	Trauma
31	Unconscious
32	Unknown
33	Medical professional on scene

Call Priority

The Clawson Code assigned to a call will also be accompanied by a priority level. EMS responds only to priority 1 and priority 3 calls. If a call is downgraded to a priority 4 or 7 call, the EMS crew will discontinue their response, unless they have already established patient contact or are on the verge of doing so (e.g. knocking on the door).

Likewise, if only one crew is on duty and two simultaneous calls are received, the EMS crew should respond to the higher priority call unless they have already established patient contact or are on the verge of doing so. Where two calls are of the same priority, the crew will decide which call they will proceed to.

Priority codes are divided between pre-hospital and inter-hospital calls as follows:

0	Pre-hospital immediate life threatening call
1	Pre-hospital life threatening call
2	Inter-hospital unstable patient
3	Pre-hospital potentially life threatening call
4	Pre-hospital potential deterioration over time call
5	Inter-hospital rapid transfer
6	Inter-hospital transfer for appointment
7	Pre-hospital stable patient call
8	Inter-hospital non-urgent call

Radio codes

The EMS radio codes were modified on May 1, 2013 to correspond with the provincial ambulance radio code standards.

10-01	Listening
10-02	Repeat
10-03	Cancel
10-04	Understood
10-05	Available
10-06	Not available
10-07	Personnel in danger
10-08	Unreported emergency

10-09	Meal
10-11	Call via telephone
10-12	Stand-by point
10-14	EMS vehicle involved in traffic accident
10-16	Non-emergency response
10-17	Arrived on scene
10-18	Stand-by
10-19	Attention all units
10-20	Location
10-22	Estimated time of arrival
10-24	Confirm receipt of the previous message
10-28	Public Security
10-30	Urgent response mode
10-33	Information update
10-34	Fire department
10-35	Police department
10-41	Unsecured scene
10-42	Sexual aggression
10-43	Psychiatric problem
10-44	Death
10-46	Infection risk
10-48	EMS escort to the hospital
10-49	Reduced mobility
10-50	Radio test
10-60	Use specified channel
10-61	Permission to go direct
10-62	Radio silence (explosives)
10-63	Stealth approach
10-65	Released from a fire call

10-70	Priority message
10-85	Gas fill-up
10-89	End of availability (secondary/tertiary crew)
10-90	Special availability
10-91	Emergency situation / MCI
10-92	Emergency plan – local
10-93	Emergency plan – regional
10-95	Personal residence
10-99	Cardiac arrest
10-100	Unstable patient
10-200	Incoming call

Use of radio codes

10-01 Listening

This code indicates that the receiver is prepared to receive a communication. Alternatively, “go ahead” can be used. The receiver should always use their call sign when receiving the first communication in a conversation.

*Example: Central, 839.
839, 10-01.*

10-02 Repeat

This code is used to request that part or all of a communication be repeated.

*Example: Central, 839. The patient is in apartment 803, 8, 0, 3.
839, 10-02 the apartment number, please. 839, it's apartment 803, 8, 0, 3.*

10-03 Cancel

This code is used to cancel all or part of a message, or to cancel a medical call.

Example: 839, Central. 10-03, the call has been downgraded to a priority 4.

10-04 Acknowledge

This code is used to acknowledge receipt of a message.

*Example: 839, Central. The ambulance is 10-17.
839, 10-04.*

10-05 Available

This code is used to advise that a person unit is available. It is also used to notify that an EMS crew has completed a medical call and has returned to the vehicle.

Example: Central, 839. 10-05 on scene.

10-06 Not available

This code is used to advise that a member or unit is not available. A reason should be provided and an estimated duration, if temporary.

Example: Central, 839. We're 10-06 for a mechanical problem.

10-07 Personnel in danger / distress call

This code is used to advise that a member is in danger. Without escalating the situation, as much information as possible should be provided. Another way to advise that a member is to keep the radio keyed up so that the dispatcher can hear what is happening on the other end.

A member in danger may also activate the orange panic button on their portable radio or its microphone. If the button is activated, the dispatcher will request that the member confirm the "10-07". If it was accidentally activated, the member must respond "all clear" or "negative for the 10-07". Any other response, or the lack of response, will trigger the affectation of the police to the crew location.

