HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Public Safety and National Security

SECU • NUMBER 128 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Tuesday, October 2, 2018

Chair

The Honourable John McKay

Standing Committee on Public Safety and National Security

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● (1530)

[*English*]

The Chair (Hon. John McKay (Scarborough—Guildwood, Lib.)): Let's commence, ladies and gentlemen.

This is the 128th meeting of the Standing Committee on Public Safety and National Security. We have before us three sets of witnesses: St. John Ambulance, the Ottawa Police Service and Urgence Bois-Francs Inc.

We're about five minutes late starting, so we will extend the time by a further five minutes. Why don't I call you in the order that you're listed, which is the Ottawa Police Service first, Urgence Bois-Francs Inc. second, and St. John Ambulance third.

Gentlemen, we look forward to your opening statements.

[*Translation*]

Constable Bruno Gendron (Ottawa Police Service): Hello. My name is Bruno Gendron, and I have been a police officer with the City of Ottawa Police Service for 10 years. Before that, I worked as a paramedic in Ottawa for 17 years.

Since joining the Ottawa Police Service, I have been in charge of the defibrillator program, which was launched in 2001. The Ottawa Paramedic Service partnered with the City of Ottawa to install defibrillators in patrol cars. There are currently 171 defibrillators assigned to the Police Service. The main objective of installing defibrillators is to support patrol officers who respond to 911 calls. There is a defibrillator in each marked police cruiser.

Police respond as soon as they receive a request from the paramedic service following a 911 call. They may be dealing with a person who is unconscious, is having seizures, or is in cardiac arrest. In the City of Ottawa there are 42 patrols at all times. Therefore, there are 42 defibrillators available in the city at all times. The City of Ottawa alone has more defibrillators than paramedics and firefighters combined.

There is an advantage to having defibrillators in police cruisers. Most of the time, police officers are in their vehicles ready to respond to a call. In my experience, paramedics spend most of their time at an ambulance station or hospital. When they must respond to a call, it takes time to get on the road and respond. There is always a delay of one to two minutes before they can respond to the call, whereas a police officers sitting in their vehicle can react more quickly when they receive a call.

There is another important factor. Police officers work in different areas of the city. They know their neighbourhood, where there is construction and which roads are closed, for example. That is advantageous. The response time is critical when someone is in cardiac arrest because time matters. In Ottawa, defibrillators are used an average of six times a month, and police use of defibrillators saves at least two people every year.

There is a disadvantage to putting a defibrillator in a police car. Defibrillators must be stored indoors and at a certain temperature. Ottawa's climate is a little problematic. The electrodes are made of gel and can freeze if stored at very cold temperatures, which can cause problems in the long term. There is not enough space to keep the defibrillators in the cab, where the police officers sit. Thus, the defibrillator must be put in the trunk. That is one of the problems.

The defibrillator comes with a first aid kit, which includes a mask to be put on when the device is being used.

● (1535)

Our joint program with the City of Ottawa and Ottawa Paramedic Service works very well. We have been using the defibrillators since 2001, and there has never been any question of taking the defibrillators out of police vehicles.

[*English*]

The Chair: Thank you, Mr. Gendron.

Mr. Girouard and Mr. Grondin are next.

[*Translation*]

Mr. Jocelyn Grondin (Chief Executive Officer, Urgence Bois-Francs Inc.): Good afternoon. My name is Jocelyn Grondin, and I am the Chief Executive Officer of Urgence Bois-Francs. I am accompanied by Philip Girouard, who is the President of the company and also a paramedic. Urgence Bois-francs is a co-operative.

We will begin with a presentation about Urgence Bois-Francs.

We cover all of the Regional County Municipality of Arthabaska, which means that we are located midway between Quebec City and Montreal. It is a very large rural area of 2,000 km^2. To give you an idea of the magnitude of the task, we employ 42 paramedics, operate five ambulances and respond to between 7,000 and 8,000 calls a year. Given that we serve a very large area, the fact that first responders and other people have access to automatic external defibrillators, or AEDs, is very important to our work as paramedics.

I will begin with a statement that may seem a little opportunistic, but this is popular right now. Urgence Bois-Franc also provides training services and sells AEDs so that there are as many as possible in our area. We sell them to municipalities, first responders, seniors' clubs, and so forth.

As I was saying, our area is very large and the response time in the municipalities we serve is more than 10 minutes. I am sure you know that, in the event of cardiac arrest, for every minute that passes the chance of survival decreases by 10%. Generally speaking, we have a 10-minute window to intervene. We are talking about survival, not survival without adverse outcomes. Ideally, in order not to have any adverse outcomes, an AED must be used within four minutes, more or less. Insofar as we are concerned, and given the number of ambulances we have covering the area, it is practically impossible to meet that response time unless the emergency is near the station. If there is an emergency near Victoriaville, we can intervene in two and a half or three minutes. However, if people are 15, 20 or 30 km away, it is not realistic to think that we can intervene fairly quickly.

There are 53 AEDs in the our area. They belong to the municipalities and are located in public places. We estimate that twice that number of AEDs are located on business premises. The area has a good number of AEDs because governments have taken up that responsibility, especially at the municipal level. At the federal level, Alain Rayes ensured that a motion was adopted to have RCMP cars equipped with AEDs. He was very proactive. This did have an impact.

What is interesting is that our results are quite good considering what I was saying. The area is very large, it is a rural area and sometimes certain locations cannot be reached quickly. The Sûreté du Québec, or the SQ, decided to launch a pilot project in 2013 to support paramedic services, because the response times were long, and to improve the survival rate.

Since 2013, the Sûreté du Québec vehicles in RCM Arthabaska have been equipped with automated external defibrillators. The numbers were small to begin with. In 2013, police equipped with AEDs used them four times; in 2014, they used the equipment six times; in 2015, it was four times; in 2016, it was 14 times; in 2017, three times; and in 2018 they have been used five times so far. This may not seem like much, however, since 2013, Sûreté du Québec officers whose vehicles were equipped with an AED used them 36 times.

According to the SQ's statistics, two lives were saved by AEDs. The police consider that they saved those lives. We believe it is the result of team work. When paramedics intervene after the police, we get the credit for saving the person's life. People believe that we saved the person's life. However, in many cases the Quebec police were able to respond quickly and use their good training and a good tool before we were on the scene.

Given the success of this initiative, in 2015 the neighbouring RCM, the RCM of l'Érable, followed our lead. I have the statistics for you: in 2015, there were eight interventions; in 2016, there were four; in 2017, there were eight; in 2018, there have been two so far. AEDs were only used 22 times, but two lives were saved: a 48-year-old woman from Notre-Dame-de-Lourdes and a 57-year-old man from Saint-Norbert-d'Arthabaska, as well as another 48-year-old man.

The fact that the Sûreté du Québec officers have AEDs in their vehicles makes our work as paramedics easier for two reasons. First, even if we know that we will be driving for 15 or 20 minutes when responding to a call, it is encouraging to know that at least someone from the SQ has responded in the meantime. It gives us hope that, when we arrive, the individual will have a better chance of surviving than if only the ambulance was dispatched. As I mentioned, we should also remember that we operate in a rural setting.

● (1540)

We work with first responders a lot. There are three official first responder services in our area.

In 2015, there were 612 interventions carried out by first responders; in 2016, there were 644; in 2017, 681; and in 2018, there have been 490 so far.

We have to remember that many first responder services, such as firefighters and others, have AEDs in their vehicles. I was unable to determine the number of lives saved with AEDs, but lives were definitely saved because of the intervention of first responders before we arrived. In rural areas, we need this assistance because the ambulance service will never be able to respond to all calls.

However, there is still room for improvement. We have been both lucky and unlucky. On April 19, 2018, my assistant stopped at the scene of an accident on the side of the road to carry out cardiopulmonary resuscitation, or CPR. It was about 25 minutes from the ambulance station. They had to wait for an ambulance. The first responder, in this case the fire department of the municipality where the accident took place, arrived first. My assistant asked the fireman to bring her an AED. Unfortunately, he did not have one and she was very surprised.

The fireman did not intervene. As the fire department does not have an AED, it probably does not provide CPR training. The injured 40-year-old man died. An AED does not perform miracles. We cannot say whether the man would have survived if an AED had been available, but his chances would have been better. My assistant administered CPR, and the AED arrived with the ambulance about 20 minutes later. They arrived 10 to 15 minutes too late. Unfortunately, the man died.

There was another case recently. A man experienced cardiac arrest in Saints-Martyrs-Canadiens, a municipality located about 25 minutes from us. Once again, we had to go get the AED in the village. Had the fire department had an AED or if there had been one closer to an emergency service other than an ambulance, things probably would have ended better. Although this man survived, he may end up with health issues that he would not have incurred had a working AED been available.

Therefore, we believe in AEDs. This device is easy to use and it only takes 20 minutes to teach the average person how to use it. It is foolproof and affordable. The best models cost about $1,000 when large quantities are purchased. A lower quality model can be purchased for a few hundred dollars. They are easy to maintain and will last almost forever if you look after them. You only have to check the status indicator. It is a durable device.

We would like to make the following recommendations based on the Sûreté du Québec experience with AEDs.

First, if AEDs are provided, the ambulance services of neighbouring municipalities should be informed. The Sûreté du Québec has an AED model that is not compatible with our monitors. Given that everyone in Quebec has the same monitor, it would have been easy to purchase the same AEDs with the same electrodes. We would have saved time and money because we could have used just one set of electrodes rather than two.

Second, we should opt for a model with a practically unlimited life expectancy. Some models have a limited life expectancy. The model should have only one set of electrodes. At present, some AEDs need a set electrodes for adults and one for children, whereas other models only need one set of electrodes. This could result in cost savings.

Finally, there should be a budget for training and not just for the device. Not much is gained from having the best device in the world if CPR was not performed properly and the person does not know what to do. It is important to have a tool, but we have to know how to use it.

● (1545)

The Chair: Thank you, Mr. Grondin.

[*English*]

We now have Mr. McLaren and Mr. Stanzel.

You have 10 minutes. Thank you.

Mr. Shawn McLaren (Chief Learning Officer, National Office, St. John Ambulance Canada): Thank you.

St. John Ambulance trains over 500,000 Canadians annually in first aid, CPR and the use of AEDs, and 2018 marks the 135th year that St. John Ambulance has been training people in Canada.

