

**SUNDRIDGE –STRONG FIRE DEPARTMENT MANAGEMENT BOARD  
AMENDED AGENDA  
TUESDAY JUNE 5 at 6:00 P.M.  
SUNDRIDGE COUNCIL CHAMBERS**

- C1 Call to order by Chairperson
  
- C2 Approval of Agenda
  
- C3 Declaration of Pecuniary Interest
  
- C4 Verification of Previous Committee Minutes
  - a) Regular Meeting – May 24, 2018
  
- C5 Business Arising from Minutes
  
- C6 Correspondence
  
- C7 Follow Up/New Business
  - a) Procedural Review – Village of Sundridge Clerk Administrator
  - b) Firefighter Wages – other municipal fire departments  
*[to be provided at June 5 meeting]*
  - c) 2018 Budget
  - d) Naloxone for Fire Services – Agreement
  - e) DZ Licensing Requirements
  - f) Shared Services Discussion
  
- C8 Closed Session - Pursuant to Section 239(2) of the *Municipal Act*.
  - d) labour relations or employee negotiations:
    - i) Fire Chief Contract
  
- C9 Adjournment

\*\*Next meeting to be held at the call of the Chair\*\*

C 4a)

**SUNDRIDGE – STRONG FIRE DEPARTMENT MANAGEMENT BOARD**

A regular meeting of  
The Sundridge-Strong Fire Department Management Board  
was held on **Thursday May 24, 2018 at 5:00 p.m.**  
at the Sundridge Council Chambers.

**PRESENT:**           **Sundridge**   Lyle Hall and Don Richardson  
                          **Strong**       Jason Cottrell and Christine Ellis (alternate for Jeff McLaren)

**FIRE ASSOCIATION**                   Jeff Johnstone  
**MEMBERS:**                         Rebel Kennedy (arrived at 5:12pm)

**STAFF PRESENT:**                   Grant Love, Fire Chief/CEMC  
  Nancy Austin, Joint Committee Recording Secretary

C1    The meeting was called to order at 5:00 p.m. by chairperson Jason Cottrell.

C2    APPROVAL OF AGENDA

**Resolution #2018-027F**  
MOVED BY:       Lyle Hall  
SECONDED BY:    Don Richardson

That the agenda for the May 24, 2018 regular meeting be approved as circulated.  
**Carried.**

C3    DECLARATION OF PECUNIARY INTEREST

*None*

C4    VERIFICATION OF PREVIOUS MINUTES

a) Regular Meeting – April 3, 2018

**Resolution #2018-028F**  
MOVED BY:       Don Richardson  
SECONDED BY:    Lyle Hall

The minutes of the Regular Meeting held on April 3, 2018, be adopted as circulated.  
**Carried.**

C5 Business arising from Minutes

*None*

C6 CORRESPONDENCE

a) Letter from Ministry of Community Safety and Correctional Services dated May 8, 2018

**Resolution #2018-029F**

MOVED BY: Christine Ellis

SECONDED BY: Lyle Hall

That the correspondence from the Ministry of Community Safety and Correctional Services dated May 8, 2018, regarding the framework for the delivery of municipal fire services, be received.

**Carried.**

b) Fire Protections and Prevention Act Regulations Narrative

**Resolution #2018-030F**

MOVED BY: Christine Ellis

SECONDED BY: Don Richardson

That the correspondence agenda item identified as item C6b) Fire Protections and Prevention Act Regulations Narrative, be received.

**Carried.**

c) Questions & Answers Fire Safety Regulations (MCSCS)

**Resolution #2018-031F**

MOVED BY: Lyle Hall

SECONDED BY: Don Richardson

That the correspondence agenda item identified as item C6c) Questions & Answers fire Safety Regulations (MCSCS), be received.

**Carried.**

d) Clause-by-Clause Explanation Mandatory Certification Regulation under the Fire Protection and Prevention Act, 1997

**Resolution #2018-032F**

MOVED BY: Christine Ellis

SECONDED BY: Don Richardson

That the correspondence agenda item identified as item C6d) Clause-by-Clause Explanation Mandatory Certification Regulation under the Fire Protection and Prevention Act, 1997, be received.

**Carried.**

C7 NEW BUSINESS/FOLLOW UP BUSINESS

a) Fire Chief's Report – May 24, 2018

**Resolution #2018-033F**

MOVED BY: Christine Ellis  
SECONDED BY: Don Richardson

That the Sundridge-Strong Fire Department Management Board accept the Fire Chief's report as presented.