All other non-essential radio communications are suspended until the 10-07 is resolved.

Example: Central, 839. 10-07 in station. Send 10-35.

10-08 Unreported emergency

This code is used when an EMS member comes across a medical emergency that has not been reported to 9-1-1. When advising of a "10-08", the member must provide the location, as much baseline information as possible and what additional resources are required.

Example: Central, EMS-9. EMS-9, 10-01.

EMS-9, I have a 10-08 at the corner of Cavendish and Kildare for an elderly male who fell from standing. He is bleeding from the nose. Please affect EMS and US.

10-09 Meal

This code is used to identify a meal or meal break. EMS crews remain available for medical calls during their meals.

Example: Central, 839. 10-09 at Cavendish Mall.

10-11 Call via telephone

This code is used to request to be called by a land or cellular line, usually for sensitive information or a conversation that would be too long to be done over the radio. It can also be used as a back-up if radio reception is not available.

Example: 839, Central. Can you 10-11 me?

10-12 Stand-by point

This code is used by Urgences-santé to refer to a dynamic deployment stand-by point.

Example: Central, 839. US 412 is 10-12 at Côte Saint-Luc and Coronation.

10-14 EMS vehicle involved in a traffic accident

This code is used when an EMS vehicle is involved in a traffic accident. The police must be requested to complete a report and the Director and Manager must be notified by the Dispatcher.

Example: Central, 839. 10-14 at Kildare and Smart for a fender bender while driving 10-16. No damage to either vehicle and no injuries.

10-16 Non-emergency response mode

This code is used to indicate that the EMS crew is en route in non-emergency mode; that is without the use of the flashing lights or sirens.

Example: Central, 839. Proceeding 10-16 to the fire call at Smart and Westover.

10-17 Arrived on scene

This code is used to indicate that the EMS crew has arrived on scene. The address should be confirmed when responding to a medical call.

Example: Central, 839. 10-17, 5888 Cavendish.

10-18 Stand-by

This code is used to request that a transmitter stand-by before transmitting their message. See the previous note about stand-bys.

Example: Central, 839.

839, 10-18.

10-19 Call to multiple units

This code should precede a message intended for multiple recipients. The intended recipients should be listed or can be referred to as “all units”. If warranted, the intended recipients should acknowledge receipt of the message in numerical order.

Example: Central, 10-19 for 839 and 836, the missing person has been located.

839, 10-04.

836, 10-04.

10-20 Location

This code is used to request or state a unit’s physical location.

Example: 839, Central. 10-20?

839, 10-20 is Cavendish and Kildare.

10-22 Estimated time of arrival (ETA)

This code is used to indicate or request an estimated time of arrival (ETA). The former code is 10-79.

Example: Central, 839. What is the 10-22 of U-5?

839, 10-79 is 15 minutes.

10-24 Confirm receipt of previous message

This code is used to ask the receiver if they received the previous transmission, typically if they did not acknowledge the previous communication.

Example: 839, Central. 10-24 that it is apartment 804, 8-0-4?

839, 10-04 for apartment 804, 8-0-4.

10-28 Public Security

This code is used to request or to refer to the Public Security division. The former code is 10-36.

Example: Central, 839. Affect 10-36 to 5888 Cavendish for a car parked in the fire lane.

10-30 Urgent response mode

This code is used to indicate that the EMS crew is en route in emergency mode; that is with the use of flashing and alternating lights and sirens, as warranted. All emergency medical calls are to be responded to

in emergency mode, though always done in a safe manner and in accordance with the Driver Training regulations.

Example: Central, 839. Responding 10-30 to 5888 Cavendish for a 17-D-2.

10-33 Information update

This code is used as a preface to transmitting, or to request, additional information. See the previous note regarding information updates.

Example: Central, 839 for a 10-33 [...]

10-34 Fire department

This code is used to request or to refer to the fire department.

Example: Central, 839. Please affect 10-34 to Blossom and Mackle for a garbage can on fire.

10-35 Police department

This code is used to request or to refer to the police department.

Example: Central, 839. 10-35, 9-dash-2 is 10-17.

10-41 Unsecured scene

This code is used to identify an unsecured scene, such as a crime scene where the suspect may still be on the premises.

Example: 839, Central. 10-41. Wait for 10-35 before proceeding.

