ROSEMONT DISTRICT FIRE BOARD AGENDA

Friday, March 14, 2025 - 9:00 AM

Meeting Details

In-Person Meeting Location: Mulmur Township Office, 758070 2nd Line E, Mulmur
Phone Connection: 1 647 374 4685 Canada / 1 647 558 0588 Canada
Video Connection: https://us02web.zoom.us/j/82393072272
Meeting ID: 823 9307 2272

1. **Call To Order**

2. **Land Acknowledgement**

We begin this meeting by acknowledging that we are meeting upon the traditional Indigenous lands of the Anishinaabe, and Petun peoples.

We recognize and deeply appreciate their historic connection to this place and we also recognize the contributions Indigenous peoples have made, both in shaping and strengthening our community, province and country as a whole.

3. **Appointment of the Chair and Vice-Chair**

Recommendation: THAT _____ be appointed as Chair, _____ be appointed as Vice Chair and that Heather Boston be appointed as the Secretary/ Treasurer.

4. **Approval of the Agenda**

Recommendation: THAT the November 8, 2024, agenda be approved.

5. **Approval of Previous Meeting Minutes**

Recommendation: THAT the minutes of May 31, 2024, be approved.

6. **Declarations of Pecuniary Interest**

If any member of the Board has a pecuniary interest, they may declare the nature thereof now or at any time during the meeting.

7. **Public Question Period**

8. **Deputations and Presentations**

9. Treasury

9.1 Operating Surpluses

Recommendation: THAT the Board approve the transfer the 2024 and any future operating surpluses into Capital Reserves.

10. Administration

10.1 Fire Board Governance

10.2 Medical Oversight

10.3 Fire Chief General Update (Verbal)

11. Information

11.1 Fire Chief's Year-End Report 2024

Recommendation: THAT the Board receive the Fire Chief's Year-End 2024 Report as information.

11.2 YTD Fire Call Summary

11.3 Purchases

Recommendation: THAT the Board receive the accounts payable listing in the amount of $223,005.07 for 2024 and $66,639.56 for 2025 that were paid in accordance with the budgets.

11.4 YTD Comparative Income Statement

11.5 County-Wide Fire Chief's Minutes October 9, 2024

11.6 County-Wide Fire Chief's Minutes November 13, 2024

12. Items For Future Meetings

13. Adjournment

Recommendation: THAT the meeting adjourn at _____ to meet again at the call of the Chair.

MINUTES

Rosemont District Fire Board
Friday, November 8, 2024 at 9:00 am

Present: Melinda Davie – Chair- Town of Mono
Elaine Capes – Town of Mono (Virtual)
Earl Hawkins - Township of Mulmur
Julius Lachs–Vice Chair-Adjala-Tosorontio
Heather Boston - Secretary-Treasurer
Ronald O'Leary – Adjala-Tosorontio
Patricia Clark – Township of Mulmur
Chris Armstrong - Deputy Fire Chief
Mike Blacklaws - Fire Chief

1. Call to Order

The Chair called the meeting to order at 9:13 am.

2. Land Acknowledgement

We begin this meeting by acknowledging that we are meeting upon the traditional Indigenous lands of the Anishinaabe, and Petun peoples.

We recognize and deeply appreciate their historic connection to this place, and we also recognize the contributions Indigenous peoples have made, both in shaping and strengthening our community, province and country as a whole.

3. Approval of the Agenda

Moved by: Clark/O'Leary

THAT the November 8, 2024 agenda be approved as amended to add item 7.1 being a delegation from the Rosemont & District Fire Association.

Carried.

4. Approval of Previous Meeting Minutes

Moved by: O'Leary/Hawkins

THAT the minutes of May 31, 2024, be approved.

Carried.

5. Declarations of Pecuniary Interest

Chair Davie stated that if any member of the Board has a pecuniary interest, they may declare the nature thereof now or at any time during the meeting.

6. Public Question Period

- Andrew Kennedy asked to see which departments were used as comparators in the pay grid review. The secretary will inquire if information can be shared.

7. Deputations and Presentations

7.1 Rosemont Fire Association, Andrew Cunningham and Anthony Felice

- Delegates informed the Board of the community donations and financial contributions made to the fire department over the years.

8. Treasury

8.1 Draft 2025 Budget & Capital Forecast

Moved by: Hawkins/O'Leary

That the Board approve the 2025 Budget as presented with revisions as noted.

Carried.

8.2 2024 Pay Grid

Moved by: Lachs/Clark

That the Board approve the 2024 pay grid as presented

Carried.

9. Administration

9.1 Fire Chief General Update (Verbal)

- Chief Blacklaws provided an update on the new truck

9.2 Technical Rescue Requirements for 2028 (Verbal)

- By 2028 the firefighters will need to be certified in technical rescue.
- There will be a cost associated with this training.

10. Information

10.1 YTD Fire Call Summary

10.2 Purchases

Moved by: Hawkins/O'Leary

THAT the Board receive the accounts payable listing in the amount of $739,363.02 that was paid in accordance with the budget.

Carried.

10.3 YTD Comparative Income Statement

10.4 County-Wide Fire Chief's Minutes May 28, 2024 (Not Provided)

10.5 County-Wide Fire Chief's Minutes June 25, 2024 (Not Provided)

- Discussed assisting on medical calls.

10.6 Mulmur's Community Risk Assessment

- The Board discussed inspection schedules and requested that Mono and Adjala-Tosorontio provide copies of their community risk assessments to the next Board meeting.

10.7 Dufferin County's Multi-Jurisdictional Fire Services Review

The Fire Chief noted that he is not frustrated with the Fire Boards governance model and it was a generalized statement made within the report. Chief Blacklaws confirmed that he is very happy with the current governance structure.

11. Items for Future Meetings

- Job Descriptions
- Technical Rescue Training
- Update on Inspection

12. Adjournment

Moved by: O'Leary/Hawkins
That the meeting adjourn at 10:56 am to meet again at the call of the Chair.
Carried.

Approved by:

Chair

Secretary/Treasurer

This Agreement made this **18th** day of **April 2019** between

THE CORPORATION OF THE TOWNSHIP OF ADJALA-TOSORONTIO

-and-

THE CORPORATION OF THE TOWN OF MONO

-and-

THE CORPORATION OF THE TOWNSHIP OF MULMUR
(the parties)

WHEREAS Section 20(1) of the *Municipal Act,* 2001, S.O. 2001, c. 25 as amended permits a municipality to enter into an agreement with one or more municipalities to jointly provide, for their joint benefit, any matter which the municipalities have the power to provide within their own boundaries;

AND WHEREAS Section 23(1) of the *Municipal Act*, 2001 as amended permits a municipality to delegate its powers and duties to a municipal service board;

AND WHEREAS Section 202(1) of the *Municipal Act*, 2001, as amended allows two or more municipalities to enter into agreement to establish a joint municipal service board and to provide for those matters which, in the opinion of the participating municipalities are necessary or desirable to facilitate the establishment and operation of the joint municipal service board;

AND WHEREAS the Fire Protection and Prevention Act, 1997, Part II, section 5(1.), as amended, permit the Council to establish and regulate a fire Department;

AND WHEREAS the parties hereto have passed respective by-laws for entering into this joint operation agreement;

AND WHEREAS the parties hereto have agreed to jointly manage and operate a fire Department to be known as the "Rosemont District Fire Department" hereinafter called the "Department" for the purpose of providing fire protection in the areas defined in this agreement;

AND WITNESSETH this agreement that in consideration of the covenants and terms contained herein, the parties hereto agree as follows:

1. In this agreement,

) "Board" means the Rosemont District Fire Board.

) "Department" means the fire Department of the respective parties of this agreement.

) "Deputy Fire Chief' means the person who, in the absence of the Fire Chief, is assigned to be in charge of the particular activity of the fire Department and who has the same powers and authority as the Fire Chief.

   d) "Designate" means the person who, in the absence of the Fire Chief or the Deputy Fire Chief, is assigned to be in charge of the particular activity of the fire Department and who has the same powers and authority as the Fire Chief or the Deputy Fire Chief.

   e) "Fire Chief" means the chief of the jointly managed and operated Rosemont District Fire Department.

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f) "Response area" means the areas of the participating municipalities, as described in Schedule "A" attached to and forming part of this agreement.

g) "Fire Protection" means a range of programs designed to protect the lives and property of the inhabitants of the fire Department response area from the adverse effects of fires, sudden medical emergencies or exposure to dangerous conditions created by and/or nature and includes fire prevention and public education, rescue and suppression services.

h) "Member" means a person employed by the Rosemont District Fire Department or voluntarily acting as fire fighter and includes an officer.

i) "Municipality/Municipalities" means a member municipality to this agreement.

k) "Capital" means tangible asset expenditures as defined by PSAB to include but not limited to the land where the fire hall is situated, the fire hall building, Vehicles or Rolling stock, Bunker Gear/Turnout Gear and Breathing Apparatus/SCBA.

2. A joint board of management shall be established and shall be composed of two (2) elected members from the Council of the Township of Adjala - Tosorontio, two (2) elected members from the Council of the Town of Mono and two (2) elected members from the Council of the Township of Mulmur and is to be known as the "Rosemont District Fire Department Joint Board of Management", hereinafter called the "Fire Board". The Fire Board shall be appointed for a four (4) year term by the Councils of Adjala - Tosorontio, Mono and Mulmur. Each Council shall appoint their representatives in December, upon assuming their elected offices. The representatives will take office effective January 1st, next following. Any vacancy occurring in the Fire Board shall be filled within thirty (30) days of same occurring by the Council of the municipality which had appointed the member wherein the vacancy occurred. Council can change their representation on the Board over the 4 years as they deem fit.

3. The Fire Board shall appoint a chair and vice chair, from amongst its members, at the first meeting of the Fire Board each year.

4. The chair shall preside at all meetings of the Fire Board and be charged with the general administration of the business and affairs of the Fire Board.

5. The Fire Board shall appoint a secretary/treasurer at the first meeting of the Fire Board in each four (4) year term. The secretary/treasurer shall be from either Adjala–Tosorontio, Mono or Mulmur staff. Note: For ease of audit, the secretary/treasurer and auditor may be from the same municipality.

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The auditor for either Adjala-Tosorontio, Mono or Mulmur shall audit the accounts of the Fire Board and shall submit copies of the annual statements and copies of his/her report to the Fire Board and to each of the parties to this agreement.

The secretary/treasurer shall give, or cause to be given, all notices required to members of the Fire Board and auditors and shall attend all meetings of the Fire Board and enter, or cause to be entered, in books kept for that purpose, minutes of all proceedings at such meetings and be the custodian of all books, papers, records and documents belonging to the Fire Board and perform and do such other duties as may from time to time be prescribed by the Fire Board.

c) The secretary/treasurer shall keep full and accurate books of account in which shall be recorded all receipts and disbursements of the Department, and, under the direction of the Fire Board, shall deposit all monies with respect to the operation of the Department, in a special bank

account designated for that purpose, and shall render to the Fire Board at the meetings hereof, or whenever required, an account of all transactions and of the financial position of the Department. The secretary/treasurer shall pay only such items as are approved and authorized by the Fire Board in accordance with its budget.

d) The secretary/treasurer shall have the authority to charge back any fire calls per the Board policy.

e) Treasurer shall invest surplus funds in secure and cashable investments.

6. The Fire Board shall hold at least three (3) regular meetings per year as needed and at such other times at the call of the chair or on petition of a majority of the members of the Fire Board.

a) The Fire Board shall ensure the attendance of the Fire Chief or Deputy Fire Chief or his/her designate at each regular and special Fire Board meeting.

7. The Fire Board shall ensure that all budget meetings are convened and continued only when each party to the agreement is represented.

8. a) All Fire Board meetings shall have business conducted by written motion, duly moved, seconded and carried by a majority vote.

b) Copies of all draft minutes of regular and special meetings of the Fire Board are to be promptly submitted to the Clerk of each respective municipality, recirculated if amended .

c) Quarterly financial statements after consideration by the Fire Board are to be forwarded to the Councils of each party to this agreement.

9. a) The Fire Board shall submit in writing, to each of the parties hereto, a draft budget for the operation of the Department for that year together with an apportionment of the costs to each of the parties herein using the formulae in Schedule "B" attached hereto. The budget shall be in effect once all three parties have approved it and must be finalized before June 30th. Each party hereto shall pay to the secretary/treasurer in quarterly installments on the first day of February, May, August and October in each year the amount of their said apportionment of costs. Each installment may be based on 25% of the prior year levy until the final budget has been passed.

b) Each annual draft budget submitted to the Council shall include an appropriate provision for a reserve fund for the replacement of Capital. . The secretary/treasurer shall submit a reserve continuity schedule to the Fire Board when the year-end financial statements are presented to the Board. No unbudgeted amounts shall be paid out of, or charged against, the reserve fund following the date when any party has given notice of intent to withdraw from this agreement. Contributions to the reserve fund shall be made by each of the three municipalities per the formulae in Schedule "B".

) Each member from Mulmur Council shall have two (2) votes each on the Board and each member from Adjala-Tosorontio and Mono Council shall have one (1) vote each on the Board for operating and capital items.

10. The parties hereto agree that for the purposes of the financial terms and commitments to this agreement, that all capital and operating costs shall be incurred as per paragraph 9 a) and b) of this agreement.

11. It shall be the responsibility of the Fire Board for the preparation of draft by-laws,

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and the formulating of policies, for and relating to the administration of the Department and of the Fire Board.

12. The Fire Board shall provide adequate facilities and equipment for the operation of the Department.

13. The Fire Board shall be responsible for providing fire protection to areas within the boundary lines attached hereto as Schedule "A" and forming part of this agreement.

14. The Department shall endeavor to respond as soon as possible to all emergency calls within the defined areas attached hereto as Schedule "A" with such apparatus and manpower as per policy established by the Fire Board.

15. The Fire Chief shall govern the Department in accordance with the Service Level and Regulating Procedures for the Rosemont District Fire Department attached hereto as Schedule “C” and forming part of this agreement.

16. The Fire Inspection Report Procedures attached hereto as Schedule “D” specify that the municipalities covered under this agreement shall submit an annual written schedule to the Fire Chief of the Rosemont District Fire Department indicating the number of inspections required to be performed for the requesting municipality and that costs for inspection services will be charged back to the requesting Municipality based on a full cost recovery and further that the inspection schedule will be part and parcel of the annual budget process.

17. The Fire Board hereby authorizes the Fire Chief or the Deputy Fire Chief of the Department to purchase necessary parts and/or supplies and have the necessary repairs conducted to keep the apparatus and equipment in proper operating condition.

18. All parties to this agreement shall give such authority as may be necessary to the members of the Department in all matters pertaining to fire protection.

19. The Fire Board will arrange, in consultation with Councils of the parties hereto, for the issuance of policies of insurance to protect assets in the care, custody and control of the Fire Board from physical loss or damage and for protecting the Fire Board, the parties hereto and members of the Department against legal liability resulting from the activities of the Fire Board and the operations of the Department and to ensure that all policies of insurance provide that all parties to this agreement be endorsed as additional named insured as their interest may appear.

20. a) This agreement shall be in effect until a new agreement is made, notwithstanding, the terms of this agreement may be amended from time to time.
Should one of the parties wish to propose an amendment to this agreement, such written notice shall be given to all parties at least thirty (30) days prior to the next regularly scheduled meeting of the Fire Board.

21. often as there may be any dispute between the parties to this agreement, or y of them, with respect to any matter contained in this agreement, including, t not limited to the interpretation of this agreement, the same shall be bmitted to arbitration under the provisions of the Municipal Arbitrations Act, R.S.O. 1990, Chapter M.48 and the decision rendered in respect of such proceedings shall be final and binding upon the parties to this agreement. If for any reason the said arbitration cannot be conducted pursuant to the provisions of the Municipal Arbitrations Act, then the parties hereto shall agree to the selection of a single arbitrator and, in the absence of agreement, such arbitrator shall be appointed by a judge of the Supreme Court of Ontario pursuant to the provisions of the Arbitrations Act, R.S.O. 1990, Chapter A.24 pursuant to any successor legislation.

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22. In the event that any party to this agreement wishes to cease participating in the Fire Board, they may do so provided that:

a) Six (6) months written notice be given to the other parties. Any written notice given as foresaid, shall terminate this agreement as of December 31st of the same year in which notice is given if given prior to July 1st or of the following year if given after July 1st.

b) The terminating parties share, based on the formulae in paragraph 9 of this agreement, will be firstly offered to the remaining parties at a price determined by an independent appraisal. The funding of such purchase will be extended over a five (5) year period or other mutually agreed upon time period.

c) If the Department is completely dissolved, the assets and reserves are to be split as follows:

1. The agreed value, as established unanimously by the three participating municipalities, of the land (Part of Lot 32, Concession 7 EHS, Town of Mono, with PIN 34106-8019 LT), fire hall (including attached fixtures and compressors), vehicles, and all other capital assets shall be split based on the past five-year average of the cost sharing formula in "Schedule B", if purchased using that formulae. All assets purchased at 1/3 equal contributions from each municipality shall be tracked separately until fully disposed.

23. It is agreed that, with respect to matters not dealt with in this agreement, the Fire Board may formulate policies for and relating to the administration and operation of the Department unless otherwise prohibited by any applicable statute or regulation passed thereunder.

24. The parties hereto shall execute such further assurances as may be reasonably required to carry out the terms thereof.

25. Upon the execution of this agreement, any existing agreements amongst the parties as amended with respect to fire protection for the area described in Schedule "A" shall forthwith become null and void.

26. In the event that any covenant, provision or term of this agreement should at any time be held by any competent tribunal to be void or unenforceable, then the agreement shall not fail but the covenant, provision or term shall be deemed to be severable from the remainder of this agreement which shall remain in full force and effect mutatis mutandis.

27. This agreement recommended by the Fire Board and passed by the Councils of the joint participants of the Fire Board, hereby repeals the former agreement.

28. In witness whereof, the parties have hereunto affixed the signatures of their duly authorized officers together with their corporate seals.

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The Corporation of Township of Mulmur

Mayor

Clerk

The Corporation of the Town of Mono

Mayor

Clerk DEPUTY CLERK

The Corporation of the Township of Adjala-Tosorontio

Mayor

Clerk

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Schedule "A"

DESCRIPTION OF RESPONSE AREA
TOWNSHIP OF ADJALA – TOSORONTIO

Former Tosorontio

Concession 1	East & West ½ Lots 1 – 4, inclusive
Concession 1	W ½ Lots 5 – 8
Concession 2	East & West ½ Lots 1 – 4, inclusive
Concession 3	East & West ½ Lot 1
Concession 3	West ½ Lots 2 – 4
Concession 4	West ½ Lot 1

Former Adjala

Concession 1	West ½ Lot 21 at an angle from the corner of Mono – Adjala Townline and 20th Sideroad to the East intersecting Corner of Lot 21 and 22
Concession 1	West ½ Lots 22 – 23
Concession 1	East & West ½ Lots 24 – 32, inclusive
Concession 2	East & West ½ Lots 24 – 32, inclusive
Concession 3	West ½ Lot 24
Concession 3	East & West ½ Lots 24 – 32, inclusive
Concession 4	West ½ Lots 25 – 31, inclusive
Concession 4	West ½ Lot 32 the distance from Concession Road 4 to the intersection of Church Hill Road and Highway 89 and including the houses located on Church Hill Road:

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Schedule "A"

DESCRIPTION OF RESPONSE AREA
TOWN OF MONO

Concession 3 EHS	Property at PT South Part of the East Half of Lot 24, being 795234 Third Line EHS and property at East Half Lot 24, being 795242 Third Line EHS
Concession 3 EHS	East Half Lots 26 - 32
Concession 4 EHS	Lots 21 - 32
Concession 5 EHS	Lots 21 – 32
Concession 6 EHS	Lots 21 – 32
Concession 7 EHS	Lots 21 – 32
Concession 8 EHS	Lots 21 – 32

DESCRIPTION OF RESPONSE AREA
TOWNSHIP OF MULMUR

Concession 3 EHS	East Half Lots 1 – 17
	Part West Half Lots 5 & 6
Concession 4 EHS	Lots 1 – 16
Concession 5 EHS	Lots 1 – 16
	East Half Lot 17 & S ½ of E ½ Lot 18
Concession 6 EHS	Lots 1 – 18
Concession 7 EHS	Lots 1 - 17
Concession 8 EHS	Lots 1 - 15

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Schedule "B"

Cost Sharing Formula
(2020)

	#1		#2		#3		
Municipality	**Equalized Assessment**	**%**	**Residential & Commercial Units**	**%**	**No. of Acres**	**%**	**Average Percent %**
Adjala – Tosorontio	177,629,563	23.24	246	19.17	8,715	21.43	21.28
Mono	201,866,554	26.41	313	24.40	12,911	31.74	27.51
Mulmur	384,905,220	50.35	724	56.43	19,050	46.83	51.21
Totals	764,401,337	100.00	1,283	100.00	40,676	100.00	100.00

NOTE: The data in columns #1, #2 and #3 shall be updated annually by March 30th of each year by the clerks of the participating municipalities using the assessment roll. The cost sharing percentage shall be recalculated accordingly and used for the following year's budget. For example, the 2019 assessment, units and acres will be used when determining the cost sharing for the 2020 budget.

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Schedule "C"

Service Level and Regulation Procedures

For the
Rosemont District Fire Department

The Fire Chief shall govern the Rosemont District Fire Department in accordance with the following Procedures:

1. In addition to the Fire Chief of the department, the department personnel may consist of deputy chief(s) and such numbers of other officers and members as from time to time may be deemed necessary.

2. (a) The Fire Chief may appoint any qualified person as a member of the department.

   (b) A person is qualified to be appointed a member of the department who:

      1. is bondable,
      2. is at least eighteen (18) years of age, possesses a valid Ontario driver's licence; such licence shall have class 'D' privileges and an air brake endorsement or the member shall obtain such class and endorsement within a time period that will be at the Fire Chief's discretion, has successfully completed at least grade 12 education or has equivalent experience, passes such aptitude and/or other tests as may be required, and;
      3. is medically fit, for the duties the member will carry out, as certified by a legally qualified physician licensed in the Province of Ontario.

   (c) A person appointed as a member of the department shall be on probation for a period of one (1) year during which period he/she shall take such special training and examinations as may be required by the Fire Chief of the department.

   (d) If a probationary member fails such special training or examinations, the officers of the department may recommend to the Fire Chief that he/she be dismissed.

3. The remuneration of all members shall be as determined by the board and approved by council within the annual budget.

4. The Fire Chief is responsible to the board for the proper administration and operation of the department, for the discipline of its members and,

   a) May make such general orders, departmental rules, and operational guidelines as may be necessary for the care and protection of the department and generally for the efficient operation of the department, provided that such general orders, departmental rules and operational guidelines do not conflict with the provisions of any by-law of the Parties.
   Shall review periodically the policies, applicable by-laws, general orders, departmental rules, operational guidelines, and functional responsibilities of the department.
   Shall take all proper measures for the prevention, control and extinguishment of fires and for the protection of life and property and shall enforce all municipal by-laws respecting public education and fire prevention, and exercise the powers imposed on him/her by the Fire Protection and Prevention Act.
   d) Is responsible for the enforcement of this by-law and the general orders, rules, and operational guidelines of the department.
   e) Shall report all fires to the fire marshal as required by the Fire Protection and Prevention Act.
   f) The Fire Chief shall submit to the board for approval, the annual budget estimates for the fire department; an annual report and any other specific reports requested by the board.

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5. The officers shall report to the Fire Chief on the functions and activities of the department that are his/her responsibility and carry out the orders of the Fire Chief and, in the absence of the chief, have all the powers and shall perform all the duties of the Fire Chief.

6. The department shall be responsible for the following services on behalf of the Parties:

1) Public Education
2) Fire Prevention
3) Suppression
4) Haz Mat Awareness
5) Water Rescue Awareness
6) Ice Rescue Awareness
7) Auto Extrication
8) Emergency Medical Responses
9) Fire Cause & Origin

The department shall be responsible for the following internal functional areas;

1) Administration
2) Training and Education
3) Apparatus, Equipment and Communications

Where the Fire Chief designates a member to act in the place of an officer in the fire department, such member, when so acting, has all of the powers and shall perform all duties of the officer replaced.

7. The Fire Chief shall take all proper measures for the prevention, control and extinguishment of fires and the protection of life and property and shall exercise all powers mandated by the Fire Protection and Prevention Act, and the Fire Chief shall be empowered to authorize:

a) Pulling down or demolishing any building or structure to prevent the spread of fire;
b) All necessary actions which may include boarding up or barricading of buildings or property to guard against fire or other danger, risk or accident, when unable to contact the property owner;
c) Recovery of expenses incurred by such necessary actions for the corporation in the manner provided through the Municipal Act and the Fire Protection and Prevention Act.

8. All equipment owned or cared for by the fire department shall be used solely for the purposes of emergency response, training, maintenance or administration as a regular part of the fire department responsibilities. Notwithstanding, approval for uses other than those outlined above may be permitted upon prior approval of the Fire Chief or his/her designate. The Fire Chief will not authorize the use of fire department equipment for fund raising purposes without giving prior approval as to where those funds will be used. The public raising of funds under representation of the fire department shall receive prior approval by the Fire Chief and the Fire Chief shall inform members of the board as soon as the information becomes available.

