



Office of the
Auditor General
City of Ottawa

AUDIT OF OTTAWA PARAMEDIC SERVICE

NOVEMBER 2025



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Acknowledgement

The audit was conducted by Julia Weber and Anna Koldewey under the supervision of Joanne Gorenstein, Deputy Auditor General and my direction. My colleagues and I would like to thank those who contributed to this audit.

Respectfully,



Nathalie Gougeon, CPA, CA, CIA, CRMA, B. Comm
Auditor General

Introduction

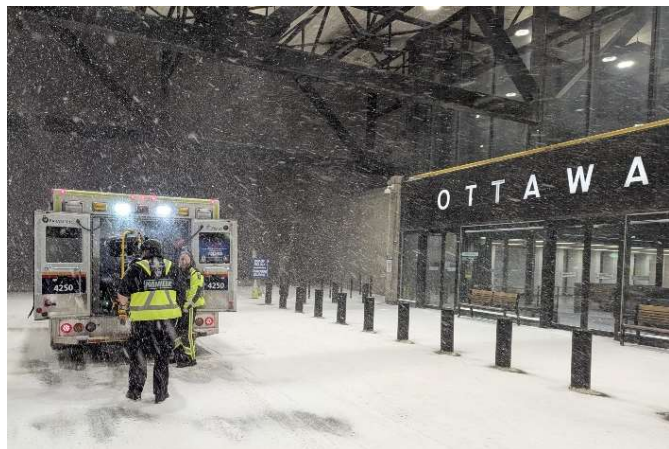
The Audit of the Ottawa Paramedic Service was included in the 2024-2025 Audit Work Plan of the Office of the Auditor General (OAG), approved by City Council on December 6, 2023.

Background/Context

The Ottawa Paramedic Service (the Service) provides patient care and emergency medical coverage to more than one million residents of Ottawa. The Service is also responsible for the Ottawa Central Ambulance Communications Centre (Communication Centre) which receives emergency medical calls and dispatches paramedic resources across eastern Ontario, including Ottawa. The majority of the calls the Communications Centre handles come from 9-1-1 which are transferred from the Ottawa Police Service who are the primary Public Safety Answering Point¹.

Legislative Framework

The Ministry of Health (Ministry) is responsible for emergency medical services through its Emergency Health Services Division. The [Ambulance Act](#), along with its regulations and standards, form the legal framework for the Service.



The Service is responsible for supervising staff, maintaining vehicles and equipment, and assuring the quality-of-service delivery. Every three years, the Service is required to undergo a Ministry-led peer recertification process which it successfully met in 2022. The Ministry performed another review in May 2025 and the Service has been notified they have successfully passed the recertification. In addition, every three years, the Communications Centre must undergo a Quality Assurance Review to ensure compliance with its performance agreement and legislation which they successfully met in 2024.

¹ A Public Safety Answering Point (PSAP) is a call center that answers emergency calls, such as 9-1-1, and dispatches the appropriate police, fire, or ambulance services. Operators at the PSAP are the first point of contact for people in crisis, determining the type of emergency and connecting the caller to the local emergency response agency.

Performance Trends

From 2020 to 2023, Paramedic incident volumes increased by 24.5%. These increases can be attributed to several factors including population growth, an aging patient demographic, increasingly complex patient clinical presentations, and healthcare system challenges which have been exacerbated by the COVID-19 pandemic. However, for the first time since 2020, the Service saw a 4.4% decrease in incidents from 2023 to 2024. As highlighted in its [2024 Annual Report](#), target response times are set by the Ministry and response time targets are established by Ottawa City Council and in 2024 the Service met both targets.

Historically, challenges within hospitals has led to prolonged offload delays, where Paramedics were unable to immediately transfer the care of a patient to hospital staff. This can result in a level zero event which is when there are no ambulances available to respond to the next call for service in the community. However, through continuous work with local hospitals, the recent implementation of an improved call triage tool (the Medical Priority Dispatch System), Council's investments in hiring additional Paramedics to increase capacity, continued funding by the Province for the Dedicated Offload Nurse Program, and other mitigation and diversion strategies to reduce offload delay, the Service has reported a decrease of 79% (in minutes) of level zero events in 2024 compared to 2023. As a result of the positive trend in the offload delays and the corresponding work to continue this trajectory, we did not include this risk area in the scope of our audit.