My name is Shawn McLaren and I'm the chief learning officer for St. John Ambulance. My counterpart is Andrew Stanzel. Andrew is the council commissioner for the federal district council. He leads all of our medical first responders, is a medical first responder himself and is a registered nurse.

CPR is often what comes to mind when people think of first aid for a cardiac arrest. However, CPR is only part of the picture. St. John Ambulance teaches the chain-of-survival approach, which has five steps that are important when helping someone in cardiac arrest.

Step one is immediate recognition of a cardiovascular emergency and calling 911. Step two is early CPR with a focus on chest compressions. Step three is rapid defibrillation.

I would like to break here and give more specifics on the use of an AED, considering the nature of this committee. During the initial compressions and breaths of CPR, we instruct that someone should locate and then prepare an AED for use. Time is a critical factor in determining survival from cardiac arrest. The heart will only stay in fibrillation a short period of time before all electrical activity ceases. Defibrillation must be performed early to be effective.

CPR can keep oxygenated blood flowing to the brain and help extend the length of time the heart will remain in VT or VF—the only arrhythmias an AED will shock. CPR can then buy some time for the casualty until the AED is attached and can deliver a shock. Thus, the more readily available an AED is, the sooner it can be used. The sooner an AED is used in this situation, the greater the chance of survival for the casualty.

The steps then resume. Step four is effective advanced life support. Step five is integrated post-cardiac arrest care.

Each one of these steps is as important as the others. Time is the vital ingredient. To give a casualty in cardiac arrest a reasonable chance of survival, CPR must be started immediately, followed by defibrillation as soon as possible. For both procedures, the sooner they happen, the better. A first aider who is willing to act is crucial to the first three links in the chain of survival.

Beyond the use of AEDs in response to a casualty in cardiac arrest, there are two other factors that need to be addressed: the availability of the AED, and the confidence or effectiveness in the use of the AED. Having more AEDs in the community equates directly to reducing the time it takes to put one into use. Having AEDs in RCMP vehicles places an AED in prime position to be used quickly.

Optimum confidence and effectiveness require annual recertification in CPR and AED, and this is recommended, though few in the public follow this recommendation. Without annual certification of the public, it is even more important that AEDs are placed in the hands of those who are certified annually in CPR and the use of AEDs. To the best of my knowledge, RCMP officers are among that population. If they are not currently recertifying these officers annually for CPR and AED, they should be if the finding of this committee is that AEDs should be placed in all of their vehicles.

To illustrate the importance of training in the use of AEDs, we have included a survey from February 2018 conducted in British Columbia. People were asked, among other things, about the likelihood of their having to use an AED, as a bystander, in a medical emergency. Sixty-seven per cent of those polled said they would be “very likely” or “somewhat likely” to use an AED.

For contrast, compared to using an AED, those polled were more likely to take the following actions as a bystander in a medical emergency. Ninety-eight per cent said they were “very likely” or “somewhat likely” to call 911. Ninety-one per cent said they were “very likely” or “somewhat likely” to check if the individual was breathing normally. Seventy-two per cent said they would provide CPR, so that the use of an AED ranked fourth in those stats.

The main reasons the people in this survey were less than “very likely” to use an AED as a bystander in a medical emergency were as follows: 56% said they didn't know how to use an AED; 53% were worried about using it improperly and causing harm; 36% said they would not know when to use the AED; 19% were worried about being sued by the casualty; and 13% were worried about hurting themselves in the use of an AED.

These responses are telltale signs of people who have not had training or have not been trained recently. Proper training on how to use an AED could eliminate the majority of these fears of taking action. The issue in this particular survey, though, is that only 23% of people in British Columbia have taken AED training.

● (1550)

With less than a quarter of the people having taken AED training, and even fewer having taken it in the last year, presumably, there is a small number of people who would feel confident in using an AED in an emergency situation. This is all the more reason to place AEDs into the hands of first responders, who are not only receiving annual CPR and AED recertification but would have them readily available for their use.

To illustrate the benefit of having an AED in close proximity to potential emergencies, I would like to share the details of an event that happened on September 23, 2018. In support of the Canada Army Run here in Ottawa, our medical first responders were part of a team tasked with providing first aid at the finish line for all the races that day. During the half marathon, one of our volunteers witnessed the sudden collapse of a runner in the last 100 metres.

Shortly after the collapse, the MFR team was at the side of the casualty, where CPR was started and an AED—which is part of the first aid equipment our MFRs carry when on duty—was prepared for use. After the application of one AED shock, the casualty regained breathing and normal sinus rhythm prior to the arrival of EMS. He was transported by Ottawa paramedics to the heart institute, where he successfully underwent an emergency angiogram.

In closing, being able to provide rapid defibrillation is a key component in the chain of survival. In order to provide rapid defibrillation, an AED must be readily accessible, and having AEDs in RCMP vehicles helps make that a reality.

The Chair: Thank you very much.

We'll now go to the rounds of questioning.

Ms. Damoff, you have seven minutes.

Ms. Pam Damoff (Oakville North—Burlington, Lib.): Thanks, Chair.

Thanks to all the witnesses for being here.

I was in a situation where I had to perform CPR on someone, so I and my staff all do the training, and I think what struck me the most was how easy the AEDs are. But without having done that training, I know I would never have gone to use one.

I guess I would put this out to all of you. One of the things that has struck me is that, while my community office is actually in a medical building, we have no idea who in that building has an AED. If there were ever a situation in the building, there's no record of where these are. That's quite common, I think.

What do you think the benefits of that would be, versus putting them in first responder vehicles? I put that to any of you.

Are they two totally separate things? Maybe I'll put that to St. John Ambulance.

● (1555)

Mr. Andrew Stanzel (Council Commissioner, Federal District, St. John Ambulance Canada): There are programs throughout the world that have apps that will tell you where the closest AED is. There is one, I believe, in Canada as well. I don't think there's one in Ontario at this point in time.

Yes, that would be beneficial in buildings where AEDs are already in place. If it's a building where an AED doesn't already exist, then it's not going to help in that situation, but having more knowledge of where AEDs are present, for the public to be able to access them, would definitely be an asset.

I know you mentioned that you were in a medical building. Not all medical clinics are even required to have AEDs in some situations, so there may not necessarily be one in those offices, even though there is a doctor's office there.

I think it's two separate issues, yes.

Ms. Pam Damoff: To the Ottawa Police Service, one of the issues is cost. I spoke to the Halton police about this motion, and with so many pressures on municipal police services.... Even though the actual unit isn't that expensive, it's an additional cost to the service. How did your police service become so committed to doing this, and how do you fit that in with the other pressures on the police, to be able to provide equipment and services for the community?

Cst Bruno Gendron: The main cost is the pads, once the unit has been bought. Everything comes through the City of Ottawa, then Ottawa paramedics are the leaders of the program, and they are the ones who do the preventive maintenance about every three years. Recently we just changed all of our units. The shelf life there is long—10 years. That's what Ottawa paramedics are recommending, so every 10 years, we're switching defibrillators for new ones. Now we all have new units in every vehicle. I don't know the cost of the unit. That's paid through the city. We're just being provided with the unit. We have to pay for the pads when they're used. That's approximately $75.

Ms. Pam Damoff: Is that you personally?

Cst Bruno Gendron: The service purchases the pads, which are $75, and then the batteries need to be changed every three years, when they do preventative maintenance.

Ms. Pam Damoff: Okay. Obviously, having them in the vehicle is beneficial. Your service has police and paramedics combined. Do you know of any issues from the paramedics about having these in a police vehicle?

Cst Bruno Gendron: Issues in which way?

Ms. Pam Damoff: I know that there have been concerns expressed by paramedics about firefighters, for example, doing paramedic work when they arrive on a scene. Would there be jurisdictional issues?

Cst Bruno Gendron: Not at all. Like they explained, our co-workers, our friends, it's teamwork. The chain, the link, the early defibrillation and early CPR—for paramedics, when CPR or defibrillation is started on the patient, like it's been explained, the travel time.... They're overwhelmed with calls, so it's a great asset. It's great teamwork. There's no problem at all and no issues with police or firefighters starting CPR or early defibrillation.

Ms. Pam Damoff: One issue that we would have as a federal government is making recommendations that would impact municipal forces. The only one we have jurisdiction over is the RCMP and that's part of the study, but do you have any suggestions about what we could do to make a suggestion or recommendation that wouldn't necessarily have to be followed by the municipalities? Getting you on the record as saying, "Yes, every vehicle should have one", would probably be helpful.

● (1600)

Mr. Shawn McLaren: If we're talking chain of survival, then yes, absolutely, every vehicle should have one and where possible the AEDs could be the same model or have the same sort of alignment with the ones that are being used at our level. Even once an AED has been used and the pads are already on, it's much easier if the next level of assistance can simply plug their electrodes into the pads that are already on. If you have Zoll, right from the base of our medical first responders, all the way to police and to ambulance servers, they don't have to take the pads off. They plug it in and away they go, then we recoup our pads.

Yes, I'll clearly say that every vehicle should have an AED in it.

[*Translation*]

Mr. Philip Girouard (President, Urgence Bois-Francs Inc.): In my opinion, it is not necessary to insist that we have the same brand of defibrillator electrodes, AED monitors and defibrillators. In Quebec, we had a call for tenders to supply AEDs and ambulance monitors for the entire province, which is a good thing. It is easier to sync the AEDs with the ambulance monitors.

What really matters is how quickly the first shock can be administered. If the defibrillator electrodes or the monitor are not the same as those used in our region, the defibrillator electrodes can be changed later. The delay is short and occurs at the beginning. I think that we do not have to insist that we have the same monitors. We can consider the cost and which one is more useful, or use other criteria. My colleague spoke earlier about devices whose defibrillator electrodes can better tolerate Quebec's temperature differences. That might be more useful.

[*English*]

The Chair: Thank you, Ms. Damoff.

Mr. Reid, welcome to the committee. You have seven minutes.

Mr. Scott Reid (Lanark—Frontenac—Kingston, CPC): Thank you very much, Mr. Chair.

I want to start dealing with a technical issue that I hadn't heard of before. This is directed to Constable Gendron. You mentioned an issue with the pads losing their adherence, as a result of repeated freezing and thawing. I wanted to ask you a little bit about that and whether that's an issue that only arises while the pads are actually very cold or if it's something that occurs even when it's warmer weather, due to the past repeated heat-thaw cycles.