**Carried.**

b) Report S2018-003 – Firefighter Wages

There was discussion on "employee" vs "volunteer" along with a discussion on recruitment of volunteers. The Fire Chief clarified section e) of report S2018-003; that should have read *the Deputy Chief shall be paid at 118% of the Intern rate.*

**Resolution #2018-034F**

MOVED BY: Christine Ellis  
SECONDED BY: Don Richardson

That the Chief be instructed to provide copies of South River/Machar, Magnetawan, Burk's Falls Fire Department wages in regards to staff report 2018-003, and be brought back to the next Fire Board meeting for review and discussion.

**Carried.**

c) Report S2018-001 Revised 2018 budget  
*[originally presented on April 3, 2018]*

The Fire Chief provided report, S2018-001 for further discussion regarding the 2018 Budget. There was discussion on line items, contracted services, training, and salaries/wages and the draft budget option 1 dated April 5, 2018 was reduced by a further \$15,000.

**Resolution #2018-035F**

MOVED BY: Christine Ellis  
SECONDED BY: Lyle Hall

That the Fire Board recommends to Councils Option 1 (One) with the Fire Chief taking \$15,000 out of the total amount and deferring the salary recommendation until we have further information.

**Carried.**

C8 Closed Session

*None*

There was discussion on the requirements for a DZ license and if any of the volunteer firefighters had not yet obtained this license. The Fire Chief advised that there is a six (6) month probation period for new recruits and that everyone who has passed the probation period, has obtained a DZ license. As of July 1<sup>st</sup>, 2018 there is a requirement that in order to renew a DZ license, the individual will need to take a course, write a test and have a medical examination. Christine Ellis made a motion to have DZ Licensing appear on a future agenda for further discussion.

C9 ADJOURNMENT

**Resolution #2018-036F**

MOVED BY: Christine Ellis  
SECONDED: Don Richardson

That we do now adjourn at 6:52 p.m. until the next regular meeting or at the call of the Chair.  
**Carried.**

.....  
Jason Cottrell  
Chair

.....  
Nancy Austin  
Joint Committee Recording Secretary



## Sundridge-Strong Fire Board

C7d)

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**Report Number:** 2018-003  
**Date:** June 5, 2018  
**To:** Sundridge-Strong Fire Department Management Board  
**From:** Fire Chief Grant Love  
**Report Title:** Naloxone for the Fire Services

### RECOMMENDATION

That the Fire Board recommend to the Council of the Township of Strong and the Council of the Village of Sundridge, that the Sundridge Strong Fire Department enter into an agreement with the North Bay Parry Sound Health Unit for the supply of Naloxone under the Ontario Naloxone Program.

### BACKGROUND

On December 7, 2017, the Province announced the expansion of the Ontario Naloxone Program to include Police and Fire Services. Fire services would be eligible to receive 2 kits for each vehicle in their respective fleets. As part of the announcements, enrollment criteria were released:

- o Each municipality should consult with their municipal council about the use of naloxone as a public health and community safety measure
- o Must complete a form to indicate interest in enrollment and confirm the number of naloxone kits the service is requesting
- o Must enter into an agreement with the appropriate public health unit

Must develop and/or adopt program-related policies and procedures within each service, including how naloxone would be carried and deployed

- o Must arrange training and education for staff
- o Enrolled fire services will be required to report quarterly to their local public health unit using a standardized form on the use of naloxone in their service

In March 2018 I was approached by the North Bay Parry Sound Health Unit to see if we would be interested in the program. At that time the consensus of the Officers of the Fire Department was that we should wait to see if the need was warranted.

In the past few weeks, we have seen an increase in medical calls and the possibility that if naloxone was available to us it may have been utilized.

This week the local OPP have indicated publicly that fentanyl and other opioids are in the area.

## ANALYSIS

The North Bay Nipissing Health Unit is a designated naloxone distribution site providing nasal spray kits to clients and community partners to enhance access to naloxone. Currently, they have shared service agreements with five fire departments and one community agency (Burk's Falls Family Health Team). The Health Unit has spoken with one additional fire department and two additional community agencies and expect agreements to be signed shortly.

Naloxone is a medication that can temporarily reverse an opioid overdose. Opioids are medications that are usually used to treat moderate to severe pain. In addition to relieving pain, opioids can also cause a euphoric (high) feeling, making them susceptible to abuse, which can lead to addiction. Commonly used opioids include: fentanyl, morphine, heroin, methadone, and oxycodone. When someone overdoses on an opioid, their breathing slows, or even stops completely. If used right away, naloxone can help a person temporarily breathe normally again.

There is no guarantee that paramedics will be the first on the scene during an overdose call. In most medical calls we attend the ambulance is coming from a location other than South River.

Forbes Symon, town hall's director of development and protective services, said giving firefighters the ability to administer naloxone "is good for the volunteer (firefighters) ... it protects the volunteers themselves."

We are not trying to do the job of a trained paramedics, by adding Naloxone to our tool box we would be trained to be a back up to them.

It is important to remember that Naloxone alone is not going to save a person's life. You still must be able to provide other life saving techniques such as rescue breathing and/or chest compressions.

