

# Paramedics Representing Paramedics

## A Discussion Paper On the Transition of EMS Into Alberta Health Services

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## **EXECUTIVE SUMMARY**

Paramedics have always played a vital role in the delivery of pre-hospital health care. The Alberta Government decision to fully integrate emergency medical service into Alberta Health Services is viewed as an opportunity by CUPE paramedics to advance their profession.

CUPE paramedics have offered their willingness to work with the provincial government, Alberta Health Services and municipal service providers to make this transition work. CUPE paramedics have offered valuable front-line experience, and have projected a vision for the future of their profession.

As outlined in this paper, CUPE considers the following to be important.

1. Paramedics should be considered as key stakeholders in the transition process.
2. Emergency medical services governed by Alberta Health Services must continue to receive priority financial commitments from the government so that EMS is not under funded and lost in the bureaucracy of the health care system.
3. The current shortage of EMT-Ps must be addressed.
4. The concerns and community of interest of the current four functional bargaining units are distinctly different from the concerns of paramedics who work on the street and in the community providing pre-hospital care, consequently, ambulance attendants should be and remain in a separate bargaining unit dedicated to the specific needs and concerns of emergency medical personnel.
5. Paramedics are a designated Public Safety Occupation, the same as police, fire and Special Forces, a recognition which is unique from any other profession in health care.
6. A separate EMS functional bargaining unit is required to meet the goals of promoting industrial stability and reducing public liability in the long term. Its boundaries can be drawn with clear enough precision to minimize disputes over who is and is not in the bargaining unit.
7. CUPE paramedics have a vision whereby paramedics continue to represent paramedics and the best interests of the public good. Visions that will maximize their role in the community, reduce wait times in health care, and optimize emergency services.
8. The Alberta paramedic profession has a history of setting “Best Practice” standards around the world regarding education, development delivery and advancement of para-medicine. This has been possible because paramedics themselves have been representing their unique community of interest at various levels. The transition should ensure that this continues.

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# INTRODUCTION

Paramedics <sup>1</sup> in Alberta represented by the Canadian Union of Public Employees (CUPE) have responded with cautious optimism to the Alberta Government plans to transition governance and funding of Emergency Medical Services in the province to Alberta Health Services (AHS).

The Canadian Union of Public Employees wants the citizens of this province to continue to receive emergency medical services provided by highly trained and skilled paramedics.

**The Alberta Government decision to fully integrate emergency medical service into Alberta Health Services is viewed as an opportunity by CUPE paramedics to advance their profession.**

CUPE paramedics have long supported the position taken by many of the municipal emergency service providers

that the full cost of ground ambulance service is a provincial responsibility. The Alberta Government has committed to fund ground ambulance service at the current levels. However, we predict there will be many financial challenges to face in the future in order to ensure that there will be no degradation of emergency medical service. A continuing financial commitment is required by the government to ensure

- all Albertans receive prompt access to EMS.
- that emergency services in the province will continue to provide and expand “Best Practices” for the delivery of EMS;
- that the professional skills and educational opportunities for paramedics are maintained and advanced;
- that ambulance units and equipment are high functioning, meet industry standards and are well maintained;
- that infrastructure shortfalls are funded;
- that the shortage of EMT-P’s is addressed;
- that professional standards for on-going training for paramedics continues;

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<sup>1</sup> The term paramedic is used in this document to refer to all registered ambulance attendants in the province of Alberta

- and, that paramedics continue to maintain community involvement by working hand-in-hand with police, fire and municipal agencies.

Paramedics have always played a vital role in the delivery of pre-hospital health care. The Alberta Government decision to fully integrate emergency medical service into Alberta Health Services is viewed as an opportunity by CUPE paramedics to advance their profession. The government's vision to create paramedic practitioners will advance the professional skills and training requirements for paramedics. Recent government announcements have also indicated that the responsibility of a paramedic will be expanded to include the ability to treat and release a patient and/or determine the appropriate venue for definitive care. Changes such as these will require advanced training and are viewed by many CUPE paramedics as future opportunities.

The transfer of emergency medical service into Alberta Health Services also raises concerns among CUPE paramedics. There is no clear direction on when the transition

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of governance will take effect or how EMS services will transition into health care. The vision for how paramedics will fit into the new healthcare system is also unclear. Paramedics have a unique community of interest with a work relationship involving other emergency personnel outside of the hospital setting. The majority of their work is performed outside of a hospital environment.

A key issue for paramedics is whether they will be absorbed into an existing health care bargaining unit or be able to continue to represent themselves in a bargaining unit comprised only of paramedics. Given the unique aspects of the profession, CUPE paramedics believe that it is in the interest of the public good that paramedics be placed in a bargaining unit comprised only of paramedics.

