

Meeting Minutes

Ontario Section 21 Health and Safety Advisory Committees (Joint Meeting with Emergency Services Committees: Fire, Paramedic and Police Services)

Thursday, June 5, 2025 – 8:30 am – 4:30 pm

*Meeting Held In-Person in Markham at the Delta Hotel, Markham
50 E Valhalla Dr. – Sunray Room 1&2*

Attendance:

Fire Services S21 Committee
Paramedic Services S21 Committee
Police Services S21 Committee
MLITSD Observers

Presenters:

Hadiza Bah	CANUTEC
Dr. Amin Yazdani	CISWP
Dr. Marcus Yung	CISWP
Chris Boccinfuso	MLITSD
Dr. Joel Moody	MLITSD
Julie Jeurond	MLITSD
Ron Landry	MLITSD
Suzanne Thornham	MLITSD
Rachel Tyli	OCRC
Dr. Tracy Kirkham	OCRC
Jackie Sam	PSHSA
Katrina Burch	PSHSA
Dan Armstrong	WHSC

Call to Order and Logistics – Julie Jeurond (MLITSD)

- J. Jeurond went over the agenda of the day.

Land Acknowledgement – C. Boccinfuso (MLITSD)

- C. Boccinfuso opened the meeting with a land acknowledgement and spoke about personal learning journeys towards reconciliation, the legacy of public servants and the presence of community.
- C. Boccinfuso also spoke about how we all have the ability to learn. The notion of “My work does something to make things better” was highlighted.

Welcome and Opening remarks – R. Landry, J. Jeurond and Dr. J. Moody (MLITSD)

- R. Landry welcomed the committees to the joint emergency response section 21 committees meeting.
- R. Landry gave an overview of what the fire services, paramedic and police committees are currently working on to provide some insights for other committees on their counterparts’ activities.

- J. Jeaurond introduced Chief Prevention Officer, Dr. J. Moody, to the committees and gave an overview on what he does within the ministry.
- Dr. J. Moody thanked the committees for having him and for being here. He spoke about the important work these committees do to keep people safe.
- The committees navigate complexities within health and safety and as the first responder community, they bring unique insights into the roles with their experiences and how we can utilize that experience to keep others safe.
- Dr. J. Moody gave an overview of the types of challenges first responders face including call types, long-term effects related to physical and psychological health, and more.
- Dr. J. Moody spoke about progress and what else is to come. He thanked the committees' members for taking time to volunteer, using precious time away from their families. Their advice matters, it helps influence the government and their peers.

Words of Welcome – D. Armstrong (WHSC) and J. Sam (PSHSA)

- D. Armstrong welcomed the committees and spoke about the work of WHSC.
- J. Sam welcomed the committees and spoke about the work of PSHSA and how PSHSA works closely with the public safety sector.

Lithium-Ion Batteries Research Presentation – H. Bah (CANUTEC)

- Slides presented:



LIBs Research
Presentation.ppt

- J. Jeaurond welcome H. Bah to the meeting and thanked her for joining us.
- H. Bah gave an overview of Transport Canada and lithium-ion battery research.
- Q&A
 - Do you have recommendations for paramedics for a distance to stay away without proper PPE?
 - H. Bah: The radius depends on weather conditions, wind, etc. but it's recommended to protect down wind and stay on the opposite side. It really depends; the fire service will be able to provide insight on scene.
 - Fire services: It's best to treat as a hazmat call. If you don't know what you're responding to, according to ERG, stay 100 m (There is a free app you can download from CANUTEC). It provides GEO tech and gives proper distance.
 - A note to police and paramedics from the fire service is that this needs to be taken seriously. If not, it can cause illness.

3-yr Research Program on Biometrics – Dr. A. Yazdani and Dr. M. Yung (CISWP)

- Slides presented:



Section 21 Meeting
- PSHSA - June 5.pdf

- J. Jeaurond welcome Dr. A. Yazdani and Dr. M. Yung to the meeting and thanked them for joining us.
- Q&A
 - All sectors are dealing with PTSD injuries and long-term absences. Sleep deprivation is interesting. Is there is correlation between these and fatigue?