9. The fire chief may reprimand, suspend or dismiss any member for an infraction of any of the provisions of this bylaw, policies, general orders and department rules that in the opinion of the fire chief would be detrimental to the discipline and efficiency of the fire department. Following the dismissal to a member, the fire chief shall report in writing the reasons for the dismissal to the Fire Board. A volunteer firefighter shall not be dismissed without being afforded the opportunity

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for a review of termination by the fire chief if he/she makes a written request for such a review within 7 working days after receiving the notification of the proposed dismissal.

10. The Fire Chief of the department or designate may at his/her discretion cause civilians, personnel and/or equipment to be used, other than personnel and equipment of the department, that the Fire Chief or designate deems necessary to control or mitigate any emergency and the costs of same shall be paid by the Board.

11. The fire department shall not respond to a call with respect to a fire or emergency outside the limits of the municipalities represented by the Board except with respect to a fire or emergency:

a) that, in the opinion of the Fire Chief or designate of the fire department, threatens property in the municipality represented by the Board or property situated outside the municipality that is owned or occupied by the municipality;

b) in municipalities represented by the Board with which an approved agreement has been entered into to provide fire protection services which may include automatic aid;

c) on property with which an approved agreement has been entered into with any person or corporation to provide fire protection service;

d) at the discretion of the Fire Chief, or designate to a municipality authorized to participate in any county, district or regional mutual aid plan established by a fire co-ordinator appointed by the Fire Marshal or any other similar reciprocal plan or program;

e) on property beyond the municipal boundary of the municipalities represented by the Board where the Fire Chief or designate determines immediate action is necessary to preserve life or property and the appropriate department is notified to respond and assume command or establish alternative measures, acceptable to the Fire Chief or designate.

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Schedule "D"

Fire Inspection Request Procedure

That as per item #16 of this agreement, the Municipality shall submit an annual written schedule to the Fire Chief of the Rosemont District Fire Department indicating the number of inspections required to be performed for the requesting municipality and that all costs for inspection services performed by the Rosemont District Fire Department is considered an additional service to the annual levy and will be charged backed to the requesting Municipality based on a full cost recovery and further that the inspection schedule will be part and parcel of the annual budget process.

All inspections will be performed by Inspector/s having the required level of Fire Prevention training and qualification as determined by the Fire Chief and/or his/her designate based on best practices or recognized standards.

All inspections will be billed in accordance with the following;

- Hourly wage of person/s conducting the inspection.
- Follow-up costs due to non-compliance of inspected infrastructure based on the hourly rate of the person/s conducting the re-inspection.
- Additional training costs if required in order to perform these inspections and if these costs are not included within the annual training budget.

The Secretary-Treasurer of the Rosemont Fire Board will issue inspection billings as required.

The Rosemont District Fire Department shall, due to unforeseen circumstances, notify the requesting Municipality if they are unable to perform inspections as requested.

The Rosemont District Fire Department shall, upon completion of the inspection, provide a written report within a reasonable timeframe to the department of the Mur ality requesting the inspection.

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ADVICE TO THE PROFESSION: DELEGATION OF CONTROLLED ACTS

Reviewed and Updated: July 2024

> *Advice to the Profession* companion documents are intended to provide physicians with additional information and general advice in order to support their understanding and implementation of the expectations set out in policies. They may also identify some additional best practices regarding specific practice issues.

Introduction

Under Ontario law, certain acts, referred to as "controlled acts," may only be performed by authorized regulated health professionals. Of the 14 controlled acts, physicians are authorized to perform 13 of them and under appropriate circumstances, physicians may delegate these acts to others.[1] While the term "delegation" can have multiple meanings, for the purposes of the policy, "delegation" is defined as a mechanism that allows a regulated health professional (e.g., a physician) who is authorized to perform a controlled act to temporarily grant that authority to another person (whether regulated or unregulated) who is not legally authorized to perform the act independently. Delegating controlled acts in appropriate circumstances can result in more timely delivery of health care, promote optimal use of healthcare resources and personnel, and increase access to care where there is a need.

The *Delegation of Controlled Acts* policy sets expectations for physicians about when and how they may delegate controlled acts, through either direct orders or medical directives. This companion *Advice* document is intended to help physicians interpret their obligations as set out in the *Delegation of Controlled Acts* policy and provide guidance around how these expectations may be effectively discharged.

Delegation Fundamentals

What should I do if I'm not sure whether a procedure, treatment, or intervention requires the performance of a controlled act?

Controlled acts are defined in the *Regulated Health Professions Act, 1991*[2] *(RHPA)* and are set out in the appendix of the policy. Physicians with questions about whether a procedure, treatment or intervention involves the performance of a controlled act can obtain a legal opinion.

What are some examples of instances that would not require delegation? In what circumstances does the policy not apply?

"Delegation" occurs only when a physician directs an individual to perform a controlled act that the individual has no statutory authority to perform. However, the term "delegation" is often used liberally to refer to instances that would not require delegation as defined in the policy. For example, the following would not require delegation as defined in the policy:

1. Assigning tasks to staff or other health care professionals that do not involve the performance of controlled acts (e.g., history-taking, administering a test that does not involve a controlled act, taking vitals, or obtaining consent).

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2. Performing a controlled act in one of the permissible circumstances listed under the *RHPA*[3] (e.g., when providing first aid or temporary assistance in an emergency or when fulfilling the requirements to become a member of a health profession (e.g., medical students)).
3. Ordering the initiation of a controlled act that is within the scope of practice of another health professional (e.g., an order for a nurse to "administer a substance by injection" is not delegation as nurses are legally authorized to perform this act when ordered to do so by a physician).[4]

In what circumstances can the emergency exception under the RHPA be relied upon to perform controlled acts and when is delegation required?

The emergency exception under the *RHPA* allows individuals to perform controlled acts when providing first aid or temporary assistance in an emergency. The exception allows individuals who come across a scenario requiring immediate action and assistance to perform controlled acts where necessary. For example, a bystander who encounters someone experiencing anaphylaxis and requiring administration of an epinephrine auto injector (e.g., EpiPen™). The individual would be permitted under the exception to perform the controlled act of administering the injection, an act that would otherwise require legal authority to perform.

The exception does not enable individuals who are otherwise unauthorized to perform controlled acts, to do so in circumstances where there is an *anticipated* emergency. For example, circumstances requiring trained emergency or first aid personnel to be on site in the event of an injury. In scenarios where first responders, including lay person first responders (e.g., lifeguards, ski patrol, wilderness first responders, occupational first aid providers, etc.) are hired to provide emergency services that might require the performance of controlled acts, the policy expectations *do* apply.

Delegation is the authorizing mechanism enabling lay person first responders to perform controlled acts when providing first aid in an emergency. The policy permits these instances of delegation in the absence of a physician-patient relationship, however, it still requires the other expectations to be satisfied, including ensuring a delegate's competence, and that appropriate supervision and supports are in place to ensure safe and effective delegation (e.g., oversight by a Medical Director). Appropriate documentation is also required while recognizing that the nature of the care provided in these instances would not result in a typical patient medical record.

Performing tasks such as history-taking can be as important to the care provided as the performance of controlled acts. Why does the policy not apply to assignments of tasks that are not controlled acts?

Delegation is an enabling mechanism for the performance of acts that are otherwise restricted and thus a framework for delegation is necessary to provide clarity about how this can be done appropriately. Despite the policy's focus on the delegation of controlled acts, physicians remain responsible for all the care that is provided on their behalf, and for ensuring those providing care can safely, effectively and ethically deliver all assigned components of care. The general principles set out in the policy to ensure that delegation is done appropriately can similarly guide physician judgment when determining the appropriateness of assigning tasks to others. As with all decisions related to the provision of care, patient best interests can be used as the guiding principle.

Considering and Evaluating Delegates

The policy requires that physicians not delegate to a health professional whose certificate of registration is revoked or suspended at the time of the delegation. What actions do I need to take to ensure compliance with this expectation?

The actions that physicians need to take to ensure compliance with this expectation are case specific and are generally dependent on a physician's practice setting and their role in hiring. For physicians practising in institutional settings such as hospitals, unless there are reasonable grounds to believe otherwise, it would generally be acceptable to assume that the hiring institution has done their due diligence in this regard. All other physicians can confirm the status of a delegate's certificate of registration by checking the health profession regulator's registry or contacting the regulator directly for confirmation of whether the delegate's practice certificate is in good standing. If a physician were to learn that an individual to whom they had been delegating had become suspended or their certificate of registration was revoked they would be expected to cease delegating to that individual immediately.

Can I delegate to individuals who are not members of a regulated health profession?

Yes. The policy permits delegating to individuals who are not members of a regulated health profession, provided the policy requirements are met. For example, Physician Assistants and paramedics are skilled health care providers who regularly provide safe and effective care entirely through delegation.

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Physicians are ultimately responsible for the acts they delegate and must be satisfied that the individual to whom they are delegating has the requisite knowledge, skill, and judgment to perform the act(s).

Where can I find information about delegating to Physician Assistants (PAs)?

The College will begin regulating PAs effective April 1, 2025. Please refer to the Physician Assistants section of our website to learn more about delegation to PAs.

How do the policy expectations apply when delegating to International Medical Graduates (IMGs) who have credentials or licences obtained in other jurisdictions but who do not have certificates of registration in Ontario?

The same protocols that apply when delegating to any other individuals apply to IMGs. In particular, physicians cannot rely exclusively on credentials or licences obtained in other jurisdictions to ascertain whether an IMG has the requisite knowledge, skill, and judgment to safely perform a controlled act and must be equally diligent in evaluating and establishing the IMG's competence to perform the controlled acts as they would for any other delegate.

What are my responsibilities for ensuring competence if I am not involved in the hiring of the individual to whom I will be delegating (e.g., in an institutional setting)?

As part of establishing and ensuring a delegate's competence the policy requires physicians to review the delegate's training and credentials, unless the physician is not involved in the hiring process and it is reasonable to assume that the hiring institution has ensured that its employees have the requisite knowledge, skill, and judgment. It is reasonable to rely on the diligence of the institution's process for hiring unless there are reasonable grounds to believe otherwise. If a physician becomes aware that an individual to whom they are delegating does not have the knowledge, skill, or judgment to perform the delegated acts competently and safely they need to take appropriate action to inform the person or authority to whom the delegate is accountable.[5]

How does the policy apply to community paramedicine?

The rollout of community paramedicine has the potential to improve access to care for Ontarians. A community paramedic provides non-emergency, preventative, and primary health care services to people in their homes or community. Services provided by community paramedics are not regulated by the *Ambulance Act*. Where those services involve controlled acts, they are authorized via delegation by a physician or other health care professional.

What should I consider before delegating in the context of community paramedicine?

Physicians supporting these programs and delegating in the context of community paramedicine are reminded of their obligations under the *Delegation of Controlled Acts* policy and that they are ultimately responsible for the care being provided on their behalf. The identity of the delegating physician, whether the delegation occurs via direct order or medical directive, will therefore need to be clear in all instances.

In accordance with the policy, physicians will need to be satisfied that any medical directive being implemented is appropriate in the circumstances and sufficiently detailed to support the type of care being delivered. They are also responsible for reviewing and signing the medical directive each time it is updated. As noted in the policy, physicians will need to be reasonably available to support the community paramedic they are delegating to.

Scope of Practice

What does it mean to only delegate acts which are in my scope of practice? If I have a practice restriction, am I permitted to delegate?

Physicians are required by the policy to only delegate acts that they are competent to perform personally (i.e., those within their scope of practice). This means that physicians must only delegate acts that are within the limits of their knowledge, skill and judgment and any terms, limits and conditions of their practice certificate. Physicians are not permitted to delegate acts that contravene their practice restrictions.

Delegating in the Context of a Physician-Patient Relationship

Is it appropriate to delegate a cosmetic procedure (e.g., botulinum toxin (Botox™) and fillers) without first establishing a physician-patient relationship?

Generally, no. As the policy states, delegation must occur within the context of a physician-patient relationship, unless a patient's best interest dictates otherwise. It is generally in a patient's best interest for a physician to conduct a clinical assessment and gather the necessary clinical information prior to delegating, so they can determine whether delegation is appropriate, including in the context of cosmetic procedures. As in all instances of delegation, a physician would have to justify why delegating in the absence of a physician-patient relationship is in a patient's best interest.

Assessment of Risk

What are the risks involved in delegating? How does risk factor into decisions related to delegation?

By law, controlled acts may only be performed by authorized regulated health professionals due to the potential harm that could result if performed by someone who does not have the knowledge, skill, and judgment to perform them. As such, the performance of any controlled act has been identified by the legislature as carrying some risk.

Risks vary depending on the specific acts being performed and the circumstances under which they are performed and thus must be considered prior to each instance of delegation and mitigated appropriately. Physicians must then only delegate if the patient's health and/or safety will not be put at risk by the delegation. Physicians who require additional assistance determining the appropriateness of delegating in a specific circumstance can contact the CMPA or obtain independent legal advice.

Appropriate Supervision and Support

Delegation is intended to be a physician extender, not a physician replacement. What does this mean and how can I apply this principle when delegating?

Delegation is intended to provide physicians with the ability to extend their capacity to serve patients by temporarily authorizing an individual to act on their behalf. It is meant to be a tool to extend physician services, where appropriate, as opposed to replacing the physician altogether. In accordance with the policy, this requires physicians to appropriately supervise and support delegates, and not allow a delegate to practise independently without any physician involvement or beyond the scope of their individual knowledge, skills, and judgement. Ensuring appropriate parameters are placed around what a delegate is permitted to do, that are based on the individual's education, training and experience is vital for safe and effective delegation.

I am required to appropriately supervise individuals to whom I am delegating. Am I required to be onsite when supervising a delegate?

Generally speaking, by fulfilling the requirements in the policy physicians will often already be onsite to supervise delegates. For example, when establishing a physician-patient relationship, providing an appropriate clinical assessment, re-assessing a patient as a result of a change in clinical status or treatment options, or when a patient has requested to see the physician.

Notwithstanding the above, the requirement to be onsite is case specific and dependent on the circumstances of the delegation. Supervision must be proportionate to the risks associated with the delegation and physicians need to be available to provide whatever support is required by the delegate. In some instances this will require you to be onsite, or to be available to come onsite if necessary, and in other instances you can provide assistance remotely, provided the right supports are in place in the setting where the delegation is occurring. Physicians need to carefully consider whether it is safe and appropriate to delegate while offsite and only do so where robust protocols are in place to ensure patient safety.

It is not appropriate for physicians to leave a delegate to manage a practice or their patient population on their own. Onsite supervision will help ensure the policy expectations are met.

What are some examples of circumstances where it might be appropriate to be offsite when supervising a delegate?

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It may be appropriate for physicians to supervise delegates while offsite where the risk of the delegation is low, and/or the circumstances make it impractical or impossible to be onsite. For example, where delegation is occurring for the purpose of facilitating access to care where there is a need, it may not be possible for supervising physicians to be physically present at the location in which a delegate is providing care. Additionally, paramedicine is structured in a way that permits Base Hospital physicians to provide remote assistance where necessary and does not require onsite supervision. Lastly, physicians delegating in the context of long-term care homes may not always be onsite.

Ultimately, whether it is appropriate to be offsite at any given moment is case specific and physicians must be available to provide assistance to delegates, when necessary.

Quality Assurance

What are some best practices for monitoring and evaluating the delegation process?

Tracking or monitoring when medical directives are being implemented inappropriately or are resulting in unanticipated outcomes can help monitor the effectiveness of the delegation process.

Delegating Prescribing

Am I permitted to delegate the controlled act of prescribing?

Yes, where appropriate. As with the delegation of all controlled acts, physicians must consider whether it is in the patient's best interest to delegate prescribing, in the circumstances. Factors for consideration include the risk profile of the drug, the patient's specific condition, whether the drug has been previously prescribed (repeats or renewals), whether the prescription requires adjustment, etc.

Can medical directives be used to implement orders for prescriptions?

Yes. Medical directives can be used to implement orders for prescriptions. Any prescriptions completed pursuant to a medical directive need to specifically identify the medical directive (name and number), the individual responsible for implementing the directive (name and signature), and the name of the prescribing physician, along with contact information to clarify any questions. If a request is received, a copy of the medical directive can be forwarded to further demonstrate the integrity of the order.

Documentation

How do I ensure appropriate documentation of delegation?

Medical records can provide indication of whether delegation is being done appropriately and in accordance with the policy. Therefore, in keeping with the principles and expectation of the College's *Medical Records Documentation* policy, it is important for the medical records of patients who received care through delegation to accurately and comprehensively reflect the care that was provided (e.g., evidence of an appropriate history-taking, any relevant assessments that were done, informed consent in accordance with the policy, etc.). Additionally, where medical directives are implemented, physicians may wish to capture the name and number of the directive in the medical record.

Liability and Billing

Are there liability issues that arise from delegation?

Physicians are accountable and responsible for the acts that they delegate. In particular, they are responsible for making the choice to delegate, and for ensuring that the delegation is taking place safely, effectively, and in accordance with the policy expectations.

Physicians with questions about liability or liability protection can consult the CMPA.

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If I am fulfilling the CPSO's expectations with respect to the delegation of controlled acts does that mean I have fulfilled the Ontario Health Insurance Plan (OHIP) billing requirements for delegated services?

No. Fulfilling the College's expectations with respect to the delegation of controlled acts does not entail that physicians have fulfilled Ontario Health Insurance Plan (OHIP) billing requirements for delegated services. Physicians who bill OHIP and who are considering delegating performance of controlled acts to others need to carefully review the provisions of the OHIP Schedule of Benefits. The Ontario Medical Association (OMA) and the Provider Services Branch at OHIP can answer questions and give advice about such matters and a joint bulletin developed by the Ministry of Health and the OMA provides additional information on Payment Requirements for Delegated Services.

Endnotes

1. Physicians are not permitted to delegate the controlled act of psychotherapy.

2. Controlled acts are defined under subsection 27 (2) of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18 *(RHPA)*.

3. The *RHPA* sets out a number of exceptions that allow individuals who are not members of a regulated health profession to perform some controlled acts, in certain circumstances. A comprehensive list of the exceptions can be found under Section 29 (1) (2) of the *RHPA*.

4. In order to determine whether an act requires delegation, physicians need to be aware of the scope of practice of the individual who will perform the act and whether it includes the controlled act in question. Regulated health professions have their own professional statutes (e.g., the *Nursing Act, 1991*), that define their scopes of practice and the controlled acts they are authorized to perform. Physicians with additional questions can consult the CMPA or obtain an independent legal opinion.

5. For additional information see the College's *Reporting Requirements* policy.

DELEGATION OF CONTROLLED ACTS

Approved by Council: September 1999
Reviewed and Updated: November 2003, November 2004, February 2007, September 2010, September 2012, March 2021
Companion Resources: Advice to the Profession

> *Policies* of the College of Physicians and Surgeons of Ontario (CPSO) set out expectations for the professional conduct of physicians practising in Ontario. Together with the *Essentials of Medical Professionalism* and relevant legislation and case law, they will be used by CPSO and its Committees when considering physician practice or conduct.
>
> Within policies, the terms 'must' and 'advised' are used to articulate CPSO's expectations. When 'advised' is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.
>
> Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

Definitions

Controlled Acts[1]: Controlled acts are specified in the *Regulated Health Professions Act, 1991 (RHPA)* as acts which may only be performed by authorized regulated health professionals.[2]

Delegation: Delegation is a mechanism that allows a regulated health professional (e.g., a physician) who is authorized to perform a controlled act to temporarily grant that authority to another person (whether regulated or unregulated) who is not legally authorized to perform the act independently.

For the purposes of this policy, delegation does **not** include:

- Assignments of tasks that do not involve controlled acts (e.g., taking a patient's history, obtaining informed consent, administering a test that does not involve a controlled act, taking vitals, etc.); or
- Orders that authorize the initiation of a controlled act that is within the scope of practice of another health care professional (e.g., nurses are legally authorized to "administer a substance by injection" when the procedure has been ordered by a specified regulated health professional (e.g. a physician). Therefore, a nurse would require an order to perform this procedure, but this would not be considered delegation).[3]

Direct Order: Direct orders are written or verbal instructions from a physician to another health care provider or a group of health care providers to carry out a specific treatment, procedure, or intervention for a specific patient, at a specific time. Direct orders provide the authority to carry out the treatments, procedures, or other interventions that have been directed by the physician and generally take place after a physician-patient relationship has been established.

Medical Directive[4]: Medical directives are written orders by physician(s) to other health care provider(s) that pertain to any patient who meets the criteria set out in the medical directive. When a medical directive calls for acts that need to be delegated, it provides the authority to carry out the treatments, procedures, or other interventions that are specified in the directive, provided that certain conditions are

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circumstances exist.

Policy

Delegation is intended to provide physicians with the ability to extend their capacity to serve patients by temporarily authorizing an individual to act on their behalf. Delegation is intended to be a physician extender, not a physician replacement. Physicians remain accountable and responsible for the patient care provided through delegation.

When to Delegate

In the patient's best interest

1. Physicians **must** only delegate controlled acts when doing so is in the best interest of the patient. This includes only delegating when the act can be performed safely, effectively, and ethically. Therefore, physicians **must** only delegate when:
    a. the patient's health and/or safety will not be put at risk;
    b. the patient's quality of care will not be compromised by the delegation; and
    c. delegating serves at least one of the following purposes:
        i. promotes patient safety,
        ii. facilitates access to care where there is a need,
        iii. results in more timely or efficient delivery of health care, or
        iv. contributes to optimal use of healthcare resources.

When not to delegate

2. Physicians **must not** delegate where the primary reasons for delegating are monetary or physician convenience.
3. Physicians **must not** delegate the performance of a controlled act to:
    a. a health professional whose certificate of registration is revoked or suspended at the time of the delegation[5]; or
    b. unregistered practitioners[6] (i.e., individuals who have claimed to be or have posed as a physician).
4. Physicians **must not** delegate the controlled act of psychotherapy.[7]

What to Delegate

5. Physicians **must** only delegate the performance of controlled acts that they can personally perform competently (i.e., acts within their scope of practice).[8]

How to Delegate

Use of direct orders and medical directives

6. Physicians **must** delegate either through the use of a direct order or a medical directive that is clear, complete, appropriate, and includes sufficient detail to facilitate safe and appropriate implementation (see the *Documentation* section of this policy for more information).

In the context of a physician–patient relationship

7. Physicians **must** only delegate in the context of an existing or anticipated physician-patient relationship, unless a patient's best interest dictates otherwise (e.g., public health or public safety measures).[9]
8. Physicians **must** perform a clinical assessment prior to delegating or as soon as possible afterward, unless a patient's best interest dictates otherwise.
9. Where, in the context of a physician-patient relationship, delegation is occurring on an ongoing basis, physicians **must:**
    a. ensure that patients are informed of who the delegating physician is and that they can make a request to see the physician if they wish to; and
    b. periodically re-assess[10] the patient to ensure that delegation continues to be in the patient's best interest (e.g., when there is a change in the patient's clinical status or treatment options).

Ensure consent to treatment is obtained

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10. Physicians **must** ensure informed consent is obtained and documented, in accordance with the *Health Care Consent Act, 1996* and the College's *Consent to Treatment* policy, for any treatments that are delegated.[11]
    a. In circumstances where the delegation takes place pursuant to a medical directive, physicians **must** ensure the medical directive includes obtaining the appropriate patient consent.[12]

Quality Assurance

Identifying and mitigating risks

11. Prior to delegating, physicians **must** identify significant or common risks associated with the delegation and mitigate them such that patient safety is at no greater risk than had the act not been delegated.
    a. Physicians **must** only delegate controlled acts if the necessary resources and environmental supports are in place to ensure safe and effective delegation.

Evaluating delegates and establishing competence

12. Physicians **must** be satisfied that individuals to whom they delegate have the knowledge, skill, and judgment to perform the delegated acts competently and safely. Prior to delegating physicians **must**:
    a. review the individual's training and credentials, unless the physician is not involved in the hiring process and it is reasonable to assume that the hiring institution has ensured that its employees have the requisite knowledge, skill, and judgment[13]; and
    b. observe the individual performing the act, where necessary (e.g., where the risk is such that observation is necessary to ensure patient safety).

Ensuring delegates can accept the delegation

13. Physicians **must** only delegate to individuals who are able to accept the delegation.[14] In particular, physicians **must not:**
    a. delegate to an individual if they become aware the individual is not permitted to accept the delegation; or
    b. compel an individual to perform a controlled act they have declined to perform.

Supervision and support of delegates

14. Physicians **must** provide a level of supervision and support that is proportionate to the risk associated with the delegation and that is reflective of the following factors:
    a. the specific act being delegated;
    b. the patient's specific circumstances (e.g., health status, specific health-care needs);
    c. the setting where the act will be performed and the available resources and environmental supports in place; and
    d. the education, training and experience of the delegate.
15. If on the basis of the risk assessment onsite supervision is not necessary, physicians **must** be available to provide appropriate consultation and assistance (e.g., in person, if necessary, or by telephone).
16. Physicians **must** be satisfied that the individuals to whom they are delegating:
    a. understand the extent of their responsibilities; and
    b. know when and who to ask for assistance, if necessary.
17. Physicians **must** ensure that the individuals to whom they are delegating accurately identify themselves and their role in providing care to patients and that patients with questions about the delegate's role are provided with an explanation.