CUPE paramedics have indicated their willingness to work with the Alberta Government and municipal service providers during this transition. The vital role that paramedics

play in the delivery of EMS, irrespective of who governs EMS, means that paramedics should be considered as a key stakeholder in the transition process.

The Canadian Union of Public Employees is Canada's largest union, representing employees in the health, education and municipal sectors. CUPE is the union of choice for 10,000 EMS workers across Canada. In Alberta, CUPE represents over 1,000 paramedics, the greatest number of unionized EMS workers. Our members are dedicated professionals providing quality pre-hospital care to the citizens of their communities. As such, they are keenly interested in ensuring that front line medical care is maintained and enhanced as the AHS vision of creating a patient-focused health system unfolds.

The Canadian Union of Public Employees has developed this discussion paper to advance the thoughts and concerns being voiced by CUPE paramedics. Our discussion paper is intended to put forward a number of suggestions on what is needed to create and maintain a province-wide EMS system that will continue to provide top quality care to patients, ensure a safe and quality work environment for EMS personnel and create an atmosphere where training, professional skills and development advance the profession into the future.

A key component of this paper will outline the rationale as to why the government should consider creating a separate functional bargaining unit in health care specifically for EMS personnel.

This paper aims to accomplish four things. First, it will set out the context of ground ambulance service governance and funding. Second, it will describe the labour relations context into which EMS transition has been introduced. Third, it will outline CUPE's position on the concept of a separate functional bargaining unit within Alberta Health Services comprised solely of paramedics. Fourth, it will examine the options which should be considered if paramedics are to be absorbed into one of the existing functional bargaining units.

## **GROUND AMBULANCE SERVICE – GOVERNANCE AND FUNDING: THE HISTORY AND THE FUTURE**

On April 1, 2009, the new Alberta Health Services Board will be responsible for delivering and funding for all ground ambulance and EMS services in Alberta. Ground ambulance service in Alberta currently comprises 500 ambulances, 3000 workers and more than 80 service providers. As of May 29, 2008, when the government made this announcement, it funded only sixty-seven percent (67%) of EMS costs, with the rest being funded by municipalities and users of the service. When the full transition occurs on April 1, 2009, the Alberta Government will fund ninety percent (90%) of EMS costs in the province with federal government funding and users paying for the remaining ten percent (10%).<sup>2</sup>

The transfer of EMS into health can be traced back to a MLA review committee in 2001/2002 that recommended that governance and funding of EMS be transferred from municipalities to health regions. The initial attempt at implementing this transfer was targeted for April 1, 2005. While many benefits and opportunities were envisioned in transferring EMS to the health regions, the government was forced to cancel the move given the actual costs, operational difficulties and logistical enormity of such a transfer. In the 2005 transition plan there was a lack of understanding as to the true cost of ground ambulance service in the province which proved to be substantially higher than the government projected. One of the more frustrating aspects of the attempted shift was the lack of vision and communication between the various stakeholders, and especially with the front-line personnel that provide the service.

In early 2005, the government announced the creation of ‘discovery projects’ in the Palliser and Peace Country Health Regions to move forward on the governance and funding of EMS by a health region. The premise was that the results from these two discovery projects would assist the government’s future decisions regarding EMS in the province.

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<sup>2</sup> Alberta Health and Wellness: A Renewed Model for Patient-Centred and Coordinated EMS, Transition Handbook, May 2008

It is our understanding that the Discovery Projects provide the template for the current transitioning of EMS to Alberta Health Services. To date there has been virtually no information available from either the government or Alberta Health Services on what has transpired in the Discovery Projects. We are aware that the government has made it very clear to municipal inquiries that the information on the discovery projects will not be made available with respect to details.<sup>3</sup> This lack of transparency does not align well with the government's statements that health system leadership must be accountable.<sup>4</sup>

The information provided in the Transition Handbook and the EMS Transition Business Plan talk in generalities of the concept of an integrated province-wide service. There are no specifics on what an integrated service might look like for neither front-line paramedics nor have any questions been answered when posed to government policy makers. This has created a very stressful work environment for front-line workers.

While municipalities will not be required to cover the costs of EMS services as of April 1, 2009, some municipalities are prepared to contract with Alberta Health Services to continue providing ambulance services while others are not. Some municipally operated EMS agencies have indicated they want to transition out of providing the service by the end of the initial two year contract period. As of August 29, 2008, five organizations that directly provide EMS have indicated they will not contract or continue to provide service. Paramedics who are currently working for ambulance providers that have indicated that they will not continue with their service as of April 1, 2009 are facing major uncertainty.