Staffing Resources

The Service consists of four (4) branches: Operations; Communications; Patient and Regulatory Programs; and Logistics, Planning and Training. Within the Operations branch, Primary Care Paramedics, Advanced Care Paramedics and Superintendents are responsible for providing patient care and emergency medical coverage. In addition, Advanced Care Paramedics are trained to administer controlled substances and advanced medical procedures to patients.

Figure 1 below summarizes the number of Paramedics and Superintendents within the Operations branch as of September 1, 2025.

Figure 1: Operations Paramedic and Superintendent Staff as of September 1, 2025²

Operations Branch		
Primary Care Paramedics	Advanced Care Paramedics	Superintendents
383	165	36

² Includes inactive employees (e.g. those on long-term sick leave).

Superintendents play a critical leadership role as they provide coaching, support, and mentorship to over 500 Paramedics in the field. They attend calls to support crews and respond to major and complex incidents. In addition to ensuring the quality and delivery of paramedic services across the City, they actively provide support and supervision to their direct reports. Historically, the Superintendent position has been understaffed which has increased the workload for existing Superintendents. More recently, the Service has hired 10 new Superintendents and created a “floater” position to help with shift transition times and to cover short-term position vacancies.

Audit Objective and Scope

The objective of this audit was to provide reasonable assurance that the City has the necessary processes, controls and resources to support Operations Paramedics in their day-to-day activities.

As the Service is subject to oversight bodies with mandates for periodic audits and reviews, it was determined that the scope of this audit would focus primarily on in-field support and oversight provided by Superintendents to Paramedics within the Operations branch as well as the management of controlled substances for the period from January 2024 to March 2025. This included assessing:

- The coverage and availability of Superintendents across different shifts and locations;
- Tools and training provided to Superintendents to enable them to effectively support Paramedics;
- Processes to support and respond to violence against Paramedics, including incident reporting;
- Oversight and supervision of paramedic attendance and performance; and
- Management and administration of controlled substances.

As part of the audit, we developed and administered a survey to Operations Paramedics in June 2025 to obtain feedback related to the support they received in their day-to-day operations. The survey was sent to over 450 active Paramedics; we received 128 responses, which represents a 28% participation rate.

Refer to [Appendix 1](#) for additional details on the objective, criteria, and approach to the audit. This audit was conducted in conformance with the Institute of Internal Auditors' [Global Internal Audit Standards \(2024\)](#).

Conclusion

Our audit found that there are many controls in place surrounding the management of controlled substances. However, we identified gaps in oversight specifically related to the administration, inventory management, and access to controlled substances.

We found that Superintendents are generally well-equipped with the necessary tools and training to consistently provide effective in-field mentoring and support to Paramedics. Peer Support, which is a highly trusted and utilized support program, is one of the key tools available to Superintendents in their support role. However, we observed a perceived lack of transparency and communication regarding upcoming changes to this program which has led to uncertainty amongst Paramedics and Superintendents. Additionally, there have been inconsistent approaches to onboarding new Paramedics, specifically around the duration of oversight and mentorship which can contribute to an increased workload for Operations Superintendents.

Lastly, while the Service has shown commitment to taking instances of workplace violence against its Paramedics from members of the public seriously, we learned that many Paramedics are not reporting all instances of experienced violence.

Additional opportunities to further strengthen practices around Superintendent staffing and oversight were outlined in a management letter, which was provided directly to management.

Each finding in this report has been assigned a rating that prioritizes the associated remediation. Rating definitions are provided in [Appendix 2](#).

Value of Audit: The recommendations from this audit will help to ensure that Superintendents are equipped with the tools and resources to support Paramedics in their critical work within our community. Further, additional focus on administrative processes over controlled substances will strengthen operational controls within the Service.

Audit Findings and Recommendations

1. Management and Administration of Controlled Substances

The Service must adhere to Health Canada policies which allows authorized Paramedics and administrators to possess, administer, and manage controlled substances under specific conditions. The Service also maintains their own policy that covers the use and care of controlled substances. Operational oversight is provided primarily by the Logistics, Planning and Training team with input from the Professional Standards and Quality Assurance team.