- Dr. M. Yung: There can be a cause, outcome or symptom. If they can measure it, understand why it happens, then they can work towards a solution. Finding correlations can help in finding when intervention needs to happen.
- Dr. A. Yazdani: With their database, you'll be able to notice patterns and intervene early enough before it becomes a chronic issue. How can they use objective data to understand? What they haven't done much yet is look at the job tasks to understand the factors.
- Dr. M. Yung: They don't do anything invasive like blood draws. You can't directly connect why things happen.
- Data capture: How does it work, what are the timelines, how is it collected?
 - Dr. M. Yung: There are not many insights into ergonomics specific to jobs. Everything contributes to injury, they all interact like high stress and ergonomics.
 - Dr. A. Yazdani: The more comprehensive data they have, the better. Collecting data throughout a whole shift is helpful.
- Based on the data being collected, it will feed into PPE design?
 - There are two different initiatives: One is about the job, the other is about the worker. They converge.
- Is there facial data for respiratory design?
 - Dr. M. Yung: The biggest issue is the only manufacturer who makes respirators using facial data is in Japan and you have to be put into a chamber. The 3D scan gives simple measurements. They are working on building something that gives more data points but at this moment what they have isn't enough.
- Is there any characterization in recovery time given the job? Wildfires sleeping on the lines for example.
 - Dr. M. Yung: They would love to look at that data. They worked with tree planters who also sleep on the job. There was a sleep diary for what's not collected by a watch, they would love to have a chat.

Respirator Use for Emergency Responders: Discuss the Validation of Respirator Fit Testing for Emergency Workers During Simulated Life Support Tasks Study – R. Tyli and Dr. T. Kirkham

- Slides presented:



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- J. Jeaurond welcomes R. Tyli and Dr. T. Kirkham to the meeting and thanked them for joining us.
- Q&A:
 - Is there fit testing to determine the method of using a mask with a beard?
 - Dr. T. Kirkham: Recruitment for this testing will be coming soon. There will be results hopefully before next summer.
 - The CSA standard isn't effective, should paramedic services be creating their own protocols?
 - Dr. T. Kirkham: Many don't have the resources needed. They are meeting with CSA to talk about what workplaces can do.

- The fire services have strict rules with facial hair: All respirators we use require clean shave. If new findings come, will the OSHA be amended and when will that happen?
 - Dr. T. Kirkham: There is no solid answer as of right now. It would only be after the CSA standard is amended and that is a multi-year long process itself. They are interested to see what comes of it though. Only four studies in the world have been done on this technique and were small. For this test, they are aiming for 200 people to participate. However, CSA is in a revision right now, so it won't make it into this round.
- Is there any research on modified PPE for females?
 - R. Tyli: One of the participants asked for scans to be sent to their health and safety rep, she was failing all of the tests. They are hoping the manufacturer can make a custom fit. The 3D scan can be done on your phone so not 100% accurate compared to the scanner they used, but it's possible. There are also adapters.
- Simulation data isn't 100%, is there something else you can do?
 - Dr. T. Kirkham: No. The CSA standard isn't a good predictor; a correction factor isn't possible. If they can find what is driving the difference, then it may be possible. This will take time.
- Female testing is going to be valued considering there is an increased number of female paramedics joining the forces. Is there enough data for females given that a lot in the study were men? Do we need to go further?
 - Dr. T. Kirkham: Numbers are consistent across different studies, fits on females across the board shows that manufacturers need to update design for females.
- With Working for Workers 6 requiring different sized PPE, is there a correlation?
 - Dr. T. Kirkham: This is a manufacturing issue. When it comes down to it, finance is a big issue. There's always the possibility to get custom fit, but the cost is extremely high.
 - R. Tyli: Looking at how they're made, it's very standardized. It can be hard to do custom fits.
- Should we move away from using N95 respirators?
 - Dr. T. Kirkham: Loss in protection is much less in a half face vs. full face. In situations where things are high risk, it may be a good idea to move to a higher protection mask than N95.
 - R. Tyli: Next update to CSA is going to include evaluation of task risk and when to switch.
- What about refresher offerings?
 - R. Tyli: It works if they are actually giving training during the fit testing and not just giving a reminder. If services are interested in developing a checklist, OCRC can.
 - Jon Lee (MLITSD): When these types of things go out for comment, this is a great forum to bring these sorts of questions up.
- Fire: getting into not following manufacturers recommendations, allowing facial hair, etc. is a downfall. If you dig into the standard, even mustaches fall under the risk. Training is paramount.
- Fire: Colleges and universities would be a good place to start for recruitment.