CUPE paramedics have had numerous discussions with their municipal employers about exactly what will be occurring as of April 1, 2009. Unfortunately few answers have been forthcoming, even from government appointed Team Leaders who have been tasked with overseeing the transition details. For example, neither the City of Edmonton nor the City of Calgary has undertaken to negotiate a third party contract with Alberta Health Services to provide emergency medical service for the transition date of April 1, 2009.

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<sup>3</sup> October 1, 2008, to Grande Prairie inquiry at the AUMA Ground Ambulance Meeting and October 3, 2008 Nisku, RFP Bidders meeting

<sup>4</sup> "Getting on with Better Health Care", August 2006; Government of Alberta Health Policy Framework

Consequently, CUPE paramedics in Edmonton and Calgary are understandably anxious about who their employer will be on April 1<sup>st</sup>.

The Alberta government has indicated an intention to make EMS a health responsibility and that a study of various models was required in order to create a seamless transition into a health delivered service. Which models were studied and which template is being followed to create such a transition has not been shared with all if any of the stakeholders. When questions are asked of local EMS leaders involved in the transition a common response is that the answers are unknown and the questions have been forwarded to Alberta Health Services for direction. CUPE Paramedics have offered their willingness to work with the provincial government, Alberta Health Services and municipal service providers to make this transition work. CUPE Paramedics have offered valuable front-line experience, and have projected a vision for the future of their profession. Paramedics are key stakeholders in the future of emergency medical service in this province and their voices need to be heard.

Alberta Health Services has indicated in a variety of documents that the development of a communication plan is key to both pre- and post-transition issues. However, the communication plan does not seem to have been adequately implemented. CUPE paramedics who participated in the recently held EMS Leadership Conference were extremely frustrated to hear in one plenary session that the paramedics who actually provide emergency care on the streets will be dealt with *after* April 1, 2009 and that only then will the transition teams deal with the complexity of issues related to employees.<sup>5</sup>

The apparent lack of foresight by the Alberta Government to deal with human resource issues related to the transition prior to April 1, 2009 is very troubling to CUPE paramedics. Front-line emergency service personnel are under major stress every day in the performance of their duties. The government's commitment to the citizens of Alberta for a seamless transition of EMS governance does not reflect the perceived reality of the transition by working paramedics.

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<sup>5</sup> EMS Leadership Conference hosted by Calgary Regional EMS partnership, November 17, 2008

CUPE Paramedics have also raised questions regarding the ongoing financial commitment of the Alberta Government to meet the needs for future expansion of EMS as a result of population increases and the emerging challenge of an increasingly older population. It is unclear how future EMS infrastructure will be planned and implemented under the governance of Alberta Health Services. The same concern is also reflected in future needs for new ambulance units and state of the art medical equipment and technology. While EMS is provided by third party contract to a municipality, there is ability for the municipality to make a case for expanded service and equipment based on community needs and growth, however, it is clear that Alberta Health Services approval of EMS infrastructure needs are not automatic. It is not known how infrastructure and equipment improvements will be identified or obtained if Alberta Health Services directly operates EMS.

Albertans are accustomed to expecting and receiving quality emergency medical services with state of the art equipment and highly trained paramedics. Emergency medical services governed by Alberta Health Services must continue to receive priority financial commitments from the government so that EMS is not underfunded and lost in the bureaucracy of the health care system. This is an underlying concern of CUPE paramedics.

**Emergency medical services governed by Alberta Health Services must continue to receive priority financial commitments from the government so that EMS is not underfunded and lost in the bureaucracy of the health care system.**

Municipalities which have delivered emergency medical services in the past have developed extensive partnerships to advance community protective services. Paramedics are partnered with police tactical units to provide medical back-up in extreme situations. Paramedics have been specially trained to provide care to the homeless population in large urban centres. Some municipalities have partnered with STARS Air Ambulance to job-share positions. The City of Edmonton has partnered with a town outside of the city limits to provide staff and a first response unit to Beaumont. These are all examples of initiatives which municipalities have undertaken in the delivery of emergency medical

services in their community. Will these initiatives continue if Alberta Health Services is the direct service provider of emergency medical services in any community?

A financial commitment is also required by the government to address the clear and obvious shortage of EMT-P's in the province. Questions related to current paramedic staffing shortages have not been addressed during this transition process. Current EMS providers are short staffed and face challenges recruiting and retaining EMT-P's. The number of EMT-P graduates in the province is far below the number of paramedics that are needed to fill existing vacancies and vacancies projected through resignations and retirements. An advanced life support emergency medical service requires EMT-P's. Without a strategy in place to recruit and retain EMT-P's into Alberta the potential exists for a degradation of EMS to a basic life support system. The establishment of a two tiered EMS system would also reduce the level of care that Albertans have come to expect. CUPE Paramedics have the knowledge and the experience to work with Alberta Health Services to address issues related to staffing, recruitment and retention.

