

*This profile is intended to provide CUPE members with basic information about the sector they work in from a national perspective. Find all our sector profiles and more information online at [cupe.ca](http://cupe.ca)*



The Emergency and Security Services (ESS) sector is made up of paramedic, police, correctional, security and fire service workers. Within CUPE, the vast majority of ESS workers are paramedic workers – paramedics, communication officers, administrative, maintenance and support staff. CUPE is the largest union of paramedic or emergency medical (EMS) staff in Canada, representing nearly 10,000 workers. Our members include all paramedic staff in British Columbia, New Brunswick and Prince Edward Island; most paramedic staff in Ontario; and some paramedic staff in Alberta, Saskatchewan, and Newfoundland and Labrador.

CUPE also represents over 2,000 employees in fire and police operations, including approximately 1,000 administrative and dispatch employees in Quebec and several hundred more in British Columbia. Some police officers, firefighters, and correctional officers are CUPE members in New Brunswick and Prince Edward Island. CUPE recently organized almost 900 employees working with the RCMP. Finally, several hundred members in Quebec work in the field of secure transportation.

Like EMS workers, police, correctional and fire services are coping with growing demands. Police are facing dramatically increased scrutiny, including independent police reviews, higher policing standards and calls for better ways to deal with mentally ill persons. While these efforts are needed, governments are not always prepared to fund the training required to meet these new standards, leaving police officers in some jeopardy. In fire services, increased standards can be difficult to deal with because they are sometimes unevenly applied, partially as a result of the mix of permanent and volunteer firefighting services.

## FUNDING AND GOVERNANCE

While police and fire services are typically under municipal jurisdiction, EMS services tend to fall under the provinces. In Ontario, however, municipal governments are responsible for delivering and funding EMS. Even in Ontario, however, the province plays a key role, strictly regulating EMS, providing funding for 50 per cent of the approved land ambulance costs, and paying 100 per cent of the approved costs for air ambulance, dispatch, base hospital oversight and EMS services in Indigenous communities.

## Issues

### DELIVERY AND PRIVATIZATION

Like police, correctional and fire services, paramedic services are predominantly publicly provided in Canada, but corporations have made some inroads. Most notable is Medavie, a large private corporation that provides a range of health care services in a number of provinces. Medavie manages EMS on behalf of Ambulance New Brunswick, a provincial crown corporation. It also operates and employs EMS staff in Prince Edward Island and Nova Scotia through contracts with the provincial governments, and it operates Prairie EMS in Fort Saskatchewan, Alberta. It also runs two services in Ontario (Chatham-Kent and nearby Elgin County). Medavie recently lost a service in Muskoka.

In Alberta, land ambulance services have been the responsibility of the provincial health authority, Alberta Health Services (AHS), since April 2009. AHS delivers most EMS, but contracts out some work to a handful of for-profit or municipal EMS operators, and uses 12 private fixed-wing aircraft to provide air ambulance services.



Ontario air ambulance services are provided by ORNGE, a provincial crown corporation recently entangled in scandals tied to the partial privatization of its operations.

In Quebec, Urgences-santé, a non-profit organization with a board appointed by the provincial government, provides EMS to Montreal and Laval and responds to 40 to 50 per cent of Quebec's EMS calls. Outside of Montreal and Laval, however, private companies and cooperatives provide EMS. As well, 911 call centres are increasingly being sold to private interests and telecommunication attendants must continually adapt to new information technologies and standardization. On the south shore, the dispatch centre has already been privatized. On the north shore, privatization is a real possibility.

### **HEALTH AND SAFETY**

Paramedic health and safety concerns have skyrocketed in recent years, particularly over psychological injury. CUPE paramedics and dispatchers in Ontario have recently secured workers' compensation for paramedics, dispatchers, police officers, and firefighters in cases of post-traumatic stress disorder. Similar protections have also been achieved in Alberta and PEI. Other significant health and safety concerns for paramedic staff stem from problems related to lifting patients and equipment, road-side safety and personal protective equipment, as well as vehicle ergonomics. Many of these issues are common with fire and police services. Assault is also a major concern for most ESS workers.

### **OVERSIGHT**

With increasing responsibilities comes increasing oversight of paramedic services. The many levels of oversight of paramedic staff by employers, provincial governments, base hospitals and others are causing significant concern to workers. Some paramedic staff

now face double or even triple jeopardy from the various levels of paramedic oversight they are subject to, sometimes preventing due process.

### **PRIVATE PATIENT TRANSFERS**

Health care restructuring has increased inter-facility patient transfers, encouraging rapid growth in the private, for-profit patient transfer business. Public oversight of the private transfer companies is often lacking, and the service provided by these companies is often inadequate. The workers in this industry are often non-unionized and poorly paid.