For example, is this something that could occur at this time of year, with a pad that had gone through last winter, having been thawed, frozen, and thawed and frozen again?

Cst Bruno Gendron: We had one incident that was reported to us. There was an arc when the shock was given to a patient and it was attributed to the fact that the pads were defective. The cause was most likely that they had been left in cold temperatures, warmed up, frozen, and warmed up again.

Mr. Scott Reid: Were they cold at the time they were applied, do you know?

Cst Bruno Gendron: No, I don't have that information.

Mr. Scott Reid: One could obtain that report. I see a report was made of it, and if we asked, it might be possible to get the answer. You can see why that's an important technical issue to have available. If the RCMP does as we've asked, for example, it would be helpful to make sure that they are aware of the nature of the problem that might arise.

Cst Bruno Gendron: Yes.

Mr. Scott Reid: Okay, thank you. That's very helpful.

I'm a huge advocate of defibrillators. I didn't want to give the impression I'm not. On the contrary, I simply wanted to deal with an issue that is a practical one about implementation, and you have the expertise.

You mentioned costs associated with pad replacement, about $75. Is that annual for the Ottawa Police, or how often would it be?

Cst Bruno Gendron: There's an expiration date. Right now the new ones that we receive are good until 2022, so four years.

Mr. Scott Reid: It's a four-year life, okay.

The battery is replaced every three years, but you do periodic checks to make sure the batteries are okay. They, too, are being frozen and thawed, frozen and thawed. Are you checking on those?

Cst Bruno Gendron: Yes. At the start of every shift, the officer will open the Pelican case where the unit is stored, and they'll make sure that a check mark and the expiry date are on the pads.

Mr. Scott Reid: To the extent of your knowledge, has there ever been an issue with cold weather affecting the performance of the batteries on the defibrillators with the Ottawa Police Service?

Cst Bruno Gendron: No, none have been reported to us.

Mr. Scott Reid: Thank you. That's obviously very helpful.

Like the RCMP, you face doing this in very hot weather and also in very cold weather.

As for training costs, I think I'm right in saying that, in the police force, part of becoming a police officer.... If you're driving in a cruiser, you are already CPR trained and you're AED trained. That's just a matter of course. Is that correct?

Cst Bruno Gendron: Exactly. Every year, we have our annual recertification of CPR, first aid and AED as well.

● (1605)

Mr. Scott Reid: Is that unique to the Ottawa Police Services, or is that a standard thing across police forces, to the best of your knowledge?

Cst Bruno Gendron: I'm not sure. I would say it's probably standard across the province.

Mr. Scott Reid: That's my impression, too. That's relevant to some of the police forces that don't yet have the units because, of course, training costs. If they're zero, that's a relevant consideration. It's already built in.

I want to ask about trunk space. In the presentation they're going to give, the RCMP representatives note issues with trunk space. I'm guessing that the cruisers you use are, in terms of trunk space, kind of similar to the ones that the RCMP uses. You can correct me if I'm wrong, but I'll just ask the question. Do you have adequate trunk space for the defibrillators, or are there circumstances where that can be a problem for you?

Cst Bruno Gendron: We haven't encountered that problem here in Ottawa. Even our tactical unit carry defibrillators, and they carry more equipment than a patrol unit, and there have never been any issues with space for the Pelican case when we carry the AED.

Mr. Scott Reid: Okay, thank you.

I had a similar experience. The Ontario Provincial Police have argued over the years that a lack of trunk space was an issue that prevented them from carrying defibrillators. I got so frustrated by this. On one occasion, I was at an event. It was a festival in Frontenac County and the cops were out. They had their trunk opened, and I noticed there was a ton of trunk space there, so I took out my camera phone and proceeded to film their trunk as evidence that there's room in OPP cruiser trunks. The cop on duty looked at me a little suspiciously, but I'm a well-known figure in the constituency, so I think he decided I wasn't a security threat.

I say this by way of saying that my impression is that this argument that comes up from time to time is a red herring. I don't want to put words in anybody else's mouth, but that's my impression.

I'll turn to the folks at St. John. In addition to police forces, where I think it's essential that there be defibrillators put into the trunks of cruisers, which other first responders or similar types of public services don't have them now that ought to have them? Where is the logical focus?

Mr. Shawn McLaren: I can't speak to who does and who does not have them with any great knowledge, but if I'm in a theoretical mind frame, I would say it goes for any type of special constable first responders, those being police force, fire services and obviously paramedics. If you think about it, OC Transpo special constables would be an example of someone who should have them. As light rail gets going, we do the first aid training for the special constables for OC Transpo.

Mr. Scott Reid: I have to wrap this up in just a second. I have 23 seconds left.

Quickly, in Toronto, there are defibrillators on many subway platforms. Will they be on the platforms for the new Ottawa transit stations? Do you know?

Mr. Shawn McLaren: I do not know.

Mr. Scott Reid: Thank you.

The Chair: That closes the lid on that questioning.

Mr. Dubé, please, you have seven minutes.

[*Translation*]

Mr. Matthew Dubé (Beloeil—Chambly, NDP): Thank you, Mr. Chair.

Thank you to everyone for being here. I greatly appreciate it.

My question is for the witnesses from Urgence Bois-Francs. You talked a little about the area you cover. Does the SQ share its policing duties with a municipal police force?

Mr. Jocelyn Grondin: The SQ is responsible for the entire area.

Mr. Matthew Dubé: All right. To your knowledge, are there places where the vehicles of the SQ or a municipal police force are not equipped with a defibrillator?

Can this cause problems for paramedics working in an area with two different police forces and that do not know who will arrive at the scene first?

Mr. Jocelyn Grondin: I would say no because our paramedics are always prepared for the worst case scenario when they deploy to a scene. They are not overconfident and do not tell themselves that they can take things a little easier because an SQ officer is already there. They are always prepared for the worst case. For example, they are prepared in case the AED did not work properly or the police did not have an AED. Naturally, we are pleased when the SQ arrives before we do, but we never count on it.

Mr. Matthew Dubé: That clarification is important and the people from St. John Ambulance can also answer the question.

The actions of the paramedic services are not at all affected by the equipment carried by the police.

● (1610)

Mr. Jocelyn Grondin: No, not at all. Ultimately, it is one more thing that helps us. We cannot respond to all the calls we receive, and we avoid any conflict. Some paramedics like to engage in union or other squabbles and argue that they alone can use defibrillators and that they are responsible for saving lives. We do not agree with that, and we are the first to celebrate if someone's life is saved by an ordinary citizen, a firefighter, a police officer or even a butcher.

Mr. Matthew Dubé: My question is for both groups of medical first responders here today. Are the standards for training and use of the machines the same across Canada?

Mr. Philip Girouard: In Quebec, everything is standardized and the programs are consistent.

We are not aware of what the rest of Canada is doing.

[*English*]

Mr. Shawn McLaren: Our training is standardized across the country. The CPR and AED training that's received in Nova Scotia or Ontario is the same as the training received in B.C. and the Yukon.

[*Translation*]

Mr. Matthew Dubé: Is this training valid if someone moves to another province?

Mr. Philip Girouard: Are we talking about paramedics or the rest of the population?

Mr. Matthew Dubé: We are talking about paramedics.

Mr. Philip Girouard: Our paramedics can practice only in Quebec, not in Ontario.

Mr. Matthew Dubé: OK.

Mr. Philip Girouard: Paramedics must go through an equivalency process to practice in Ontario and vice versa.

Mr. Matthew Dubé: I asked this question because, as you know, that is the case for many professions. It would be interesting to discuss the recognition of credentials in reference to training costs.

Cst Gendron, you talked about storage and the fact that you do not leave the devices in the vehicles mainly because of the cold. Is that right?

Cst Bruno Gendron: That's right. At the end of their shift, especially during winter because of the cold, police officers bring the AEDs inside the station to prevent problems with the batteries and electrodes.

Mr. Matthew Dubé: Are there special requirements for storing the devices?

Cst Bruno Gendron: No, they are stored in a Pelican case and protected. They are quite sturdy.

Mr. Matthew Dubé: OK, thank you.

That's it for me, Mr. Chair.

[*English*]

The Chair: Thank you.

Mr. Spengemann, please, you have seven minutes.

Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.): Thank you very much, gentlemen. Thank you for your service. Thank you for being with us.

I think the problem is partly the geography of our country in the sense that in our rural centres we have a problem with response times and getting to places quickly enough. In our urban centres we may have the problem of not having enough of these around and potentially having multiple incidents in which an AED is required.

How important is complementarity of access? Is it only first responders who should have them, or should we widen the discussion to say we should have them in community centres, at hockey rinks, in schools and in seniors' residences? In many places they will already be there, but maybe not systemically enough. The idea is that we want to bring an AED within a radius or a time access point to an individual suffering an incident, to cover the entire country.

Mr. Andrew Stanzel: As I said earlier, I think the more out there the better it is and the faster time we have to get them in places. As far as arenas are concerned, in the city of Ottawa alone there have been multiple instances, even this year, of people being resuscitated at hockey rinks on the ice with their equipment on. They just cut the uniform off and shocked them right on the ice and got them back in those cases.

The issue with having static ones is with who is responsible for picking that up from the community centre and taking it somewhere else.

The more there are out there the better, because the better chance of survival there is by having one as close by as possible. Again, I don't think it necessarily takes away that element of having mobile ones out on the street as well, unless you're going to have somebody who would go to the arena and pick it up, but again, that would mean a time lag in getting it to the scene you need it at.

Mr. Sven Spengemann: We may not have exact numbers, but can you give the committee an appreciation, even if it's anecdotal, of how much better the odds of somebody surviving a cardiac event are if an AED is on hand?

● (1615)

[*Translation*]

Mr. Jocelyn Grondin: Some studies indicate that the likelihood of surviving a cardiac arrest is approximately 70% higher when an AED is used. As for whether they should be available everywhere, I will ask you the following question: does anyone question having fire extinguishers in public buildings today? The answer is no. To save physical assets, no one was afraid to make those investmens and raise public awareness about having an extinguisher. The same applies to AEDs. There will never be enough AEDs.