As stated earlier, CUPE paramedics are cautiously optimistic about the opportunities that may be available in the future as their profession advances as an emerging part of the new health care system. Unfortunately, where there is cautious optimism there is also concern about the future. There is concern about adequate funding for EMS in the health care environment, about future staffing levels and how practitioner work lives will be affected by an emergency medical service without borders. CUPE Paramedics have raised many of these concerns to government Ministers, MLAs, government policy makers and transition leaders. There is frustration that few if any answers are being provided. More importantly, there is concern that many of these issues are not being considered in the planning and development of the transition.

Paramedics are stakeholders in the transition of EMS into Alberta Health Services. There needs to be a venue for paramedics to voice these issues and concerns.

## LABOUR RELATIONS CONTEXT

At the present time, the provision of emergency medical services is a municipal responsibility accomplished either by the establishment of a municipal ambulance operation, either separately or combined with a fire department, or by contract to the municipality with a Regional Health Authority or a private company to provide ambulance services.

EMS personnel are covered by the Health Disciplines Act (soon to be replaced by the *Health Professions Act*), and the *Ambulance Services Act* (soon to be replaced by the *Emergency Health Services Act*) and are governed by the Alberta College of Paramedics. In the June 2008 amendments to the *Labour Relations Code*, operators, as defined in the *Ambulance Service Act* and their employees who act as ambulance attendants are now required to engage in compulsory interest arbitration to settle their collective bargaining disputes. The Ambulance Attendant definition is found in Section 1(b) of the *Ambulance Services Act* as: “a person who is engaged or employed to attend to or transport patients in an ambulance”.

In the same June 2008 amendments to the *Labour Relations Code*, a new provision was added as to what constitutes an appropriate bargaining unit for ambulance attendants. Section 35.1 of the *Code* provides:

**“Ambulance attendant bargaining units**

**35.1(1)** Notwithstanding any certificate to the contrary, a bargaining unit that includes ambulance attendants as defined in the *Ambulance Services Act* who are represented by a bargaining agent shall not include any other employees, other than employees to whom Division 16 applies.

**(2)** Subsection (1) does not apply in respect of a region-wide functional bargaining unit established under section 162.1 and the regulations under that section.”

However, this new provision does not take into account the manner in which the Alberta Labour Relations Board certifies units of employees working for ambulance operators. Depending on who provides ambulance services, the bargaining units tend to vary with the employer’s operation. Where the employer is a private provider, the unit covers “all

employees”. Where the municipality is the employer, the ambulance service may be part of the firefighters unit or may be described as “emergency medical services” or “delivery of pre-hospital care”, or it may be included in a municipal bargaining certificate covering “all employees”. Such units include more than just EMRs, EMTs, and EMT-Ps. An example of such an all-inclusive bargaining unit was created in 1996 for the City of Edmonton when the ALRB created a unit of “all employees engaged in the delivery of pre-hospital care, except firefighters.”<sup>6</sup> Even with the new *Emergency Health Services Act*, the definition of “ambulance attendant”<sup>7</sup> does not take into account the manner in which current EMS bargaining units are structured.

It is not clear that there has been any thought as to the impact that Section 35.1 of the *Labour Relations Code* will have on existing bargaining units structures or how this amendment will impact the delivery of ambulance services by private operators with “all employee” bargaining units.

The labour relations context is further complicated by Bill 27 which legislated four functional bargaining units in health care in each health region. In the reorganization of health services under Bill 27 in 2003, the government mandated the creation of four functional bargaining units comprised of direct nursing care, paramedical professional/technical, auxiliary nursing care and general support services. These four functional bargaining units had basically been in place within the health system since 1977 (at which time paramedical professional and paramedical technical were separate bargaining units).

In January 2002, the Alberta Labour Relations Board issued a discussion paper on the future direction for the functional bargaining units. One of the key recommendations was the creation of the four functional bargaining units as subsequently seen in the Bill 27 legislation in 2003.<sup>8</sup>

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<sup>6</sup> *Edmonton Firefighters v. City of Edmonton* [1996] Alta.L.R.B.R. 449.

<sup>7</sup> Section 1 (b) “ambulance attendant” means an individual who (i) is a member of a class of individuals prescribed in the regulations or who meets the requirements established in the regulations for a category of ambulance attendants, and (ii) provides emergency health services to patients under this Act;

<sup>8</sup> Standard Health Care Bargaining Units, [2001] Alta.L.R.B.R. DP-005

The legislating of the four functional bargaining units in Bill 27 follows what had been happening within Alberta and its health sector for the past 26 years and was also premised entirely on what was happening within the four walls of the hospitals. Bill 27 was not written with a view to including ambulance services into the health care sector.