Managing adverse events

18. Physicians **must**:
    a. have protocols in place to appropriately manage any adverse events that occur;
    b. be available to provide assistance in managing any adverse events, if necessary;
    c. be satisfied that the delegate is capable of managing any adverse events themselves, if necessary; and
    d. have a communication plan in place to keep informed of any adverse events that take place and any actions taken by the delegate to manage them.

Ongoing monitoring and evaluation

19. Where acts are routinely delegated, physicians **must** have a reliable and ongoing monitoring and evaluation system for both the delegate(s) and the delegation process itself.

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20. As part of this system, physicians **must**:
    a. confirm currency of the delegate's knowledge and skills; and
    b. evaluate the delegation process to ensure it is safe and effective; and
    c. review patient medical records to ensure the care provided through delegation is appropriate and meets the standard of practice.
        i. What is necessary will depend on the specific acts being delegated and the other quality assurance processes in place to ensure safe and effective delegation.

Documentation

Medical Directives

21. Physicians **must** ensure the following information is included in the medical directive[15]:
    a. The name and a description of the procedure, treatment, or intervention being ordered;
    b. An itemized and detailed list of the specific clinical conditions that the patient must meet before the directive can be implemented;
    c. An itemized and detailed list of any situational circumstances that must exist before the directive can be implemented;
    d. A comprehensive list of contraindications to implementation of the directive;
    e. Identification of the individuals authorized to implement the directive;[16]>
    f. A description of the procedure, treatment, or intervention itself that provides sufficient detail to ensure that the individual implementing the directive can do so safely and appropriately;[17]
    g. The name and signature of the physician(s) authorizing and responsible for the directive and the date it becomes effective; and
    h. A list of the administrative approvals that were provided to the directive, including the dates and each committee (if any).
22. Each physician responsible for the care of a patient who may receive the proposed treatment, procedure, or intervention **must** review and sign the medical directive each time it is updated.[18]

Medical Records

23. Physicians **must** ensure that:
    a. the care provided through delegation is documented in accordance with the College's *Medical Records Documentation* policy, including that each entry in the medical record is identifiable and clearly conveys who made the entry and performed the act;
    b. it is clear who the authorizing physician(s) are (e.g., the name(s) of the authorizing physician(s) are captured in the medical record); and
    c. verbal direct orders are documented in the patient's medical record by the recipient of the direct order and are reviewed or confirmed at the earliest opportunity by the delegating physician.[19]

Appendix A

Controlled Acts under the *RHPA*

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
    i. beyond the external ear canal,
    ii. beyond the point in the nasal passages where they normally narrow,
    iii. beyond the larynx,
    iv. beyond the opening of the urethra,
    v. beyond the labia majora,
    vi. beyond the anal verge, or

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vii. into an artificial opening in the body.

7. Applying or ordering the application of a form of energy prescribed by the regulations under the *RHPA*.
8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or device used inside the mouth to prevent the teeth from abnormal functioning.[20]
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.
14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

Endnotes

1. See Appendix A for a list of controlled acts defined under subsection 27 (2) of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18 *(RHPA)*.

2. Although the *RHPA* prohibits performance of controlled acts by those not specifically authorized to perform them, it permits performing controlled acts if the person performing the act is doing so to render first aid or temporary assistance in an emergency, or if they are fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is performed under the supervision or direction of a member of the profession (*RHPA*, s. 29(1)(a,b)).

3. For additional information about what is not considered "delegation" as defined in the policy, see the *Advice to the Profession: Delegation of Controlled Acts* document.

4. For examples of prototype medical directives, please consult the Emergency Department Medical Directives Implementation Kit which has been developed jointly by the Ontario Hospital Association (OHA), the Ontario Medical Association, and the Ministry of Health and is available on the OHA website.

5. For additional information about determining the status of a health professional's certificate of registration, see the *Advice to the Profession: Delegation of Controlled Acts document*.

6. For a list of individuals identified by the CPSO see the CPSO's website.

7. This does not prohibit health care professionals who are authorized to perform the controlled act of psychotherapy from doing so, including nurses of all classes, psychologists, occupational therapists, social workers, and registered psychotherapists.

8. O. Reg. 865/93, *Registration*, enacted under the *Medicine Act, 1991*, S.O. 1991, c.30, s. 2(5) requires physicians to only practise in the areas of medicine in which they are trained and experienced. For more information see the College's *Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice* policy and the *Delegation of Controlled Acts*: *Advice to the Profession* document.

9. Generally, a patient's best interests will be served by delegation that occurs in the context of an existing or anticipated physician-patient relationship. However, in some instances a patient's best interests might be served by receiving care in the absence of a traditional physician-patient relationship. For example, in instances where access would otherwise be compromised to the point of risking patient safety, or where patient or public safety might be otherwise compromised. Examples of appropriate circumstances in which delegation may occur in the absence of a traditional physician-patient relationship include, but are not limited to:

- the provision of care by paramedics under the direct control of base hospital physicians or within community paramedicine programs;
- the provision of primary care in remote and isolated regions of the province by registered nurses acting in expanded roles;
- the provision of public health programs, such as vaccinations;
- postexposure prophylaxis following potential exposure to a blood borne pathogen or the provision of the hepatitis B vaccine in the context of occupational health medicine;

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- hospital emergency departments for routine protocols; and
- lay person first responders performing controlled acts for the purposes of first aid in an emergency.

[10] In some circumstances, an assessment might take the form of a chart review or consultation with the delegate rather than an in-person assessment.

[11] Please see the *Health Care Consent Act, 1996* and the College's *Consent to Treatment* policy for more information.

[12] Obtaining informed consent includes providing the patient with information about the individual who will be providing the treatment and their role and/or credentials. Obtaining informed consent also includes the provision of information and the ability to answer questions about the material risks and benefits of the procedure, treatment or intervention proposed. If the individual who will be enacting the medical directive is unable to provide the information that a reasonable person would want to know in the circumstances, the implementation of the medical directive is inappropriate.

[13] In some cases, the physician may not personally know the individual to whom they are delegating. For example, medical directors at base hospitals delegating to paramedics or in hospital settings, where the hospital employs the delegates (nurses, respiratory therapists, etc.) and the medical staff is not involved in the hiring process. For additional guidance about ensuring competence when a physician has not personally employed a delegate, see the *Advice to the Profession: Delegation of Controlled Acts* document.

[14] In addition to the limitations set out in the *RHPA*, some regulatory colleges in Ontario place limits on the types of acts that their members may be authorized to carry out through delegation. The delegate is responsible for informing the delegating physician of any regulations, policies, and/or guidelines of their regulatory body that would prevent them from accepting the delegation.

[15] A comprehensive guide and toolkit was developed by a working group of the Health Profession Regulators of Ontario (HPRO) in 2006 and is posted on their website.

[16] The individuals need not be named but may be described by qualification or position in the workplace.

[17] The directive may call for the delegate to follow a protocol that describes the steps to be taken in delivering treatment if one has been developed by the physician or the institution.

[18] It is acceptable for physicians working at institutions with multiple directives to receive copies of each directive and sign one statement indicating that they have read and agreed with all the medical directives referred to therein. This can be done as part of the annual physician reappointment process.

[19] Physicians practising in hospitals may be subject to additional requirements under the *Public Hospitals Act, 1990*.

[20] This is the only controlled act that physicians are not authorized to perform.

Firefighter

Medical Directives

Hamilton Health Sciences

CENTRE FOR PARAMEDIC EDUCATION AND RESEARCH

The Centre for Paramedic Education and Research has agreed to provide medical direction and develop a Continuous Quality Improvement Program for the Guelph Fire Department. These medical directives outline the standards to which the Guelph Fire Department will provide patient care when dealing with a patient in cardiac arrest or peri-arrest state.

This Firefighter guide contains resuscitation guidelines consistent with the 2015 Heart and Stroke Foundation of Canada BLS guidelines as well as the Ministry of Health and Long-Term Care Training Bulletin, Issue 111 – version 1.0 Deceased Patient Standard.

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Table of Contents

Introduction

Purpose of Standards

These Firefighter Medical Directives are designed to guide the specifics of patient care delivered by Firefighters prior to Paramedic arrival and ensure the practices utilized are current with prehospital resuscitation guidelines when caring for a patient in a Cardiac Arrest or Peri-arrest state.

Summary

The Firefighter Medical Directives establish practice and patient care parameters needed to provide high quality patient care for the cardiac arrest / peri-arrest patient prior to Paramedic arrival. The directives are designed to be dynamic, in order to allow for changes based upon new medical evidence and / or standards of medical practice.

Use of the Medical Directives by Firefighters

These medical directives apply to Firefighters who provide patient care under the license and / or authority of the CPER Medical Director. Delegation of controlled acts or other procedures in these medical directives to Firefighters falls under the exclusive oversight of the CPER Medical Director.

The medical directives are designed to guide a Firefighter in the provision of timely and appropriate care to cardiac arrest / peri-arrest patients in the prehospital setting prior to the arrival of Paramedics. While great care has been taken in developing these medical directives, they cannot account for every clinical situation. Thus, they are not a substitute for sound clinical judgement.

General Structure of a Medical Directive

All medical directives follow the same format and are comprised of the following sections:

Written Management Process:	Description of the type of procedure to be performed
Algorithm Directive:	Although written in a linear fashion it is understood several tasks may / should be done simultaneously.

The Firefighter who proposes a treatment to a person shall ensure that consent is obtained. Valid consent requires that a person has the capacity to provide the consent.

Responsibility of Care

While on scene and prior to EMS Paramedic arrival, decisions on patient care are the responsibility of the fire crew in whole. Resuscitation for a patient in cardiac arrest should be initiated unless the patient is "obviously dead" (definition to follow) or a valid Do Not Resuscitate Confirmation Form is found for the patient.

Sometimes resuscitation is initiated but then subsequently the patient is found to be obviously dead or a valid Do Not resuscitate Confirmation Form is found; resuscitation can be discontinued by the fire crew in these two instances. In all other cases, it is expected that if the fire crew initiates resuscitation, they would continue until transferring care to the EMS Paramedic team.

When transferring care to the Paramedic crew the reporting Firefighter shall attempt to provide:

- a history of the patient's current problem(s) and relevant past medical history
- pertinent physical findings
- a summary of management prior to EMS arrival
- the patient's response to treatment, including most recent vital signs

Occasionally, the cardiac arrest patient will be in an area that cannot be accessed by Paramedics and the only rescuers are Firefighters. The Firefighters would typically inform the highest qualified nearby Paramedic of the patient's status, and the Paramedic would contact the Base Hospital Physician for termination of resuscitation if necessary. An additional consideration when extricating a patient in cardiac arrest is if continued CPR puts rescuers at risk or cannot be continued for more than five minutes. In this case, the Base Hospital Physician can be contacted early via a Paramedic for consideration of termination of resuscitation.

Definitions

Age (for Cardiac Arrest / Bradycardia Directives)

- Adult Patient:
  - Any patient who has reached puberty and older for CPR guidelines. (Underarm hair for males, breast development for females)
  - Any patient ≥ 8 years old for AED guidelines
- Child (Pediatric) Patient:
  - Age ≥ 1 year old to puberty for CPR guidelines
  - Age ≥ 1 year old to < 8 years old for AED guidelines
- Infant Patient:
  - ≥ 30 days old to < 1 year old
- Neonate Patient:
  - Birth to < 30 days old

AED: The term "AED" has become commonly associated with a defibrillator which analyzes a cardiac rhythm, automatically charges when a shockable rhythm is identified, but requires an operator to press the "shock" button. For the purposes of this document the term AED will be used to describe the defibrillation devices utilized by the Fire Department. The Firefighter will be required to press the "shock" button when prompted to by the machine.

Deceased Person

- Deceased Patient: means a patient who is:
  - Obviously dead (see definition);
  - without vital signs and the subject of a Do Not Resuscitate Confirmation Form (See Appendix A)

- the subject of a medical certificate of death, presented to the Paramedic crew, in the form that is prescribed by the *Vital Statistics Act* and that appears on its face to be completed and signed in accordance with that Act;
- without vital signs and the subject of a Termination of Resuscitation Order given by a physician to a Paramedic, including a Base Hospital Physician; or
- without vital signs and the subject of a Withhold Resuscitation Order given by a physician to a Paramedic, including a Base Hospital Physician

- **Legal Death**: exists only when a physician or RN has certified death. (Completion of the Medical Certificate of Death).
- **Obviously Dead:** means death has occurred if gross signs of death are obvious, including the reason of :
  - Decapitation (head off body), transection (body split into two or more), visible decomposition (decayed body), putrefaction (rotting of body); or
  - Absence of vital signs and:
  - a grossly charred body (burned black)
  - an open head or torso wounds with gross outpouring of cranial or visceral contents (brains and guts spilled out of body)
  - gross rigor mortis (i.e. limbs and/or body stiff, posturing of limbs or body); or
  - lividity (dark purple or black discolouration of skin in lower area of body due to gravity, this discolouration does not change if firm pressure is applied to skin or with changing the position of body).

Research

Clinical research is fundamental to the practice of medicine and the development of safer, more effective treatment options for patients. At times, research protocols require temporary changes to medical directives. In recognition of the importance of prehospital clinical research, CPER Medical Directors may delegate changes in medical directives to Firefighters if the research-related treatment is endorsed by the appropriate organizations including the Fire Service Management and ethics review board. Changes to medical directives will be introduced as an auxiliary medical directive. Upon completion of a prehospital clinical trial, research-related treatment must be halted and care as prescribed in the original medical directives must resume.

List of Abbreviations

A

ACP	Advanced Care Paramedic
ALS	Advanced Life Support

B

BLS	Basic Life Support
BPM	beats per minute
BVM	bag-valve-mask

C

CCP	Critical Care Paramedic
CPR	Cardiopulmonary Resuscitation
CTAS	Canadian Triage and Acuity Scale

E

ECG	electrocardiogram
$ETCO_2$	end tidal carbon dioxide
ETT	endotracheal tube

F

FiO_2	fraction of inspired oxygen

G

g	gram
GCS	Glasgow Coma Scale

H

HR	heart rate
Hx	history
HSF	Heart and Stroke Foundation

K

kg	kilogram

L

LOA	level of awareness
LOC	level of consciousness/loss of consciousness

R

ROSC	return of spontaneous circulation

V

VSA	vital signs absent

Cardiac / Circulation

FIREFIGHTER MEDICAL DIRECTIVES

Adult Cardiac Arrest Management

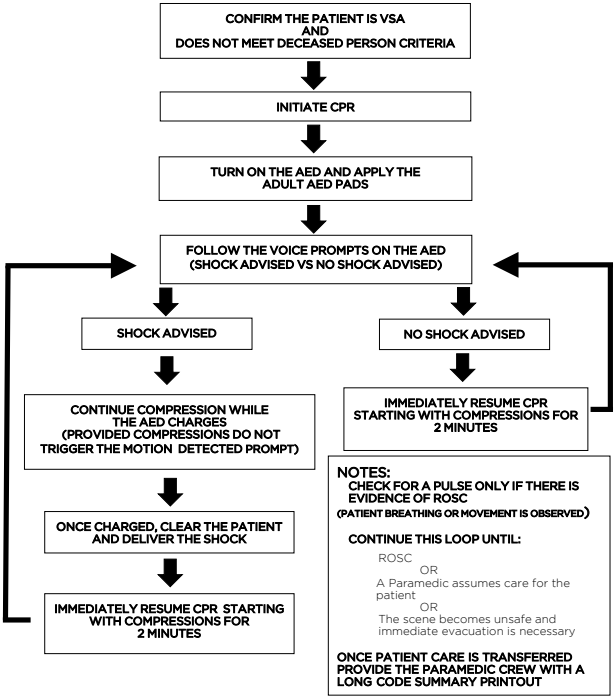
- As per HSF BLS standards confirm the patient is Vital Signs Absent
  - Unresponsive **AND**
  - Absent or Abnormal or Agonal Respirations **AND**
  - Absent Carotid Pulse
- Initiate CPR as per HSF BLS guidelines
  - Two rescuer 30:2 utilizing a BVM and ensuring Firefighters:
    - Push hard to a depth of at least 5 cm but not more than 6 cm (use of a CPR feedback device is recommended)
    - Push fast at a rate of at least 100 compressions per minute but not more than 120. (If the AED is equipped with a cadence device it is recommended this be utilized)
    - Allow the chest to fully recoil between compressions
    - Rotate compressor every 2 minutes
    - Provide ventilations which produce gentle chest rise
    - **MINIMIZE** interruptions in compression

If hypothermia is suspected:

- If trained, follow BICO guidelines.
- Attempt to prevent further heat loss. If available, apply heat to upper trunk.
- Follow standard BLS AED guidelines (if "no shock advised" and the firefighter suspects severe hypothermia, consider assessing pulse/breathing for up to one minute).
- Oropharyngeal airway placement and gentle suctioning if required are acceptable procedures. Vigorous airway procedures and suctioning should be avoided due the increased risk of ventricular fibrillation.
- Handle patient gently and attempt to maintain horizontal positioning.

- Apply the AED utilizing the Adult pads as soon as possible and follow the voice prompts
- Continue to follow the voice prompts until:
  - Return of spontaneous circulation (ROSC) OR
  - A Paramedic assumes care for the patient OR
  - The scene becomes unsafe and immediate evacuation is necessary
- Once transfer of patient care has occurred to the Paramedic crew and the patient is no longer on the Fire Department AED, print off a "long" code summary if your AED is capable. The long code summary will illustrate all cardiac rhythms including the initial rhythm. The Paramedic crew can then provide this information to the ED staff.

Adult Cardiac Arrest Algorithm



Pediatric / Infant
Cardiac Arrest Management

- As per HSF BLS standards confirm the patient is Vital Signs Absent
  - Unresponsive **AND**
  - Absent or Abnormal or Agonal Respirations **AND**
  - Absent Carotid Pulse
- Initiate CPR as per HSF BLS guidelines
  - Two rescuer 15:2 utilizing a BVM and ensuring Firefighters:
    - Push hard to a depth of 1/3 anteroposterior (AP) depth of the thorax, about 4 cm in infants and about 5 cm in pediatrics (children)
    - Push fast at a rate of at least 100 compressions per minute but not more than 120. (If the AED is equipped with a cadence device it is recommended this be utilized)
    - Allow the chest to fully recoil between compressions
    - Rotate compressors every 2 minutes
    - Provide ventilations which produce gentle chest rise
    - **MINIMIZE** interruptions in compressions

If hypothermia is suspected:

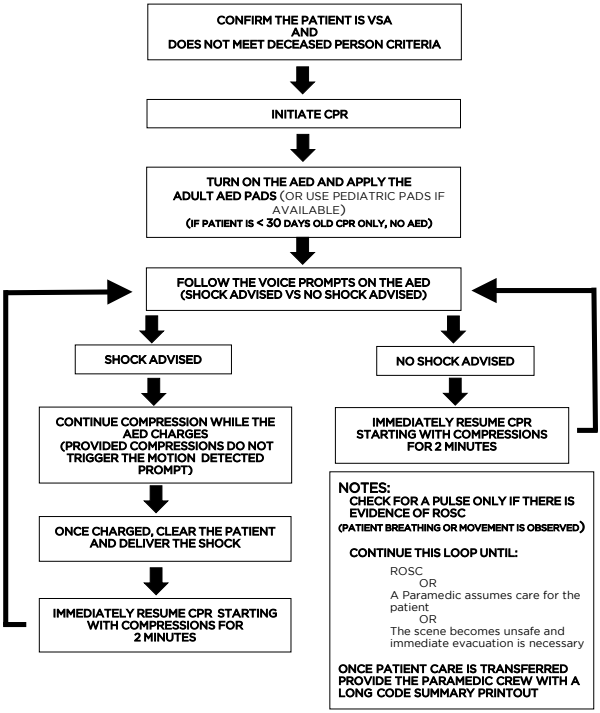
- If trained, follow BICO guidelines.
- Attempt to prevent further heat loss. If available, apply heat to upper trunk.
- Follow standard BLS AED guidelines (if "no shock advised" and the firefighter suspects severe hypothermia, consider assessing pulse/breathing for up to one minute).
- Oropharyngeal airway placement and gentle suctioning if required are acceptable procedures. Vigorous airway procedures and suctioning should be avoided due the increased risk of ventricular fibrillation.
- Handle patient gently and attempt to maintain horizontal positioning.

- Apply the AED utilizing the Adult pads as soon as possible and follow the voice prompts (or use pediatric pads if available)
- Pad position may need to be modified to an Anterior / Posterior location to accommodate very small children / infants.
- Continue to follow the voice prompts until:
  - Return of spontaneous circulation (ROSC) OR
  - A Paramedic assumes care for the patient OR
  - The scene becomes unsafe and immediate evacuation is necessary
- Once transfer of patient care has occurred to the Paramedic crew and the patient is no longer on the Fire Department AED, print off a "long" code summary if your AED is capable. The long code summary will illustrate all cardiac rhythms including the initial rhythm. The Paramedic crew can then provide this information to the ED staff.

NOTE:

- Pulse checks on infants should be assessed at the brachial artery (inside of upper arm between the axilla and elbow), and on children > 1 year old at the carotid artery in the neck.
- Once care of a patient < 30 days of age is transferred to a Paramedic, Firefighters may be directed to continue CPR at a 3:1 ratio for compressions : ventilations.
- Once care of a pediatric patient < 8 years of age is transferred to a Paramedic and manual defibrillation is utilized the Paramedics may elect to change to Pediatric Pads.

Pediatric / Infant Cardiac Arrest Algorithm

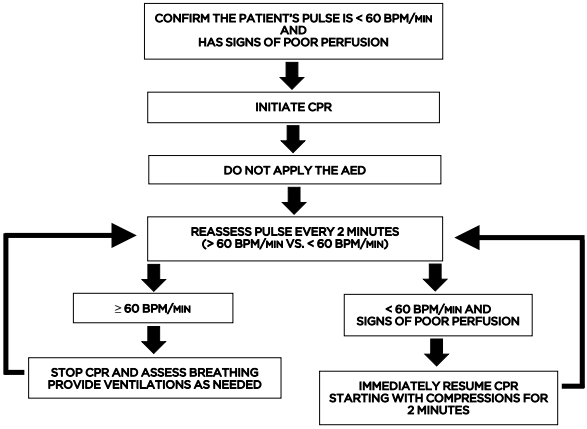


Pediatric / Infant Severe Bradycardia

- As per HSF BLS standards confirm the patient has a pulse < 60 BPM/min **AND** signs of poor perfusion
  - Altered Mental Status (unresponsive) **AND** any of the following
  - Cyanosis (bluish colouring around lips or in nail beds)
  - Mottling (skin looks marbled / patchy)
  - Cool extremities
  - Weak pulses
- Initiate CPR as per HSF BLS guidelines
  - Two rescuer 15:2 utilizing a BVM and ensuring Firefighters:
    - Push hard to a depth of 1/3 anteroposterior (AP) depth of the thorax, about 4 cm in infants and about 5 cm in pediatrics (children)
    - Push fast at a rate of at least 100 compressions per minute but not more than 120. (If the AED is equipped with a cadence device it is recommended this be utilized)
    - Allow the chest to fully recoil between compressions
    - Rotate compressors every 2 minutes
    - Provide ventilations which produce gentle chest rise
    - **MINIMIZE** interruptions in compressions
- **DO NOT** apply the AED unless the pulse is unobtainable and the patient is VSA.
- Continue CPR until:
  - The patient becomes responsive OR
  - The pulse rate increases to > 60 BPM/min OR
  - A Paramedic assumes care for the patient and directs you to stop OR
  - The scene becomes unsafe and immediate evacuation is necessary
- Assess the pulse rate every 2 min. If the pulse becomes undetectable refer to the *Pediatric / Infant Cardiac Arrest Guideline.*

NOTE: Pulse checks on infants should be assessed at the brachial artery (inside of upper arm between the axilla and elbow), and on children > 1 year old at the carotid artery in the neck.