Within the Service, Advanced Care Paramedics are permitted to possess and administer approved controlled substances. These substances are stored in sealed drug pouches which are kept in designated mailboxes. Each pouch contains a tag, preset inventory, and a paper administration record for tracking usage. All usage and wastage of controlled substances must be documented by the Advanced Care

Paramedic in the administration record and electronic patient care record and witnessed by another paramedic. At the end of a shift, used pouches are returned to a designated drop box for review by Logistics Superintendents who check the administration record, count the remaining inventory, and restock the pouch as needed.

The Service is currently in the process of procuring a new controlled substance locker system (secure storage), as the existing design has reached its end of life. This updated system is expected to modernize the storage, retrieval and return of controlled substances and is anticipated to be completed in 2026.

1.1 There are gaps in oversight controls relative to the administration and management of controlled substances.

Priority
Rating: Moderate

Through existing policies, procedures, segregation of duties, and access controls, the Service has implemented many measures to mitigate risks associated with controlled substances. However, our audit found areas where residual risks remain which are described below.

Administration

As part the Services' *Controlled Substances Policy*, the Professional Standard and Quality Assurance team is required to conduct, at minimum, monthly audits to verify if the usage of controlled substances was appropriate and in line with Ministry requirements, as well as ensuring it matched the patient care record. Additionally, the Service is required to conduct monthly reviews of the distribution of controlled substances to Advanced Care Paramedics to provide additional oversight and tracking. Our audit work identified that neither of these practices are currently being performed which could result in the inappropriate use of controlled substances and non-compliance with Ministry requirements.

Further, we reviewed a sample of 25 administration and patient care records to ensure usage was appropriately documented and subsequent steps to restock the kits were followed and in line with internal policy. We identified 17 gaps in documentation as described below:

- In 16 of the samples reviewed, wastage of controlled substances was documented in the administration record, but not in the patient care record.
- One (1) sample did not properly record the administration of controlled substances in the patient care record.

These gaps represent administrative errors; however, they also result in non-compliance with Ministry documentation standards for wastage of controlled substances. It should be noted that the Professional Standards and Quality Assurance team performed an internal audit in 2022 that identified similar gaps and raised related recommendations.

Inventory Management

Our audit work also identified that the full inventory management lifecycle, including ordering, receiving and handling of expired controlled substances are not reflected in the current policy or other procedure documentation. In addition, there are specific areas where oversight pertaining to inventory management is limited which increases the risk of undetected errors or misuse. For example, a process to ensure the legitimacy of controlled substance restock transactions does not currently exist, however, we did not note any issues in this area for the sample of restock transactions reviewed.

Access Controls

Lastly, our review of access controls identified that individuals not involved in the management of controlled substances had access to the controlled substances storage room and individuals on leave still had access to their mailboxes. Further, we learned that

access listings are not regularly reviewed to identify potentially inappropriate access in a timely manner.

Without adequate oversight controls around the administration, inventory management, and access to controlled substances, there is an increased risk of theft or misuse which could lead to negative reputational impact for the Service or potential liability to the City. In addition, it could lead to non-compliance with provincial and internal requirements.

RECOMMENDATION 1 – REVISIT THE KEY RISKS AND CONTROL ACTIVITIES RELATED TO THE MANAGEMENT OF CONTROLLED SUBSTANCES

In conjunction with the introduction of the new controlled substance storage and management system, the Deputy Chief of Logistics, Planning and Training should review and update existing policy and process documents related to controlled substances.

This should include an exercise to identify and assess the key risks inherent in the process and ensure that appropriate control activities are in place to mitigate those risks to a level that is aligned with managements established risk tolerance.

MANAGEMENT RESPONSE 1

The Deputy Chief of Logistics, Planning and Training will undertake a comprehensive review of the Controlled Substances Policy to ensure that the full inventory management lifecycle is reflected, including ordering, receiving, administration, wastage, restocking, and disposal. This review will also assess the key risks associated with each stage of the process and design/develop controls to bridge any gaps identified in the risk assessment to ensure that risk levels are aligned with management’s risk tolerance. The review will be completed by Q4 2026.

Further, the Service will continue to reinforce the existing Controlled Substances Policy. This is an ongoing commitment.

- The Commander of Professional Standards and Quality Assurance will continue to conduct monthly audits pursuant to Ministry of Health requirements.
- The Commander, Logistics will continue to conduct monthly reviews of the distribution of controlled substances.