The ALRB Discussion Paper of 2002 made comment on the ambulance sector. The ALRB indicated that it “should begin by recognizing ambulance as a sector in health care and include reference to it in the bulletin on standard healthcare bargaining units.” The ALRB indicated that such a move would give it future flexibility to standardize these units if changes occurred to shift the focus from a municipal service to a healthcare service. Further, the ALRB Discussion Paper stated: “If the ambulance sector is recognized as a sector in the health care industry, the Board may need to recognize different issues affecting the ambulance employers, who are primarily municipalities, rather than regular health care providers.

It is interesting to note that the ALRB recognized that ambulance employers were not regular health care providers. Although the ambulance employers were, and still are, primarily municipalities, the Labour Board recognized that there would need to be a method to standardize EMS units should there be a shift to being a healthcare service.

In numerous discussions CUPE paramedic leaders have had with government officials and policy makers, it is apparent that little or no thought has been given to examine whether the current four functional bargaining units are appropriate for transfer of EMS into health services.

## **THE CASE FOR A FUNCTIONAL BARGAINING UNIT FOR PARAMEDICS**

The government's objective to create a fully interconnected emergency medical service with a seamless transition into health care is not achievable without addressing the

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representation needs of paramedics.

Basic questions related to their working conditions remain unanswered: will they continue to be employed; who will they be working for; what will happen to their current collective agreement; who will they be negotiating with if their contract expires prior to April 1, 2009; who will

provide the mandate for collective agreement settlements; how will their wages and benefits be impacted; what will happen to their pension plans; and ultimately, will they have the right to continue to represent themselves in all matters relating to their profession and their working conditions? This uncertainty has led CUPE paramedics to conclude that it is vital for paramedics to represent paramedics in a health care environment. The concerns and community of interest of the current four functional bargaining units are distinctly different from the concerns of paramedics who work on the street and in the community providing pre-hospital care.

In making the case for a paramedic only bargaining unit in health care, it should be clearly understood that this is not about which Union would represent paramedics. The Alberta Labour Relations Board has clear established policies and procedures which will determine the bargaining agent for a paramedic only bargaining unit and that will be a decision for paramedics to make in the future considering all of their options and looking at what will best serve their interests.

The Alberta Labour Relations Board has, over the years, developed a number of general principles on what constitutes an appropriate bargaining unit.<sup>9</sup> The case law tells us that an appropriate bargaining unit should have these qualities:

- it should be drawn so that employees have reasonable access to collective bargaining;
- it should be large enough to make the unit a viable vehicle for collective bargaining;
- it should not be drawn in a way that unduly interferes with the employer's operations;
- it should associate employees having enough of a "community of interest" that the collective bargaining process is not unduly impaired by the conflicting interests that the bargaining agent is called upon to represent. The concept of "community of interest" in turn encompasses a host of reasons why a given group of employees should or should not bargain with their employer as a group;
- it should promote industrial stability in the long term; and
- its boundaries should be precise enough to minimize disputes over who is and is not in the bargaining unit.

Alberta Health Services is looking to create a province-wide system of EMS delivery utilizing the mixed model of contract and direct delivery. Irrespective of the method of delivery of EMS service, the AHS is also looking to implement standardized medical control guidelines, a standardized electronic Patient Care Record platform, common data and reporting templates, and common medical oversight.

It is the position of CUPE that, irrespective of whether a third party or a health region directly provides EMS, the ambulance attendants should be and remain in a separate bargaining unit dedicated to the specific needs and concerns of emergency medical personnel.

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<sup>9</sup> Backgrounder: What makes an "appropriate" bargaining unit? [1997] Alta.L.R.B.R. DP-002

A stand alone EMS functional bargaining unit is logical, the least problematic and most efficient for the provincial government to consider when incorporating EMS into the newly reformed health care system. A paramedic only functional bargaining unit is viable based on the unique community of interest shared by EMS workers.

## **PARAMEDIC COMMUNITY OF INTEREST AND BARGAINING HISTORY**

It has been long held in the labour relations community that employees are placed into a bargaining unit based on their community of interest. The concerns and community of interest of the current four functional bargaining units are distinctly different from the concerns of paramedics who work on the street and in the community providing pre-hospital care.