Of course, as I mentioned, the device cannot perform miracles. Whether we are talking about the rate of resuscitation or the chance of survival, we know that the Seattle region has the highest number of AEDs in North America. This city has the highest rate of training. It has the most AEDs. According to figures we have seen, Ottawa ranks second in North America. As we said, there are AEDs in all police cruisers, and it is the city where the largest number of people receive training.

When we spoke to the people at the Ottawa Paramedic Service a year or two ago, they told us that they had given CPR and first aid training to more than 15,000 people in recent years. If I go into cardiac arrest when in one of these cities, I have a better chance of surviving. That is not just chance. In fact, it has to do with the fact that measures were implemented, people were trained and they have the tool they need to respond.

Mr. Sven Spengemann: Thank you.

[*English*]

Again, anecdotally, if you as a first responder get called to an incident where somebody is in cardiac arrest, and somebody may or may not be doing CPR, what are the general odds of that person surviving?

Mr. Andrew Stanzel: With no AED, they're zero. You're not going to get them out of VT or VF, which are the two shockable rhythms, without applying an AED on them. CPR only keeps you in that rhythm long enough for either drugs or an AED to be applied.

My real job outside of volunteering is as an ICU nurse. You will not get someone back who's in VT or VF without medication or an AED. All CPR does is buy you time to get those things in place.

Mr. Sven Spengemann: Right, and more often than not if an AED isn't on hand, the odds are slim for that person.

I want to flip that around and talk to you as first responders about PTSD. This committee has done a lot of work on PTSD and OSIs. Not only would it improve the odds of the victim, obviously as the first priority, but what would it do for you as first responders to increase significantly the odds of people you're encountering and to be able to resuscitate them successfully?

Mr. Andrew Stanzel: Can I take that one again, just given our recent incident? We did our critical stress key debriefing last night with my members who were involved in that resuscitation. I was actually on the scene as well for it. It makes it a lot easier when you're having that debriefing to be able to say that the person's doing well rather than that the person hasn't come back. The ones you get back don't bother you. It's the ones you don't get back who will bother you.

Mr. Sven Spengemann: I appreciate that. Thank you very much.

From a completely different angle, is there an economic opportunity for Canada to manufacture and/or service, and/or distribute, these items, or are they coming from elsewhere? We always try to put on an economic lens.

Where are the ones you know of now being manufactured, and is it something we could explore, in theory?

[*Translation*]

Mr. Philip Girouard: You mentioned manufacturing AEDs, but it is not as simple as what we think. An AED is more than a bunch of batteries, a wire and a button. A monitor is linked to the device, which reads the arrhythmia or the heart's electrical impulses. It is a very complicated process.

[*English*]

Mr. Sven Spengemann: Probably established technologies elsewhere most likely are the answer.

[*Translation*]

Mr. Philip Girouard: Exactly.

Mr. Jocelyn Grondin: You should also know that there is no learning curve for manufacturing these devices. The first AED off the production line must be of the best quality. Before embarking on such a venture, we must be sure of what we are doing. When you are about to push a button to resuscitate someone, you do not want to hear that there is a bug in the program, or that it is the first device off the production line and that the next ones will work better.

I think it would be risky to get into the manufacturing of defibrillators. Instead, I think we should turn to a Canadian company that already manufactures them.

[*English*]

Mr. Sven Spengemann: I have a final question on training. If we're thinking forward and we say more people need to be trained, what's the minimum age of somebody to be able to understand this technology and handle it?

Can we train schools, children in schools, young people, and if so, at what age would they be competent to handle the machine?

Mr. Shawn McLaren: We begin our first aid and CPR training at age 13. We do have courses that go as low as grades 1 and 2 but our official youngest age is 13.

● (1620)

Mr. Sven Spengemann: Thank you.

I think that's my time.

The Chair: Thank you, Mr. Spengemann.

Ms. Leitch, welcome to the committee.

You have five minutes please.

Hon. K. Kellie Leitch (Simcoe—Grey, CPC): Thank you very much, and thank you, everyone, for taking some time today.

My understanding is that we're all in agreement on moving forward with this motion. We appreciate your coming today.

Maybe I could ask you, Mr. Stanzel, to outline for the committee just what is so important on the time frame. I'm an orthopaedic surgeon. Like yourself, I appreciate the time frame of being able to implement these things.

Can you outline for the committee and also for the record why the critical time zone is the time frame that it is?

Mr. Andrew Stanzel: As I said, CPR only lengthens the amount of time that you're in that VTach or VFib. Those are the only two rhythms that can be shocked. Unlike TV where they're shocking somebody who has flatlined, that's not the way it works. When you're flatlined, drugs may get you out but you're not getting shocked back. My wife is a nurse too. We tend to get irritated by medical shows.

Hon. K. Kellie Leitch: Welcome to the club.

Mr. Andrew Stanzel: The faster that AED gets on, the better chance you have of getting that person while they're still in that shockable rhythm. Once they're outside of that shockable rhythm, your only chance at that point is drugs, and the general public is not carrying epinephrine or vasopressin, or things like that, to try to restart the heart.

Like I said, the amount of time you stay in that frame, it's about four minutes before you start having brain damage kick in. The heart can be gone sooner than that. The faster that AED gets on, the better chance of survival you have. Once you're out of that critical two arrhythmias, that's it, you can't resuscitate them back using AED anymore.

Hon. K. Kellie Leitch: One of the things that Mr. Spengemann had raised before is just whether or not AEDs are available. Just so you're aware, Medtronic, which is in your riding actually, is one of the few producers globally of this device. I'm sure they'd be delighted to help you out on them.

This question is for everyone. Where do you see those most frequently used occasions?

I think it was you, Shawn, who mentioned that someone was crossing the finish line of a big marathon and it had to be used. Obviously, you each see different contexts. It gives us some idea, not just for first responders but actually for volunteers out there in the field. Where should we have these? What's the most frequent location where you see the need for the use of an AED?

[*Translation*]

Mr. Jocelyn Grondin: We could have AEDs in any location where physical activity takes place. It has been documented that the places where AEDs are most used are centres where intense physical activity occurs, such as hockey or similar sports.

When municipalities ask us where to install the device, we suggest that it be put in places where people gather, especially where there are people of a certain age. I am referring to community centres, seniors' homes and places where there are more people likely to experience cardiac arrest.

Hon. K. Kellie Leitch: Would you like to add something, Mr. McLaren?

[*English*]

Mr. Shawn McLaren: I would agree. Sometimes you want to consider where age is involved as well. We've worked with the Legion to get AEDs into the Legions, and Lee Valley Tools. I like to shop at Lee Valley Tools, but the population that shops there is maybe a little older than me.

Again, with the physical activity, I would consider age as well and anywhere where there's a large grouping of people. We had an incident about a year and a half ago where someone brought someone back at IKEA. Just because there's a large concentration of people, that's a great spot for an AED.

Hon. K. Kellie Leitch: I could see people being quite wound up at IKEA, particularly at the exit.

Voices: Oh, oh!

Hon. K. Kellie Leitch: One thing has crossed my mind. We frequently get asked to fund opportunities for various things, whether it be at this committee or with other motions and items that are put forward for parliamentarians. We often don't have the evidence to make this a non-debatable issue.

Has there been some thought—particularly if you're in the Ottawa area where AEDs are used in abundance—of working with the Ottawa general hospital, with CHEO, and with individuals who would be able to provide some evidence base for the critical time frame for being able to use AEDs and the impact they're having on the society here in Ottawa? Is there something to provide individuals like us who are making these decisions evidence so this becomes, for lack of a better term, a no-brainer decision, so that the evidence speaks for itself?

You can say there isn't. It's okay.

Mr. Andrew Stanzel: We don't have those numbers in front of us. The person who would have the numbers would probably be in the Ottawa Paramedic Service. Everyone who is resuscitated in the community—again, you're only seeing people that it's successful on—are brought to the heart institute, to the CCU there, and that's where they have their after cardiac arrest care.

Again, you're only going to see the segment of the population who survived. They may be able to provide some information around whether AEDs were used and the time frame. We don't have those numbers.

Hon. K. Kellie Leitch: Thank you very much for your time today.

● (1625)

The Chair: Thank you, Ms. Leitch.

Speaking for the final five minutes before we suspend, Ms. Dabrusin.

Ms. Julie Dabrusin (Toronto—Danforth, Lib.): Thank you.

It has been really interesting to have this conversation. What I'm picking up is that there are really two issues as to how we do this appropriately. One is location and the other is education.

The original motion that started the study was about putting the defibrillators in RCMP vehicles. When I started looking at it....

I actually spoke about this in the House. In a city like Toronto, that's not going to be the location to help people. In fact, U of T engineers did a study and thought it was coffee shops, ATMs and parking locations, because everyone knows where they are. If you know that certain coffee shops all have them, you would know where to run to. That was their study. It hits me that when we're looking at RCMP vehicles, we're really looking at more rural locations. We've talked about gyms and meeting spots, but it hits me that we're talking about RCMP vehicles. We're talking about all the spaces in between.

Do you think that having them in vehicles that are travelling in between those gathering locations.... How does that help? I feel like this is really a focus on a rural issue more than a city's.

[*Translation*]

Mr. Philip Girouard: In my area, the Sûreté du Québec is informed only when there is a cardiac arrest. In urban areas such as Victoriaville, police are called more frequently to areas outside the city. That is where we need more help and more AEDs.

Within municipalities, the Sûreté du Québec does not respond because there are first responders such as firefighters and paramedics available. We would not gain any time by calling in a third resource. The need to act quickly really affects outlying areas.

Ms. Julie Dabrusin: I am trying to establish how we can install AEDs in appropriate places, how we can find good places to install them. We talked about sports facilities and community centres. However, there is also the issue of whether the best place for these devices would be in vehicles. Is that the case in your experience? It is different in cities.

Cst Bruno Gendron: Yes.

However, the City of Ottawa has a large, I would even say vast, rural area. We have police officers in rural areas who are always on patrol in their vehicle and who respond to medical calls when they get them from paramedics. As I explained, we often have to help an unconscious person. The police are prepared to respond to calls.

I know that some MPs talked about installing defibrillators in buildings. However, unless they are open 24 hours a day, that can be a problem. The police cruiser is always in service and available to respond to emergency calls. In rural ares, firefighters and paramedics also respond. One of them will always get there more quickly than the others.