In addition, the ongoing procurement and implementation of a modernized controlled substance locker system will further strengthen inventory management, oversight, and access controls. Management anticipates that the new system hardware will be in place by Q2 2026.

2. Support for Paramedics

2.1 There is a perceived lack of communication and transparency related to upcoming changes to support programs leading to Paramedics and Superintendents feeling uncertain about available services.

Priority
Rating: Moderate

To help support employee wellbeing, the Service has relied on its Peer Support Program that was established in 2014. The program is made up of approximately 50 trained, volunteer peer supporters from all areas of the Service who are trained in crisis intervention. If employees are experiencing psychological distress or have experienced potentially traumatizing events, they can request or be referred to the Peer Support Program. The program is highly utilized and in 2024, peer supporters had over 600 interactions with over 300 employees within the Service. As part of the developing Wellness Strategy, the Service is establishing an interdisciplinary wellbeing team which includes mental health professionals and trained peer supporters.

Our audit work found that the Peer Support Program is an important tool that Superintendents have available to them and is a program they offer access to regularly to support Paramedics after potentially difficult calls, or if individuals are struggling. Superintendents will facilitate taking Paramedics off the road to access Peer Support, where historically, this was not always the case.

During the audit, it was observed that there were active changes happening to the Peer Support program, as a result of the Wellness Strategy, but with limited details being shared. This has left Paramedics feeling stressed and anxious as it is a well-utilized and trusted program. Additionally, it is a program Superintendents rely on in their role to support Paramedics; and similar to Paramedics, they feel they have been provided limited insights into the upcoming changes to help them reassure and support their teams.

Progress is being made towards the Service's Wellness Strategy, however, details of the services that will be available to employees through this strategy is not clear and there is a perceived lack of messaging from leadership about the future direction of the existing support programs. This reflects a broader theme identified throughout the audit where Paramedics and Superintendents feel that there is a lack of communication and transparency about decisions being made at the leadership level.

The Service is currently implementing a Culture Strategy and one of the key focuses is around promoting open and frequent communication throughout the service to foster trust, transparency, and alignment. Our audit work indicated progress is being made in this area, but continued efforts are required. The lack of communication about upcoming

changes to support programs and resources can contribute to a lack of trust between employees and leadership and has an impact on the overall culture of the Service.

RECOMMENDATION 2 – CLEARLY COMMUNICATE ANY UPCOMING CHANGES TO SUPPORT PROGRAMS

The Chief of the Ottawa Paramedic Service should provide timely and fulsome updates to members of the Service on any planned changes to the Peer Support and other support programs. This approach should be considered for all future changes affecting the Service’s personnel.

MANAGEMENT RESPONSE 2

Management agrees with this recommendation. The Chief of the Ottawa Paramedic Service recognizes the importance of the Peer Support program to our staff and is committed to keeping them informed. The Chief will update staff on the status of the Peer Support program in Q4 2025. The Ottawa Paramedic Service Psychologist is currently developing a service-wide Wellness Strategy, which incorporates Peer Support. Information on the Wellness Strategy will be communicated in Q1 2026.

2.2 The current approach to onboarding new Paramedics has increased workload and oversight duties of Operations Superintendents.

Priority
Rating: Moderate

The journey to become a Paramedic starts with a two-year Paramedic Program through a post-secondary institution and includes passing the provincial Advanced Emergency Medical Care Assistance exam. Once hired, the Service requires new Paramedics to complete an eight (8) week in-house training program which includes a mix of in-class orientation and observation shifts where the new hire is placed as a third person with an experienced crew. Once the majority of the in-class training has been completed, new Paramedics are partnered up, often with another new Paramedic, to form a two-person crew. The new crew reports directly to the Training team for their first few weeks on the road where they receive oversight, check-ins, and evaluations. Once completed, the new Paramedics get transferred to the Operations team and are assigned an Operations Superintendent that they will report to going forward.

Our audit found that the training and onboarding approach varied between recent new hire groups. Specifically, due to operational constraints there has been variability in the duration of the observation shifts, where new Paramedics are partnered with an existing crew, ranging from a few shifts to a few weeks. In addition, there is variability in the levels of oversight and mentorship available to new Paramedics once they are on the road. During this time, training Superintendents are expected to follow multiple crews around the City and based on geographical and scheduling limitations, are not able to provide a consistent level of oversight for all crews. Despite efforts from the Logistics, Planning and Training branch to try different approaches for the training and onboarding program, the varying levels of oversight and mentorship provided has resulted in new Paramedics frequently requesting help and support from Operations Superintendents.