The registration requirements of the Alberta College of Paramedics affect every paramedic in the bargaining unit. The requirements are very specific, and the regulations paramedics must follow do not pertain to any other group of health care employees. The Alberta Government has recognized that paramedics are “highly trained health care professionals providing front line care and saving lives”.<sup>10</sup>

The work a paramedic performs within the walls of a hospital setting is normally confined to a hallway in proximity to the Emergency Department while they care for a patient waiting to be admitted into the hospital. Paramedics provide the majority of their direct patient-care outside of the hospital setting. Paramedics have unique working conditions which are performed in the home of a patient, at the scene of a motor vehicle accident, in the ditch in the middle of a blizzard, or surrounded by family and friends of a patient at a wedding, or bar mitzvah, or special event. Paramedics work shoulder to shoulder with police and firefighters. EMS personnel witness horrific scenes every day, and must deal with injured and sick patients as well as the dying and the dead.

Other allied health professionals who work in health care do not have to drive lights and sirens in bad weather through rush hour traffic to get to a home where the mother runs out of the front door, hands you her lifeless baby begging you to “please save my child”. Paramedics are expected by the public to do everything that an emergency room physician and his team would do to resuscitate a lifeless patient. All this is done by paramedics on the scene with devastated parents in the background.

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<sup>10</sup> Ron Liepert, Minister of Health and Wellness, May 29, 2008

Along with other protective services paramedics put their lives at risk, attending to the scene of a motor vehicle accident on the side of a busy highway or freeway in the middle of an electrical storm, responding to emergencies that involve downed power lines, carbon monoxide and weapons. Line of duty injuries and deaths for paramedics are comparable to those of a firefighter and quite distinct from other health care providers who work within a hospital setting.

A functional bargaining unit for paramedics has the potential of reducing public liability. It makes sense that when an essential service such as paramedics is under their own bargaining unit they have the ability to deal with the particular peculiarities of their profession. Issues such as shift schedules, driving regulations and limits as to the number of hours a paramedic can drive in a 24 hour period can be dealt with in a way that best holds up the idea of both the public good and public safety.

As announced by the Alberta Government, there is a vision that the role of paramedics in the future will advance and evolve in the community. There is a vision for a Community Care Paramedic, a Critical Care Paramedic, and possibly a Paramedic Practitioner who will provide health care in the home of the patient, doing home antibiotic delivery and public health medication supervision. It was recently announced that the scope of practice for a paramedic will be broadened to give them the ability to ‘treat and release’ patients without transport to a hospital. This initiative is touted as a progressive action to reduce emergency room wait times by reducing the number of patients transferred to a hospital. The evolution of these practices will transform the current ‘transportation based’ model of emergency medical service to a more diversified and innovative emergency health service that is an integral component of the overall healthcare continuum.<sup>11</sup>

Paramedics already provide the majority of their work outside of a controlled hospital environment which sets them aside from all other health care providers covered by the existing functional bargaining unit. With changes to their scope of practice which expand

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<sup>11</sup> EMS Transition Business Plan, August 29, 2008

the procedures they perform and the role they play in the community, they will spend even less time within the walls of a hospital.

It is important to acknowledge the possibility for conflict if paramedics are placed in an existing functional bargaining unit with other allied health professionals. A paramedic is a “jack of all trades” when it comes to the delivery of health care. Paramedics perform many of the same procedures as emergency physicians; community nurses; psychologists; lab technicians and ECG technicians, to name a few. How can the role of a paramedic advance and expand if there is internal conflict in the bargaining unit over work and procedures which have traditionally been performed by employees in the hospital?

Paramedics want to be involved in planning for the advancement of their profession. Anticipated changes to the scope of practice of a paramedic will create opportunities for higher education levels. This needs to be done with great deliberation and in cooperation with leaders in the paramedic community. We need to ensure that the proper education is designed and provided as the paramedic role advances in the health care profession and the scope of practice and accreditation expands.

Paramedics have a significant interest in the future role of para-medicine. Paramedics need to be represented by paramedics in order to advance their interests as well as that of the public good.

Paramedics have a longstanding presence in the community beyond the simple transport of a

patient to the hospital. The profession is involved and complex. When an individual chooses to be a paramedic, they are choosing not just a career but a lifestyle. They are visible role models in the community, and they are respected for their profession.

Front-line paramedics are often assigned special projects to research and trial new paramedic tools as well as to develop the parameters of new protocols and guidelines. Paramedics are also involved in testing the feasibility and practicality of new tools,

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protocols and guidelines. Their findings are a key element in advancing protocols which are used throughout the profession. This direct hands-on role that paramedics participate in set them aside from other health care professionals who do not participate in the development of procedures and protocols and who are merely given directives and training after new requirements are introduced.