Pediatric / Infant Severe Bradycardia Algorithm



NOTES:

IF NO PULSE IS FOUND REFER TO THE PEDIATRIC / INFANT CARDIAC ARREST GUIDELINE

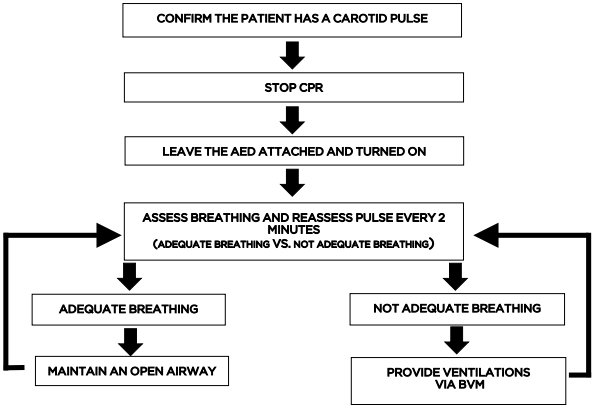
SIGNS OF POOR PERFUSION INCLUDE:
ALTERED MENTAL STATUS (UNRESPONSIVE) AND ANY OF THE FOLLOWING:
Cyanosis (bluish colouring around lips or in nail beds)
Mottling (skin looks marbled / patchy)
Cool extremities
Weak pulses

CONTINUE CPR UNTIL:
The patient becomes responsive OR
The pulse rate increases to ≥ 60 BMP/min OR
A Paramedic assumes care for the patient and directs you to stop OR
The scene becomes unsafe and immediate evacuation is necessary

Adult Return of Spontaneous Circulation Management

- In the event a patient has a ROSC as evidenced by the presence of a carotid pulse during resuscitation efforts, the Firefighter will:
  - For the **ADULT** patient:
    - Stop CPR
    - Leave the AED attached and turned on
      - The AED will continue to "analyze" the heart rhythm every two minutes. This is valuable should the patient rearrest into a shockable rhythm.
      - The Firefighter should also reassess for a pulse at least every 2 minutes. If at any point a carotid pulse is not found OR the AED gives a "Shock Advised" prompt refer to the *Adult Cardiac Arrest Guideline.*
    - Assess respiratory effort for adequacy
    - If a carotid pulse is present but breathing is not adequate (< 10 / min and / or very shallow) provide BVM ventilations 1 breath every 5 to 6 seconds (10 – 12 / min)
      - Care must be taken to avoid hyperventilation. The Firefighter managing the BVM must pay close attention to rate and volume of ventilations delivered.
    - If BVM Ventilations are not required then the Firefighter should assist the unconscious patient to maintain an open airway with positioning (semi – prone / recovery if no trauma), or supine with Jaw Thrust if trauma is suspected.
    - Continue above until care is transferred to the responding Paramedics.

Adult Return of Spontaneous Circulation Algorithm



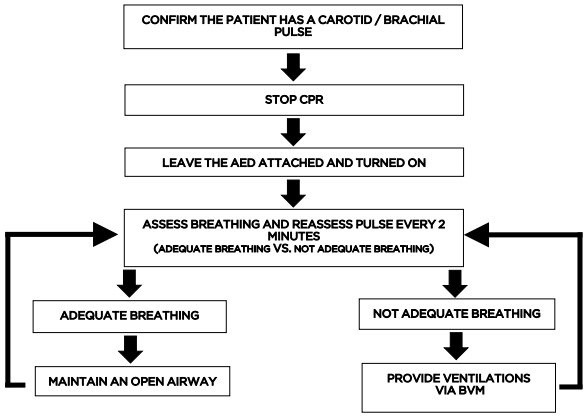
NOTES:

The AED will continue to "analyze" the heart rhythm every two minutes. This is valuable should the patient rearrest into a shockable rhythm.
The Firefighter should also reassess for a pulse at least every two minutes. If at any point a carotid pulse is not found OR the AED gives a "Shock Advised" prompt refer to the *Adult Cardiac Arrest Guideline*.
If a carotid pulse is present but breathing is not adequate (< 10 / min and / or very shallow) provide BVM ventilations 1 breath every 5 to 6 seconds (10 – 12 / min)
Care must be taken to avoid hyperventilation. The Firefighter managing the BVM must pay close attention to rate and volume of ventilations delivered.

Pediatric / Infant
Return of Spontaneous Circulation Management

- For the **Pediatric / Infant** patient:
  - Stop CPR
  - Leave the AED attached and turned on
    - The AED will continue to "analyze" the heart rhythm every two minutes. This is valuable should the patient rearrest into a shockable rhythm.
    - The Firefighter should also reassess for a pulse at least every two minutes. If at any point a carotid / brachial pulse is not found, OR is present but at a rate of < 60 BPM/min with signs of poor perfusion OR the AED gives a "Shock Advised" prompt refer to the *Pediatric Bradycardia* OR *Cardiac Arrest Guidelines.*
  - Assess respiratory effort for adequacy
  - If a carotid / brachial pulse is present but breathing is not adequate (< 20 / min for infants or < 12 / min for children and / or very shallow) provide BVM ventilations 1 breath every 3 to 5 seconds (12 – 20 / min)
    - Care must be taken to avoid hyperventilation. The Firefighter managing the BVM must pay close attention to rate and volume of ventilations delivered.
  - If BVM Ventilations are not required then the Firefighter should assist the unconscious patient to maintain an open airway with positioning (semi – prone / recovery if no trauma), or supine with Jaw Thrust if trauma is suspected.
  - Continue above until care is transferred to the responding Paramedics.

Pediatric / Infant
Return of Spontaneous Circulation Algorithm



NOTES:

The AED will continue to "analyze" the heart rhythm every two minutes. This is valuable should the patient rearrest into a shockable rhythm.
The Firefighter should also reassess for a pulse at least every two minutes. If at any point a carotid / brachial pulse is not found, OR is present but at a rate of < 60 BPM/min with signs of poor perfusion OR the AED gives a "Shock Advised" prompt refer to the *Pediatric Bradycardia* OR *Cardiac Arrest Guidelines*.
If a carotid / brachial pulse is present but breathing is not adequate (< 20 / min for infants or < 12 / min for children and / or very shallow) provide BVM ventilations 1 breath every 3 to 5 seconds (12 – 20 / min)
Care must be taken to avoid hyperventilation. The Firefighter managing the BVM must pay close attention to rate and volume of ventilations delivered.

Airway / Breathing

FIREFIGHTER MEDICAL DIRECTIVES

Anaphylaxis Medical Directive

A Firefighter may provide the treatment prescribed in this Medical Directive if authorized.

INDICATIONS

Anaphylaxis as recognized by the following:

1. Exposure to a known or likely allergen;

AND

2. An acute reaction involving two or more body systems:
   - Skin or oral mucosa (urticarial/hives, swollen lips, or swollen tongue)
   - Respiratory (difficulty breathing, wheeze, or stridor)
   - Vascular (reduced blood pressure (<90 mmHg or syncope/fainting)
   - Gastrointestinal (GI) (persistent vomiting, or diarrhea)

CONDITIONS

Epinephrine	
AGE:	≥ 2 year old
WEIGHT:	≥ 15Kg
LOA:	N/A
HR:	N/A
RR:	N/A
SBP:	N/A
Other:	Known history of anaphylaxis

CONTRAINDICATIONS

Epinephrine
Allergy or sensitivity to epinephrine

TREATMENT

Consider **epinephrine auto-injector**:

	Age ≥ 2 years - < 8 years **Route** intramuscular	**Age** ≥ 8 years **Route** intramuscular
Dose	0.15 mg EpiPen Jr.	0.3 mg EpiPen
Max. dose	1 injection	1 injection
Dosing interval	Minimum 5 min.	Minimum 5 min.
Max. # of doses	2	2

CLINICAL CONSIDERATIONS

A firefighter may administer a maximum of 2 doses of epinephrine regardless of doses administered prior to firefighter contact. If the patient has received epinephrine prior to firefighter contact, attempt to determine the time of administration. In an estimated 5 minutes, if the patient meets the criteria of the Anaphylaxis Medical Directive consider another administration.

A patient suspected of having an allergic reaction should be assessed by paramedics.

EpiPen Jr, is recommended for children ≥ 15Kg to < 30Kg and EpiPen is recommended for adults > 30Kg. Age based dosing is used to align with first aid training.

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Level of Consciousness

FIREFIGHTER MEDICAL DIRECTIVES

Opioid Toxicity Medical Directive

A Firefighter may provide the treatment prescribed in this Medical Directive if authorized.

INDICATIONS

Altered LOC;

AND

Respiratory depression;

AND

Inability to adequately ventilate (during situations such as COVID-19 pandemic, ventilation and naloxone guidelines are modified - firefighters should consider naloxone administration without the requirement of an “Inability to adequately ventilate”. See Clinical Considerations and COVID -19 Opioid Toxicity Algorithm);

AND

Suspected opioid overdose.

CONDITIONS

Naloxone	
AGE:	≥ 12 years
LOA:	Altered
HR:	N/A
RR:	< 10 breaths/min
SBP:	N/A
Other:	N/A

CONTRAINDICATIONS

Naloxone

Allergy or sensitivity to naloxone

TREATMENT

Consider **naloxone**

	Route	
	Intranasal	
Dose	4 mg	
Max. single dose	4 mg	
Dosing interval	2-3 mins	Alternate nostrils with repeat doses
Max. # of doses	N/A	Repeat as required until EMS arrival or supply is exhausted

CLINICAL CONSIDERATIONS

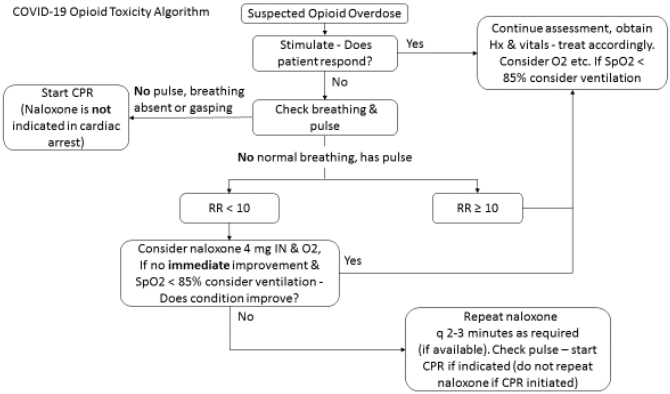
Naloxone may unmask alternative toxidromes in mixed overdose situations (leading to possible seizures, hypertensive crisis etc.).

Naloxone is shorter acting than most narcotics and these patients are at high risk of having a recurrence of their narcotic effect. Every effort should be made to convince the patient to stay on scene until paramedics arrive.

Combative behaviour should be anticipated following naloxone administration and firefighters should protect themselves accordingly.

If adequate ventilation and oxygenation can be accomplished with a BVM and basic airway management, this is preferred over naloxone administration. However during situations such as COVID-19 pandemic, firefighters should consider naloxone administration without the requirement of an “Inability to adequately ventilate.”

Firefighters should refer to OBHG Paramedic Considerations COVID-19 for further guidance. Providers should wear appropriate PPE including a N95 mask, maintain a tight mask seal with a 2 handed, 2 person technique and ventilate with a BVM equipped with an inline submicron hydrophobic filter placed as close as possible to the patient.



Medical References

FIREFIGHTER MEDICAL DIRECTIVES

CPR Guidelines

Component	Recommendations ★ Adults	★ Children	★ Infants
Recognition	★★★ Check for responsiveness (for all ages) ★★★ No breathing or only gasping (ie, abnormal) ★★★ No pulse palpated within 10 seconds for all ages ★★ HR < 60 and signs of hypoperfusion		
CPR sequence	★★★ C-A-B		
Compression rate	★★★ 100-120/min		
Compression depth	★ 5.0 – 6.0 cm (2.0 - 2.4 inches)	★ At least $^{1}/_{3}$ AP diameter ★ About 5 cm (2 inches)	★ At least $^{1}/_{3}$ AP diameter ★ About 4 cm ($1^{1}/_{2}$ inches)
Chest wall recoil	★★★ Allow complete recoil between compressions Rotate compressors every 2 minutes		
Compression interruptions	★★★ Minimize interruptions in chest compressions Attempt to limit interruptions to < 10 seconds		
Airway	★★★ Head tilt-chin lift or where trauma is suspected, jaw thrust		
Compression-to-ventilation ratio (until advanced airway placed)	★ 30:2 1 or 2 rescuers	★★ 30:2 Single rescuer ★★ 15:2 2 HCP rescuers Neonates: 3:1 (as directed by paramedics on scene)	
Ventilations with advanced airway (HCP)	★★★ 1 breath every 6-8 seconds (10 breaths/min) Asynchronous with chest compressions About 1 second per breath without too much force Visible chest rise		
Defibrillation	★★★ Attach and use AED as soon as available. Minimize interruptions in CPR pre & post rhythm interpretation/defibrillation to < 10 seconds		

Do Not Resusitate Confirmation Form

Ontario and Long-Term Care — Fire Marshal

0000000

Do Not Resuscitate Confirmation Form

To Direct the Practice of Paramedics and Firefighters after February 1, 2008

Confidential when completed

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – *please print clearly*	
Surname	Given Name

1. **"Do Not Resuscitate"** means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
   - Chest compression;
   - Defibrillation;
   - Artificial ventilation;
   - Insertion of an oropharyngeal or nasopharyngeal airway;
   - Endotracheal intubation;
   - Transcutaneous pacing;
   - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one ☑) has been met and documented in the patient's health record.

☐ A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.

☐ The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one ☑ of the following:

☐ M.D. ☐ R.N. ☐ R.N. (EC) ☐ R.P.N.

Print name in full	
Surname	Given Name
Signature	Date (yyyy/mm/dd)

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

Epi Pen Referece

Administration Guidelines

- The EpiPen Auto-Injector is a disposable drug delivery system with a spring activated concealed needle.
- EpiPen Auto-Injector is designed to deliver a single dose of epinephrine 0.3 mg
- EpiPen Jr. Auto-Injector is designed to deliver a single dose of epinephrine 0.15 mg
- EpiPen is stable at room temperature until the marked expiration date. It should not be refrigerated or exposed to extreme heat or direct light. The solution should be clear and colourless as observed through the viewing window of the unit.

Procedure for Administration of EpiPen

Assuring that a primary survey, history and physical exam have indicated the patient meets the Anaphylaxis Medical Directive, the Firefighter will immediately:

- Confirm no allergies to epinephrine. Expose the lateral thigh where the injection is to be given. If removal of clothing is likely to result in a delay of more than a few seconds, apply the injector over the clothing. EpiPen will work through clothing.
- Remove the EpiPen from the case.
- Check the EpiPen label for the drug dosage and expiry date. Have a partner verify this information.
- Activate the EpiPen by removing the blue safety cap. Never put fingers over the orange tip.
- Hold the EpiPen with the orange tip against the outer, fleshy aspect of the thigh, and apply moderate pressure to release the spring activated plunger. This pushes the concealed needle into the thigh muscle and expels the dose of epinephrine.
- Hold the unit in place for three seconds after the unit activates.
- Document the time of the procedure, the name of the drug, the site used and the patient's response.
- Take pulse and respirations every 5 minutes. Monitor and manage ABC's as required.
- If there is no improvement in the patient's condition within 5 minutes of the last administration, providing the criteria of the Anaphylaxis Medical Directive are met, follow the steps previously outlined and administer another dose if available. A firefighter may administer a maximum of 2 doses of epinephrine regardless of doses administered prior to firefighter contact..
- Safely dispose of the needle in sharps container. DO NOT RECAP. Remember, it is the responsibility of the person who gave the EpiPen to safely dispose of the sharp.

"Blue to the Sky. Orange to the thigh."

NOTE:

1. The effects of the medication should be evident within seconds by an increased heart rate. Within 5 – 10 minutes, blood pressure should increase and respiratory distress decrease. Effects should last 5 to 10 minutes.
2. A firefighter may administer a maximum of 2 doses of epinephrine regardless of doses administered prior to firefighter contact. If the patient has received epinephrine prior to firefighter contact, attempt to determine the time of administration. In an estimated 5 minutes, if the patient meets the criteria of the Anaphylaxis Medical Directive consider another administration.
3. In the case of children or other challenging patients, if the Firefighter encounters resistance to hands-on assessment or treatment, the crew may consider utilizing a designated and trained person to administer the EpiPen if present. The patient may be more comfortable with this individual and allow the treatment. These individuals may include a parent, sibling, teacher, educational assistant, personal support worker, etc. These individuals will in most cases make themselves known to you and may have already explained their actions prior to Firefighter arrival.
4. Urticaria (Hives) alone is not an indication for administration of epinephrine. At least one other serious sign or symptom must be present before giving epinephrine.

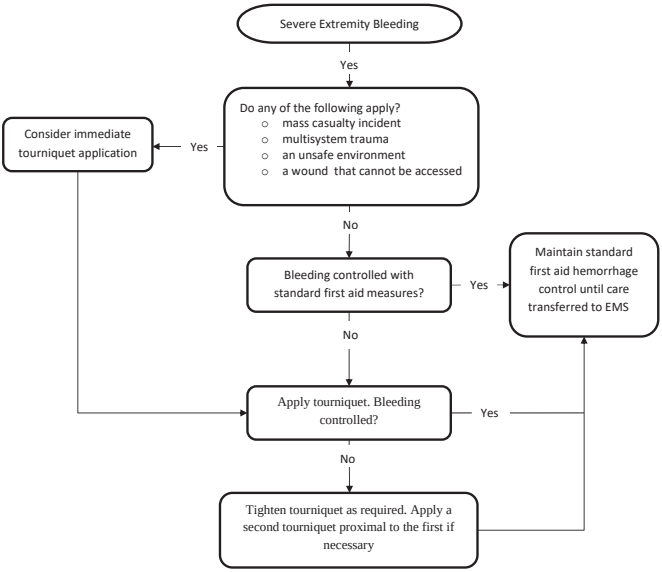
FIREFIGHTER CAUTION:

Accidental digital injection of epinephrine requires prompt medical attention. Report all needle stick injuries to your department.

Intramuscular Injection Site

Lateral Thigh

Tourniquet Flow Chart



Contact

FIREFIGHTER MEDICAL DIRECTIVES

Contact Information

Centre for Paramedic Education and Research
430 McNeilly Road, Unit 201
Stoney Creek, Ontario L8E 5E3
Telephone Number: 905-521-2100 x71223
Fax Number: 905-643-1104

For questions regarding any of the material in this manual please contact the office by email at outreach@cper.ca

Hamilton Health Sciences

CENTRE FOR PARAMEDIC EDUCATION AND RESEARCH

LAST REVISED 2021-04-08

Français

Good Samaritan Act, 2001

S.O. 2001, CHAPTER 2

Consolidation Period: From April 27, 2001 to the e-Laws currency date.

No amendments.

Definition

1. In this Act,

"health care professional" means a member of a College of a health profession set out in Schedule 1 to the *Regulated Health Professions Act, 1991*. 2001, c. 2, s. 1.

Protection from liability

2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person. 2001, c. 2, s. 2 (1).

Persons covered

(2) Subsection (1) applies to,

(a) a health care professional who provides emergency health care services or first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the health care professional does not provide the services or assistance at a hospital or other place having appropriate health care facilities and equipment for that purpose; and

(b) an individual, other than a health care professional described in clause (a), who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency. 2001, c. 2, s. 2 (2).

Reimbursement of expenses

(3) Reasonable reimbursement that a person receives for expenses that the person reasonably incurs in providing the services described in subsection (2) shall be deemed not to be compensation or reward for the purpose of subsection (1). 2001, c. 2, s. 2 (3).

3. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS ACT). 2001, c. 2, s. 3.

4. OMITTED (ENACTS SHORT TITLE OF THIS ACT). 2001, c. 2, s. 4.

Français

Back to top

From: Matt Poliziani <mpoliziani@adjtos.ca>
Sent: February 26, 2025 6:12 PM
To: Julius Lachs <jlachs@adjtos.ca>
Subject: Rosemont

To Rosemont District Fire Board,

Recently, upon review of automatic aid agreements and the approval of Naloxone delivery for the Township of Adjala-Tosorontio it was discovered that the Rosemont District Fire Department does

ROSEMONT DISTRICT FIRE DEPARTMENT

2024

YEAR END REPORT

Photo courtesy of Fire Chief M. Blacklaws.

Rosemont District Fire Department

Mission Statement

The Rosemont District Fire Department is committed to the enhancement of the quality of life through the protection and preservation of life and property within the jurisdiction of the Townships of Adjala/Tosorontio, Mulmur and the Town of Mono from the effects of fire or other emergencies.

Our mission will be accomplished through the delivery of fire prevention, public education programs and professional emergency response to all who work, live and play within our community. We will work to educate people in fire safety in order that they may protect themselves and their families.

We will strive to minimize any adverse effects on individuals, families and businesses as a result of these emergencies and work to safeguard the environment.
Through this effort we will protect our lifestyle and the general economic welfare of the community.

Return to Agenda

Rosemont District Fire Department

955716 7th Line, Town of Mono, Ontario Canada L9V 1C8
(705) 435-3417

February 15, 2025

Madame Chair and members of the Rosemont District Fire Board,

In January of 2024, we had 2 new members begin their recruit firefighter training. This year, we participated in a joint recruit training with the Orangeville Fire Department utilizing the Orangeville Fire Hall and Southwest Fire Academy. Both recruits have completed the training and are now responding as Rosemont Firefighters.

The new tanker that was ordered in 2023 was completed and ready for pick up in September. In October we held an official "push in" ceremony in conjunction with our recruit graduation held to recognize the achievements of our 2023 and 2024 recruit classes. The new vehicle is a 3,000 imperial gallon pumper tanker built on a Freightliner commercial chassis and like our new recruits, will proudly serve the community for many years to come.

In 2024, we applied for and received a Community Emergency Preparedness Grant. The focus of our grant application was Emergency Preparedness for Wildland Fires. We were successful and received $22,000.00. This money was used to purchase Wildland firefighting equipment to bolster the equipment that we already had and also to purchase a drone that could be used for aerial surveillance of a large fire area. The drone is equipped with a multi sensor camera with a high-resolution wide angle and zoom lens, laser rangefinder and advanced thermal imaging that makes it ideal for structural firefighting as well as search and rescue operations. With this grant money, we were also able to complete the upgrading of our mobile truck radios to digital in preparation for when we switch to digital radio frequencies. We also applied for and received a Fire Protection Grant of $8,200.00. The purpose of this grant is to help reduce the causes of cancer in the firefighter community. The money we received was used to purchase an automated personal protective gear dryer. This dryer will reduce the drying time of our bunker gear and get it back into service more readily.

Public Education continues to be a major initiative of this department. We continue to educate our residents on the importance of fire and life safety through the production and distribution of our annual Fire Safety Calendar. As in every year since its inception, we attempt to hand delivered the calendar to every home in our coverage area.

The Rosemont District Firefighters Association (RDFFA) continues to be a major supporter of the RDFD with the donation of equipment. In 2024, the RDFFA helped us purchase equipment for the new tanker as well as a spare set of batteries and a charging station for the drone. None of this would be possible of course without the generosity of the community.

I hope that you find this report informative. The accompanying charts and graphs were prepared with the upmost care for clarity and accuracy. If you have any questions or require an explanation on any of the reports content, please feel free to contact me.

Respectfully submitted,

Michael Blacklaws,
Fire Chief
Rosemont District Fire Department

Rosemont District Fire Department

955716 7th Line, Town of Mono, Ontario Canada L9V 1C8
(705) 435-3417

Dear Members of the Rosemont District Fire Board,

At the Rosemont District Fire Department (RDFD) we are constantly evaluating the ways that the department can continue to deliver a dedicated high level of service to the community. In 2024, RDFD proved time and time again that the department can adapt and over come complex challenges and provide the most proficient service to our community and visitors. This includes medical treatment, motor vehicle collisions (MVC's), fire suppression and rescues.

The recent wildfire events throughout North America, have demonstrated that wildland fire season is becoming longer with more large-scale events. This challenge is not new to RDFD and as such the department has become proficient in preparing for and fighting these fires for many years. However, in 2024, as recent certification requirements have changed, and recognizing the importance of wildland firefighting to this community, the department partnered with the Ministry of Natural Resources (MNR) Forest Fire Service on a more formal program for the department. As a result, we have a contract and access to resources to provide the SP103 Wildland Firefighter Training for Fire Agencies in house. This gives us a recognized program to follow and ensures that RDFD firefighters have the same skillset and framework used by the MNR to allow us to work seamlessly with MNR crews. In Spring 2024, the department was able to take the practical skills and put them into practice during a dedicated hands-on training at the Mansfield Outdoor Center.

In 2024, the RDFD was successful in attaining grants to support the department and the overall safety of the community. In alignment with our increased wildland training, we received a grant for new wildland equipment which included a drone outfitted with a thermal camera that will help with search and rescue, structure fires and wildland fires. In 2024, three (3) RDFD members obtained Advanced Drone Operations Certification to support the safe and efficient operation of this new technology and we look forward to training more in 2025. The drone and combined training is a powerful tool not only for our district but available to neighbouring jurisdictions as well.

Also in 2024, RDFD received a technology grant from the Fire Marshals Public Fire Safety Council (FMPFSC) which was used to purchase another laptop, screen and accessories to help our member access online learning and blended courses, which continue to be more common in the fire service.

Something that we have been striving for at RDFD is to provide more opportunities for our firefighters to experience other firefighter speakers in house and give a place for neighbouring firefighters to attend and exchange knowledge. In 2024, Scott Hewlett podcaster, speaker and firefighter, came to RDFD to give his presentations of "50 rules for the senior firefighter" and "25 rules for the fire service instructor" to RDFD members and members of surrounding departments including Adjala-Tosorontio, Shelburne and Honeywood. RDFD looks forward to providing more opportunities like this in 2025.

Return to Agenda

Near the end of 2024 RDFD received the new tanker. This tanker has a different setup then the one it is replacing, including built in pump and fold down port-a-tanks which will allow for more efficient firefighting. The new set up required additional training for our firefighters which has been completed, and the tanker is now in service.