The Sundridge Strong Fire Department feels it is appropriate to take part in this program as it will provide protection to our firefighters in the event of an opioid exposure. It would also enable us to act as a support system to other responding services to help mitigate the impact of any overdose.

Before firefighters can take the training, Sundridge Strong Fire Department needs to have the support of both Councils, enter into an agreement with the North Bay Parry Sound Health Unit, and develop a protocol for administering naloxone. All fire service personal are already certified with standard first aid and basic awareness level defibrillator operations.

### **Procedure for Administration of Narcan (Naloxone) (For discussion purposes only)**

1. Call for emergency medical help.
2. Position person on their back.
3. Check for signs of an opioid overdose including but not limited to:
  - Unresponsive to stimuli (shake their shoulders and shout their name)
  - Slow or no breathing

- Bluish lips and fingernails
  - Body is limp
  - Deep snoring or gurgling sounds
  - Vomiting
  - Pinpoint Pupils
4. If the individual is unresponsive and/or experiencing any opioid related overdose signs and symptoms, complete 2-minute cycle of CPR. If two fire fighters are present, one will obtain the Narcan kit from the truck while the other continues CPR. If one fire fighter is present, obtain Narcan kit from truck after completing 2 minutes of CPR.
5. Only trained staff will be responsible for administering Narcan.

If the individual wakes up and/or breathing is restored, place the person into the recovery position and stay with them until EMS arrives.

6. If individual does not wake up and is not breathing, resume CPR.
7. After 2 to 3 minutes, if available, give the other does of Narcan into the other nostril
8. If the individual wakes up and/or breathing is restored, place the person into the recovery position and stay with them until EMS arrives
9. If individual does not wake up and isn't breathing continue with CPR until EMS arrives.
10. Once ambulance has arrived, provide paramedics with verbal report of care provided.

**When Narcan starts working, the individual may wake up suddenly, be confused, agitated or aggressive due to withdrawal. Give them space.**

**Ministry of Health and Long-Term Care**  
**Questions and Answers: Naloxone for Police and Fire Services**  
**General Questions**

**1. Why were Public Health Units (PHUs) selected to implement the expansion of naloxone to police and fire services?**

Public Health Units (PHUs) were selected to implement the expansion of naloxone to police and fire services as they already provide, or ensure the provision of, naloxone to a variety of eligible community organizations through the previously-announced Harm Reduction Program Enhancement (HRPE).

This expansion will leverage the work PHUs already do to distribute naloxone to people at risk of opioid overdose, their friends and family, both directly and through eligible community organizations.

**2. Are all police and fire services eligible to receive naloxone?**

All police and fire services (see Appendices) in Ontario will be eligible to receive naloxone to prevent overdoses, and potentially to help police and firefighters in case of exposure to opioids. Police services will be eligible to receive naloxone kits to provide access to police officers, including First Nations constables, who may reasonably encounter a situation where a person has overdosed and may require naloxone. Naloxone will also be made available to fire departments who can order two naloxone kits for each firefighting vehicle.

**3. Will all police and fire services receive naloxone through this expansion?**

While all 61 police services, including municipal and First Nations police services as well as the Ontario Provincial Police and 447 fire services in Ontario will be eligible to receive



naloxone through the Ontario Naloxone Program (ONP), each individual police and fire service will need to determine if they will equip eligible officers/vehicles with naloxone through the ONP.

**4. What must a police and fire service do before ordering naloxone?**

Police and fire services would be responsible for:

- o Developing and/or adopting program-related policies and procedures within each service, including how naloxone would be carried, stored and deployed.
- o Arranging training and education for officers and firefighters that will have access to naloxone.
- o Entering into an agreement (e.g. Memorandum of Understanding, Service Level Agreement) with the appropriate PHU.
- o Completing a MOHLTC form to confirm enrollment and the number of naloxone kits being ordered.
- o Consulting with their municipal council (especially for fire services) and boards as appropriate

**5. Will PHUs provide training or other resources to police and fire services?**

All police and fire services that choose to equip eligible officers/vehicles with naloxone will be required to provide training and education to their own staff. PHUs are not required to provide naloxone education and training, or policy development support, to police and fire services; although PHUs can decide to provide these supports at their own discretion.

**6. Will resources be developed to help with implementation of the expansion to police and fire services?**

The ministry is working on implementation supports for PHUs to ensure the successful implementation of the Harm Reduction Program Enhancement (HRPE). This will include a Community of Practice (CoP) and a Naloxone Distribution Toolkit.

The Ministry is not developing additional supports specifically for the expansion of the program to police and fire services; however, the other resources available through the HRPE may be leveraged, if appropriate.

