

SECTOR PROFILE

Emergency and Security Services

NATIONAL SECTOR COUNCIL CONFERENCE

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

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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 11,350 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 represents almost 900 employees working with the RCMP. Finally, several hundred members in Quebec work in the field of secure transportation.

Police, correctional and fire services are coping with growing demands. Police are facing increased scrutiny, including independent police reviews, higher policing standards and calls for better ways to deal with mentally ill persons and calls for defunding and reform. While changes are coming, 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 operates and employs EMS staff on Prince Edward Island and in 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).

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 that has been 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, EMS for many municipalities is provided by private companies and cooperatives. The need for significant investments to adapt public safety answering locations to new information technologies and standardization has increased financial pressure on municipalities and provinces, with some considering privatization as a solution. That said, a campaign on Montreal's north shore was effective in blocking an attempt to privatize police and emergency services dispatch in Blainville.

HEALTH AND SAFETY

Paramedic health and safety concerns have skyrocketed in recent years, even before the arrival of COVID-19, particularly over psychological injury. CUPE paramedics and dispatchers in several provinces have secured workers' compensation for paramedics, dispatchers, police officers, and firefighters in cases of post-traumatic stress disorder. These protections now exist in Alberta, BC, Newfoundland, Ontario, Saskatchewan and PEI and two territories. 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, adding increasing challenges to an already difficult job.

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. In Ontario, CUPE's paramedics have successfully secured title protection for the word "paramedic" ensuring that other types of services cannot be called paramedic services.

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.

In response to understaffing concerns and its impact on services, CUPE Paramedics in Ontario released *Under Pressure: A Statistical Report on Paramedic Services in Ontario* in March of 2020. The report, produced by CUPE staff, details the pressure that Ontario land ambulance services are under due to underfunding and the inability to offload patients at hospitals. The situation is taking a toll on paramedics and putting Ontarians at risk as evidenced by the number of Code Zeros (sometimes referred to as Code Black) - situations where there is no available paramedic in a given geographical area.

In Quebec, CUPE Quebec's ad hoc 9-1-1 committee is concerned with staff shortages in many municipalities. It has led a campaign to bring to light the

value of the work done by 9-1-1 dispatch officers as well as the effects of cuts and technological changes to a workforce that was already stretched thin. The need for specific measures to prevent psychological distress of 9-1-1 dispatch officers after particularly difficult calls has also been recognized.

In light of the overlapping crises of the COVID-19 pandemic and the Opioid Crisis, staffing shortages, and the normal stress of the job are being felt even more severely by workers in the sector. The Ambulance Paramedics of BC (CUPE 873) conducted a study that showed a sharp increase in the number of paramedics asking for mental health support, showcasing the impact dealing with multiple long-term crises has on workers and demonstrating the need for hiring more paramedics.

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 over which service – paramedic or fire fighter – should deal with specific emergency situations.

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 9-1-1 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.

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.

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 challenged this law as unconstitutional. Following the challenge to *Bill 15*, the Superior Court of Quebec declared that sections 16 and 17 of the law relating to the suspension of indexation for retirees were unconstitutional, while rejecting the other demands CUPE brought forward. CUPE Québec filed its appeal against the Superior Court decision in August of 2020. The arbitration process set up in *Bill 15* does not alleviate the obstacles to the right to collective bargaining contained in the bill, a right recognized by the Quebec and Canadian *Charters of Rights and Freedoms*.

Bargaining

The number of ESS staff allowed by law to strike is often tightly restricted, reducing their bargaining power. Changes in New Brunswick have 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.

In New Brunswick, CUPE paramedics bargain as part of a broader health bargaining group, but the paramedics themselves are designated “essential” and therefore do not have the right to strike. CUPE paramedics on PEI have also been deemed “essential” with no right to strike since 2010. In BC, paramedics represented by CUPE 873 freely negotiated their first stand alone and collectively bargained agreement in 2019, having previously belonged to a larger provincial bargaining group.

COVID-19

CUPE’s EMS members have been at the frontlines of the COVID-19 pandemic. CUPE members have been vocal about the need for adequate Personal Protective Equipment (PPE) and other measures, such as increased training, to ensure the safety of paramedics and patients during the pandemic.

After the outbreak of COVID-19, the Ontario government announced a pay increase for front-line workers who faced increased chances of contracting COVID-19 as a result of performing essential services. Paramedics were initially left off the list of workers eligible for the increase. CUPE paramedics successfully campaigned for the government to recognize the essential work that they were providing along with the increased risk. In BC and Newfoundland, CUPE’s paramedics have also been recognized for their heroic work on the frontlines with a pandemic premium.

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, 9-1-1 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. CUPE is currently challenging *Bill 110* in court.

In New Brunswick, the Higgs government has passed legislation to reclassify paramedics as medical science professionals. If deemed legal by the Labour Board, the reclassification would move paramedics from CUPE to the New Brunswick Union (NBU). CUPE has challenged the government’s unilateral reclassification through legislation. Until the Labour Board issues its ruling, CUPE 4848 will continue to represent all New Brunswick paramedics and dispatchers.

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.

In Ontario, CUPE’s growth in the EMS sector continues. The Oneida Nation of the Thames paramedic service voted to join CUPE, making them the first CUPE First Nations paramedic group. In June of 2020 they achieved their first collective agreement.