Ms. Julie Dabrusin: We should also be thinking about firefighters in rural regions. Volunteer firefighters might be another resource.

Cst Bruno Gendron: I wouldn't say that volunteer firefighters are the best solution because they are at home and they have to get to the station, gather equipment and take the vehicle. A police officer or a paramedic at the station will be much faster than a volunteer firefighter.

[*English*]

Ms. Julie Dabrusin: I actually found the app. There's the Save A Life app that St. John Ambulance started. I'm not sure I have it fully operational on my phone, but thank you for letting me know about the app.

The other question is about education. We talked about age, but how do you think we best reach people? There are people who voluntarily choose or they do it through their work, but you're talking about a really basic piece, these AEDs. I could go to my hockey rink and use it. I have no idea how to use it and I would be terrified to reach out and use it in the wrong circumstance. How can we get that information?

Mr. Andrew Stanzel: As far as the AED is concerned, you're never going to use it in the wrong situation. It will not shock if it's not supposed to shock. It's built into the software and it looks at ECG rhythm. We in the medical field know what we're looking at when we look at that monitor. We know what to shock and not shock. For the layperson, the “A” in AED stands for “automatic”. It does everything for you, depending on what model you have.

The model that our guys carry has pictures of where the pads go when you open up the lid, and it does everything else. It tells you when to do CPR. It tells you when to back off of it. It charges and it shocks. Those are the most automatic models. Some models out there require you to press a button to charge and press a button to shock. That button usually flashes at you. They're made, as they said, to be very simple so that as long as someone can listen and see the pictures to know where the pads go, it should work.

● (1630)

Ms. Julie Dabrusin: We need to get that message out to people, because even though they might be that easy and fail-safe, I don't think people know that.

[*Translation*]

Mr. Jocelyn Grondin: The important message we need to get across to people is to not be afraid to intervene. The person cannot be worse off after an intervention than they were before. It's better to administer bad intervention than not to intervene at all.

That is the message we like to drive home when we provide training at schools or other places. We tell participants not to be afraid to intervene, that they will not be sued if they do something wrong, and that the person will die if nothing is done. We tell them that the person cannot be worse off after an intervention than before.

I think that the more we get this message out, the better our chances for resuscitation.

[*English*]

The Chair: Thank you, Ms. Dabrusin.

[*Translation*]

Thank you for your testimony.

[*English*]

Thank you for your service not only to us as citizens, but also your service in coming here to the committee and informing us.

With that, we're going to suspend for a couple of minutes and then call the next witnesses.

● (Pause)

●

● (1635)

The Chair: Okay, let's call this meeting back to order.

We have as our final witness for today the RCMP. I'm going to call on Jamie Solesme.

Would you start with the opening statement, please.

Superintendent Jamie Solesme (Director, Policy and Programs, Contract and Aboriginal Policing, Royal Canadian Mounted Police): Good afternoon, Mr. Chair and honourable members of the committee. Thank you for inviting the RCMP to speak to you about motion 124 regarding AEDs.

I am joined today by my colleagues Bruce Christianson, from occupational health and safety, and Nathalie Guilbault, from our materiel and assets management section. We are here to provide you with information and to answer your questions to help inform your deliberations on this motion.

According to the Heart and Stroke Foundation of Canada, approximately 40,000 Canadians suffer from sudden cardiac arrest each year, of which 80% occur outside of hospital settings. This is one reason that all RCMP officers are required to be trained and recertified in CPR and first aid, which includes the use of AEDs. The RCMP is committed to our communities, with CPR and first aid training for our officers being one demonstrable enhancement to our public safety role as first responders.

Currently in most Canadian communities, more than half of all cardiac arrest patients do not receive CPR prior to the arrival of paramedics and first responders. All police are committed to community safety and well-being. Fortunately, public access to AEDs has increased significantly in recent years across Canada, and we are encouraged by the installation of AEDs in public spaces, including public rinks, arenas and recreation centres across Canada.

We are aware that motion 124 calls for the equipping of all RCMP vehicles with AEDs to support greater public access to these life-saving devices. We are here today to provide the committee with information and to highlight for the committee's deliberations considerations related to the motion.

I will briefly outline to the committee the current use and policies for AEDs within the RCMP.

The RCMP has adopted a limited AED program, which is guided by the RCMP's national occupational safety manual. AEDs have been approved for installation and use in the following RCMP operational areas: emergency medical response teams, the divisional fitness and lifestyles program, some protective policing details, and in those instances where provincial policing standards require that an AED be available. Furthermore, the standard first aid curriculum in which all RCMP members are required to be recertified every three years includes the use of AEDs.

In addressing costs, several operational rollout and financial considerations must be assessed. We undertook a preliminary scope analysis that sought to highlight some of the RCMP's specific challenges and to provide you with some variables for financial order-of-magnitude figures.

As an example, to support the G7 summit in June 2018, the RCMP undertook a procurement exercise to purchase a limited number of AEDs specifically for this event. These devices cost approximately $1,700 per unit, which aligns with the range of costs that was reported to the committee in June. Additionally, compact AEDs, which were purchased for our emergency response team in 2016, cost approximately $4,500 per unit.

As of September 2018, the RCMP has approximately 12,200 vehicles in its fleet, of which close to 5,000 are marked police vehicles. The remainder are unmarked, operational, administrative and special purpose vehicles.

It is important to consider the additional costs required for ongoing maintenance and replacement of these devices. Furthermore, there are a number of other considerations that could result in higher costs or difficulties in rolling out AEDs to the RCMP fleet.

While the RCMP has procured a limited number of AEDs, these devices have been purchased for use primarily within RCMP facilities or for short-term events such as the recent G7. To determine what devices or series of devices would be required for use nationally in RCMP vehicles, an in-depth analysis would be necessary to evaluate operational parameters, including climate, temperature, durability and interoperability with existing equipment. The analysis would provide information to ensure that any device purchased would operate to a known standard, regardless of weather, temperature or location in Canada.

The RCMP takes a number of factors into consideration when determining whether to purchase or roll out new police equipment.

● (1640)

Given the unique contract policing role the RCMP plays in Canada, decisions taken by provincial, territorial and municipal governments play a significant part in how the RCMP purchases, trains, maintains and equips front-line members with new equipment. However, from a Canada Labour Code perspective, for officer safety reasons the RCMP does set minimum standards. Currently, the RCMP provides contract policing services to all provinces and territories, with the exception of Ontario and Quebec, as well as some 150 municipalities. These services are provided through police service agreements, which see the cost for RCMP services shared by provincial or municipal governments and with the federal government.

In consultation with the RCMP, the provinces, territories and municipalities establish the level of resources, the budget and policing priorities in their respective jurisdictions. It is through these consultations and decisions by the government of local jurisdictions that the RCMP is allotted funding for the purchase of new equipment.

To implement M-124, the RCMP would need to first determine the range of device options that would be appropriate for use nationally. An analysis would need to be undertaken to determine how and where these devices could be housed in a vehicle, being mindful of the multitude of other equipment our officers require for their daily duties, specifically in the north. Additionally, consultation with contract partners would be required to determine the extent to which these devices could be deployed.

The RCMP is committed to the safety of its employees and the citizens it serves. While our primary mandate is for the provision of law enforcement, we often get called upon to support the broader first responder role. We will continue to work with our partner stakeholders, including provinces, territories and municipalities, to establish policing priorities in their respective jurisdictions.

Thank you for the opportunity to speak to you today. We look forward to answering your questions.

The Chair: Thank you, Superintendent.

For the first seven minutes, we'll go to Ms. Damoff.

Ms. Pam Damoff: I'm first again...? Okay.

The Chair: That's what we keep getting told here. We should get these things together.

Ms. Pam Damoff: Thank you, Chair.

Thank you very much for your presentation, Superintendent. I apologize, but I missed the beginning of it. Did you say what the cost would be to equip all the vehicles with the AEDs?

Supt Jamie Solesme: No, I did not provide a cost, but we procured the AEDs for the G7, and they were $1,700 per unit. Additionally, our EMRTs—our emergency medical response teams—have smaller, more compact units at a cost of $4,500 a unit.

Ms. Pam Damoff: Okay. If it's $1,700 a unit, how many vehicles are we looking at equipping?

Supt Jamie Solesme: It's about 12,200 vehicles.

Mr. Scott Reid: About 5,000 cruisers....

Supt Jamie Solesme: Yes, it's 5,000 marked police vehicles.

The Chair: That's a big number.

Ms. Pam Damoff: You provide policing in indigenous communities.

Supt Jamie Solesme: That is correct.

Ms. Pam Damoff: What is the availability of AEDs within those communities? Would it be beneficial to equip the RCMP vehicles that are servicing indigenous communities?

Supt Jamie Solesme: Our primary role is law enforcement, and we depend heavily on the services that exist in the community in terms of first responders. As the previous witnesses attested, having those devices available, whether it's at a medical clinic, a public...or through any emergency first responder, is an asset.

● (1645)

Ms. Pam Damoff: The RCMP work in rural and indigenous communities as well as within cities. There's a detachment in Milton, Ontario, just outside of my riding, for example, where I suspect the response times are probably quite quick, whereas if you were in rural Saskatchewan they would be much longer.

You may not have this number, but would it be possible to see how many vehicles we would be looking at if you were equipping only RCMP vehicles that were in those more rural or indigenous settings?

Supt Jamie Solesme: I should explain first that in Milton, you're looking at a federal policing unit, so they're not working as first responders. They're working more on federal investigations, national security, serious and organized crime and financial crime, so they're not the ones who are going to be called to a 911 call—unless, obviously, it's a national security event.

You're asking me how many vehicles would be in those smaller communities, but I would have to go back to our fleet manager and ascertain that number. I don't have the numbers broken down by division, just the overall numbers.

Ms. Pam Damoff: I just did the math. It would be $8.5 million to equip all of them, and then there would be ongoing costs over time.

Supt Jamie Solesme: That is correct.

Ms. Pam Damoff: I'm wondering if there would be a way to pick the highest priority vehicles. Maybe it's not possible to do that, but rather than equipping all 5,000 right off the bat, if there was an opportunity to see where it might be beneficial for the RCMP to have AEDs in their vehicles.... We know it saves lives.

Supt Jamie Solesme: Yes.

Ms. Pam Damoff: It's more whether it's a good use of taxpayers' dollars with all the other costs that the RCMP has in their budget.