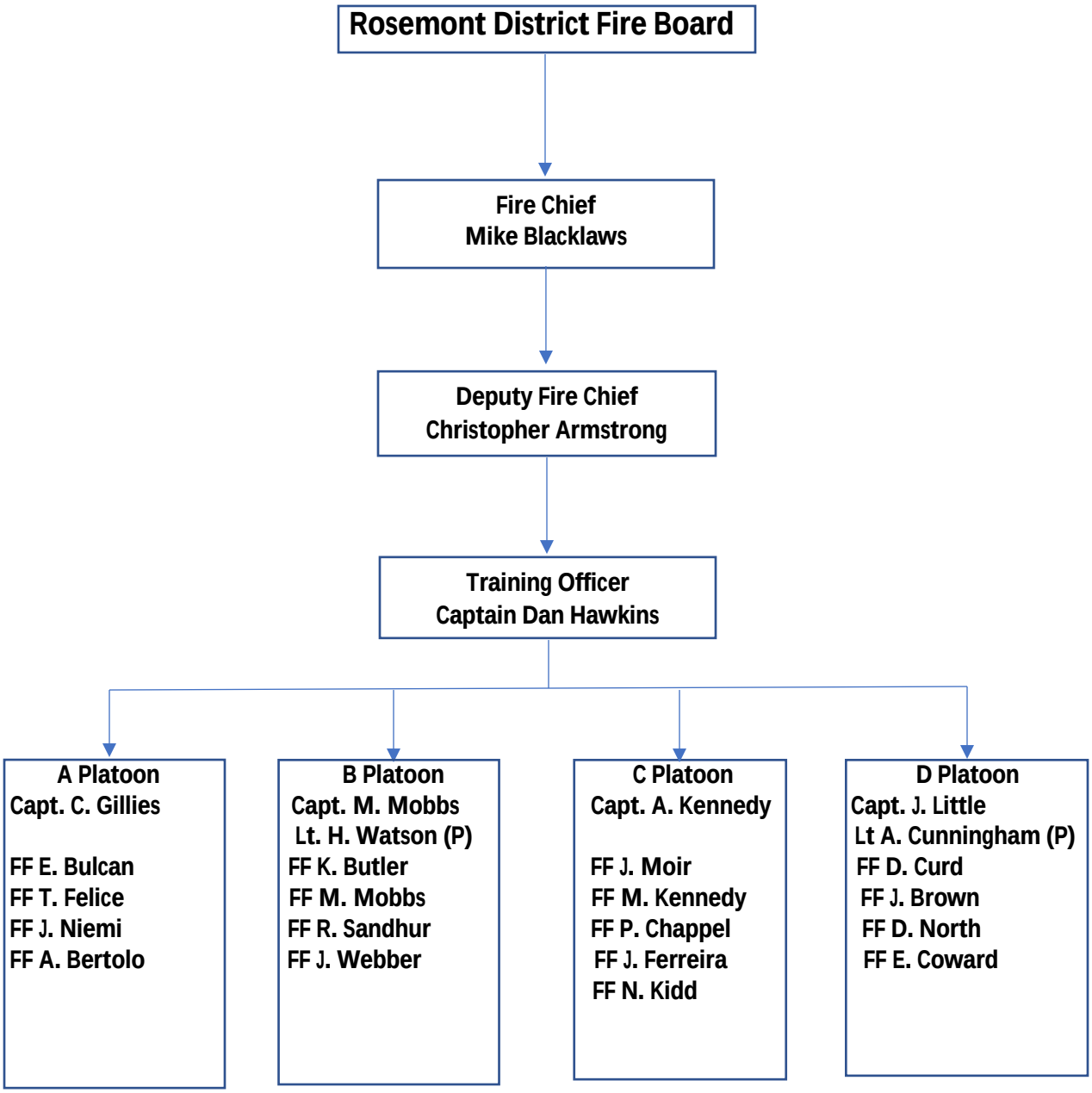
In conclusion, 2024 provided many opportunities to continue to advance our departments level of service to the community through new and refined skills and through training on new, critical equipment for structural fire operations and wildland firefighting. It also provided opportunities to collaborate with neighbouring departments and fire agencies in the province to expand our knowledge and abilities. We look forward to continuing this path and demonstrating these skills and equipment in 2025.

Sincerely,

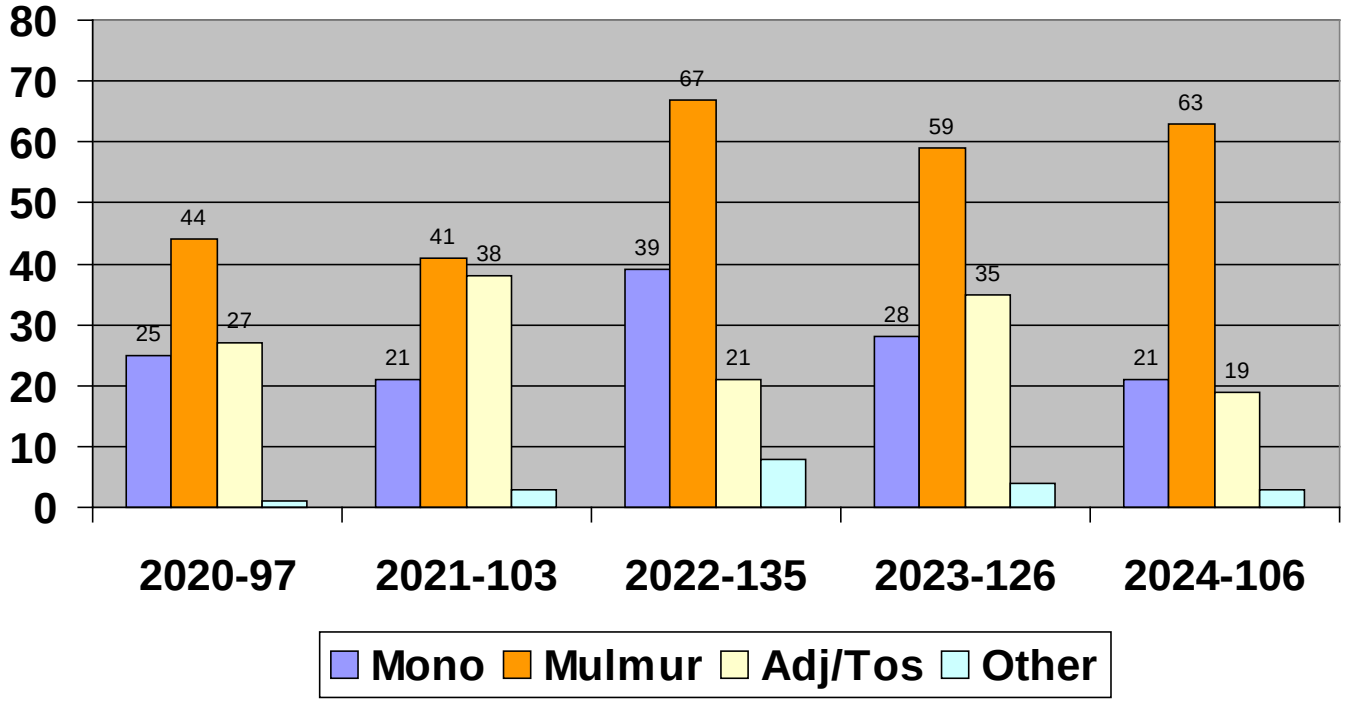
Daniel Hawkins Training Officer

Rosemont District Fire Department

Organizational Chart 2024



Return to Agenda



5 year comparison of number of responses by Town /Township

2024 EMERGENCY RESPONSES

Emergency responses for 2024 totaled 106. Shown below are the percentages and nature of these incidents.

Motor Vehicle Collisions (MVC's) – 20 (19%)

These responses are for motor vehicle accidents where our assistance is required to extricate victims from motor vehicles, assist ambulance in stabilizing and preparing the patients for transport to hospital and assisting police with scene control and clean up.

Medical Responses – 46 (43%)

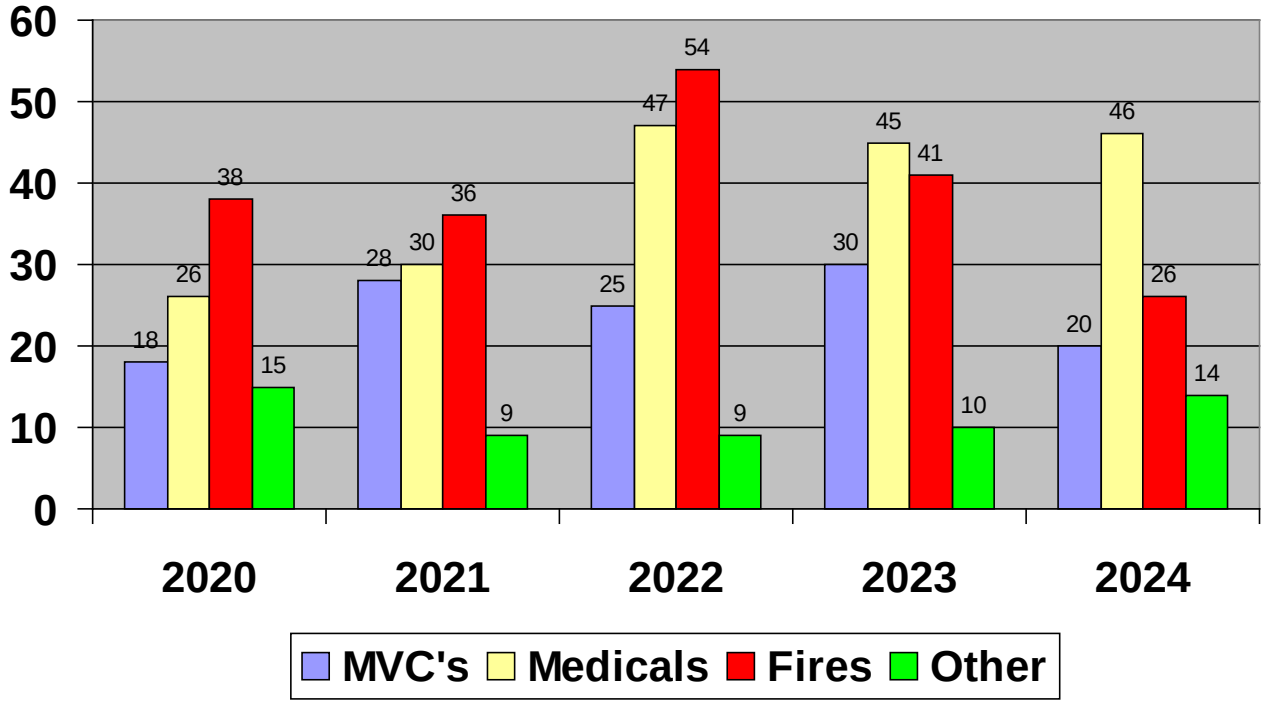
These are responses where we are required to attend because the patient usually presents conditions such as trouble breathing, possible heart attack or other life-threatening injury including home, farm or industrial accidents.

Fires – 26 (25%)

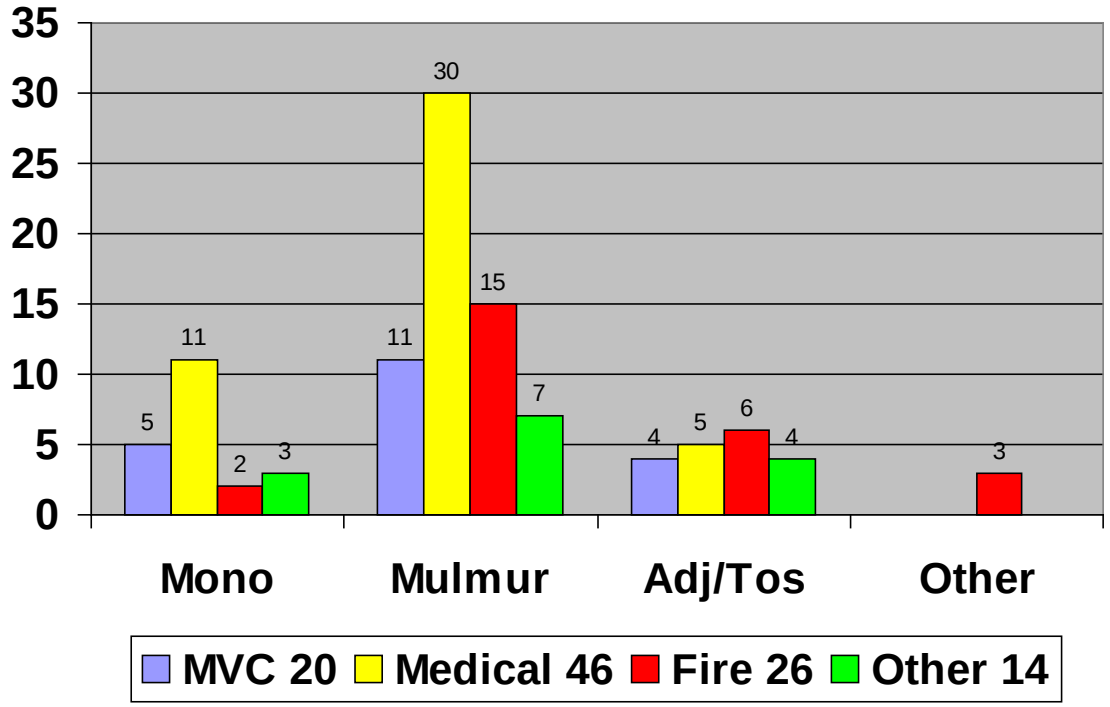
These responses are for fires or perceived situations that necessitated the response of all apparatus and available personnel to extinguish a fire that has or may result in property damage and/or threaten lives. These responses also include fire alarm activations and mutual aid/assist responses where Rosemont vehicles and manpower responded to the request for assistance from other fire departments in Adjala/Tosorontio, Mulmur, Mono and beyond.

Other – 14 (13%)

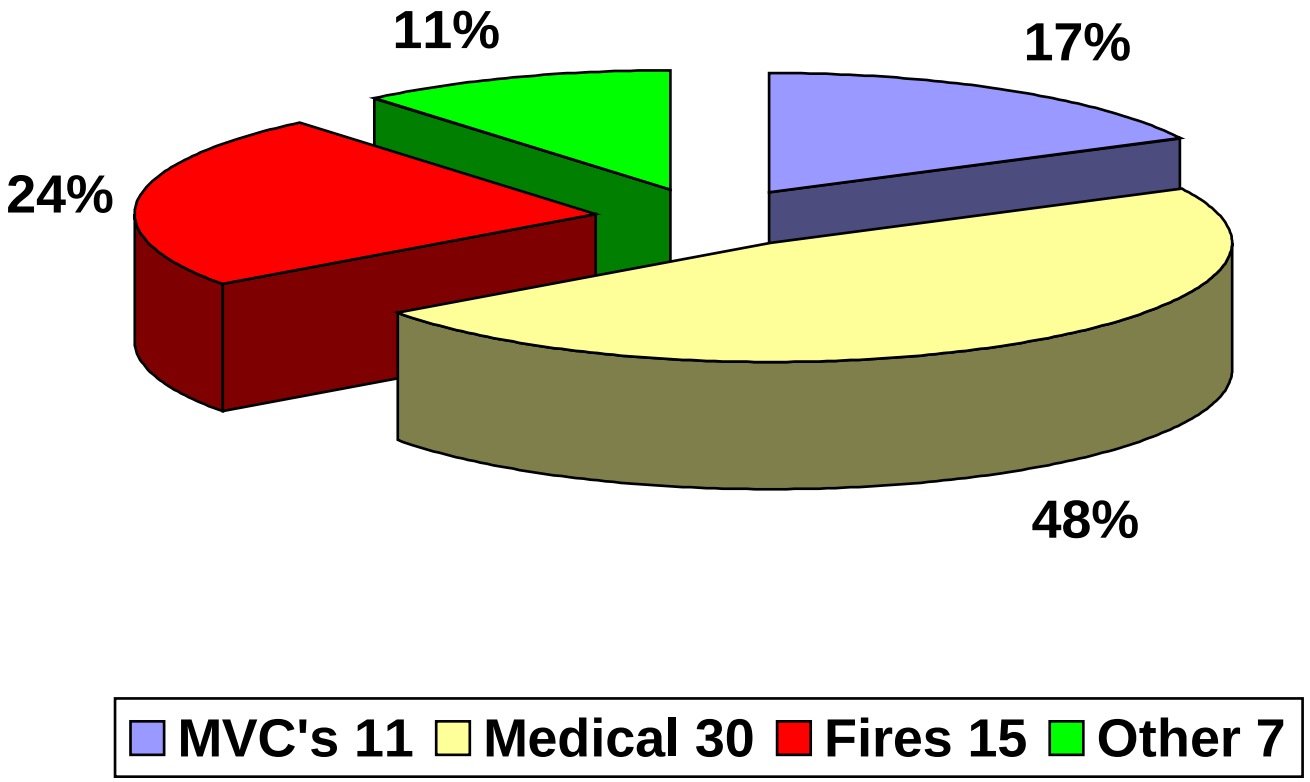
These will represent all calls that are not specifically listed above. These could include but not limited to, carbon monoxide investigations, burn complaints, public hazards (downed power lines), hazardous material incidents, search and rescue and mutual aid calls where we are requested to provide stand-by coverage in a neighbouring fire departments coverage area but not respond to the emergency scene itself. This category also includes assisting other agencies as required such as Police should the incident not be covered in one of the above categories.



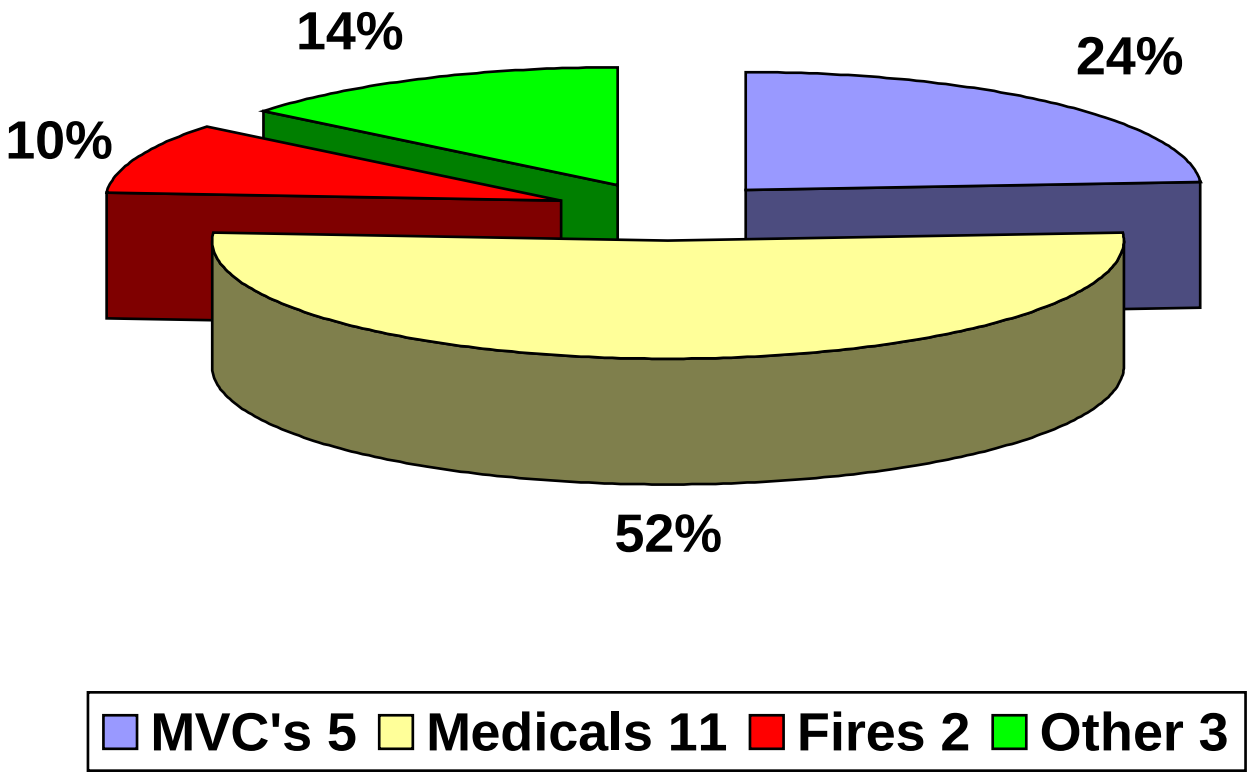
5 year trend by nature of responses



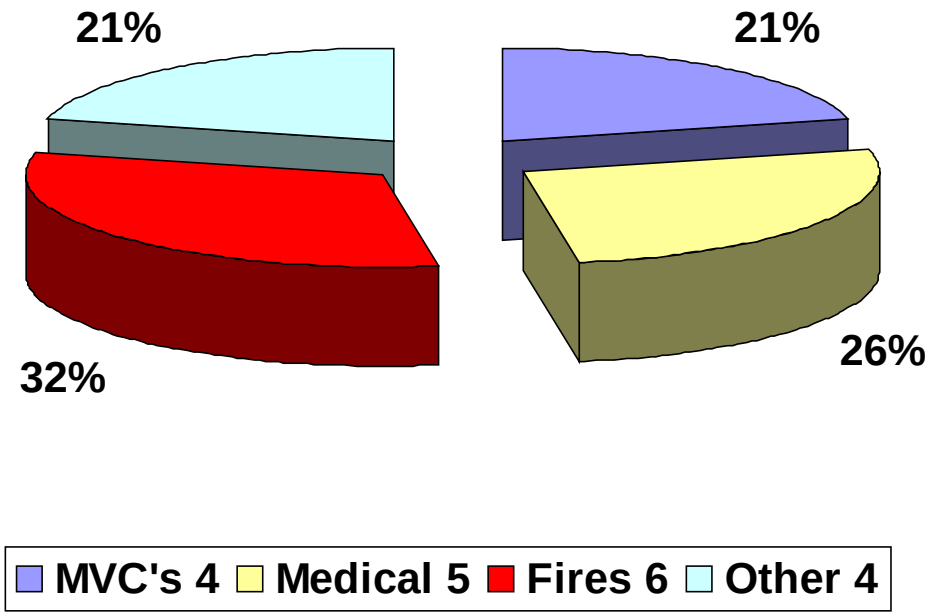
2024 Comparison of responses by type and Town/Township



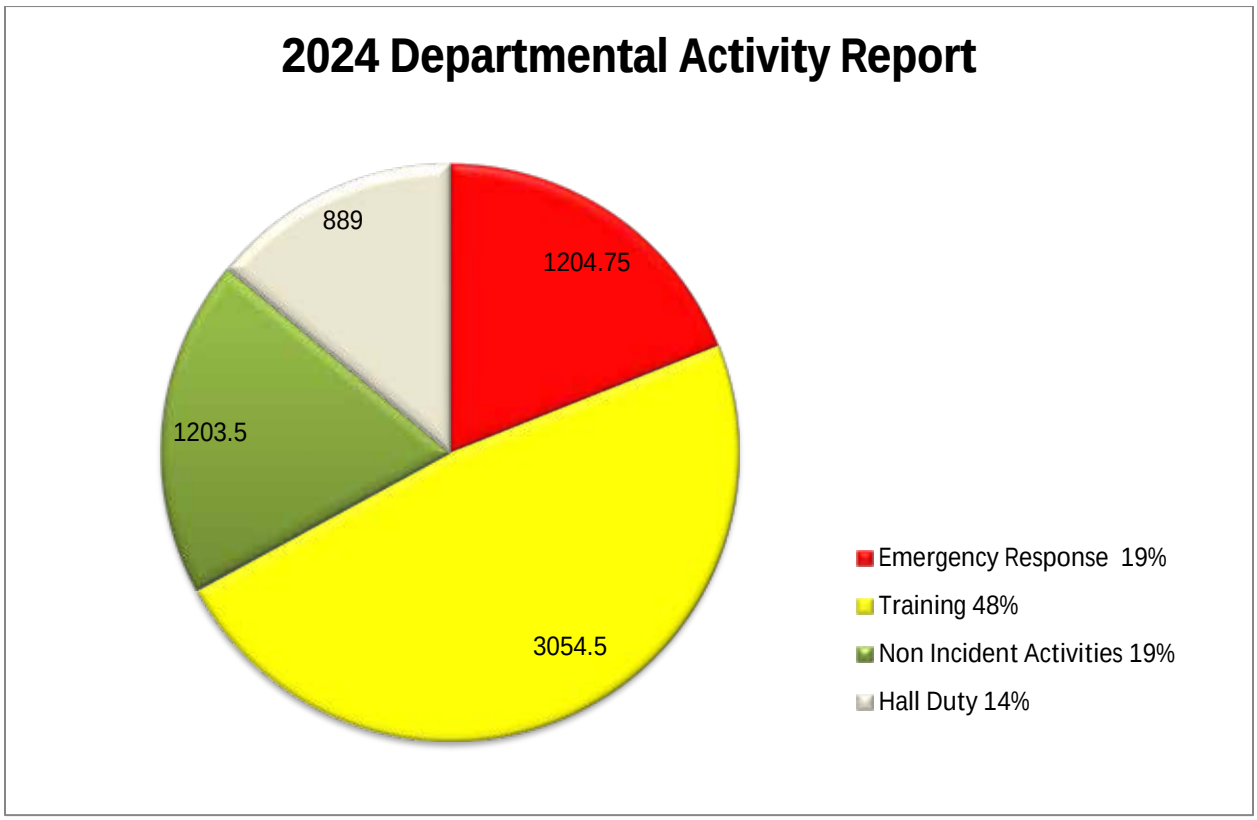
2024 Responses for the Township of Mulmur Total 63