RADIUS: Newly Developed Tool to Assist with the Assessment of Psychological Harm – K. Burch

- Slides presented:



- J. Jeaurond welcomes K. Burch to the meeting and thanked her for joining us.
- Q&As:
 - Suggestion to target HR services.
 - Is there guidance on how often this process should be repeated? What's the frequency, every year?
 - J. Sam: It's guided; it can be done when there is a change to the role or indicators of organizational change. So, it depends on the organization to determine frequency.
 - How do you deal with middle level management where they are reacting to demands as if they were workers, but they are employers as well?
 - K. Burch: There's more to management so there is lots of data to collect. The manager is going to know what pressures are on them from the employees they support, the leaders look at that from a strategic perspective. The manager is going to have insight into how supporting staff has impact. Whether their job has supervisory or not, can impact the job.
 - Sometimes it comes down to "my leadership is awful, and they won't listen". How can the tool help?
 - K. Burch: Some of it comes down to how vulnerable the staff are willing to be. If an employee shared challenges came from a leader, that will be captured. It will be up to who receives the report to share and implement (For example, HR). If they're agreeing to do an assessment, you can probably assume they are willing to implement.
 - Is there guidance on definitions of severity? There may be confusion in what should be selected.
 - K. Burch: Yes, there are documents, it's suggested to do a guided session though. As a note, if a leader ranks something low and an employee ranks something high, it takes the higher number.

Roundtable discussion

Colin Heise (Paramedic services) on a paramedic study

- There is a novel study on paramedics following occupational stress injuries. Once a paramedic attends a call, the peer support team will directly engage with them but following an incident, a psychologist will reach out. So far, there is a lot of good feedback. Joint research should be done by end of year.
- Younger generations are really utilizing resources they need.
- Once a paramedic engages with a psychologist, they can get a few sessions with them specifically about the call that they were on.
- Psychologists reach out to paramedics as a first point of contact; paramedics don't have to reach out to them. Sessions are offered both virtually or in person and they can choose between a female or male psychologist if they have a preference. Whatever is most comfortable to the paramedic.
- There is a need for trauma informed psychologists.
- Members work with the same psychologists over time and build trust.
- If they wish to switch psychologists at anytime, they can request someone else.
- The only complaint was that a member wished they reached out prior to 24-hours.

- The collective agreement benefit program has the ability to get 100% coverage for a psychologist outside of the few sessions you have for free after a specific call.
- Psychologists do not share information with the employers. It's all confidential. They also don't know who talks to them unless information is provided from the member directly themselves.
- If there is a critical call, their system will automatically flag it, and leadership will review and see if the calls should be forwarded to the leader psychologist for follow up. It's organized and quantitative.
- Calls affect everyone differently. If someone is being affected by a call in the past, they can still access the program. It's never too late.
- Peer support is amazing, but there are times where the need it far beyond what peer support can provide.

New business

Fire services: Fire trucks struck on the 401

- Dan Worrall (Fire services) gave an overview of incidents that have happened involving fire service members being injured on highways.
- It's been noted that highway calls where people don't slow down and move over can be more dangerous than a house fire. They are in need of support.
- You can't have enforcement without education.
- As section 21 committees, do we see benefit of collaborating on this considering it's not just a safety risk for fire services, but between all of us? The message is out there but there needs more political pull. Unfortunately, with where we currently are, it's just a matter of time before incidents become fatalities.
- The committees were encouraged by the MLITSD to discuss this during their next meetings.
- It was flagged that a possible solution would be MTO in attendance at highway incidents.
- Both the paramedic and police services committees have agreed they are on board with collaborating on this. There have been major problems and close calls for both of their services as well.
 - Example: There was an environment scan of the slow down move over law, other provinces are more specific (for example, "Must slow down to half the speed"), but Ontario is not specific, it just says slow down. So, someone could go from 100 to 90 and it would be compliance.
- The fire services wrote a letter, and it would be great to submit with all emblems from emergency services on it from different levels of fire, paramedic and police services from management to members.

ACTION: Dan Worrall and Rob Grimwood, co-chairs of the fire services committee, to send their letter to the other committees' co-chairs for review and attachment of emblems before submission.