Supt Jamie Solesme: Yes.

Ms. Pam Damoff: How much time do I have left, Chair?

The Chair: You are just coming up to four minutes.

Ms. Pam Damoff: Mr. Picard will take the rest of my time.

[*Translation*]

Mr. Michel Picard (Montarville, Lib.): My question is on areas that are not urban. Obviously access in towns is unrestricted, no problem. In the areas that you cover, outside towns and cities, it might take longer than five minutes for a vehicle to get to the emergency site. No matter how much effort is made or how urgent the situation, the emergency vehicle cannot always get to the sites in the critical five- to ten-minute window for using this device.

Living outside towns and cities has its advantages, but how do you picture the vehicles getting to the locations quickly? Even if they are equipped with a defibrillator, the distance and operational issues would make it hard to use this device effectively unless the accident occurs near the vehicle.

[*English*]

Supt Jamie Solesme: Having worked in northern British Columbia, I appreciate the remoteness, and working up into the Yukon, you are correct that there are still.... It's a huge challenge, the timeliness of arrival in some of these remote areas. Remoteness should not be compared to any area within Ontario. You can drive miles and you could travel for an hour to get to an accident that's occurred where there are injuries. Because there's no police presence and they could be sparsely populated areas, you are correct. It's still a challenge.

[*Translation*]

Mr. Michel Picard: I wanted to ask the representatives from St. John Ambulance this question.

If the devices are so easy to use, then would it be possible to provide simple training through a video recording on a web site?

It's true that the RCMP site is rather full and diverse, but there could be an RCMP video on the safety aspect. The training would provide enough information to ensure that those who are afraid to use this device are assured that if they ever need to use it they should be able to without any problem.

● (1650)

[*English*]

The Chair: Is that a question or a comment?

Mr. Michel Picard: Should we put a training video on your website or any other website for the general population to learn how to use these?

Supt Jamie Solesme: I'm not familiar with what's currently available in the realm for the public. You're talking about public education. I'm not certain what's there now.

The Chair: Thank you, Mr. Picard.

Mr. Motz, you have seven minutes.

Mr. Glen Motz (Medicine Hat—Cardston—Warner, CPC): Thank you very much.

Superintendent, you indicated that you purchased AEDs for G7 this past June. How many did you purchase?

Supt Jamie Solesme: I'm not familiar with the number.

Mr. Glen Motz: You have no idea at all? Was it 100, 500, 1,000, two?

Supt Jamie Solesme: I'm not familiar with the number.

Mr. Glen Motz: You got them for $1,700 apiece.

Supt Jamie Solesme: Yes.

Mr. Glen Motz: That probably means you got a volume discount, because they're usually $2,200 to $2,300. The model you used there, I take it, is the model that is used generally by police agencies across the country.

Supt Jamie Solesme: I'm not certain which one they procured for the G7. Other than there's a series of ones that they have procured.

For instance, in our own office, I have seen three different models. We have one on display. We have one that was assigned to the emergency response team. There is another model there.

Mr. Glen Motz: Right, but the emergency response team has a specific AED for their needs, not generally for patrol cars.

What happened to the ones that you purchased for the G7? Have you deployed them anywhere?

Ms. Nathalie Guilbault (Director, Materiel and Moveable Assets Program, Royal Canadian Mounted Police): We haven't quite completed the G7 after action that's required. Therefore, we will be seeing what is required internally to the RCMP. We will be redistributing those from the G7 within the department or within other government agencies.

Mr. Glen Motz: It would be feasible to say that this price range is exactly the price range you can get a volume discount for AEDs that are used in law enforcement vehicles across this country.

Would it be reasonable to suspect or hope that whatever you purchased for the G7 would go into some of your marked cruisers or into areas that would benefit from having an AED in a car, as your officers are AED trained anyway?

Ms. Nathalie Guilbault: I can only speak to the model I saw. It was one of the potential buys for the G7. It was just in a brochure. I can speak to that.

The ones that we would need in the cars would be in the ruggedized Pelican cases, like Ottawa Police were speaking about. These were more of these mobile-type systems that you saw.

Mr. Glen Motz: Right. Again, that's exactly what's in the cars with the Pelican case that are $1,700.

You indicated, Superintendent, that you have not done a cost-benefit analysis to roll this out. This motion has basically been on the books since March last year. I'm wondering why that cost-benefit hasn't been done. I'm just curious.

Pam, did you say about $8.5 million for the cost?

The Omar Khadr payout was $10.5 million. The hockey rink on the Hill was $8 million. You'd almost be covered off with the hockey rink.

When you look at the 3,000-plus lives that it's estimated to save, that you could be involved in saving, you see that we're talking about $2,800 a life. It's a pretty small price to pay especially when you can get four years or so out of an AED without....

Mr. Scott Reid: It's 10 years.

Mr. Glen Motz: The pads have a four-year life. You can do minor maintenance on them. I think that would help, as your officers are already CPR trained. Included with the CPR training, you have AED training.

Supt Jamie Solesme: That is correct.

Mr. Glen Motz: Then there's not a lot of rollout. As you know, the training of officers is usually the highest costs of any implementation of new equipment.

I'm just curious whether the RCMP will be undertaking a cost-benefit analysis in response to this study.

● (1655)

Supt Jamie Solesme: I think that we require further consultation with the provinces, the municipalities and the territories to examine the issue and determine exact costs. When we speak of priorities, where does that fit on the priority list? We'll move forward in that way.

Mr. Glen Motz: Fair enough.

You indicated early on that you are committed to your communities and you want to enhance your public safety role as first responders.

Now, you have 150-plus municipalities that you provide policing to. As we heard in the first round, and you and your team were here earlier, we all know that with AED response, unless you have immediate response, sometimes you can't change the course of what's happening. In many municipalities you are there. I know in my municipality the RCMP are in that community and will be responding long before the paramedics, EMS, or fire services will arrive. It would be critical. In fact, many of those communities are asking and supportive of this. I think it would fit with your mandate and it would be a priority to fall in line with what you wish to accomplish as part of your contract policing for those communities.

Would you not agree with that?

Supt Jamie Solesme: Mr. Chair, I don't think it's my position to oppose or support. I'm here to provide the information as requested.

Mr. Glen Motz: Fair enough.

Have you looked at what the OPP or the Sûreté in Quebec are doing? Do they have them in their cars?

Supt Jamie Solesme: Yes. I know we've had consultations and we've been in contact, particularly with Ottawa city police to examine how their system works.

Mr. Glen Motz: Because a lot of your policing jurisdiction is rural, I was looking to see what you might learn from the OPP and the Quebec provincial police on their use, whether they have them in their cars and whether there's something that you could gather from that research that would help you out in deciding how to prioritize what cars to put them in.

Supt Jamie Solesme: That could be very viable, yes.

The Chair: Thank you, Mr. Motz.

Mr. Dubé, you have seven minutes, please.

[*Translation*]

Mr. Matthew Dubé: Thank you, Mr. Chair.

If I understand your comments correctly, equipping the vehicles with defibrillators will not involve any additional cost or requirement for training the officers.

[*English*]

Supt Jamie Solesme: There's no additional cost to train.

Mr. Matthew Dubé: They have the training already.

Supt Jamie Solesme: That is correct.

[*Translation*]

Mr. Matthew Dubé: You said that the devices that you already have are for short duration events. There might be room for reevaluation if these devices are going to be used on a more permanent basis, if I can put it that way.

In terms of what is being proposed here, do the limitations of the short duration devices mean that the RCMP cannot use them or buy the same models?

[*English*]

Supt Jamie Solesme: There are challenges in regard to the weather and the climate as was specified earlier—extreme heat through the Okanagan with the vehicles closed, and in the north, the temperature. I'm not technically savvy on the specifications, but I do know that there is a temperature range and that does pose a challenge. Having the device is one thing. Making sure that the device is in working order and that it is going to work when it's required is very important as well.

It's not just having it. It's the maintenance of it. It's having the officers do checks of all their equipment when they get in their vehicles at the beginning of their shift, ensuring that it is an operational piece, that it's there and it's going to be useful when they need it.

[*Translation*]

Mr. Matthew Dubé: So the concern is that the devices purchased in the G7 or the G8, for example, are not suitable for the requirements or the climate?

[*English*]

Supt Jamie Solesme: I'm not certain what the specifications were on the devices purchased. It's important for the committee to understand that there are challenges, when we have a national police force, that we need to examine and take into consideration with respect to procuring a proper device and ensuring that it is sustainable and that it works in whatever environment.

It's very important that we are able to provide that same level of protection to all our citizens. We don't want to have a machine that works in one area and doesn't work in another. It could lead to the procurement of several different types if the specifications led to that. It's about having the most useful tool that we could have.

● (1700)

[*Translation*]

Mr. Matthew Dubé: My last question is on the current experience. Given the existing requirement at some locations or the role that some units play, a number of divisions already have these devices in their vehicles.

Can you say a few words about the current experience and whether it might be beneficial in rolling out a national plan?

[*English*]

Supt Jamie Solesme: Currently, in the province of British Columbia, there are devices installed in vehicles where the population is less than 5,000 and I believe in the supervisors' vehicles when the population is greater than 15,000.

I have not heard any complaints or issues. We do not have a central reporting system, meaning that when somebody utilizes an AED they don't write down and send me a note to say, “I've utilized it. It worked. It didn't work.” We don't have that type of information about the effectiveness. I'm not sure that's something that is actually available to provide, but I've not heard any issues per se in the use of them where they do exist.

Mr. Matthew Dubé: That's for British Columbia and the other provinces—Quebec, Manitoba, Alberta, and nationally. It's a small number of vehicles.

Supt Jamie Solesme: Yes, it is.

Mr. Matthew Dubé: How has that experience been?

Supt Jamie Solesme: I met with a group earlier, in August, and we spoke about AEDs. There were no issues reported.

[*Translation*]

Mr. Matthew Dubé: Thank you.

[*English*]

The Chair: Thank you, Mr. Dubé.

Mr. Spengemann, you have seven minutes, please.

Mr. Sven Spengemann: Thank you very much.

Thank you for joining us today, and thank you for your service and your expertise.

I'd like to take you back to the north and policing and first responders in the north. Does the RCMP operate helicopters?

Supt Jamie Solesme: Yes.