**7. Will police and fire services be required to report on the use of naloxone? Will the ministry require reports from each police and fire service or from the PHU?**

Police and fire services are responsible for collecting and reporting information on the use of naloxone to the appropriate PHU every quarter.

The PHU will be responsible for reporting back to the ministry on the use of naloxone in each police and fire service. Reporting requirements are being developed and will be provided to police and fire services, and to PHUs.

**8. What are the risks of exposure to fentanyl or its analogues?**

Ontario's Public Services Health & Safety Association indicates that fentanyl and its analogues can enter the body by inhalation, ingestion, intravenous or intramuscular injection. Skin contact is also thought to be a potential exposure route, but is not likely to lead to overdose unless there is prolonged exposure to large volumes of highly concentrated fentanyl in powder form.

Brief skin contact with fentanyl or its analogues is not expected to lead to toxic effects if any visible contamination is immediately removed.

Organizations should consult the appropriate advisors to discuss any required health and safety measures.

**9. Are PHUs responsible for reaching out to police and fire services to determine if they will access naloxone?**

The decision to equip eligible officers/vehicles with naloxone through the ONP is the decision of each police and fire service. Interested police and fire services are responsible for contacting the appropriate PHU where they are located (see Appendices) to begin the process to order naloxone through the ONP.

*Working with Eligible Police and Fire Services*

**10. Do PHUs need to have agreements with police and fire services?**

PHUs will be required to work with police and fire services to develop agreements (i.e. Memorandum of Understanding / Service Level Agreement). An agreement must be in place prior to placing orders.

**OPTIONS/ALTERNATIVES**

**Option 1**

**That the Fire Board recommend to the Council of the Township of Strong and the Council of the Village of Sundridge, that the Sundridge Strong Fire Department enter into an agreement with the North Bay Parry Sound Health Unit for the supply of Naloxone under the Ontario Naloxone Program.**

**Option 2**

That the Sundridge Strong Fire Department not participate in the Ontario Naloxone Program.

This Option is not recommended as it could limit our actions during a medical incident and may also prevent us from assisting a first responder if they come into contact with an opioid.

**FINANCIAL CONSIDERATION**

Naloxone is available for free thru the North Bay Parry Sound Health Unit. The cost of providing the required training will be minimal as it will take place on a regular training night.

**ATTACHMENT**

1. Shared Service Agreement

**CONCLUSION**

For the Sundridge Strong Fire Department to participate in the program, we require authorization from both Municipal Councils.

## **Shared Service Agreement between the North Bay Parry Sound District Health Unit AND Sundridge-Strong Fire Department**

### **Objective of the Agreement**

The purpose of this Shared Service Agreement is to outline the collaborative partnership between the *North Bay Parry Sound District Health Unit (Health Unit)* and the *Sundridge-Strong Fire Department (Fire Department)*.

### **Future reviews and amendments to this Shared Service Agreement**

This agreement will be reviewed annually. Any changes will be agreed upon and signed off by both parties.

### **Objectives of the Shared Service**

This Shared Service Agreement outlines the responsibilities of the Health Unit and the Fire Department, pertaining to opioid response and surveillance. The two primary objectives of the shared service are:

1. To equip emergency medical services (EMS) personnel with naloxone.
2. To participate in quarterly reporting, whereby the Fire Department will report naloxone-specific metrics to the Health Unit (see 'Naloxone service quarterly reporting form').

### **Description of key services**

The Health Unit will provide the Fire Department with intranasal naloxone kits (2 doses per kit), at amounts requested by the Fire Department. The Fire Department will use the attached order form to request naloxone from the Health Unit. The use of naloxone will be tracked and reported by the Fire Department on the attached 'Naloxone service quarterly reporting form', and submitted to the Health Unit on a quarterly basis (prior to/on the due dates indicated in the form).

### **Requirements**

#### The Fire Department will:

- Order naloxone (using attached order form) from the Health Unit.
  - Urgent orders for supplies will be determined by availability.
- Ensure that personnel are trained for proper use.
- Track the amount of personnel trained and the amount of naloxone used (e.g., # of people and # of doses), as per the 'Naloxone service quarterly reporting form' provided by the Health Unit.
- Keep used kits and return them to the Health Unit.
- Return any unused and/or expired kits to the Health Unit.

- Submit the completed 'Naloxone service quarterly reporting form' to the designated Health Unit representative on a quarterly basis (due dates indicated in the form). Submit via email or fax.

The Health Unit will:

- Provide intranasal naloxone to the Fire Department at no cost (includes coordination of orders and delivery of naloxone if needed).
- Collect data (i.e., 'Naloxone service quarterly reporting form') on a quarterly basis.
- Collect used naloxone kits, should they become available.
- Provide ongoing assistance and/or education relating to naloxone, as requested by the Fire Department.

**Date of Agreement:** ~~XXXX~~

**Signatories to Agreement**

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