2024 Responses for Town of Mono Total 21



2024 Responses for the Township of Adjala/Tosorontio Total 19


2024 Departmental Activity Report
889
1204.75
1203.5
3054.5
Emergency Response 19%
Training 48%
Non Incident Activities 19%
Hall Duty 14%

Incident #	Date	Alarm Time	Municipality	Street /Rd	Code	Nature	Dispatched	On Scene	Response Time	Cleared Scene	Time on Scene	Closed Incident	Total Time	# of Available FF's
2024-001	01/23/2024	16:10:11	MULMUR	AIRPORT RD	32	Fire Alarm	16:09:45	16:18:45	0:08:34	16:44:46	0:26:01	17:05:00	0:54:49	9
2024-002	01/25/2024	9:53:00	MONO	MONO-ADJALA TL	71	Medical	9:51:49	9:54:45	0:01:45	9:56:46	0:02:01	9:56:00	0:03:00	28
2024-003	01/29/2024	4:51:03	ADJ-TOS	MONO-ADJALA TL	71	Medical	4:49:48	5:02:32	0:11:29	5:19:12	0:16:40	5:35:00	0:43:57	9
2024-004	02/01/2024	9:32:34	MULMUR	7TH LINE E	32	Fire Alarm	9:31:54	9:43:09	0:10:35	9:48:29	0:05:20	10:15:00	0:42:26	9
2024-005	02/04/2024	15:01:10	MULMUR	MUL/TOS TL	88	Injury	14:59:45	15:13:35	0:12:25	15:15:04	0:01:29	15:15:00	0:13:50	6
2024-006	02/05/2024	15:28:41	MULMUR	JEFFERY DR	29	Fire	15:28:11	15:33:44	0:05:03	16:16:50	0:43:06	16:45:00	1:16:19	13
2024-007	02/05/2024	16:46:48	MULMUR	AIRPORT RD	62	MVC	16:46:09	16:51:53	0:05:05	17:14:43	0:22:50	17:30:00	0:43:12	14
2024-008	02/11/2024	16:53:18	ADJ-TOS	PINEGROVE CR	910	Mutual Aid	16:49:48	17:13:06	0:19:48	17:54:05	0:40:59	18:30:00	1:36:42	10
2024-009	02/11/2024	20:29:13	MULMUR	15 SIDEROAD	89	Medical	20:28:43	20:44:45	0:15:32	21:09:27	0:24:42	21:40:00	1:10:47	10
2024-010	02/12/2024	9:58:57	MULMUR	MOUNTAINVIEW RD	32	Fire Alarm	9:58:17	10:01:48	0:02:51	10:29:50	0:28:02	10:30:00	0:31:03	9
2024-011	02/16/2024	4:45:51	MONO	30 SIDEROAD	71	Medical	4:44:59	5:02:10	0:16:19	5:12:46	0:10:36	5:30:00	0:44:09	9
2024-012	02/20/2024	13:38:48	ADJ-TOS	CONCESSION RD 3	910	Mutual Aid	13:22:55	13:55:43	0:16:55	15:57:52	2:02:09	17:00:00	3:21:12	11
2024-013	02/26/2024	11:38:54	MULMUR	3RD LINE E	32	Fire Alarm	11:38:32	11:48:26	0:09:32	11:53:10	0:04:44	11:53:00	0:14:06	9
2024-014	02/26/2024	11:50:14	MONO	30 SIDEROAD	69	Rescue	11:49:32	11:54:25	0:04:11	12:26:42	0:32:17	13:00:00	1:09:46	8
2024-015	02/26/2024	16:27:46	MONO	MONO-ADJALA TL	31	Fire Alarm	16:27:01	16:37:28	0:09:42	16:53:47	0:16:19	17:10:00	0:42:14	7
2024-016	02/28/2024	12:42:21	MONO	7TH LINE EHS	89	Medical	12:41:51	12:45:57	0:03:36	13:05:20	0:19:23	13:15:00	0:32:39	10
2024-017	02/29/2024	4:05:59	AMARANTH	89 HY	910	Mutual Aid	4:03:07	4:34:11	0:28:12	6:27:21	1:53:10	7:00:00	2:54:01	10
2024-018	03/02/2024	1:26:05	SHELBURNE	MURIEL ST	910	Mutual Aid	1:24:49	1:44:48	0:18:43	3:55:10	2:10:22	5:30:00	4:03:55	9
2024-019	03/08/2024	10:50:26	MULMUR	3RD LINE E	3	Fire	10:50:10	11:08:32	0:18:06	13:01:57	1:53:25	14:30:00	3:39:34	14
2024-020	03/09/2024	18:13:45	MULMUR	3RD LINE E	89	Medical	18:13:15	18:20:30	0:06:45	18:49:32	0:29:02	19:05:00	0:51:15	7
2024-021	03/13/2024	14:10:06	MULMUR	17 SIDEROAD	42	Gas Leak	14:09:38	14:21:41	0:11:35	15:58:15	1:36:34	15:58:00	1:47:54	9
2024-022	03/13/2024	15:55:21	MONO	30 SIDEROAD	88	Injury	15:54:39	16:04:49	0:09:28	16:38:13	0:33:24	17:15:00	1:19:39	10
2024-023	03/26/2024	16:56:07	ADJ-TOS	COUNTY ROAD 50	910	Mutual Aid	16:47:04	17:16:06	0:19:59	20:47:09	3:31:03	22:00:00	5:03:53	11
2024-024	03/27/2024	11:48:35	MULMUR	17 SIDEROAD	42	Gas Leak	11:47:29	12:04:33	0:15:58	12:40:23	0:35:50	13:00:00	1:11:25	8
2024-025	03/28/2024	10:36:02	MULMUR	AIRPORT RD	32	Fire Alarm	10:35:35	10:40:49	0:04:47	11:13:38	0:32:49	12:00:00	1:23:58	6
2024-026	03/30/2024	1:56:41	MULMUR	4TH LINE E	910	Mutual Aid	1:54:26	2:19:16	0:22:35	5:49:44	3:30:28	6:35:00	4:38:19	12
2024-027	03/30/2024	14:05:25	MULMUR	AIRPORT RD	62	MVC	14:04:37	14:24:36	0:19:11	14:47:13	0:22:37	15:45:00	1:39:35	15
2024-028	04/01/2024	5:26:07	MULMUR	KINGSLAND AV	71	Medical	5:25:41	5:34:27	0:08:20	5:43:16	0:08:49	6:00:00	0:33:53	8
2024-029	04/04/2024	7:02:37	MONO	AIRPORT RD	62	MVC	7:01:53	7:16:05	0:13:28	7:29:45	0:13:40	7:55:00	0:52:23	13
2024-030	04/07/2024	13:59:53	SHELBURNE	SILK DR	910	Mutual Aid	13:59:13	14:28:24	0:28:31	15:39:38	1:11:14	16:45:00	2:45:07	10
2024-031	04/14/2024	16:48:22	MULMUR	4TH LINE E	50	Lines Down	16:47:52	16:58:08	0:09:46	17:38:54	0:40:46	17:55:00	1:06:38	12

Incident #	Date	Alarm Time	Municipality	Street	Code	Nature	Dispatched	Arrived on Scene	Response Time	Cleared Scene	Time on Scene	Closed Incident	Total Time	# of Available FF's
2024-032	04/26/2024	12:46:45	ADJ-TOS	89 HY	85	Medical	12:45:24	12:57:15	0:10:30	13:07:59	0:10:44	13:20:00	0:33:15	7
2024-033	04/26/2024	21:59:10	MULMUR	10 SIDEROAD	89	Medical	21:58:35	22:06:16	0:07:06	22:38:54	0:32:38	22:50:00	0:50:50	11
2024-034	04/28/2024	15:22:52	ADJ-TOS	MUL/TOS TL	76	Medical	15:22:10	15:32:02	0:09:10	15:37:38	0:05:36	16:00:00	0:37:08	9
2024-035	04/28/2024	23:57:34	MULMUR	THOMSON TL	71	Medical	23:56:51	0:04:53	0:07:19	0:36:34	0:31:41	0:55:00	0:57:26	7
2024-036	05/11/2024	12:53:36	MULMUR	AIRPORT RD	88	Injury	12:52:45	13:06:50	0:13:14	13:19:10	0:12:20	13:40:00	0:46:24	12
2024-037	05/11/2024	16:54:04	MULMUR	AIRPORT RD	88	Injury	16:53:39	17:13:14	0:19:10	17:24:31	0:11:17	17:45:00	0:50:56	10
2024-038	05/14/2024	12:27:37	MULMUR	SOMERVILLE CR	71	Medical	12:26:45	12:45:27	0:17:50	12:48:18	0:02:51	13:10:00	0:42:23	7
2024-039	05/16/2024	16:06:26	MULMUR	7TH LINE E	71	Medical	16:06:07	16:24:36	0:18:10	16:30:07	0:05:31	17:00:00	0:53:34	8
2024-040	05/16/2024	16:09:13	MULMUR	17 SIDEROAD	88	Injury	16:08:47	16:24:10	0:14:57	16:36:20	0:12:10	17:00:00	0:50:47	10
2024-041	05/18/2024	18:35:49	ADJ-TOS	CHURCH HILL RD	34	FFC	18:34:00	18:36:47	0:00:58	18:38:17	0:01:30	18:38:00	0:02:11	1
2024-042	05/20/2024	8:20:30	MULMUR	7TH LINE E	71	Medical	8:19:54	8:40:02	0:19:32	8:51:17	0:11:15	9:15:00	0:54:30	10
2024-043	05/22/2024	8:33:34	MULMUR	3RD LINE E	62	MVC	8:33:00	8:41:33	0:07:59	9:12:20	0:30:47	9:20:00	0:46:26	11
2024-044	05/22/2024	16:14:29	MULMUR	MOUNTAINVIEW RD	71	Medical	16:13:51	16:18:11	0:03:42	16:39:57	0:21:46	17:05:00	0:50:31	7
2024-045	05/22/2024	21:48:17	MULMUR	3RD LINE E	50	Lines Down	21:47:28	22:05:36	0:17:19	22:38:33	0:32:57	23:00:00	1:11:43	13
2024-046	05/23/2024	10:45:23	MULMUR	7TH LINE E	71	Medical	10:44:47	10:55:07	0:09:44	11:26:52	0:31:45	11:40:00	0:54:37	8
2024-047	05/28/2024	12:08:26	MULMUR	15 SIDEROAD	3	Fire	12:07:23	12:12:40	0:04:14	13:14:52	1:02:12	13:40:00	1:31:34	6
2024-048	05/30/2024	2:23:49	MULMUR	30 SIDEROAD	910	Mutual Aid	2:02:21	3:00:47	0:36:58	4:56:50	1:56:03	5:40:00	3:16:11	7
2024-049	05/30/2024	3:29:56	MULMUR	AIRPORT RD	34	FFC	3:29:22	3:37:35	0:07:39	3:48:10	0:10:35	3:49:00	0:19:04	10
2024-050	06/08/2024	21:55:54	MONO	89 HY	71	Medical	21:55:26	22:06:30	0:10:36	22:22:43	0:16:13	22:30:00	0:34:06	11
2024-051	06/13/2024	22:54:12	ADJ-TOS	MONO-ADJALA TL	50	Lines Down	22:53:40	23:10:04	0:15:52	23:16:23	0:06:19	23:40:00	0:45:48	10
2024-052	06/15/2024	18:55:23	MULMUR	ROGERS RD	1	Fire	18:54:55	19:09:10	0:13:47	19:37:04	0:27:54	20:00:00	1:04:37	9
2024-053	06/19/2024	20:39:38	MONO	25 SIDEROAD	62	MVC	20:39:01	20:53:17	0:13:39	21:21:58	0:28:41	21:40:00	1:00:22	11
2024-054	06/20/2024	19:26:27	MULMUR	KINGSLAND AV	89	Medical	19:26:06	19:32:49	0:06:22	19:54:37	0:21:48	20:20:00	0:53:33	20
2024-055	06/21/2024	9:51:02	MONO	AIRPORT RD	34	FFC	9:49:34	9:59:39	0:08:37	10:08:48	0:09:09	10:10:00	0:18:58	7
2024-056	06/24/2024	9:07:49	MONO	25 SIDEROAD	88	Injury	9:07:14	9:20:47	0:12:58	9:34:06	0:13:19	10:00:00	0:52:11	10
2024-057	06/24/2024	22:14:38	MULMUR	AIRPORT RD	62	MVC	22:13:52	22:24:10	0:09:32	23:06:17	0:42:07	23:25:00	1:10:22	16
2024-058	06/25/2024	8:02:40	MULMUR	PINE RIVER CR	31	Fire Alarm	8:02:16	8:20:23	0:17:43	8:27:44	0:07:21	9:00:00	0:57:20	8
2024-059	06/26/2024	21:01:43	MULMUR	AIRPORT RD	71	Medical	21:01:12	21:07:44	0:06:01	21:27:19	0:19:35	21:50:00	0:48:17	15
2024-060	07/01/2024	17:59:21	MONO	89 HY	88	Injury	17:58:50	18:04:23	0:05:02	18:17:05	0:12:42	18:35:00	0:35:39	15
2024-061	07/05/2024	8:15:46	MONO	89 HY	62	MVC	8:14:50	8:19:24	0:03:38	8:36:09	0:16:45	9:00:00	0:44:14	11
2024-062	07/14/2024	13:25:55	MONO	AIRPORT RD	62	MVC	13:23:57	13:38:21	0:12:26	14:45:37	1:07:16	15:15:00	1:49:05	10

Incident #	Date	Alarm Time	Municipality	Street	Code	Nature	Dispatched	Arrived on Scene	Response Time	Cleared Scene	Time on Scene	Closed Incident	Total Time	# of Available FF's
2024-063	07/14/2024	13:44:06	MULMUR	MUL/TOS TL	50	Lines Down	13:31:39	13:46:39	0:02:33	13:55:14	0:08:35	16:00:00	2:15:54	10
2024-064	07/15/2024	9:58:35	Mono	5TH LINE E	85	Medical	9:58:19	10:11:00	0:12:25	10:28:28	0:17:28	11:00:00	1:01:25	5
2024-065	07/15/2024	15:14:28	MONO	CEDAR LN	71	Medical	15:13:59	15:26:11	0:11:43	15:48:49	0:22:38	16:00:00	0:45:32	5
2024-066	07/16/2024	8:21:05	MONO	MONO-ADJALA TL	76	Medical	8:20:40	8:31:31	0:10:26	8:47:03	0:15:32	9:00:00	0:38:55	7
2024-067	07/19/2024	3:04:05	MULMUR	15 SIDEROAD	85	Medical	3:02:56	3:12:57	0:08:52	4:14:00	1:01:03	4:25:00	1:20:55	10
2024-068	07/23/2024	1:15:11	ADJ-TOS	COUNTY ROAD 50	910	Mutual Aid	1:14:38	1:45:44	0:30:33	3:09:38	1:23:54	3:40:00	2:24:49	9
2024-069	07/25/2024	14:25:49	MONO	MONO-MULMUR TL	89	Medical	14:25:17	14:33:12	0:07:23	14:50:24	0:17:12	15:00:00	0:34:11	5
2024-070	07/25/2024	16:35:26	ADJ-TOS	89 HY	62	MVC	16:35:00	16:46:18	0:10:52	17:15:37	0:29:19	17:40:00	1:04:34	9
2024-071	07/26/2024	10:06:47	MULMUR	COUNTY ROAD 17	62	MVC	10:06:07	10:07:39	0:00:52	10:08:45	0:01:06	10:09:00	0:02:13	24
2024-072	07/27/2024	12:36:15	MULMUR	AIRPORT RD	910	Mutual Aid	12:35:02	12:36:15	0:00:00	12:44:21	0:08:06	12:45:00	0:08:45	5
2024-073	07/28/2024	3:31:30	MONO	MONO-ADJALA TL	85	Medical	3:30:13	3:43:02	0:11:32	4:19:22	0:36:20	4:45:00	1:13:30	10
2024-074	08/01/2024	21:53:26	ADJ-TOS	CONCESSION RD 2	76	Medical	21:53:03	22:00:53	0:07:27	22:16:43	0:15:50	23:00:00	1:06:34	11
2024-075	08/02/2024	11:38:18	MULMUR	ADRIAN AV	71	Medical	11:37:21	11:51:28	0:13:10	12:04:03	0:12:35	12:20:00	0:41:42	8
2024-076	08/18/2024	13:18:38	MULMUR	MAES CR	88	Injury	13:17:59	13:32:42	0:14:04	14:31:11	0:58:29	15:00:00	1:41:22	6
2024-077	08/25/2024	15:50:36	MULMUR	AIRPORT RD	62	MVC	15:48:17	15:52:24	0:01:48	16:17:27	0:25:03	16:55:00	1:04:24	12
2024-078	08/25/2024	17:11:39	MULMUR	AIRPORT RD	62	MVC	17:09:08	17:17:28	0:05:49	17:27:36	0:10:08	17:40:00	0:28:21	12
2024-079	09/01/2024	15:22:36	MONO	3RD LINE EHS	73	Medical	15:21:59	15:40:52	0:18:16	15:57:23	0:16:31	16:15:00	0:52:24	13
2024-080	09/11/2024	23:16:20	MONO	AIRPORT RD	62	MVC	23:15:09	23:30:02	0:13:42	23:43:30	0:13:28	0:00:00	0:43:40	8
2024-081	09/17/2024	14:08:56	MONO	AIRPORT RD	32	Fire Alarm	14:08:36	14:21:53	0:12:57	14:29:13	0:07:20	15:00:00	0:51:04	5
2024-082	09/18/2024	15:37:48	MULMUR	BALSAM LN	89	Medical	15:37:28	15:57:27	0:19:39	16:07:27	0:10:00	16:30:00	0:52:12	10
2024-083	09/18/2024	15:46:49	MULMUR	MUL/TOS TL	62	MVC	15:46:20	15:54:45	0:07:56	16:32:40	0:37:55	17:00:00	1:13:11	10
2024-084	09/18/2024	17:45:34	ADJ-TOS	MONO-ADJALA TL	89	Medical	17:44:46	17:57:56	0:12:22	18:11:19	0:13:23	18:38:00	0:52:26	9
2024-085	09/23/2024	10:37:15	MULMUR	4TH LINE E	71	Medical	10:36:56	10:44:32	0:07:17	10:47:50	0:03:18	12:00:00	1:22:45	7
2024-086	10/03/2024	0:13:10	MULMUR	5TH LINE E	73	Medical	0:12:40	0:26:41	0:13:31	0:40:34	0:13:53	1:00:00	0:46:50	7
2024-087	10/04/2024	14:35:41	ADJ-TOS	CONCESSION RD 2	85	Medical	14:35:04	14:47:30	0:11:49	15:02:10	0:14:40	15:40:00	1:04:19	8
2024-088	10/05/2024	13:14:32	MULMUR	AIRPORT RD	62	MVC	13:13:57	13:20:42	0:06:10	13:38:38	0:17:56	13:50:00	0:35:28	20
2024-089	10/06/2024	14:02:58	MULMUR	MONO-MULMUR TL	71	Medical	14:02:05	14:14:47	0:11:49	14:22:16	0:07:29	14:40:00	0:37:02	8
2024-090	10/08/2024	12:52:06	MULMUR	THOMSON TL	71	Medical	12:51:20	13:01:01	0:08:55	15:03:58	2:02:57	13:05:00	0:12:54	7
2024-091	10/12/2024	13:10:54	MULMUR	AIRPORT RD	62	MVC	13:10:19	13:20:42	0:09:48	13:29:32	0:08:50	14:00:00	0:49:06	10
2024-092	10/20/2024	13:13:15	MULMUR	AIRPORT RD	69	Rescue	13:12:38	13:31:22	0:18:07	14:21:04	0:49:42	15:05:00	1:51:45	8
2024-093	10/30/2024	15:42:13	ADJ-TOS	CONCESSION RD 4	3	Fire	15:41:35	15:59:38	0:17:25	16:25:50	0:26:12	17:00:00	1:17:47	8

Incident #	Date	Alarm Time	Municipality	Street	Code	Nature	Dispatched	Arrived on Scene	Response Time	Cleared Scene	Time on Scene	Closed Incident	Total Time	# of Available FF's
2024-094	11/09/2024	18:22:23	MULMUR	5TH LINE E	32	Fire Alarm	18:21:17	18:31:51	0:09:28	18:35:46	0:03:55	19:00:00	0:37:37	8
2024-095	11/15/2024	15:39:07	MULMUR	JEFFERY DR	89	Medical	15:38:45	15:45:26	0:06:19	16:05:36	0:20:10	16:25:00	0:45:53	6
2024-096	11/15/2024	17:38:31	ADJ-TOS	89 HY	62	MVC	17:38:31	17:38:34	0:00:03	18:28:00	0:49:26	18:40:00	1:01:29	8
2024-097	11/28/2024	11:34:44	ADJ-TOS	MONO-ADJALA TL	53	CO Call	11:33:23	11:45:07	0:10:23	12:43:24	0:58:17	13:25:00	1:50:16	5
2024-098	12/02/2024	19:04:29	ADJ-TOS	89 HY	62	MVC	19:02:58	19:16:24	0:11:55	20:09:09	0:52:45	20:30:00	1:25:31	11
2024-099	12/03/2024	23:09:56	MULMUR	AIRPORT RD	1	Fire	23:08:53	23:18:04	0:08:08	0:00:12	0:42:08	0:45:00	1:35:04	11
2024-100	12/07/2024	14:20:31	MULMUR	15 SIDEROAD	1	Fire	14:19:49	14:25:43	0:05:12	15:33:47	1:08:04	16:30:00	2:09:29	11
2024-101	12/07/2024	21:29:27	ADJ-TOS	89 HY	62	MVC	21:28:48	21:41:21	0:11:54	21:56:36	0:15:15	22:15:00	0:45:33	11
2024-102	12/20/2024	16:50:19	MULMUR	89 HY	62	MVC	16:49:19	17:02:34	0:12:15	18:05:12	1:02:38	18:30:00	1:39:41	8
2024-103	12/22/2024	12:42:56	MULMUR	SHERMAN DR	88	Injury	12:42:31	12:56:05	0:13:09	13:03:28	0:07:23	13:20:00	0:37:04	9
2024-104	12/22/2024	17:24:42	MULMUR	AIRPORT RD	69	Rescue	17:23:49	17:29:26	0:04:44	18:40:28	1:11:02	18:45:00	1:20:18	12
2024-105	12/27/2024	16:48:30	MULMUR	BIG TREE CL	71	Medical	16:48:08	16:54:59	0:06:29	17:35:32	0:40:33	17:45:00	0:56:30	10
2024-106	12/28/2024	9:40:53	ADJ-TOS	25 SIDEROAD ADJALA	34	Fire Alarm	9:40:19	9:51:42	0:10:49	10:32:52	0:41:10	11:00:00	1:19:07	10
									0:11:20				1:09:57	9.8
									0:10:27					

Legend

MVC	Motor Vehicle Collision
	Mutual Aid Call Outside Our Primary Response Area
	Average for the Year 2024
	Adjusted Time With Mutual Aid Calls Removed

Incident #	Date	Mun.	Call Type	Time of Alarm	1st Unit respond	1st FF on scene	1st Vehicle on scene	Call Termin.	# of FF respd.	Notes
2025-001	01/01/25	Mono	MVC	04:32	04:43	04:51	04:51	04:56	9	Vehicle into guardrail, occupants had left scene.
2025-002	01/13/25	Mulmur	MVC	10:32	10:40	10:45	10:5	11:26	4	Vehicle struck tractor, no injuries.
2025-003	01/15/25	Adj/Tos	Medical	13:50	13:58	14:00	14:00	14:31	5	Possible heart attack, RDFD assessed, provided care until cleared by EMS.
2025-004	01/17/25	Mulmur	Vehicle Fire	12:13	12:21	12:29	12:29	13:13	6	Van on fire, RDFD extinguished and controlled scene.
2025-005	01/21/25	Mono	Fire	21:09	21:18	21:23	21:23	21:45	13	Fire in wood pile, extinguished by RDFD.
2025-006	01/22/25	Adj/Tos	MVC	16:14	16:22	16:19	16:26	16:43	9	School bus off of roadway. No injuries.
2025-007	01/29/25	Adj/Tos	MVC	17:46	17:56	17:59	17:59	20:13	11	2 vehicle MVC, dump truck vs tractor trailer. 2 occupants ejected from dump truck, one pinned beneath vehicle, extensive extrication operations required.
2025-008	01/30/25	Mono	Gas Leak	10:56	11:09	11:13	11:14	12:01	4	Propane leak inside a building from stove. RDFD investigated, isolated fuel source and ventilated.
2025-009	01/31/25	Adj/Tos	CO Call	11:14	11:30	11:31	11:32	12:15	6	CO alarm activated, RDFD investigated, found elevated level, determined source and ventilated building.