Another distinction which sets paramedics aside from all other health care providers is that they are uniformed personnel. As uniformed personnel, paramedics receive a high level of respect from the community, much the same as police officers, fire fighters and the military. The stature of the uniform brings with it a long history of ceremony and honour guards. Paramedics, along with police, firefighters and soldiers, stand and support each other when one of their own falls in the line of duty. These are traditions in which paramedics proudly participate. When paramedics represent paramedics in a bargaining unit, there is no conflict over whether or not they should participate in a fallen colleague's funeral in Winnipeg or attend the memorial service for RCMP officers killed in the line of duty. The question for a paramedic bargaining unit is not whether they attend, but how many can attend. These traditions are unique to paramedics. They are important traditions which could be in jeopardy if they are placed into an existing functional bargaining unit.

Paramedics acknowledge that they are pre-hospital health care providers but their 'community of interest' primarily lies with other emergency and protective service providers on the street and in the community.

It has become standard practice for paramedics in special circumstances to wear helmets and ballistic vests as part of their uniform. There are tactical paramedics who receive specialized training to back up the police in extreme situations. In the large cities, tactical paramedics are scheduled on every shift to assist police, and the police department has input on whether a paramedic is suitable to participate in a tactical unit. In addition, there are bike and segway paramedics who are scheduled to work at airports, community events and festivals to provide first responder medical assistance in crowded and "difficult to access" locations. The working conditions for these ambulance

attendants have no relationship to what is occurring within the hospital or community health environment.

The role of paramedics in the protective services community was recognized by the Federal Government when paramedics were designated in 2007 as a Public Safety Occupation. The Public Safety

Occupation (PSO) designation recognizes the work paramedics perform and aligns the role they play with police, fire and Special Forces. With the PSO designation, paramedics are eligible to early retirement provisions, a condition of employment distinctly separate from any employee currently covered by the functional bargaining units in health care. By example, paramedics in both Calgary and Edmonton have successfully negotiated a supplementary pension plan which recognizes their public safety

**Paramedics acknowledge that they are pre-hospital health care providers but their 'community of interest' primarily lies with other emergency and protective service providers on the street and in the community.**

**The Federal Government recognized the role paramedics play in protective services by designating paramedics a Public Safety Occupation the same as police, fire and Special Forces.**

occupation designation. It is interesting to note that paramedics currently working in a health care bargaining unit did not achieve a supplementary pension plan. Again, imagine the conflict an early retirement pension plan would create in a bargaining unit where the largest majority of employees would not qualify for the same benefits.

Paramedics are also involved in projects such as “Safe Communities” in partnership with the Attorney General as a result of the role paramedics have within the community.

Paramedics work with the drug addicted the afflicted and the homeless every day in a variety of different situations. They are involved in initiatives to educate, report, and counsel. Paramedics want to continue to be involved in creating better policies that promote safe communities. Paramedics representing paramedics can keep these initiatives moving ahead for the benefit of Alberta citizens.

Paramedics have a long history of representing themselves at the bargaining table and negotiating collective agreements in a municipal environment. The nature of the work, the unique working conditions and the complexity of jobs are reflected in collective agreements. The hours of work, the shift rotations by platoon, the process for selecting stations or halls, the process of driver education, and the processes for choosing vacations are all unique from other health professionals. All of these elements will not change with the transition of governance into health care, in fact we speculate that it will become even more complex. It will be even more important in the future that paramedics continue to represent paramedics at the bargaining table and in a bargaining unit comprised only of paramedics.

Within the Palliser Health Regions, the EMS personnel have been placed within the paramedical professional/technical unit. In the Peace Country Health Region, the EMS personnel have a separate bargaining table from the paramedical professional/technical functional bargaining unit whereas in the Palliser Health Region paramedics are not covered by a separate collective agreement.

There is the assumption in some quarters that EMS personnel would fall into the paramedical professional/technical bargaining unit if they are employed directly by the health region. This may have been appropriate in the interim and for situations where ambulance attendants were utilized for inter-facility transfers or where paramedics actually work directly in the emergency department of a hospital. However, in the longer and larger view of providing EMS services across the province, in a seamless health care system without boundaries, there is a need for a separate bargaining unit that can deal with the unique and different working conditions facing EMS personnel.

Alberta Health Services has recognized that emergency medical services are a unique operational arm in the provision of an integrated patient-focused health system. The stated objective is to create a single Alberta Health Services coordinated EMS organization. In the organizational charts, EMS has its own operational line. There is also a specific EMS transition business plan to deal with the various aspects of providing emergency medical services, including coordination of medical oversight, dispatch

services, education, and procurement of equipment, data collection and monitoring of performance standards. All of these areas are distinctly different from what health regions have done as their core business.