10-42 Sexual aggression

This code is used to refer to a sexual aggression.

Example: Central, 839. Please affect 10-35 for a 10-42.

10-43 Psychiatric / behaviour problem

This code is used to request or to refer to a patient with a suspected psychiatric or behavioural problem.

Example: Central, 839. Please affect 10-35 for a 10-43.

10-44 Death

This code is used to indicate a death. The former code was 10-13.

Example: Central, 839. 10-44, unable to open the airway.

10-46 Infection risk

This code is to indicate that the scene may present an infection risk. All EMS members must don personal protective clothing before proceeding, as indicated. Personal protective clothing includes goggles, masks, gowns, visors, etc.

Example: 839, Central. 10-46 for H1N1. Full personal protection required.

10-48 EMS member on board ambulance

This code is used to indicate that an EMS member is on board an Urgences-santé ambulance en route to a hospital. The former code is 10-28.

Example: Central, 839. The Medic and Trainee are 10-48 to the Jewish General.

839, 10-04, VCOP is available to pick them up.

10-49 Reduced mobility

This code is used to indicate a patient that has reduced mobility issues and that special considerations may need to be taken with regards to moving the patient.

Example: 839, Central. 10-49, patient is wheelchair-bound.

10-50 Radio test

This code is used to request or to perform a radio test. Tests are evaluated on a scale of five, using the following guidelines:

0 / 5	No communication
1 / 5	Unable to understand message
2 / 5	Intermittent or poor reception of message
3 / 5	Static, but able to understand majority of message
4 / 5	Clear with some static
5 / 5	Clear communication

Example: Central, 839 for a 10-50. 1-2-3-4-5, how do you copy?

10-60 Use specified channel

This code is used to request that another user change to another channel.

Example: Central, 839. 10-60 talkgroup 2 for a private message.

10-61 Permission to go direct

This code is used to request permission from the Dispatcher to communicate directly with another user.

Example: Central, 839. 10-61 with 836?

839, Central. Go ahead.

10-62 Radio silence (explosives)

This code is used to indicate that explosives are on site and that radios must not be used, as the radio communications may interfere with and trigger an explosion. Upon hearing a 10-62, all mobile and portable radios must be turned off and remain off until the 10-62 has been resolved. Communications with the Dispatch Centre must be made by cellular or landline telephone. The former code is 10-67.

Example: Central, 839. 10-62, turning off all radios.

10-63 Stealth approach

This code is used to indicate a stealth approach to a call, that is in 10-30 mode until a block from the address and then 10-16 for the final block. This mode is usually used for reported violence and psychiatric patients, where the emergency lights and sirens can further agitate them. The former code is 10-68.

Example: Central, 839. 10-63 approach to 6777 Kildare.

10-65 Released from a fire call

This code is used to indicate that the fire department has confirmed that no additional resources are required on a fire call, and as such EMS units can clear the scene. The former code is 10-22.

Example: 839, Central. 10-65.

839, 10-04, we're 10-05 on scene.

10-70 Priority message

This code is used to indicate a priority message. Normally, communications are not interrupted until a conversation is complete (indicated by the dispatcher transmitting the time). It is possible to interrupt a conversation in order to transmit a priority message. When a priority message is being transmitted, all other communication is suspended and should not be resumed until the priority has been resolved.

Example: Central, 839. 10-70. 10-35 requested urgently for...

10-85 Fuel fill-up

This code is used to indicate that an EMS vehicle is at the Public Works yard to add fuel. Outside of business hours, the yard gate is locked, so the RAM key may need to be released in order to unlock the gate.

Example: Central, 839. 10-85, please release the RAM key.

10-89

10-90 Special availability

This code is used to indicate that an EMS crew is on special availability, for example, on stand-by at a special event in the City. The crew should also indicate their availability for second calls in sector.

Example: Central, 839. 10-90 at Trudeau Park for the seniors' parade, not available for second calls in sector.

10-91 Emergency situation / Mass Casualty Incident

This code is used to indicate an emergency situation or localised mass casualty incident ("MCI"). Additional resources must be specified and requested.

Example: Central, 839. 10-91 at 6777 Kildare with 20 patients requiring assessment [...]

10-92 Emergency plan – local 10-93 Emergency plan – regional

These codes are used to indicate a situation requiring the activation of the emergency plan, either on a local (10-92) or regional (10-93) scale. Additional resources must be specified and requested.