Mr. Sven Spengemann: How many helicopters are in your fleet?

Supt Jamie Solesme: I'm not certain at this point.

Mr. Sven Spengemann: Okay, but it's a prominent tool to achieve presence in the north and coverage of response areas.

Supt Jamie Solesme: It is utilized for response.

Mr. Sven Spengemann: Do all of the helicopters have these devices installed on them?

Supt Jamie Solesme: I am not certain.

Mr. Sven Spengemann: Would you be able to provide the committee with that information?

Supt Jamie Solesme: Yes.

Mr. Sven Spengemann: Secondly—and I put this question to the earlier panel—how critical is it to achieve complementarity by considering the installation of these in police vehicles, but also making sure that we have them in hockey rinks, community centres and senior centres? Especially in the north, where there is a concentration of population, there should be at least one or two of these devices. Is that essential, in your view, to achieving adequate response coverage?

Supt Jamie Solesme: The more places they are.... If I look at the response and the location of the people where we are going to calls.... If they're not in the hospital when these incidents are happening, they're either in a public place or a private residence or perhaps in a remote location. For example, maybe somebody has a cardiac arrest while hunting. If you're looking at those types of situations.... Even when we're looking at the north, yes, it's vast but there are knit communities, core communities in those areas. I think it would be very beneficial for the community access piece.

We're law enforcement. We provide that first response, but I think it's a community effort when it comes to the protection of citizens. We say that in law enforcement, for break and enters: everybody's the eyes and ears, call us. It's the same. It's everybody's responsibility to provide that safety and to take any steps necessary to protect the well-being of the people around them in their communities.

● (1705)

Mr. Sven Spengemann: In your experience, are some of these communities already taking those steps? Do you find some already installed in the community halls and the hockey rinks, or are we still way behind in the communities you're familiar with, in terms of community-based installations of AEDs?

Supt Jamie Solesme: I've seen them at community events that I've gone to.

Mr. Sven Spengemann: Okay, so that's the right direction.

In your view, is the device one where a 911 call or an appropriate emergency dispatcher could walk somebody through the use of the instrument via a phone? In other words, if somebody has access to the device and doesn't know how to use it and calls the appropriate first response number, can they be instructed on site on how to use the machine? Is it simple enough to do that?

Supt Jamie Solesme: On an AED it's very simple, yes.

The RCMP and the dispatchers are trained to provide guidance and are very good at articulating the role they should be taking.

Mr. Sven Spengemann: I think that's an important thought for the committee, that the expertise can be provided remotely by phone or even, in theory, by text or in some other way.

How critical are these devices in the battle against opioids? I'm not a medical expert but presumably they will work no matter what induces the cardiac arrest. Is there an intersection between opioids and the use of this mechanism? What other things have to come into play?

Mr. Bruce Christianson (Director, Occupational Safety Policy and Program, Royal Canadian Mounted Police): I can answer that question.

Right now our strategy for the opioid crisis is that we do have naloxone available for our members, and it has been used, as well, on members of the public.

Part of our training for our police officers in the use of naloxone is the use of their standard first aid CPR. In instances where an AED would be available, yes, it would help that much more. At this time, as you know, we don't have them in all of our vehicles so we can't rely on that. However, naloxone has been successful in reversing the effects of opioid overdose.

Mr. Sven Spengemann: Okay.

Mr. Chair, those are my questions.

I think Ms. Damoff has an additional question she wants to ask.

The Chair: You have two minutes and 30 seconds.

Ms. Pam Damoff: A friend of mine went to a marathon down in the United States, and what they did there was that they trained people who were watching the race on how to use an AED. It was a five-minute training in a tent. Then they sent them out on the route and they had AEDs along the route.

Some of the questions indicate that the biggest fear is that people think they're going to kill someone with an AED or they're afraid to use them, when in fact you can't kill someone with an AED.

If you were to put resources into taking five minutes before a hockey game to say how to use an AED, do you not think that would...? Most people won't go, in those community centres, unfortunately, because they don't know how simple the AEDs are.

It would seem to me that a great way to do that is, where the public is gathering, like at a race or at a hockey game, to do that five-minute training to show people that this is all they have to do and they're not going to kill someone. The instructions are there. The people are already there.

Regarding Mr. Picard's question about posting videos, you won't go to a video unless there's a reason to watch it. I'm just wondering what your thoughts are on training people, not in a full-blown three-hour course, but just five or 10 minutes of instruction on AEDs.

Supt Jamie Solesme: I'll go back to my comment in regard to it being everybody's responsibility to protect one another. I have not experienced the fear factor when going to events with the AED, and not because I only hang around police officers or medical personnel. I have just not experienced that. If there is that fear, I think that would take it out of it, but in a lot of these places, there's a lot of people there. Normally, like in a restaurant with the Heimlich manoeuvre, somebody in the crowd knows how to use it. I relate it to that.

Public education is valuable, by all means, yes, in those cases, especially going into a Sens game, and it comes up on the screen.

Ms. Pam Damoff: What's the average response time for RCMP vehicles out in rural areas? I'm just wondering if having an AED would actually help.

Supt Jamie Solesme: It varies so much that I don't know if there's a standard set time.

Ms. Pam Damoff: Okay, that's fine.

The Chair: Thank you, Ms. Damoff.

Mr. Reid, you have five minutes, please.

Mr. Scott Reid: Thank you. I think the answer, Pam, is that there's a lot of luck involved.

If a 911 call comes in when a cruiser happens to be going by a house, then they can get there quickly and that vastly increases the chances of saving a life. If the cruiser is a couple of kilometres away and takes a couple of minutes, there's a certain amount of luck of the draw with that.

● (1710)

Ms. Pam Damoff: I was thinking more with the RCMP.

Mr. Scott Reid: Right. I'm just saying that's an element.

I wanted to ask, on page 4 of your report you say that, in addressing costs, you undertook a preliminary scope analysis. Would you be able to provide us with that preliminary scope analysis in writing?

Supt Jamie Solesme: I can ascertain the availability of it. I think it related to trying to determine how may AEDs were currently in use to find out how far we would have to go.

Mr. Scott Reid: Can you give that to us? The document you mentioned, can you submit it to us, please, in writing?

Supt Jamie Solesme: Yes.

Mr. Scott Reid: Thank you.

On page 2 of your report you say that the RCMP is committed to your communities, with first aid training for your officers being one demonstrable enhancement. I just wonder, it would cost $8.5 million to equip every one of your cruisers with an AED, and it would save about 300 lives per annum.

Can you think of any other $8.5-million expenditure the RCMP has that has the potential to save that number of lives?

Supt Jamie Solesme: I'm not sure I can answer that question.

Mr. Scott Reid: Right. What I'm asking you is for $8.5 million, is there anything else the RCMP could do with that money that would save 300 lives a year?

The Chair: It's a bit wandering from the actual motion that's in front of us. You're inviting her to speculate.

Mr. Scott Reid: What I'm really doing is inviting all of us to realize that there is no other way of achieving 300 lives saved per year for a cost of $8.5 million.

The Chair: That's a proper comment, not necessarily a proper question.

Mr. Scott Reid: Fair enough. It is a comment.

Let me go on to the next question.

We're concerned about the extremes of heat and cold that the RCMP might face and this appears to be a reason for slowing things down. I just want to ask about the Medtronic and Zoll devices, which are the most commonly used. They're used in places like California, Arizona and New Mexico. Is it the case that we experience higher temperatures than those jurisdictions?

Supt Jamie Solesme: I believe my comment on temperature was in regard to its being a consideration for procurement, not necessarily slowing down any process.

Mr. Scott Reid: I understand, but while you look at whether to procure them because you're worried about extremes of temperature, people are dying.

With respect to extreme cold, are you aware that heated boxes can be used for AEDs to make sure they're not too cold?

Supt Jamie Solesme: No, I'm not.

Mr. Scott Reid: That's good to know. It would serve in certain places. I accept there are some extraordinarily cold situations when the RCMP would want to be the responders, up north in particular.

On page 7 you draw attention to cost-sharing issues: “These services are provided through Police Services Agreements, which see the costs for RCMP services shared by the provincial or municipal government, and the federal government”. The cost of $1,700 per defibrillator assumes that the government assumes the entire cost, zero dollars being paid for.

This is a comment, not a question. My interpretation is that $1,700 per unit is a maximum cost. If we could get the provinces or municipalities to share in that cost, it would go down. I would not want us to misunderstand the fact that we have shared jurisdiction that keeps us from being able to do this.

Similarly, I think I'm right in saying, although you can correct me if I'm wrong, that the fact we have police services agreements with other jurisdictions.... Am I right? I don't think anything in any of those agreements prohibits us from putting defibrillators into RCMP cruisers right now.

Supt Jamie Solesme: Nothing precludes this.

Mr. Scott Reid: Okay. Thank you very much. Thank you for your co-operation. Those were somewhat aggressive questions, not directed at you but simply at anything that stands in the way of getting on with saving these lives.

The Chair: Thank you, Mr. Reid. You should have been here last week for aggressive questions.

Voices: Oh, oh!

Ms. Ruby Sahota (Brampton North, Lib.): Thank you, Mr. Chair.

In your introduction, Superintendent, you said something about training. You said that RCMP officers renew their CPR course every three years.

● (1715)

Supt Jamie Solesme: That is correct.

Ms. Ruby Sahota: We heard from the Ottawa police that they do it every year. Is there a reason that the choice has been made to do it every three years? What are the pros and cons of doing it every year versus every three years?

Mr. Bruce Christianson: I can answer that question.

The requirement of every three years for us is governed under the Canada Labour Code. That's the minimum requirement for federal jurisdictions to recertify in CPR and first aid. As our previous witnesses mentioned, if you get it yearly, you're more proficient in that skill. If we were to look at increasing that requirement with our internal policies, we'd be getting our members trained. The standard first aid is two days, so we'd be getting them off the streets for two more days every year.

Ms. Ruby Sahota: Superintendent, you were saying that in the provinces of Quebec and Ontario you do not tend to be first on the scene for most incidents in which cardiac arrests occur. Other first responders would be responding in those situations, such as the local police, firefighters and ambulance workers. If we were to eliminate those provinces from the number of cruisers that would have to be equipped, how many cruisers would you say you have throughout the rest of Canada?

Is that a number you could get to us? I know you might not know that off the top of your head.