The Alberta paramedic profession has a history of setting “Best Practice” standards around the world regarding education, development delivery and advancement of para-

**The Alberta paramedic profession has a history of setting “Best Practice” standards around the world regarding education, development delivery and advancement of para-medicine. This has been possible because paramedics themselves have been representing their unique community of interest at various levels.**

medicine. This has been possible because paramedics themselves have been representing their unique community of interest at various levels.

Section 35.1(2) of the *Labour Relations Code* would suggest that the representation of ambulance attendants would be dependant upon who happens to sign the pay cheque of the paramedic. This possibility would not be in the best interest

or serve the goals of EMS or the citizens of Alberta. Irrespective of who issues the pay cheque for ambulance attendants, the community of interest of paramedics’ remains with paramedics.

Section 35.1 of the *Code* does present the government with the unique opportunity to create an EMS functional bargaining unit. Because of the mixed model of service delivery being adopted by Alberta Health Services, unionized EMS personnel must be in their own bargaining unit with private operators. It follows that EMS personnel should also be in their own bargaining unit within AHS. This would be a relatively easy matter to accomplish. The precedent can be seen in the Alberta Labour Relations Board’s Bulletin No. 9 setting out the functional bargaining units for Regional Health Authorities. Bulletin No. 9 goes on to deal with the bargaining units for non-RHA employers in order to create a congruency in the bargaining structures. It makes sense that such a similar congruency is developed by creating an EMS functional bargaining unit.

An EMS functional bargaining unit meets the needs of the private operator, Alberta Health Services, and also other contract providers such as integrated fire/ambulance services. The AHS requirements of monitoring and performance standards will inevitably see the need for delineation between those personnel employed in EMS services versus those employed in fire services. Such delineation does not mean that the actual bargaining agent would change, just the structure of the bargaining unit. It would not unduly interfere with an employer's operations, irrespective of whether the employer was the AHS, a municipality or a private operator. A separate EMS functional bargaining unit would also meet the goal of promoting industrial stability in the long term, and its boundaries can be drawn with clear enough precision to minimize disputes over who is and is not in the bargaining unit.

## **FUNCTIONAL BARGAINING UNIT OPTIONS**

In the event that a separate functional bargaining unit for paramedics is not created, it is the position of the Canadian Union of Public Employees, and CUPE paramedics, that the paramedical professional/technical functional unit is not the appropriate bargaining unit.

As discussed above, the community of interest of emergency medical personnel is unique and different from the vast majority of paramedical professional and technical employees. Paramedical professional and technical employees work, for the most part, within the hospital environment at a specific hospital site. Even those working in the community health sector work in an environment that is controlled and under specific medical direction. Paramedical professional and technical employees fulfill the role of Clinical Support Services as outlined in the Alberta Health Services organizational charts. Clinical Support Services generally do not provide direct patient care.

Emergency medical paramedics are called to uncontrolled scenes, where no physician or nurse is available to provide specific guidance. EMS personnel are required to evaluate and assess the patient's medical situation, and provide actual hands-on medical care to stabilize a patient prior to transport to a hospital.

With the proposal that the scope of practice of paramedics will be expanded to allow for on the scene diagnosis of patients to treat and release, or to determine which medical facility to refer and/or transport the patients, EMS personnel again move beyond what has been the traditional scope of what is included in the definition of the paramedical professional/technical bargaining unit.

CUPE believes that the more appropriate functional bargaining unit for EMS personnel, other than their own, is that of direct nursing care. EMS personnel are the only other medical personnel, other than nurses, that provide actual hands-on care of patients, subject only to control by a medical director. When patients are transported to a medical facility, the reporting line is to either a nurse or a physician, or another paramedic.

## CONCLUSION

CUPE Paramedics have taken a lead role in responding to the government's plan to fully integrate emergency medical services into Alberta Health Services. The initial response was and continues to be cautious optimism. Paramedics see the opportunity that will be created for them to advance in their profession and to play a key role in the delivery of front-line health care in the future.

CUPE paramedics have participated in EMS transition meetings and forums. Meetings have been held with Ministers, MLAs, government policy makers and transition leaders. Numerous questions have been asked, concerns have been voiced, and suggestions have been put forward. CUPE paramedics in Alberta have initiated this dialogue with government representatives, Alberta Health Services and transition leaders

Throughout this transition process paramedics represented by the Canadian Union of Public Employees have advanced a new vision for the future of emergency medical services in a health care environment. This is a vision which recognizes front-line paramedics as key stakeholders in delivering top quality life support and community medical care. It is a vision which continues to recognize the vital work paramedics perform as a part of the protective community and in a public safety occupation. It is a vision in which paramedics are involved in the development of educational opportunities to advance their profession. It is also a vision for a new functional bargaining unit in health care where paramedics continue to represent paramedics and best represent the interests of the public good.

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