Example: Central, 839. Declaring a 10-92 for a train derailment with numerous injuries at the CP Rail [...]

10-95 Personal residence

This code is used to indicate a member's personal residence.

Example: 839, Central. There is a package in station to drop off at EMS-9's 10-95.

10-99 Cardiac arrest

This code is used to indicate a cardiac arrest, also referred to as a "code" or "code 99". When an EMS crew confirms that a patient has no pulse or breathing, they must "confirm 10-99" with the dispatcher.

Example: Central, 839. IPC unconscious. Confirm 10-99.

10-100 Unstable patient

This code is used to indicate an unstable patient.

Example: Central, 839. 10-100. Please ask U-S to affect ALS to this call.

10-200 Incoming call

This code is used to indicate an incoming medical call. After the alert tone, the dispatcher will give the "10-200" with the street, cross street, Clawson Code and call priority.

Example: <ALERT 2> Central, 839. 10-200, Cavendish and Kildare for a 17-D-2. Prio 1.

ANNEX D – FIRE RESPONSE PROTOCOL

Guidelines

EMS crews respond to confirmed fires in the City and to any fire call with patients requiring medical assistance.

Affectation

The Dispatch Centre is not advised of all fire calls by the Montreal Fire Department and may only learn of the call while it is already in progress. Any request for an ambulance to the scene (for stand-by or for an intervention) will be received through the normal call receipt process (via the "RAO").

Response mode

The EMS crew will respond in non-emergency mode ("10-16") to all fire calls unless medical intervention is required, in which case they will respond in emergency mode ("10-30").

Role

Wearing the full bunker gear with helmet you may access the scene with the stretcher and full equipment (MDSA, O₂, Jump bag, blanket in the winter) and you report yourself to the SIM Command post or to any EMS officers.

End of call

The EMS crew is considered to be released from the fire call when the Fire Department advises that no further resources are required (SIM radio code “10-22”) and/or all patients have been cared for. The EMS crew may remain on scene at their discretion if they feel that their assistance may still be required.

ANNEX E – INSURANCE AND LIABILITY

Protection

EMS members have a number of layers of protection against damage, loss, harm or injury. Some of these are offered by the City, whereas others are built into provincial legislation. The information provided in this document is an overview of the different policies and protections.

This coverage protects Driver-Medics, Medics, Trainees, Non-Medic Drivers and Associate Members (within the scope of CSL EMS activities). Observers are not covered.

Copies of all laws and regulations can be obtained free of charge from the appropriate ministry or online. Information related to City insurance policies are available in the EMS reference library.

Premise

The basic premise of the protection afforded to EMS members is that they will be covered for any incident that is not grossly or intentionally negligent. This protection covers members who are performing their duty, providing medical first responder care within the City, whether on shift or not.

Definition: Gross negligence means serious carelessness, beyond what would be considered reasonable by others in a similar or equal situation.

Example: Driving at 180 km/h would be considered gross negligence as it is not a reasonable rate of travel for a motor vehicle on a public road.

Definition: Intentional negligence means actions that are taken knowing full well what the damaging result or outcome will be.

Example: Purposely throwing a piece of electronics equipment into a tub full of water, knowing that it would cause the equipment to malfunction.

Bodily harm

A City insurance policy covers EMS members in the event of bodily harm not related to a motor vehicle accident. The compensation is based on the nature and severity of the incident.

Many medical costs are covered by the provincial Medicare program. Private insurance may provide additional coverage for members who possess such a policy. The City policy provides for physiotherapy and chiropractor care, dental care, medical fees and transport fees, each with specified maximums per incident. Exclusions are suicide, involvement in a riot, military service and travel insurance. There are also provisions for income replacement for lost wages due to injury.

Definition: Bodily harm is an injury to the body, such as a fracture, dislocation, strain, etc.

Example: A member breaks a tooth when a piece of equipment falls on them. Dental services would be paid for by the insurance policy, within the limits established.

Motor vehicle accidents

There are two levels of protection in the event of a motor vehicle accident.

In the event of bodily harm, the *Société de l'assurance automobile du Québec* ("SAAQ") covers all drivers in the province with no fault insurance. Coverage is based on specific needs of each incident. Physiotherapy, chiropractor and acupuncture are all covered, with different limits per incident.