Fire services: Collaborative health and safety

- Dan Worrall (Fire services) gave an overview of the issue discussed during the last fire services committee meeting regarding swift water rescue issues and training. The OPP tried to assist by tying rope around their waist, but no one was wearing PFDs. The police officers would have been pushed to the bottom of the river if they went in.
- Another example, police on regular patrol might be at structure fire scenes faster. They're breaking down doors, etc. wanting to help, which is understandable, but doing this

introduces more air to a fire, altering the flow path, making it harder for firefighters to fight fires.

- The fire services understand that everyone who wears a uniform wants to help, but you still need to be safe. You might not mean it, but you might hinder the rescue or put yourself at risk.

Police services: Roundtable meeting

- A day together to do a round table would be beneficial where the services plan the agenda around what's going on and how they can help each other. Collaborative guidance notes could come of it.
- For example, a cancer prevention checklist was created by the fire services, it is needed on the police side as well.
- Last meeting we talked about doing training together for incidents, especially large scale.
 - It is mandated that we're supposed to train together for violent attacker regulation but there is no funding to do it.
 - There needs to be communication about how conversations need to be had at a local level, funding is different.
 - Fire services: Peel has a joint group between fire, police and paramedic services to meet quarterly with committees and working groups to train together. When either of them do training or recruiting, they invite the other services to attend.
 - Challenges are time and money but there are so many positive aspects.
 - Training for police on what to do when you get to a scene first using the example above from Dan Worrall is a good training example.
 - Getting services together in our own municipality is recommended.
- From Section 52 – 3,000 reports were done for occupational disease and over 20% of the submissions were hearing related. In Ontario, we only meet 4 out of 7 measurable items with hearing.
- It was recommended by the MLITSD to input in minutes what they believe is needed so it goes up the line. More voices at the table, the better off it's going to be.

Paramedic services: PTSD plans

- In 2017, Paramedics along with other first responders, had to submit PTSD plans. Unions are asking for them to be updated. These plans need to be requirements, not recommendations.
- J. Sam: The original initiative was from the MLITSD, the new initiative is from SOLGEN for the anti stigma program. It is encouraged that you take concerns to your reps and to the SOLGEN level.
 - Paramedic services: They were not advised of this happening. Mental health coverage should be more important. Things need to change dramatically. No matter what service you are a part of it's relevant and important.
- Fire services: Mental health is at the prevention council level. The WSIB provided data that was staggering for firefighter cancer, mental health is also huge. Each committee should ask their MLITSD reps to reach out to the WSIB and get their own data, so they are aware. We aren't even getting the info from volunteer firefighters, so most of the information we already have is staggering just for career firefighters. Use the data as a lobbying tool. We took the WSIB data, packaged it up and presented to the province. They flipped it into a \$30 M cancer prevention grant for us.

- Paramedic services asked the WSIB to attend past meetings and it was impactful. Paramedicine is slightly behind everyone else so hopefully we get there one day.
- Fire services: The Chief Coroner gets the info on firefighter deaths from line of duty to suicide. One is too many. If this information isn't gathered or used to better themselves, it's not helping. By collecting the data, we help to stop these issues in the future. This was the fastest we have ever seen something happen.
- Police services: The police services have coordinated a provincial team for suicides so they can work through the specific cases.
- Police services: There needs to be better access and collaboration between the committees. Lots of great work is occurring, we just need to come together as one.

Police services: Ministry issues

- They did active shooter training at a former elementary school as the set.
- During the training, a member out of London suffered a potentially career ending injury. The MLITSD was engaged and said that it was a workplace violence issue which is not the case?
 - MLITSD: Under the act, it does fall under workplace violence technically, even if it was used in training. Unfortunately, it was taken very seriously. The definition may need to be adjusted at the ministry level. For instance, the harassment definition talks about intent, maybe the workplace violence one needs to mirror the same.

Police services: Warrior health

- Warrior health is a great new initiative and a great opportunity. It is for active members, family, retired members, etc. Retired members get lost in the wood work once they leave the service. This helps support them as well outside of the working environment.

Next Joint Meeting

- We need a day and a half with a half day for discussion.
- We need way more roundtable discussion time.
- The recommendation from the MLITSD would be to do a meeting without MLITSD involvement which would mean budget would be the issue. It's suggested that a service or municipality would host to make it easier and cost-effective.

ACTION: Committees to explore options themselves for this type of join meeting.

Closing Remarks and Wrap-Up

- S. Thornham thanked the committees for joining them for this joint meeting and spoke about the important work of these services.
- She mentioned collaboration and how the services converge, the topics today proved that.