Incident #	Date	Mun.	Call Type	Time of Alarm	1st Unit respond	1st FF on scene	1st Vehicle on scene	Call Termin.	# of FF respd.	Notes
2025-010	01/31/25	Mulmur	Medical	13:42	13:47	13:55	13:55	14:02	3	Patient VSA, assessed and left in care of EMS and OPP.
2025-011	02/02/25	Mulmur	Fire Alarm	20:06	20:11	20:06	20:06	21:06	8	Audible alarm coming from house, RDFD investigated, contacted OPP and forced entry.
2025-012	02/03/25	Mono	Medical	07:42	07:54	08:00	08:00	08:14	6	Patient reported VSA, RDFD assessed, assisted EMS advanced life support. Left in care of EMS and OPP.
2025-013	02/03/25	Adj/Tos	MVC	16:35	16:44	16:55	16:55	17:20	10	School bus into ditch, RDFD assessed, 1 student with minor injuries, provided care and scene control.
2025-014	02/03/25	Mulmur	MVC	18:46	18:50	18:58	18:58	19:02	11	Reported as truck into guardrails, RDFD investigated, no injuries or leaks, left in care of OPP.
2025-015	02/05/25	Mulmur	Medical	18:14	18:18	18:24	18:24	18:44	6	Reported reduced LOC, RDFD assessed and provided care until cleared by EMS.
2025-016	02/16/25	Mono	MVC	11:20	11:28	11:32	11:32	11:40	7	Vehicle off of roadway, RDFD investigated, no injuries.
2025-017	02/18/25	Mulmur	Medical	14:57	15:06	15:09	15:09	15:27	9	Reported and unconscious patient, conscious and alert upon RDFD arrival, RDFD assessed and provided care until cleared by EMS.

Incident #	Date	Mun.	Call Type	Time of Alarm	1st Unit respond	1st FF on scene	1st Vehicle on scene	Call Termin.	# of FF respd.	Notes
2025-018	02/23/25	Mulmur	Medical	11:22	11:31	11:39	11:39	11:49	7	Reported as patient reduced LOC, RDFD assessed, provided care and assisted EMS with care.
2025-019	02/24/25	Mono	Medical	12:14	12:22	12:24	12:25	12:30	4	Person fell in snow and unable to get up, RDFD assisted with getting patient up and into house.
2025-020	02/24/25	Mono	MVC	15:36	15:44	15:40	15:50	16:17	7	Vehicle off of roadway into ditch, RDFD cleared snow from vehicle door so occupant could exit the vehicle, no injuiries.
2025-021	02/26/25	Mulmur	Medical	10:41	10:43	10:47	10:47	11:27	7	Patient VSA, RDFD performed CPR, Defib and Rescue Breathing, assisted EMS with Advanced Medical Care.
2025-022	03/01/25	Mulmur	Medical	16:25	16:29	16:29	16:29	16:59	10	Skier feel, bumped head, disoriented. RDFD assessed and provided care until cleared by EMS.
2025-023	03/03/25	Mulmur	Gas Leak	14:43	14:45	14:48	14:48	15:33	8	Smell of propane in house, RDFD investigated.
2025-024	03/07/25	Mulmur	MVC	10:38	10:42	10:49	10:49	11:13	5	Tractor Trailer off of road, on side in ditch. RDFD assessed occupants, checked for hazards and controlled traffic.
2025-025	03/08/25	Adj/Tos	Medical	05:37	05:48	05:53	05:53	05:58	5	Patient ineffective breathing, EMS on scene, cleared RDFD

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

				Account Number	Account Description	Debits	Credits
10-09-2024	J442	10092024,	Receiver General				
				2006	CPP Payable	280.68	-
				2007	EI Payable	92.82	-
				2009	Federal Income Tax Payable	543.87	-
				5005	EI Expense	129.95	-
				5007	CPP Expense	280.68	-
				2002	Trade Accounts Payable	-	1,328.00
10-09-2024	J443	3200020104,	City of Barrie				
				5056	Dispatch Fees	5,536.13	-
				2002	Trade Accounts Payable	-	5,536.13
10-09-2024	J444	1128,	Exterior Dream Works				
				1018	HST Receivable	65.30	-
				5098	Building Maintenance	591.51	-
				2002	Trade Accounts Payable	-	656.81
09-19-2024	J449	Internet bank,	09012024, Bell -Toronto				
				1018	HST Receivable	4.25	-
				5040	Telephone & Internet	38.52	-
				1002	Bank - Chequing	-	42.77
09-19-2024	J450	Internet bank,	09132024, Bell Mobility Cellular				
				1018	HST Receivable	9.38	-
				5040	Telephone & Internet	84.97	-
				1002	Bank - Chequing	-	94.35
09-14-2024	J451	Internet bank,	08252024, Bell Canada - North York				
				1018	HST Receivable	11.56	-
				5040	Telephone & Internet	104.73	-
				1002	Bank - Chequing	-	116.29
09-14-2024	J452	Internet bank,	08252024-34717, Bell Canada - North York				
				1018	HST Receivable	16.53	-
				5040	Telephone & Internet	149.69	-
				1002	Bank - Chequing	-	166.22
09-14-2024	J453	Internet bank,	02105316P, Currie Heavy Towing				
				1018	HST Receivable	13.58	-
				5074	Vehicle Fuel & Oil Purchases	122.98	-

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

				Account Number	Account Description	Debits	Credits
				1002	Bank - Chequing	-	136.56
09-14-2024	J454	Internet bank,	02105317P, Currie Heavy Towing				
				1018	HST Receivable	13.57	-
				5072	Vehicle maintenance	122.96	-
				1002	Bank - Chequing	-	136.53
09-14-2024	J455	Internet bank,	02105318P, Currie Heavy Towing				
				1018	HST Receivable	3.29	-
				5072	Vehicle maintenance	29.76	-
				1002	Bank - Chequing	-	33.05
09-14-2024	J456	Internet bank,	02104848P, Currie Heavy Towing				
				1018	HST Receivable	46.58	-
				5072	Vehicle maintenance	421.97	-
				1002	Bank - Chequing	-	468.55
09-09-2024	J457	Internet bank,	830556, Wayne Bird Fuels				
				1018	HST Receivable	140.91	-
				5074	Vehicle Fuel & Oil Purchases	1,276.35	-
				1002	Bank - Chequing	-	1,417.26
09-23-2024	J458	Internet bank,	0044227, Township of Mulmur				
				5026	Municipal Administration Fees	2,500.00	-
				1002	Bank - Chequing	-	2,500.00
09-23-2024	J459	Internet bank,	0044197, Township of Mulmur				
				1008	Prepaid Expense	4,579.00	-
				5052	Insurance	4,579.00	-
				1002	Bank - Chequing	-	9,158.00
09-12-2024	J460	Internet bank,	08212024, Hydro One Networks Inc.				
				1018	HST Receivable	35.23	-
				5092	Hydro	258.50	-
				1002	Bank - Chequing	-	293.73
09-09-2024	J471	Internet bank,	83840992, COLE INTERNATIONAL INC				
				1018	HST Receivable	29,466.54	-
				5046	Bank charges	50.00	-
				5118	Large Capital-Vehicle	690.75	-

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

				Account Number	Account Description	Debits	Credits
				1002	Bank - Chequing	-	30,207.29
10-25-2024	J475	CRC-F-106006,	Canadian Red Cross				
				5082	Membership fees	250.00	-
				2002	Trade Accounts Payable	-	250.00
10-25-2024	J476	1203,	2240231 ONTARIO INC O/A GEORGIAN BAY RUST CONTROL				
				1018	HST Receivable	31.51	-
				5072	Vehicle maintenance	285.46	-
				2002	Trade Accounts Payable	-	316.97
10-25-2024	J477	87340,	Action First Aid Inc.				
				1018	HST Receivable	140.44	-
				5060	Medical Supplies	1,272.06	-
				2002	Trade Accounts Payable	-	1,412.50
10-25-2024	J478	01481,	Carrier Emergency Vehicles				
				1018	HST Receivable	224.38	-
				5072	Vehicle maintenance	2,032.46	-
				2002	Trade Accounts Payable	-	2,256.84
11-01-2024	J483	6697,					
				5012	Firefighter Payroll Total:Officers	1,864.08	-
				1002	Bank - Chequing	-	1,558.29
				2006	CPP Payable	-	93.56
				2007	EI Payable	-	30.94
				2009	Federal Income Tax Payable	-	181.29
10-30-2024	J484	6698,					
				1018	HST Receivable	141.70	-
				5028	Travel	1,283.50	-
				1002	Bank - Chequing	-	1,425.20
10-30-2024	J485	6699,					
				1018	HST Receivable	89.36	-
				5028	Travel	809.44	-
				1002	Bank - Chequing	-	898.80
10-09-2024	J486	Internet bank,	09252024, Bell Canada - North York				
				1018	HST Receivable	16.53	-

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

				Account Number	Account Description	Debits	Credits
				5040	Telephone & Internet	149.69	-
				1002	Bank - Chequing	-	166.22
10-09-2024	J487	Internet bank,	09252024 0555, Bell Canada - North York				
				1018	HST Receivable	11.56	-
				5040	Telephone & Internet	104.73	-
				1002	Bank - Chequing	-	116.29
10-10-2024	J488	Internet bank,	10092024, WSIB				
				5006	Workers Compensation	2,500.88	-
				1002	Bank - Chequing	-	2,500.88
10-10-2024	J489	Internet bank,	09202024, Hydro One Networks Inc.				
				1018	HST Receivable	33.79	-
				5092	Hydro	306.10	-
				1002	Bank - Chequing	-	339.89
10-01-2024	J491	Internet bank,	10012024, Vianet				
				1018	HST Receivable	16.84	-
				5040	Telephone & Internet	152.49	-
				1002	Bank - Chequing	-	169.33
10-21-2024	J492	Internet bank,	10012024, Bell -Toronto				
				1018	HST Receivable	4.25	-
				5040	Telephone & Internet	38.52	-
				1002	Bank - Chequing	-	42.77
10-21-2024	J493	Internet bank,	10132024, Bell Mobility Cellular				
				1018	HST Receivable	3.76	-
				5040	Telephone & Internet	34.05	-
				1002	Bank - Chequing	-	37.81
10-25-2024	J494	Internet bank,	2067141, Peavey Mart				
				1018	HST Receivable	5.35	-
				5079	Equipment & Uniform Supplies	7.77	-
				5098	Building Maintenance	40.67	-
				1002	Bank - Chequing	-	53.79
10-10-2024	J503	Internet bank,	10072024, TD VISA				
				1018	HST Receivable	23.53	-

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

				Account Number	Account Description	Debits	Credits
				5028	Travel	431.83	-
				5044	Office Supplies	0.82	-
				5060	Medical Supplies	249.73	-
				5074	Vehicle Fuel & Oil Purchases	652.64	-
				5079	Equipment & Uniform Supplies	48.79	-
				5098	Building Maintenance	130.61	-
				1002	Bank - Chequing	-	1,537.95
11-07-2024	J504	1000006205,	Fisher's Regalia & Uniform				
				1018	HST Receivable	13.73	-
				5066	Protective Gear Non-Capital	124.39	-
				2002	Trade Accounts Payable	-	138.12
11-07-2024	J505	01520,	Carrier Emergency Vehicles				
				1018	HST Receivable	24.15	-
				5072	Vehicle maintenance	218.79	-
				2002	Trade Accounts Payable	-	242.94
11-07-2024	J506	6240-00004-0000,	BAYSHORE BROADCASTING				
				1018	HST Receivable	28.65	-
				5036	Public Education	259.50	-
				2002	Trade Accounts Payable	-	288.15
11-07-2024	J507	1139,	Exterior Dream Works				
				1018	HST Receivable	43.54	-
				5098	Building Maintenance	394.34	-
				2002	Trade Accounts Payable	-	437.88
12-01-2024	J512	6704,					
				5012	Firefighter Payroll Total:Officers	1,864.08	-
				5028	Travel	264.60	-
				1002	Bank - Chequing	-	1,822.89
				2006	CPP Payable	-	93.56
				2007	EI Payable	-	30.94
				2009	Federal Income Tax Payable	-	181.29
12-01-2024	J513	6705,					
				5028	Travel	23.80	-
				1002	Bank - Chequing	-	23.80

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

				Account Number	Account Description	Debits	Credits
11-09-2024	J516	Internet bank,	10252024, Bell Canada - North York				
				1018	HST Receivable	17.54	-
				5040	Telephone & Internet	158.85	-
				1002	Bank - Chequing	-	176.39
11-09-2024	J517	Internet bank,	10252024-0555, Bell Canada - North York				
				1018	HST Receivable	11.56	-
				5040	Telephone & Internet	104.73	-
				1002	Bank - Chequing	-	116.29
11-10-2024	J518	Internet bank,	10222024, Hydro One Networks Inc.				
				1018	HST Receivable	33.52	-
				5092	Hydro	303.65	-
				1002	Bank - Chequing	-	337.17
11-21-2024	J519	Internet bank,	11132024, Bell Mobility Cellular				
				1018	HST Receivable	3.75	-
				5040	Telephone & Internet	34.01	-
				1002	Bank - Chequing	-	37.76
11-21-2024	J520	Internet bank,	11012024, Bell -Toronto				
				1018	HST Receivable	4.25	-
				5040	Telephone & Internet	38.52	-
				1002	Bank - Chequing	-	42.77
11-26-2024	J527	11052024,	TD VISA				
				1018	HST Receivable	249.40	-
				5044	Office Supplies	1,530.73	-
				5066	Protective Gear Non-Capital	124.39	-
				5074	Vehicle Fuel & Oil Purchases	87.50	-
				5079	Equipment & Uniform Supplies	443.69	-
				5082	Membership fees	250.00	-
				5098	Building Maintenance	72.72	-
				2002	Trade Accounts Payable	-	2,758.43
12-17-2024	J530	6707,					
				5012	Firefighter Payroll Total:Officers	3,408.00	-
				5014	Firefighter Payroll Total:Hourly Pa	2,534.10	-
				1002	Bank - Chequing	-	5,942.10

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

			Account Number	Account Description	Debits	Credits
12-17-2024	J531	6708,				
			5012	Firefighter Payroll Total:Officers	852.00	-
			5014	Firefighter Payroll Total:Hourly Pa	4,765.27	-
			1002	Bank - Chequing	-	5,617.27
12-17-2024	J532	6709,				
			5012	Firefighter Payroll Total:Officers	852.00	-
			5014	Firefighter Payroll Total:Hourly Pa	3,647.64	-
			1002	Bank - Chequing	-	4,416.64
			5052	Insurance	-	83.00
12-17-2024	J536	6712,				
			5012	Firefighter Payroll Total:Officers	852.00	-
			5014	Firefighter Payroll Total:Hourly Pa	2,484.81	-
			1002	Bank - Chequing	-	3,253.81
			5052	Insurance	-	83.00
12-17-2024	J538	6710,				
			5012	Firefighter Payroll Total:Officers	852.00	-
			5014	Firefighter Payroll Total:Hourly Pa	2,225.28	-
			1002	Bank - Chequing	-	2,994.28
			5052	Insurance	-	83.00
12-17-2024	J540	12132024,				
			5012	Firefighter Payroll Total:Officers	852.00	-
			5014	Firefighter Payroll Total:Hourly Pa	1,852.44	-
			2002	Trade Accounts Payable	-	2,621.44
			5052	Insurance	-	83.00
12-17-2024	J541	6713,				
			5014	Firefighter Payroll Total:Hourly Pa	1,002.72	-
			1002	Bank - Chequing	-	919.72
			5052	Insurance	-	83.00
12-17-2024	J542	6714,				
			5014	Firefighter Payroll Total:Hourly Pa	1,429.87	-
			1002	Bank - Chequing	-	1,429.87
12-17-2024	J543	6715,				
			5014	Firefighter Payroll Total:Hourly Pa	1,180.02	-

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

			Account Number	Account Description	Debits	Credits
			1002	Bank - Chequing	-	1,097.02
			5052	Insurance	-	83.00
12-17-2024	J544	6716,				
			5014	Firefighter Payroll Total:Hourly Pa	2,770.60	-
			1002	Bank - Chequing	-	2,770.60
12-17-2024	J545	6717,				
			5014	Firefighter Payroll Total:Hourly Pa	1,651.62	-
			1002	Bank - Chequing	-	1,568.62
			5052	Insurance	-	83.00
12-17-2024	J546	6718,				
			5012	Firefighter Payroll Total:Officers	426.00	-
			5014	Firefighter Payroll Total:Hourly Pa	1,531.96	-
			1002	Bank - Chequing	-	1,874.96
			5052	Insurance	-	83.00
12-17-2024	J547	6719,				
			5014	Firefighter Payroll Total:Hourly Pa	1,698.45	-
			1002	Bank - Chequing	-	1,615.45
			5052	Insurance	-	83.00
12-17-2024	J548	6720,				
			5012	Firefighter Payroll Total:Officers	426.00	-
			5014	Firefighter Payroll Total:Hourly Pa	3,051.34	-
			1002	Bank - Chequing	-	3,394.34
			5052	Insurance	-	83.00
12-17-2024	J549	6721,				
			5014	Firefighter Payroll Total:Hourly Pa	1,869.19	-
			1002	Bank - Chequing	-	1,869.19
12-17-2024	J550	6722,				
			5014	Firefighter Payroll Total:Hourly Pa	1,742.62	-
			1002	Bank - Chequing	-	1,659.62
			5052	Insurance	-	83.00
12-17-2024	J551	6723,				
			5014	Firefighter Payroll Total:Hourly Pa	3,086.26	-

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

				Account Number	Account Description	Debits	Credits
				1002	Bank - Chequing	-	3,086.26
12-17-2024	J552	6724,					
				5014	Firefighter Payroll Total:Hourly Pa	1,173.35	-
				1002	Bank - Chequing	-	1,173.35
12-17-2024	J553	6725,					
				5014	Firefighter Payroll Total:Hourly Pa	2,135.09	-
				1002	Bank - Chequing	-	2,135.09
12-17-2024	J554	6726,					
				5014	Firefighter Payroll Total:Hourly Pa	835.56	-
				1002	Bank - Chequing	-	835.56
12-17-2024	J555	6727,					
				5014	Firefighter Payroll Total:Hourly Pa	1,872.96	-
				1002	Bank - Chequing	-	1,872.96
12-17-2024	J556	6728,					
				5014	Firefighter Payroll Total:Hourly Pa	882.25	-
				1002	Bank - Chequing	-	799.25
				5052	Insurance	-	83.00
12-17-2024	J557	6729,					
				5014	Firefighter Payroll Total:Hourly Pa	538.09	-
				1002	Bank - Chequing	-	538.09
12-18-2024	J559	6706,					
				5014	Firefighter Payroll Total:Hourly Pa	9,633.47	-
				1002	Bank - Chequing	-	9,550.47
				5052	Insurance	-	83.00
12-19-2024	J560	36297,	Express Impressions Inc				
				1018	HST Receivable	83.04	-
				5079	Equipment & Uniform Supplies	752.18	-
				2002	Trade Accounts Payable	-	835.22
12-19-2024	J561	024454,	M & L Supply				
				1018	HST Receivable	5.43	-
				5066	Protective Gear Non-Capital	49.18	-

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

				Account Number	Account Description	Debits	Credits
				2002	Trade Accounts Payable	-	54.61
12-19-2024	J563	01530,	Carrier Emergency Vehicles				
				1018	HST Receivable	12.99	-
				5072	Vehicle maintenance	117.69	-
				2002	Trade Accounts Payable	-	130.68
12-20-2024	J564	SO30006687,	Darch Fire				
				1018	HST Receivable	337.05	-
				5118	Large Capital-Vehicle	3,052.95	-
				2002	Trade Accounts Payable	-	3,390.00
12-23-2024	J572	6737,	12232024, Rosemont District Fire Fighter's Assoc.				
				5034	Fire Prevention	1,000.00	-
				5036	Public Education	740.50	-
				1002	Bank - Chequing	-	1,740.50
12-20-2024	J574	BK0018447,	Firehall Bookstore				
				1018	HST Receivable	3.35	-
				5068	Training	796.77	-
				2002	Trade Accounts Payable	-	800.12
12-19-2024	J576	8192,	CW And Company				
				1018	HST Receivable	509.52	-
				5079	Equipment & Uniform Supplies	4,615.25	-
				2002	Trade Accounts Payable	-	5,124.77
12-13-2024	J580	Internet bank,	12132024, Bell Mobility Cellular				
				1018	HST Receivable	3.76	-
				5040	Telephone & Internet	34.07	-
				1002	Bank - Chequing	-	37.83
12-01-2024	J581	Internet bank,	12012024, Vianet				
				1018	HST Receivable	7.19	-
				5040	Telephone & Internet	65.13	-
				1002	Bank - Chequing	-	72.32
12-19-2024	J582	Internet bank,	842745, Wayne Bird Fuels				
				1018	HST Receivable	165.68	-
				5074	Vehicle Fuel & Oil Purchases	1,500.69	-

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

				Account Number	Account Description	Debits	Credits
				1002	Bank - Chequing	-	1,666.37
12-20-2024	J583	Internet bank,	12312024, WSIB				
				5006	Workers Compensation	3,270.38	-
				1002	Bank - Chequing	-	3,270.38
12-05-2024	J584	Internet bank,	12052024, TD VISA				
				1018	HST Receivable	18.97	-
				5036	Public Education	26.46	-
				5044	Office Supplies	80.39	-
				5068	Training	376.93	-
				5079	Equipment & Uniform Supplies	2.04	-
				5098	Building Maintenance	22.38	-
				1002	Bank - Chequing	-	527.17
12-10-2024	J587	Internet bank,	11202024, Hydro One Networks Inc.				
				1018	HST Receivable	35.58	-
				5092	Hydro	269.31	-
				1002	Bank - Chequing	-	304.89
12-31-2024	J588	276239,	Point to Point				
				1018	HST Receivable	157.32	-
				5070	Radio repairs and supplies	1,424.99	-
				2002	Trade Accounts Payable	-	1,582.31
12-30-2024	J589	1530,	Carrier Emergency Vehicles				
				1018	HST Receivable	12.99	-
				5072	Vehicle maintenance	117.69	-
				2002	Trade Accounts Payable	-	130.68
12-30-2024	J590	12312024,	Michael Blacklaws				
				1018	HST Receivable	130.30	-
				5044	Office Supplies	214.42	-
				5068	Training	610.57	-
				5072	Vehicle maintenance	116.14	-
				5078	Equipment repairs	16.27	-
				5079	Equipment & Uniform Supplies	222.86	-
				5084	Miscellaneous	23.92	-
				2002	Trade Accounts Payable	-	1,334.48

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

			Account Number	Account Description	Debits	Credits
12-31-2024	J591	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	738.48	-
			2002	Trade Accounts Payable	-	738.48
12-31-2024	J592	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	59.86	-
			2002	Trade Accounts Payable	-	59.86
12-31-2024	J593	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	330.05	-
			2002	Trade Accounts Payable	-	330.05
12-31-2024	J594	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	287.00	-
			2002	Trade Accounts Payable	-	287.00
12-31-2024	J595	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	258.30	-
			2002	Trade Accounts Payable	-	258.30
12-31-2024	J596	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	215.25	-
			2002	Trade Accounts Payable	-	215.25
12-31-2024	J597	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	150.68	-
			2002	Trade Accounts Payable	-	150.68
12-31-2024	J598	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	147.76	-
			2002	Trade Accounts Payable	-	147.76
12-31-2024	J599	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	214.68	-
			2002	Trade Accounts Payable	-	214.68
12-31-2024	J600	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	256.23	-
			2002	Trade Accounts Payable	-	256.23

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

			Account Number	Account Description	Debits	Credits
12-31-2024	J601	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	83.10	-
			2002	Trade Accounts Payable	-	83.10
12-31-2024	J602	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	107.63	-
			2002	Trade Accounts Payable	-	107.63
12-31-2024	J603	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	83.10	-
			2002	Trade Accounts Payable	-	83.10
12-31-2024	J604	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	208.08	-
			2002	Trade Accounts Payable	-	208.08
12-31-2024	J605	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	138.50	-
			2002	Trade Accounts Payable	-	138.50
12-31-2024	J606	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	251.13	-
			2002	Trade Accounts Payable	-	251.13
12-31-2024	J607	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	330.05	-
			2002	Trade Accounts Payable	-	330.05
12-31-2024	J608	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	175.47	-
			2002	Trade Accounts Payable	-	175.47
12-31-2024	J609	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	193.73	-
			2002	Trade Accounts Payable	-	193.73
12-31-2024	J610	12312024,				
			5014	Firefighter Payroll Total:Hourly Pa	132.96	-
			2002	Trade Accounts Payable	-	132.96