Based on survey results, the majority of Paramedics feel that Operations Superintendents are available, and they provide timely support when they request assistance. This sentiment was especially prominent among newer Paramedics with less than six years of experience. Interviews with Paramedics and Superintendents confirmed that Superintendents



are providing the additional oversight and support that new Paramedics require, however, this is contributing to an increased workload. During our audit, management indicated they hired four (4) new Superintendents in the Training team who will provide dedicated oversight and mentorship for new Paramedics to help alleviate this increased workload.

As noted above, new Paramedics are often partnered up together to form a new crew. As both Paramedics are new, this can cause anxiety and can impact comfort levels and confidence when responding to calls early in their careers as the crew is responding to call types they have not dealt with before and with limited oversight. During our audit, new Paramedics indicated that it would have been helpful to have been paired with an experienced paramedic to get day-to-day mentoring and hands-on learning beyond the initial training period. Management indicated that while they endeavor to pair more experienced Paramedics with newer recruits, this is not always the case.

Pairing up new Paramedics with experienced ones could have other benefits; our survey and interviews noted that Paramedics frequently encounter violence from members of the public. We learned that the Service does not provide Paramedics with de-escalation or violence specific training; however, experienced Paramedics noted that their lived experiences primarily help them navigate these situations in an appropriate manner. Pairing new Paramedics with experienced Paramedics could also provide mentorship on how to manage incidents of violence from the public and other challenging situations in the field.

The variability in the lengths of the observation shifts and the levels of oversight provided by the Training team potentially results in new paramedics being ill-equipped for operational duties. This results in an increased workload for the Operations Superintendents as they need to more closely support newer crews. In addition, the practice of pairing two new paramedics together can result in new paramedics not feeling comfortable or confident in their role resulting in a further impact to the workload of Operations Superintendents or increasing the risk of a Paramedic making an inappropriate decision.

RECOMMENDATION 3: ENHANCE OVERSIGHT AND SUPPORT FOR NEW PARAMEDICS

To ensure new Paramedics receive appropriate training and oversight during their first months on the road, the Deputy Chief of Logistics, Planning and Training, in conjunction with the Deputy Chief of Operations, should:

- Review the current training program to ensure there is a consistent approach for new hires, including sufficient time when new Paramedics are under the supervision of the Training team.
- Consider a mentorship program that would pair new Paramedics with experienced Paramedics beyond the initial training program.

MANAGEMENT RESPONSE 3

Management agrees with this recommendation. The Deputy Chief of Logistics, Planning and Training and Deputy Chief, Operations will review the current orientation and mentorship programs to ensure consistency and success for new paramedic hires. This review has commenced as part of the Services’ commitment to continuous improvement for staff and the community, with a plan to implement improvements during the first new hire class in 2026. This work will be completed by Q1 2026.

3. Violence Against Paramedics

Workplace violence, as defined in the Service’s Workplace Violence and Harassment Guideline, includes “the act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty”. Common instances of violence Paramedics encounter include threats of harm, pushing, punching, kicking, and/or spitting. Workplace violence affects everyone differently, but impacts can range from psychological issues to physical injuries.

More recently, reports have indicated there has been a global rise in violence against healthcare workers³. While exact figures are unknown, Paramedics reported they have experienced a growing increase in workplace violence⁴. There has been recent proposed legislation aimed to address violence against Paramedics in Canada by amending the *Criminal Code*⁵. The increase in violence, coupled with other operational pressures, has had a direct impact on Paramedics’ mental health and wellness.

Management has confirmed that the safety of Paramedics is a top priority and is one of the key pillars of the desired culture, as defined in the ongoing Culture Strategy. To advance the work in this area, a designated Commander is responsible for overseeing and tracking paramedic assaults and the Service has established an External Violence Working Group tasked with recommending strategies to reduce external violence.

3.1 Paramedics are underreporting instances of violence experienced from members of the public.

Priority
Rating: Moderate

The Service has a guideline that details expectations of Superintendents when an incident of workplace violence is reported or witnessed and based on audit work completed, the steps are well understood and are being done in practice.

Survey responses and interviews also indicate that Paramedics feel well supported by Superintendents when they experience incidents of violence and there are no findings to note. However, audit work revealed a broader finding related to violence and the Service at large.