The SAAQ coverage also provides income replacement, up to an established maximum for lost wages due to a motor vehicle accident.

Definition: No fault insurance offers the same protection whether the claimant is the perpetrator or the victim of the accident.

Definition: Income replacement is financial compensation for lost wages resulting from not being able to return to work as a result of a motor vehicle accident injury.

Example: While driving back to station after a call, the EMS vehicle is hit by a vehicle that runs a stop sign. The member needs physiotherapy for a neck injury and has to miss three weeks of work to rehabilitate. The SAAQ will cover the physiotherapy, within their established limits.

In the event of material damage, all City vehicles are insured by a blanket vehicle insurance policy, which will pay for damages to vehicles, infrastructure (e.g. lamp post) or other material.

Example: An EMS member is cut off while responding to a call and hits a flower pot on the centre median before stopping on someone's lawn and breaking the fountain on their front lawn, luckily not sustaining any injuries. All of this is handled by the city's insurance.

Lost or damaged equipment

The City has an insurance policy for equipment and will replace equipment that is lost or damaged. If the actions are deemed to be grossly or intentionally negligent, the member may be required to pay the replacement value of the item.

Example: An EMS crew forgets a blood pressure cuff on a call and attempts to retrieve it fail. This will be replaced by EMS at no charge to the member.

Example: An EMS member purposely throws the defibrillator into the pond at Trudeau Park. This is intentionally negligent and the member will be charged for the replacement cost of the defibrillator.

Medical interventions

EMS members have three levels of protection regarding medical intervention. The provincial *Act respecting pre-hospital emergency services*, R.S.Q., chapter S-6.2 provides that:

Art. 42 —No person who acts as a first responder under this Act in accordance with the clinical intervention protocols determined by the Minister under section 39 shall incur liability for any injury that may result from his or her intervention, unless the injury is due to an intentional or gross fault. The immunity also applies to the authority having established the first responder service.

Likewise, the person or body having required the intervention or assistance of a first responder service may not be held liable for any injury resulting from the intervention.

In addition, the City has a policy for errors and omissions policy and a policy for corporal prejudice.

Example: While splinting a suspected forearm fracture, the patient is in excessive pain and attempts to sue the City and the member for their pain and suffering. As long as the intervention followed the standard of care, the City will protect the member's interests in any potential lawsuit.

Example: While leaving a call, the EMS crew does not lock the patient's apartment door and while she is in the hospital, her apartment is robbed. The City's insurance policy would cover the consequences of the error.

Criminal suits

The City does not protect members for any criminal acts.

Definition: A criminal act is any violation of the Criminal Code of Canada.

Example: A medic steals \$100 from a patient's wallet while taking out their hospital card. This is a criminal offence for which the City will not provide protection to the offending member.

ANNEX F – ANTI-HARASSMENT POLICY

Policy

It is the policy of the City of Côte Saint-Luc that all employees and volunteers are entitled to work in a healthy environment, free of harassment on all legally prohibited grounds of discrimination, including both sexual and psychological harassment. As a result, the City has a zero-tolerance policy for any form of harassment in the workplace or within programs under the control of the City.

The City will make every effort to respond appropriately to any complaint where an employee or volunteer claims that they have been subjected to any form of harassment. Furthermore, the City will take disciplinary measures, as it deems appropriate, against any individual, under the City's direction, who is found responsible of subjecting any employee or volunteer to any form of harassment.

The City adheres to all applicable provincial laws, regulations, and guidelines against harassment in the workplace. To assist in this effort, a committee of three members, comprised of two representatives from the City Human Resources department and one additional member appointed by the City Manager, will hear any cases related to psychological or sexual harassment as defined below. In the event that a claim is filed that is related to a matter similar to, but not identical to those defined below, the committee can at its discretion accept jurisdiction to hear the matter following the same procedures set out in this policy. This committee will follow the procedures set out below with respect to all harassment claims.