### **STAFFING SHORTAGES**

Offload delays, during which paramedics must remain at emergency rooms while they wait to hand over patients to hospital staff, are common and are often a result of hospital underfunding. Increasing demand for paramedic services overall, paired with underfunding, has resulted in long waits for EMS. In some areas, ambulance services are sometimes so overloaded that none are available to respond to 911 calls. In jails, high inmate-to-correctional officer ratios can adversely affect oversight.

### **FIREFIGHTING AND PARAMEDIC SERVICES**

Faced with austerity-driven municipal budgets, firefighting is also facing cuts. In some cases, better buildings have mitigated fire calls. Some have advocated expanding the fire industry into emergency medicine, creating some concerns.

### **COMMUNITY PARAMEDICINE**

There is increasing interest in using paramedics in non-emergency situations, notably by making home visits to patients such as frail seniors with multiple chronic conditions, in order to prevent illnesses or accidents. A key goal of community paramedicine is to reduce the number of 911 calls and hospital admissions. These programs also allow paramedics



to apply their skills beyond the traditional role of emergency response, including:

- Visiting the homes of seniors known to call emergency services frequently to provide other services, such as ensuring that they are taking their medications as prescribed.
- Educating seniors in their homes about chronic disease management and helping to connect them to the appropriate local supports.

## Bargaining

The number of ESS staff allowed by law to strike is often tightly restricted, reducing their bargaining power. Interest arbitration is used in some cases to settle bargaining disputes. Changes made in 2010 to the *PEI Labour Act* legislated away the right to strike for paramedics and replaced it with interest arbitration. Changes in New Brunswick have also brought in interest arbitration for CUPE correctional officers in the province. Hospital paramedics in Ontario are also required to use interest arbitration. Some municipal EMS providers in Ontario use interest arbitration voluntarily, as agreed to by both the union and the employer. Notably, some employers are trying to change the laws governing interest arbitration to bias that process against employees.

In New Brunswick and BC, CUPE paramedic locals bargain as part of a broader health bargaining group. In BC, the government has placed the members of CUPE 873 in the facilities bargaining unit with approximately 47,000 other workers employed in hospitals and other health facilities. In New Brunswick, the CUPE EMS local bargains as part of the CUPE hospital group.

## Pensions

CUPE paramedics helped win changes to the federal *Income Tax Act* to extend the definition of “public safety occupations” to include paramedics, making them eligible for a normal retirement age of 60 (NRA 60), rather than the more common 65. Getting employers and pension plans to implement this change, however, has proven difficult.

Employers are stalling because of the costs associated with an earlier retirement age. For example, an April 2014 proposal to simply allow an employer to provide NRA 60 benefits to paramedics under the Ontario Municipal Employees Retirement System (OMERS) was defeated by employers. By contrast, in BC, CUPE 873 negotiated a provision in the BC Public Service Pension Plan in 1995 that confers enhanced early retirement benefits on members of the British Columbia Ambulance Service. The provision allows paramedics to retire as early as 55 without penalty or reduction in cases where the member has age plus years of contributory service equal to 80.

In Quebec, *Bill 15* attacked defined benefit pensions for firefighters, police officers, police administrative staff and municipal employees. The bill came into effect in late 2014, and has cut pension benefits, forced members to pay half the pension deficit, capped contributions and legislated the negotiating framework. All affected unions are challenging this law as unconstitutional.

### ATTACKS ON BARGAINING

After *Bill 15* passed in Quebec, the government continued to attack the rights of workers by launching *Bill 110* in June 2016. This legislation, passed by the Quebec National Assembly in late 2016, affects the municipal and land transport sector including police, firefighters, 911 emergency dispatchers and administrative support workers. *Bill 110* is similar to a draft bill



that the government of New Brunswick tabled in early 2016, but subsequently withdrew. It changes the negotiating framework to favour employers and allows the government to more easily legislate working conditions. Affected workers have the support of other workers because of concerns that it will be applied more broadly if it is successfully implemented.

### **ALLIES AND SUCCESS STORIES**

The public understands that reliable and well-funded emergency and security services are vital for their health. Members of the public are crucial allies for ESS workers. The positive public opinion of ESS workers can help command significant media attention and public support. For example, CUPE 4848 was able to reverse the layoff of six paramedics in the rural community of Grand Lake, NB, through work with local municipalities, rallies, refusals to do unsafe work, street-side meetings with local community members and meetings with local politicians. The widespread community concern about paramedic response times can also drive service growth in the sector.

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