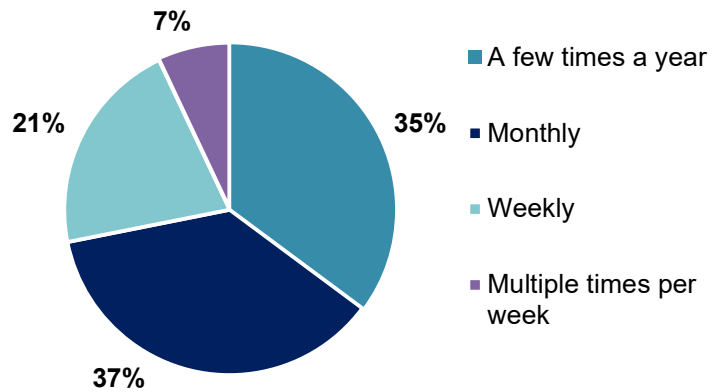
³ [Understanding and measuring workplace violence in healthcare: a Canadian systematic framework to address a global healthcare phenomenon - PubMed](#)

⁴ [Paramedics in peril: New study to give Canada-wide picture of violence on the job | CBC News](#)

⁵ [C-321 \(44-1\) - LEGISinfo - Parliament of Canada](#)

Based on our survey results, all Paramedics indicated they have experienced violence while on the job; see **Figure 2** for frequencies. Further, our survey uncovered that **82% of respondents indicated they have experienced violence while on duty and did not report it.** Notably, Paramedics with a longer tenure at the Service reported higher instances of unreported violence. The primary reasons cited for not reporting include:

Figure 2: Survey Question Results
How often do you experience violence or threats of violence while on duty?



- There is no visible action from the Service once reported. Paramedics feel like the reports do not go anywhere and there is no obvious outcome, including a perceived lack of action from the Ottawa Police Service.
- Violence is seen as part of the job; this is a split between Paramedics themselves viewing it as part of the job and others feeling like the Service views it as part of the job.
- The violence was verbal or was viewed as minor, so it was not necessary to report.

From audit work completed, we learned that the expectations for reporting an incident of violence is not always clear. We observed that information is contained in different policies such as the *Reporting Hazards Policy*, *Incident Reporting Policy*, and the City’s *Workplace Violence and Harassment Policy*. Further, it was noted that what constitutes violence is subjective and could vary based on an individual’s experience and background.



When incident reports related to violence are submitted, they go directly to the Commander who oversees the Paramedic assaults portfolio to review and track the incidents. As part of the review, they will notify the Commander of the impacted employee, and it is the Commander’s responsibility to follow up with the Paramedic. The tracking is

a manual and time-consuming process that involves searching through different inboxes and databases to compile the key details of the incidents in a spreadsheet to monitor the frequency and types of assaults. There is currently a backlog of incidents that need to be logged, and no root cause analysis or reporting is currently performed on this tracked data.

Employees not having a clear understanding of what instances they should report, or if they are not inclined to report based on the perceived lack of action, could result in reduced employee morale and potential liability issues for the City. In addition, it results in the Service not having an accurate picture of how often violence is occurring while on the job to appropriately support Paramedics.

RECOMMENDATION 4 – PROVIDE CLEAR EXPECTATIONS AND OUTCOMES FOR REPORTING INSTANCES OF VIOLENCE

To encourage Paramedics to report instances of violence and provide the appropriate level of support, the Deputy Chief, Operations should leverage the External Violence Working Group to revisit expectations around violence against Paramedics in support of the Culture Strategy. This should include clarifying what violence against Paramedics looks like and streamlining sources of information and the reporting process (e.g. Microsoft Forms).

In addition, this should include a formal commitment from leaders about actions staff should expect once they report such incidents (i.e. tracking and trending of reported incidents, regular reporting (including regular communication with Ottawa Police Service), and taking actions, as appropriate).

MANAGEMENT RESPONSE 4

Management agrees with this recommendation. Management has approved the Terms of Reference for a new *External Violence Working Group*. A call for membership has been circulated, and the group’s first meeting is scheduled for Q4 2025. The Working Group will review expectations related to violence against paramedics, establish clearer reporting parameters, and develop a more streamlined reporting process.