Definitions

Psychological Harassment

Psychological Harassment is defined as vexatious or unwanted behaviour that manifests itself in the form of conduct, verbal comments, actions or gestures characterized by the following four behaviour criteria: 1) repetitive; 2) hostile or unwanted; 3) affect the person's dignity or psychological integrity and; 4) result in a harmful work environment. The term vexatious is defined as "humiliating or abusive behaviour that lowers a person's self-esteem or causes them torment"; or "behaviour that exceeds what a person considers to be appropriate and reasonable in the performance of his work." The law states that vexatious behaviour is "a single serious incidence of such behaviour that has a lasting harmful effect on a person." It is important to remember that psychological harassment is NOT normal exercises of the management right, work conflicts, work-related stress, difficult conditions of employment and professional constraints.

Sexual Harassment

Sexual harassment means "any conduct, comment, gesture or contact of a sexual nature, that is likely to cause offence or humiliation to any employee or that might, on reasonable grounds, be perceived by that employee as placing a condition of a sexual nature on employment or on any opportunity for training or promotion."

Both Psychological Harassment and Sexual Harassment are strictly prohibited and any individual responsible for such conduct can be disciplined. Sanctions for such behaviour can include termination or suspension or expulsion from City activities and programs.

Procedure for reporting or filing a claim

Any City employee or volunteer who believes that they have been the victim of psychological or sexual harassment and who wishes for their complaint to be investigated, has the right to file a complaint and have it considered according to the following internal procedure, so long as the claim is filed within the 90 day time period following the date of the alleged incident or the last incident of any ongoing repetitive behaviour:

- 1) Complaints from employees or volunteers of either sex must be submitted in writing to the City Human Resources Department. All claims will be treated in confidence and with dignity.
- 2) A meeting will be held between the complainant and the Human Resources Department.
- 3) An extensive and thorough investigation will then be conducted and all relevant witnesses will be contacted and interviewed, including the accused individual.
- 4) The person filing the claim will then be given a chance to present their case in front of the established committee.
- 5) The committee will consider all evidence, which was uncovered during the extensive and thorough investigation mentioned above.
- 6) The Committee will then decide if any psychological or sexual harassment occurred, and if so, the committee will recommend which penalties or reprimands should be handed out.
- 7) The City will then administer penalties and/or reprimands as deemed fit, following due consideration of all the evidence and the committee's recommendation.

All investigations will be handled with discretion and sensitivity.

Please note that all employees or volunteers who initiate a harassment complaint will be protected from retaliation by the City administration, their supervisor or any other employee or volunteer.

Please note that the Act respecting labour standards provides for "recourse in the event of psychological harassment at work, which is available to every employee, whether unionized, non-unionized, or at the senior managerial level. The Act sets a 90-day period to file a complaint."

ANNEX G – MEMBERSHIP AGREEMENT

1. I acknowledge that I have received and will comply with the EMS Member’s Guide and any directives, protocols or instructions.
2. I acknowledge that I made the decision to volunteer for EMS freely and that I am responsible for my actions and am aware of the potential risks and dangers associated with my participation as an EMS volunteer.
3. I agree that I, my heirs, successors and insurers will hold harmless the City of Côte Saint-Luc (“City”), its Mayor and Councillors, employees, volunteers and agents from any and any claims, liabilities, actions or damages, where said is a result of my own negligence, wilful misconduct or bad faith.
4. I acknowledge that the City provides certain coverage against liability, damage, loss or fault, and that as an EMS volunteer, I may be required to cover any costs or consequences related to actions that are a result of negligence, wilful misconduct or bad faith.
5. I acknowledge that during the course of my participation as an EMS volunteer I may have access to confidential information of the City and people that are treated by EMS, and I promise that I will not, either during my term of volunteering or any time thereafter, disclose to any person, firm or corporation any such confidential information that I may have acquired in the course of or incidental to my volunteering, other than as permitted in the EMS Member’s Guide.
6. I agree that upon termination of my participation as an EMS volunteer, I will return any equipment in my possession that belongs to the City of Côte Saint Luc, in accordance with the provisions of the EMS Member’s Guide. I agree that the articles that I am entitled to keep will not be worn in any official capacity or in a manner that may be perceived as representing EMS.

Le soussigné reconnaît qu’il a exigé que ce qui précède soit rédigé en anglais et déclare satisfait.

The undersigned acknowledges that he/she has requested and is satisfied that the foregoing be drawn up in English.

Signed in the City of _____ on the _____ day of _____ 20__.

Signature: _____.

Printed Name: _____.