Ms. Nathalie Guilbault: The number we presented is for the marked police vehicles. Those are the first responders. It's already excluding the other vehicles.

Supt Jamie Solesme: The vehicles that are marked in Quebec are more or less in the area of Lacolle, dealing with the border issues. That's why there are marked vehicles. In Milton they don't do first response.

Ms. Ruby Sahota: It wouldn't hurt them to have them as well, if we are going to equip them.

Supt Jamie Solesme: I believe they have six vehicles equipped there right now.

Ms. Ruby Sahota: They do. I know you said, although I can't remember whether somebody had asked for that information already, that you knew the cost of AEDs purchased for the G7 but you didn't know how many were purchased at that time.

Could you find out from your department how many you currently have on hand?

Supt Jamie Solesme: Yes.

Ms. Ruby Sahota: If the number is quite high then we might not we looking at the $8.5-million figure.

Are there any other public education pieces that the RCMP does in the provinces and territories across Canada? Are there times when you go into schools to do any kind of safety training, or drug awareness programs, or anything in the range of CPR or anything like that? Are there any programs that you do?

Supt Jamie Solesme: Yes, we do, but not specific to AEDs.

Ms. Ruby Sahota: It's not specific to AEDs, but you do other programming and courses with young children.

Supt Jamie Solesme: Yes.

Ms. Ruby Sahota: We had heard in the previous panel that 13 was the age that training can start for a CPR course, but most people have to go out of their way to enrol in a CPR course. I'm sure there are some really good parents who are enrolling their kids in these courses. Would you see value and do you think it would be cost prohibitive to maybe extend the training that's done by the RCMP to include training in schools to 13-year-olds as a part of your outreach?

Supt Jamie Solesme: I don't think we would be the appropriate officials or representatives to take on that role.

Ms. Ruby Sahota: For the AEDs that are present in arenas and other places, where are they typically located and how could people easily identify where they are and how to get to them?

The Chair: Please be very brief.

Supt Jamie Solesme: I'm not an expert in the placement of them or in any of the procedures or protocols for the placement of those.

Ms. Ruby Sahota: You had said in some of your responses that you've seen them before in these places.

Supt Jamie Solesme: Absolutely.

Ms. Ruby Sahota: Where in your experience have you seen them?

The Chair: Thank you, Ms. Sahota.

You have five minutes, Ms. Leitch.

● (1720)

Hon. K. Kellie Leitch: Thank you very much for taking the time to come and speak with us today. I just have a few brief questions.

First, one of the comments you made in your presentation was about the other cost considerations. Could you maybe give us a bit of a background on what those other cost considerations are, so that as a committee we can better evaluate where we think those costs will be from. As was mentioned by Ms. Sahota, maybe some of those are already covered and this number is not as big as we anticipate it being. That would be exceptionally helpful.

If you don't have them today, if you could provide them to the committee, it would be greatly appreciated.

Supt Jamie Solesme: I would prefer to provide.

Hon. K. Kellie Leitch: That would be fabulous.

My second question is this. It was mentioned that there has been some analysis done, but obviously this motion has been available to you and to others for quite some time now. Obviously, we're well into the second reading part of this. Is there a reason why the RCMP hasn't done a complete analysis, knowing full well that this committee is going to be considering this and the Government of Canada will need to consider it?

You have a Minister of Public Safety who is on the record frequently in supporting even municipal actions for firefighters and others and supporting these types of actions. Do you have an idea when that complete analysis would be available to us?

Supt Jamie Solesme: I'm not certain when the complete analysis will be done. We have to consider the priorities and the number of items and, with the provinces, what the priorities are. Our mandate is law enforcement. That is our mandate when we're asking for money from provinces and territories for what the requirements are when the standards are set. We're looking at hard body armour. We're looking at carbines. We're throwing in all these things that we require as police officers, and we have to remember that our mandate is that and move forward.

Yes, it's a piece of equipment. It's a piece of equipment that provides the service to save lives, yes, but at the same time we still have to balance that against all the other priorities that are there.

Hon. K. Kellie Leitch: Mr. Chair, since this is an issue that Parliament is dealing with and the Minister of Public Safety has previously, prior to becoming minister, put motions forward with regard to these jurisdictional municipal issues, particularly on firefighters, maybe that's a question that his department should be answering for us as opposed to specifically the superintendent. I'll leave that with you to raise that with the minister, if you'd like.

I have one last question. I grew up in a rural community, Fort McMurray, Alberta. My father's construction company built the RCMP headquarters there, so I know about your presence in the north. Could we get provided to us at some point in time, because I'm confident you do not have this number today—if you do great, but I don't expect you to—what percentage of your rural vehicles have AEDs?

Obviously we have a lot of first responders in urban areas. We spoke with the Ottawa police earlier today and others. We know that they're the first responders. You have more of a responsibility in northern Canada as well as throughout the rural municipalities. It would be helpful for us to know what that percentage breakdown is, and specifically where they are, because there may be certain provinces that we would have to deal with in a more substantive way than others, based on the breakdown of where you're able to provide them or you're being supported to provide them, versus not.

Thank you.

The Chair: Thank you.

Mr. Picard, you have five minutes. I think you're going to close it out.

[*Translation*]

Mr. Michel Picard: I want to come back to the operational problem that our RCMP officers are facing in rural areas.

One the challenges we face is justifying putting defibrillators in every vehicle. Keeping in mind that the goal is to save lives and that is what the device is used for, this is a budgetary decision. Given the budget, the services, how far an emergency vehicle has to travel in rural areas, there is a good chance that the four to five minute window for optimal use of the device will be closed.

That it makes it justifiable to have defibrillators in as many locations as possible throughout the municipalities, either at the fire station, the town hall, or other locations. If there were one or two in every municipality that you serve rather than in every vehicle, where success is harder to guarantee, then we might get or hope for the same result. The device would be portable and someone might be able to save a life before an emergency vehicle arrives.

● (1725)

[*English*]

Supt Jamie Solesme: Sorry. Was there a question or am I being asked to comment?

Mr. Michel Picard: Would it be better to invest in putting those defibrillators in the municipality, instead of in the car? Chances are someone downtown or in the municipality will be there before the car is.

Supt Jamie Solesme: You are correct.

I think that, given the limited resources in some of the northern communities, they could be out on a call, while the incident could happen in the village or community. The device wouldn't be there because it would be in the police car that was out dealing with another incident that was an hour away.

To go back to my previous comments about accessibility to those devices, even if they're in a public place, it doesn't mean that the RCMP or any other medical response could not use them. They're there for everybody to use, so it wouldn't be limited. That said, when looking at those locations in some of those areas, again, it's accessibility. Is it at a place that's accessible 24-7?

RCMP officers are accessible 24-7, when they're on shift. I think there's an accessibility piece that we have to look at.

Mr. Michel Picard: Besides Ontario and Quebec, where we do have provincial police forces, from an operational standpoint and considering a reasonable budget, money well spent would be in the municipality, instead of in the cars, for efficiency purposes and for the reasons that we use these apparatuses.

Supt Jamie Solesme: I think there might be a lot of factors to consider in the individual communities.

Sometimes the community, in consultation with the RCMP and their medical services, might be best to come to those decisions on their own, rather than saying that it's going to be here or it's going to be there. Collectively, the communities know their community base. They know the external areas and they know other areas outside. I think they would have a better perspective for providing that information in their own areas.

Mr. Michel Picard: The goodwill of having a defibrillator in every car, knowing the purpose of it and from an operational standpoint, is that not the best shot?

Supt Jamie Solesme: Are we talking about location?

Mr. Michel Picard: Yes.

The Chair: Thank you, Mr. Picard.

Before I thank the witnesses, I wanted to do a little follow-up on Mr. Reid's question and that is with contract policing.

I don't know much about contract policing and I don't know how the agreements are negotiated, but I assume there's some back and forth. When the contract is being negotiated, is there a section in the contract that sets out how police vehicles are to be outfitted or is that just an assumption that the police will provide a certain vehicle, with a certain set of specifications?

Supt Jamie Solesme: We meet the policing standards that are agreed upon.

The Chair: I see.

Would a defibrillator be in those policing standards?

Supt Jamie Solesme: If that was an item that was identified in the policing standard, it would.

The Chair: Is it now?

Supt Jamie Solesme: I think the province of British Columbia is the only one where it is identified as a policing standard.

The Chair: The RCMP and the other provinces have yet to agree that a defibrillator should be part of the vehicle.

Supt Jamie Solesme: That is my understanding.

The Chair: Thank you. That's helpful.

Colleagues, that brings us to the end of our witnesses. It's my intention on Thursday to set aside an hour, in camera, to discuss the motion and whether we concur in the motion or whether we concur with recommendations or a report. If you have thoughts on making additions to the motion as it's set forth, I'd appreciate it if you would contact the clerk so that the clerk can have some material going forward and we can have a full and fruitful discussion.

Mr. Motz.

● (1730)

Mr. Glen Motz: I wonder whether there would be unanimous consent to move the subcommittee meeting to 3:30.

I have a commitment at five o'clock that I have to be at. Mr. Paul-Hus is gone and I don't want to miss the subcommittee. I can get someone to help on that last hour or whatever time we need. I don't know how long the subcommittee will last, but if it's possible—

The Chair: That's a problem. We don't know how long the subcommittee will last because we are discussing future business and we do have to set the agenda for the committee for the time going forward.

Maybe you can get Mr. Eglinski.

Mr. Glen Motz: We could, but—

The Chair: I'd like to help you out. I'm sure colleagues would like to help you out, but you're essentially flipping 3:30.

Mr. Glen Motz: Yes. We're just flipping the subcommittee. There are no witnesses being called, so we won't have to change that around. It's just a matter of when we have the discussions.

The Chair: However, then the main committee would be meeting after the subcommittee. That would be the problem. That would be a bit awkward.

Mr. Glen Motz: Let's just hurry up and get through the first one quickly so we can be done by five o'clock.

The Chair: Sure. Less talk is better.

Mr. Glen Motz: Sometimes.

The Chair: All right, sometimes....

Mr. Glen Motz: It's not necessary to be said, but it's necessary enough to say it.

The Chair: You used to say that when you were a police officer. You don't seem to say it anymore.

With that, I would like to thank all three of you for your service and your testimony here.

The meeting is adjourned.