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

				Account Number	Account Description	Debits	Credits
12-31-2024	J611	12312024,					
				5014	Firefighter Payroll Total:Hourly Pa	83.10	-
				2002	Trade Accounts Payable	-	83.10
12-16-2024	J614	28938,	Avenir Energy				
				1018	HST Receivable	195.48	-
				5096	Propane	1,770.68	-
				2002	Trade Accounts Payable	-	1,966.16
12-31-2024	J615	01062025,	TD VISA				
				1018	HST Receivable	357.75	-
				5044	Office Supplies	1,819.27	-
				5066	Protective Gear Non-Capital	108.14	-
				5079	Equipment & Uniform Supplies	847.96	-
				5084	Miscellaneous	465.07	-
				2002	Trade Accounts Payable	-	3,598.19
12-25-2024	J616	12252024 282,	Bell Canada - North York				
				1018	HST Receivable	17.09	-
				5040	Telephone & Internet	154.78	-
				2002	Trade Accounts Payable	-	171.87
12-25-2024	J617	12252024,	Bell Canada - North York				
				1018	HST Receivable	11.56	-
				5040	Telephone & Internet	104.73	-
				2002	Trade Accounts Payable	-	116.29
12-01-2024	J620	1201204,	Bell -Toronto				
				1018	HST Receivable	4.25	-
				5040	Telephone & Internet	38.52	-
				2002	Trade Accounts Payable	-	42.77
12-31-2024	J621	12312024,	Receiver General				
				2006	CPP Payable	280.68	-
				2007	EI Payable	92.82	-
				2009	Federal Income Tax Payable	543.87	-
				5005	EI Expense	129.95	-
				5007	CPP Expense	280.68	-
				2002	Trade Accounts Payable	-	1,328.00

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J437 to J654

				Account Number	Account Description	Debits	Credits
12-18-2024	J622	12182024,	Hydro One Networks Inc.				
				1018	HST Receivable	34.92	-
				5092	Hydro	275.49	-
				2002	Trade Accounts Payable	-	310.41
11-25-2024	J624	11252024 282,	Bell Canada - North York				
				1018	HST Receivable	17.09	-
				5040	Telephone & Internet	154.78	-
				2002	Trade Accounts Payable	-	171.87
11-25-2024	J626	11252024,	Bell Canada - North York				
				1018	HST Receivable	11.56	-
				5040	Telephone & Internet	104.73	-
				2002	Trade Accounts Payable	-	116.29
09-12-2024	J628	Internet bank,	09052024, TD VISA				
				1018	HST Receivable	371.40	-
				5028	Travel	932.74	-
				5044	Office Supplies	55.61	-
				5060	Medical Supplies	1,665.46	-
				5098	Building Maintenance	293.41	-
				1002	Bank - Chequing	-	3,318.62
12-31-2024	J632	01162024,	Minister of Finance				
				1018	HST Receivable	36,685.69	-
				5084	Miscellaneous	35.00	-
				5118	Large Capital-Vehicle	10,347.24	-
				2002	Trade Accounts Payable	-	47,067.93
06-11-2024	J640	8005475050,	KPMG LLP, T4348				
				1018	HST Receivable	280.87	-
				2010	Accrued Liabilities	2,544.13	-
				2002	Trade Accounts Payable	-	2,825.00
						223,005.07	223,005.07

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ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J1 to J143

				Account Number	Account Description	Debits	Credits
01-01-2025	J1	6730,					
				5012	Firefighter Payroll Total:Officers	1,886.92	-
				1002	Bank - Chequing	-	1,583.05
				2006	CPP Payable	-	94.92
				2007	EI Payable	-	30.95
				2009	Federal Income Tax Payable	-	178.00
01-09-2025	J5	WO-0004751963,	Commercial Truck Equipment Corp				
				1018	HST Receivable	37.26	-
				5072	Vehicle maintenance	337.45	-
				2002	Trade Accounts Payable	-	374.71
01-09-2025	J6	251215,	Lacey Instrumentation				
				1018	HST Receivable	89.88	-
				5078	Equipment repairs	814.12	-
				2002	Trade Accounts Payable	-	904.00
01-01-2025	J8	01012025,	AIG Insurance Company Of Canada				
				5052	Insurance	7,796.52	-
				2002	Trade Accounts Payable	-	7,796.52
01-22-2025	J54	024994,	M & L Supply				
				1018	HST Receivable	169.32	-
				5079	Equipment & Uniform Supplies	1,533.70	-
				2002	Trade Accounts Payable	-	1,703.02
01-23-2025	J55	01S44520,	STEER ENTERPRISES LTD				
				1018	HST Receivable	56.41	-

				Account Number	Account Description	Debits	Credits
				5072	Vehicle maintenance	510.95	-
				2002	Trade Accounts Payable	-	567.36
01-29-2025	J56	01645,	Carrier Emergency Vehicles				
				1018	HST Receivable	342.47	-
				5072	Vehicle maintenance	3,102.08	-
				2002	Trade Accounts Payable	-	3,444.55
02-01-2025	J57	02012025,					
				5012	Firefighter Payroll Total:Officers	1,886.92	-
				2002	Trade Accounts Payable	-	1,583.05
				2006	CPP Payable	-	94.92
				2007	EI Payable	-	30.95
				2009	Federal Income Tax Payable	-	178.00
01-13-2025	J63	01132025,	Bell Mobility Cellular				
				1018	HST Receivable	3.76	-
				5040	Telephone & Internet	34.03	-
				2002	Trade Accounts Payable	-	37.79
01-01-2025	J64	01012025,	Bell -Toronto				
				1018	HST Receivable	1.56	-
				5040	Telephone & Internet	14.12	-
				2002	Trade Accounts Payable	-	15.68
01-15-2025	J65	6602,	Peavey Mart				
				1018	HST Receivable	7.25	-
				5098	Building Maintenance	65.65	-

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J1 to J143

				Account Number	Account Description	Debits	Credits
				2002	Trade Accounts Payable	-	72.90
01-15-2025	J66	01012025,	Insurance Store Inc				
				5052	Insurance	21,681.00	-
				2002	Trade Accounts Payable	-	21,681.00
01-06-2025	J67	589,	Peavey Mart				
				1018	HST Receivable	5.39	-
				5098	Building Maintenance	48.79	-
				2002	Trade Accounts Payable	-	54.18
01-10-2025	J68	01012025,	Vianet				
				1018	HST Receivable	12.35	-
				5040	Telephone & Internet	111.89	-
				2002	Trade Accounts Payable	-	124.24
02-18-2025	J86	6266-16644,	Gord Davenport Automotive Inc				
				1018	HST Receivable	6.74	-
				5072	Vehicle maintenance	61.04	-
				2002	Trade Accounts Payable	-	67.78
01-16-2025	J87	52211,	Sparkle Solutions				
				1018	HST Receivable	1,340.37	-
				5106	Capital:Bunker Gear	12,134.88	-
				2002	Trade Accounts Payable	-	13,475.25
02-10-2025	J88	2558,	Barrie Scuba House				
				1018	HST Receivable	27.26	-

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J1 to J143

				Account Number	Account Description	Debits	Credits
				5062	Breathing apparatus maintenance	246.77	-
				2002	Trade Accounts Payable	-	274.03
01-27-2025	J89	00000076616,	Avenir Energy				
				1018	HST Receivable	202.65	-
				5096	Propane	1,834.64	-
				2002	Trade Accounts Payable	-	2,037.29
01-31-2025	J90	0000188906,	A.J. Stone Company Ltd				
				1018	HST Receivable	478.14	-
				5118	Large Capital-Vehicle	4,328.77	-
				2002	Trade Accounts Payable	-	4,806.91
03-01-2025	J110	03012025,	Michael Blacklaws, Payroll				
				1018	HST Receivable	27.21	-
				5012	Firefighter Payroll Total:Officers	1,886.92	-
				5028	Travel	246.39	-
				2002	Trade Accounts Payable	-	1,856.65
				2006	CPP Payable	-	94.92
				2007	EI Payable	-	30.95
				2009	Federal Income Tax Payable	-	178.00
02-26-2025	J111	18312,	Sani Gear Inc				
				1018	HST Receivable	63.65	-
				5064	Protective Clothing Maintenance	576.22	-
				2002	Trade Accounts Payable	-	639.87
02-26-2025	J112	INV060603,	Conestoga College Institute of Tech				

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J1 to J143

				Account Number	Account Description	Debits	Credits
				5068	Training	190.00	-
				2002	Trade Accounts Payable	-	190.00
01-26-2025	J118	01252025,	Bell Canada - North York				
				1018	HST Receivable	11.90	-
				5040	Telephone & Internet	107.76	-
				2002	Trade Accounts Payable	-	119.66
01-26-2025	J119	01252025 282,	Bell Canada - North York				
				1018	HST Receivable	17.59	-
				5040	Telephone & Internet	159.27	-
				2002	Trade Accounts Payable	-	176.86
02-01-2025	J120	02012025,	Vianet				
				1018	HST Receivable	12.36	-
				5040	Telephone & Internet	111.88	-
				2002	Trade Accounts Payable	-	124.24
01-21-2025	J121	01212025,	Hydro One Networks Inc.				
				1018	HST Receivable	42.77	-
				5092	Hydro	337.37	-
				2002	Trade Accounts Payable	-	380.14
01-23-2025	J122	01S44520.2,	STEER ENTERPRISES LTD				
				1018	HST Receivable	56.43	-
				5072	Vehicle maintenance	510.93	-
				2002	Trade Accounts Payable	-	567.36

ROSEMONT DISTRICT FIRE DEPARTMENT
Purchases Journal J1 to J143

				Account Number	Account Description	Debits	Credits
02-05-2025	J124	02262025,	TD VISA				
				1018	HST Receivable	103.18	-
				5004	Recognition - Firefighters	140.43	-
				5074	Vehicle Fuel & Oil Purchases	134.40	-
				5079	Equipment & Uniform Supplies	543.34	-
				5098	Building Maintenance	116.01	-
				2002	Trade Accounts Payable	-	1,037.36
01-31-2025	J126	2077708,	Peavey Mart				
				1018	HST Receivable	3.23	-
				5098	Building Maintenance	29.27	-
				2002	Trade Accounts Payable	-	32.50
						66,639.56	66,639.56

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ROSEMONT DISTRICT FIRE DEPARTMENT
Comparative Income Statement

	Actual 01/01/2025 to 02/28/2025	Budget 01/01/2025 to 12/31/2025	Difference	Actual 01/01/2024 to 12/31/2024	Budget 01/01/2024 to 12/31/2024	Difference
REVENUE						
Income						
Municipal OpsLevies:Twp AdjTos	19,458.69	77,834.79	-58,376.10	70,378.84	70,378.85	-0.01
Municipal Ops Levies:Town of ...	23,197.03	92,788.11	-69,591.08	83,922.56	83,922.57	-0.01
Municipal Ops Levies:Twp Mul...	46,730.28	186,921.10	-140,190....	168,282.60	168,282.58	0.02
Municipal Operating Levies:Net	89,386.00	357,544.00	-268,158....	322,584.00	322,584.00	0.00
Large Capital Levy:AdjalaTosor...	8,190.70	32,762.78	-24,572.08	30,544.12	30,544.10	0.02
Large Capital Levy:Mono Speci...	9,764.26	39,057.04	-29,292.78	36,422.04	36,422.02	0.02
Large Capital Levy:Mulmur Spe...	19,670.04	78,680.18	-59,010.14	73,033.88	73,033.88	0.00
Large Capital Levy:Net	37,625.00	150,500.00	-112,875....	140,000.04	140,000.00	0.04
Fire Calls	0.00	10,000.00	-10,000.00	12,987.50	25,000.00	-12,012.50
Interest	1,806.40	5,000.00	-3,193.60	28,337.20	10,000.00	18,337.20
Donations - Operating	0.00	0.00	0.00	1,005.52	0.00	1,005.52
Donations - Capital	3,000.00	0.00	3,000.00	2,000.00	0.00	2,000.00
Transfer From Capital Reserve	0.00	32,500.00	-32,500.00	612,957.36	622,500.00	-9,542.64
Government Funding	0.00	0.00	0.00	22,206.00	0.00	22,206.00
Total Income	131,817.40	555,544.00	-423,726....	1,142,077.62	1,120,084.00	21,993.62
TOTAL REVENUE	131,817.40	555,544.00	-423,726....	1,142,077.62	1,120,084.00	21,993.62
EXPENSE						
Direct Cost						
Amortization	0.00	0.00	0.00	114,944.51	0.00	114,944.51
Recognition - Firefighters	140.43	500.00	-359.57	0.00	500.00	-500.00
EI Expense	0.00	650.00	-650.00	519.80	500.00	19.80
Workers Compensation	0.00	11,000.00	-11,000.00	10,773.02	8,900.00	1,873.02
CPP Expense	0.00	1,400.00	-1,400.00	1,122.72	850.00	272.72
Firefighter Payroll Total:Officers	3,773.84	42,103.00	-38,329.16	40,064.96	44,214.00	-4,149.04
Firefighter Payroll Total:Hourly Pa	0.00	143,296.00	-143,296....	134,449.91	130,625.00	3,824.91
Firefighter Payroll Total:Net	3,914.27	198,949.00	-195,034....	186,930.41	185,589.00	1,341.41
Municipal Administration Fees	0.00	10,000.00	-10,000.00	10,000.00	10,000.00	0.00
Travel	0.00	5,000.00	-5,000.00	4,150.95	500.00	3,650.95
MTO Reports	0.00	300.00	-300.00	140.00	300.00	-160.00
Fire Prevention	0.00	1,000.00	-1,000.00	1,000.00	1,000.00	0.00
Public Education	0.00	1,000.00	-1,000.00	1,026.46	1,000.00	26.46
Postage	0.00	225.00	-225.00	67.66	225.00	-157.34
Telephone & Internet	538.95	5,200.00	-4,661.05	4,669.72	5,200.00	-530.28
Office Supplies	0.00	2,700.00	-2,700.00	5,896.78	2,700.00	3,196.78
Bank charges	2.00	100.00	-98.00	142.95	100.00	42.95
Audit	0.00	2,645.00	-2,645.00	4,579.79	2,645.00	1,934.79
Insurance	29,477.52	36,000.00	-6,522.48	35,871.37	36,000.00	-128.63
Legal Fees	0.00	0.00	0.00	586.19	0.00	586.19
Dispatch Fees	0.00	12,000.00	-12,000.00	11,560.73	12,000.00	-439.27
Medical Supplies	0.00	5,000.00	-5,000.00	5,430.07	5,000.00	430.07
Breathing apparatus maintenance	246.77	5,000.00	-4,753.23	3,310.27	5,000.00	-1,689.73
Protective Clothing Maintenance	576.22	4,000.00	-3,423.78	0.00	4,000.00	-4,000.00
Protective Gear Non-Capital	0.00	7,500.00	-7,500.00	5,854.86	7,500.00	-1,645.14
Training	190.00	20,000.00	-19,810.00	13,707.80	16,400.00	-2,692.20
Radio repairs and supplies	0.00	1,500.00	-1,500.00	2,852.49	1,200.00	1,652.49
Vehicle maintenance	3,893.84	13,000.00	-9,106.16	7,980.25	13,000.00	-5,019.75
Vehicle Fuel & Oil Purchases	134.40	9,000.00	-8,865.60	6,864.06	9,000.00	-2,135.94
Certifications & Medical Oversite	0.00	5,500.00	-5,500.00	20.00	5,500.00	-5,480.00
Equipment repairs	814.12	4,500.00	-3,685.88	3,309.61	4,500.00	-1,190.39
Equipment & Uniform Supplies	2,077.04	3,000.00	-922.96	8,872.09	9,900.00	-1,027.91
Licenses	0.00	2,100.00	-2,100.00	1,930.41	2,000.00	-69.59
Membership fees	0.00	525.00	-525.00	885.92	525.00	360.92
Miscellaneous	0.00	600.00	-600.00	896.80	600.00	296.80
Hydro	337.37	4,000.00	-3,662.63	3,530.02	4,000.00	-469.98
Propane	1,834.64	6,700.00	-4,865.36	4,752.04	6,700.00	-1,947.96
Building Maintenance	259.72	5,500.00	-5,240.28	5,051.14	5,500.00	-448.86

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ROSEMONT DISTRICT FIRE DEPARTMENT
Comparative Income Statement

	Actual 01/01/2025 to 02/28/2025	Budget 01/01/2025 to 12/31/2025	Difference	Actual 01/01/2024 to 12/31/2024	Budget 01/01/2024 to 12/31/2024	Difference
Total Operating Costs	40,382.59	173,595.00	-133,212....	154,940.43	171,995.00	-17,054.57
Capital Expenses:Radio & Page	0.00	5,000.00	-5,000.00	0.00	5,000.00	-5,000.00
Capital:Bunker Gear	12,134.88	17,500.00	-5,365.12	0.00	17,500.00	-17,500.00
Capital: Hose, Nozzles & Equip...	0.00	10,000.00	-10,000.00	0.00	0.00	0.00
Large Capital-Vehicle	4,328.77	0.00	4,328.77	0.00	600,000.00	-600,000....
Tsfr to % Capital Reserve	0.00	150,500.00	-150,500....	161,048.42	140,000.00	21,048.42
Capital Expenditures	16,463.65	183,000.00	-166,536....	161,048.42	762,500.00	-601,451....
Bad Debt Write-offs	0.00	0.00	0.00	1,995.00	0.00	1,995.00
Total Direct Cost	60,760.51	555,544.00	-494,783....	619,858.77	1,120,084.00	-500,225....
TOTAL EXPENSE	60,760.51	555,544.00	-494,783....	619,858.77	1,120,084.00	-500,225....
NET INCOME	71,056.89	0.00	71,056.89	522,218.85	0.00	522,218.85

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Attended: Justin Foreman, Mike Richardson, Mike Blacklaws, Matt Waterfield, Everhard Olivier-Munroe, Derek Malynyk, David Stevenson, Mike Agar, Jeff Clayton, Chris Armstrong, Dave Pratt.

Guests: John Doucet, Gary Staples and Brian Mcintyre

Minutes from June 25th, 2024.

Distributed electronically, no errors or omissions. Approved.

Introduction of Guests - Gary Staples, Paramedic Chief and Brian Mcintrye.

- Introduction to Team
- Medical Delegation
- **MPDS – New Dispatching Protocols**
    - **Colour coded**
    - **4 hours low priority**
- **Tiered Response**
    - **Will Review**
    - **CPER Doctor Oversight**
    - **Data driven for responses in Dufferin**
    - **Staff is always available to help**
    - **Distribution of presentation will be available.**

Update from OFM Advisor John Doucet

Distributed electronically.

Open Issues

County Fire Services Review – information has been distributed, has created conversations amongst all municipalities. Many ideas, however nothing conclusive.

Radio Upgrade – GVFD/SDFD – Radio Project moving along, OFS is in beginning stages of starting theirs.

Dufferin County GIS - Further discussions will be had with County GIS in regards to Fire Boundary and having updated ready for NG911.

Mutual Aid Plan – Many mutual aid calls were attended by Departments. Talk of Automatic Aid was brought up again. Idea seems favourable.

Fire Danger Rating – No action required at this time.

New Business

- Fire Coordinator Required – Chief Pratt accepted to fill the role of County Fire Coordinator. Update of paperwork to follow to make position official.
- Chief Pratt
    - E&R Bylaws – Would like to get all departments and then summarize them.
    - NFPA 1006 – The question was asked, "Who does what" as far as the technical rescue disciplines. Will be following up to gather information.

Departmental Updates

a) Dundalk – FF 30. Responses for Year to Date: 151 – New Tanker end of October

b) Grand Valley – FF 42 Responses for Year to Date: 84 – Fire Master Plan Coming

c) Mulmur-Melancthon – FF 22 Responses for Year to Date: 87- New pumper.

d) Orangeville – FF 23 VFF 25FT Responses for Year to Date: 1400 – 8-10 recruits,

e) Rosemont – FF 27 Responses for Year to Date: 90 New tanker

f) Shelburne – FF 31 Responses for Year to Date: 277 6 in Reserve.

Open Floor Discussion

- Questions were raised to the cost of Auto Extrication training.
- The questions of acquiring and using learning contracts brought discussion about if it was feasible to use them as individuals or as a group and what would make more sense?
    - If any questions in regard to learning contract should be directed to Deputy Fire Marshall in charge of Academics.

Next Meeting: November 13th, 18:00 – Shelburne.

Dufferin County Fire Chiefs Meeting Minutes

November 13, 2024, 18:00
Shelburne & District Fire Department

Present: Mike Agar, Chris Armstrong, Mike Blacklaws, Jeff Clayton, Justin Foreman, Dave Pratt, Mike Richardson, David Stevenson, Matt Waterfield

Regrets: John Doucet, Derek Malynyk, Everhard Olivieri-Munroe

Minutes from October 9, 2024

- Review minutes of October 9, 2024, meeting –
    - no errors or omissions

Old Business

- Fire Coordinator Dufferin County Mutual Aid Association –
    - Paperwork and training requirements completed
- Mutual Aid Plan – need most current
    - Discussion re most recent version of Plan.
    - DP to confirm all Chiefs have the most current version
    - DP to send out Mutual Aid Plan Asset Report to Chief's to confirm the information is most current and update as required
    - Discussion expanded into conversation re Automatic Aid. Consensus is to move toward Automatic Aid. DP will review Mutual Aid Running Card Assignments. Consider first call for assistance Automatic Aid and upgrade from there to Mutual Aid?
    - Discussion also included Fire Com, paging protocols, DP attending Tilsonburg November 25th to meet with Ron Demarest
- Significant Incident Notification (Melancthon CAO)
    - SDFD requested by Melancthon CAO to notify CAO's of significant events. DP brought this to Fire Board after recent fire in Amaranth. Fire Board directed SDFD to provide notification to Board members who will disseminate as deemed appropriate
- Lithium Ion Battery Presentation - Laura King – NFPA (December 12th @ 6:30 pm)
    - Reminded group of event, DP to request LK to come back in the New Year on a different week night so other departments have the opportunity to attend
- Fire Chief Ron Morden Retirement Celebration (RSVP Friday @ 5:30 pm)
    - Reminded group of event November 26th

Standing Items

- Dufferin County Fire Services Modernization Plan
    - General discussion about conversation at the various Fire Boards
- Dufferin County Mutual Aid Plan -
    - Discussion covered in Old Business
- Radio Project
    - General conversation re status of project
    - VHF Simulcast System being installed on existing towers

- Mulmur-Melancthon FD on participating in project, update will be required at future date to accommodate
- General discussion about repeater, paging and radio channels, Radio User group to set-up a meeting

- Dufferin County GIS – Next Gen 911 boundary update
  - Eric Carr (Dufferin County) looking for direction on various response areas
- Fire Danger Rating
  - Zero

Update from OFM Advisor John Doucet

- Review report from OFM Advisor Doucet –
  - reviewed OFM report

New Business

- E&R Bylaw – Core Services
  - SDFD preparing to present to Board on Core Services, looking for direction on Mandatory Certification of specialty responses, to create revised E&R Bylaws.
  - DP to provide presentation to Chief's as information
  - OFD is rewriting their Bylaw, used Lincoln FD as template, SDFD is using Kenora / Dryden, all very similar
  - General discussion re core services and departmental levels of service, training courses
- Mobile Live Fire Training Unit (MLFTU)
  - Departments showed interested, DP to make application to OFM on behalf on the County, GVFD agreed to host unit
- SCBA Technician Level 1 Training
  - Departments showed interest in course, DP to contact Scott and M&L supply to determine students, cost and possible dates
- Scott Hewlett – Multiple Calls Podcast (November 28th 7 pm to 10 pm Rosemont Fire)
  - Reminded group of presentation. Discussion about trying to host these types of events outside regular training nights of Mondays and Thursday, Wednesday might be better
- Department Attendance Policy (Emergency Response & Training Attendance)
  - SDFD looking to revisit their attendance policy. Rosemont 50% training, 25% response; Mulmur-Melancthon 50% training, 25% response; Orangeville 90% training Officers, 75% training FF's, 25% response; Grand Valley 70% training, 30 response.
  - SDFD looking to introduce annual mandatory training elements to confirm competencies.
- 2025 Capital purchases -
  - see department updates
- 2025 Courses
  - Interest in 1002 Pump Ops (3), 1021 Officer I, 1035 FLSE, 1041 Instructor I
  - DP will reach out to OFM to determine whether we can host these courses regionally

Dufferin County Fire Chiefs Meeting Minutes

November 13, 2024, 18:00
Shelburne & District Fire Department

Departmental Updates

a) Dundalk – FF _____ Responses for Year to Date: _____

b) Grand Valley – FF **42** Responses for Year to Date: **99**

- Master Fire Plan being presented by EMG Monday Nov. 18th, 7 pm, Arena, available online
- Staff Appreciation Night Friday Nov. 15th
- Currently in budget deliberations, 2025 purchase of SCBA bottles

c) Mulmur-Melancthon – FF **22** Responses for Year to Date: **99**

- Already surpassed 2023 call volume, largely related to medical and MVC's
- 2 new recruits
- Working on getting new pumper into service

d) Orangeville – FF **32VFF** & **25FT** Responses for Year to Date: **1550**

- 9 new recruits, training being done internally
- Currently in budget deliberations. Looking at new station, new engine, new Hurst tools, pick-up, bunker gear

e) Rosemont – FF **26** Responses for Year to Date: **94**

- New tanker, bunker gear (split over 2026/26 budgets), hose

f) Shelburne – FF **35** Responses for Year to Date: **313**

- Bringing 4 new recruits (observers), helmet fronts will identify them as observers, not to be in hot zone, 2 recruits currently at SFA with GVFD staff, ordered second extractor and gear dryer from grant $

Round Table Discussion

- DP & MR attending the OAFC Mid-Term Meeting in Niagara Falls next week
- Brief discussion re Siniriji, GVFD showed on line document allowing staff to complete incident information on scene using iPads
- Brief discussion re Vector Solutions, DP is currently in conversation with Judy Webb about trial period

Next Meeting: December 10, 2024, 18:00, Rosemont FD