Management is committed to ensuring that the reporting process is clear, and that staff are informed about the next steps following a report. Management will collaborate with the External Violence Working Group to monitor trends, communicate outcomes, and take appropriate action, including notification to the Ottawa Police Service. This work is expected to be completed by Q3 2026.

In addition, the Service continues to participate in the *Canadian Study of Violence against Paramedics* and supports national legislation (Bill S-233) to amend the Criminal Code regarding assaults against health service providers and first responders.

Appendix 1 – About the Audit

Audit Objective and Criteria

The objective of the audit was to provide reasonable assurance that the City has the necessary processes, controls and resources to support Operations Paramedics in their day-to-day activities. This included the role of the Superintendent as well as the management of controlled substances.

Criteria listed below were developed from our assessment of key risks related to the Ottawa Paramedic Service, considering the role and oversight of the Ministry as well as the major initiatives that are in their early stages of development and implementation.

Support for Paramedics	
1.1	There is appropriate Superintendent coverage across the City to respond to more complex calls and requests for support from Paramedics.
1.2	Superintendents are effectively overseeing Paramedics, including monitoring attendance and assessing Paramedics performance in the field.
1.3	Superintendents are equipped with the necessary tools and training to consistently provide effective in-field mentoring and support to Paramedics.
1.4	There are processes for Superintendents to support and respond to violence against Paramedics, including incident reporting.
Management of Controlled Substances	
2.1	There is appropriate supervision and oversight pertaining to the management and administration of controlled substances.

Audit Approach and Methodology

Audit staff performed the following procedures to complete this audit:

- Reviewed relevant documents;
- Performed interviews and walkthroughs with key personnel;
- Performed ride-outs with Superintendents;
- Performed detailed reviews and testing of processes; and
- Administrated a survey to Paramedics within the Operations branch.

Survey Administration – Methodology and Limitations

The OAG developed and administered a survey for active Paramedics within the Operations branch in June 2025 to obtain feedback related to the support Paramedics received in their day-to-day operations.

The electronic survey included a combination of questions aimed at assessing:

- Paramedics experiences with Superintendents while on shift, specifically around coverage, availability, and coaching / mentorship.
- Paramedics experiences with Superintendents they report directly to, specifically around support and oversight.
- Paramedics experiences with violence from members of the public while on duty, specifically around the level of comfort with raising instances of violence and support provided by Superintendents.

The survey was sent to over 450 active Paramedics, and we received a total of 128 responses. In conjunction with other audit techniques, the survey data was analyzed to identify areas for improvement to strengthen the mentorship, coaching and support provided by Superintendents.

When interpreting and leveraging the survey results as part of our audit evidence, we considered the following:

- The survey, while distributed to all active Paramedics in the Operations branch, was not mandatory and as such, there was no control over who responded to the survey. The motivations or experiences of those that chose to respond to the survey are unknown and therefore the information obtained may contain biases or be skewed due to these unknown experiences and motivations.

Appendix 2 – Rating Scale for Audit Findings

The following rating definitions were used to assign priority to the findings associated with this audit.

Priority Rating	Description
Critical	The finding represents a severe control deficiency, non-compliance or strategic risk/opportunity and requires an immediate remedy. If left uncorrected, this could have a catastrophic impact on the achievement of the City’s strategic priorities, its ongoing business operations, including the risk of loss, asset misappropriation, data compromise or interruption, fines and penalties, increased regulatory scrutiny, or reputation damage.
High	The finding represents a significant control deficiency, non-compliance or strategic risk/opportunity and requires prompt attention. If left uncorrected, this could have a significant impact on the achievement of the City’s strategic priorities, its ongoing business operations, including the risk of loss, asset misappropriation, data compromise or interruption, fines and penalties, increased regulatory scrutiny, or reputation damage.
Moderate	The finding represents a moderate internal control deficiency, non-compliance or is a risk/opportunity to business operations that should be addressed timely. If left uncorrected, this could have a partial impact on business operations, resulting in loss or misappropriation of organizational assets, compromise of data, fines and penalties, or increased regulatory scrutiny. Typically, these issues should be resolved after any high-priority findings.
Low	The finding should be addressed to meet leading practice or efficiency objectives. Remediation should occur as time and resources permit. While it is not considered to represent a significant or immediate risk, repeated oversights without corrective action or compensating controls could lead to increased exposure or scrutiny.