



Paramedic Services

2026–2029 Business Plan
and 2026 Budget

Table of Contents

Executive Summary.....	3
Services We Provide	3
Interesting Facts About this Service.....	3
Highlights of the Business Plan.....	3
Core Services	5
Vision, Mission, Goals of Service and Service Delivery Model.....	5
Service Levels and Trends	7
Performance Measures and Results.....	14
Awards and Achievements.....	18
The 2026–2029 Business Plan Outlook	21
Planning for the Future.....	21
Finding Efficiencies	23
Transforming Our Business with Technology	24
Maintaining Our Infrastructure	25
Proposed Operating Budget	27
2026 Operating Budget Pressures	28
Staffing Resources.....	32
2026 Total Expenditures and Funding Source	33
2026 Budget Risks	34
2027–2029 Operating Forecast.....	34
Proposed Capital Budget	36
2026 Capital Budget Overview	36
Proposed Capital Plan	38
By Project Classification	38
Budget Requests	39
Appendix I	59
Appendix II	60

Executive Summary

Mission: Elevating emergency and community health care, together.

Services We Provide

- Quality out-of-hospital, emergency, and community care - including specialized response teams.
- Logistical inventory management and supply.
- Ambulance fleet maintenance.
- Identifying and continuously exploring innovative alternative models of care to support patients.
- Continuous learning and quality accuracy.
- By maintaining a strong focus on advance care models, employee health and well-being, and critical infrastructure, Paramedic Services remains committed to delivering high-quality care to both residents and visitors in Peel Region.

Interesting Facts About this Service

- To date in 2025, 44% of patients who received services are 65 years of age or older.
- Paramedic Services responded to an average of 407 calls per day in 2024.
- Peel Paramedics respond to over 97% of Peel's emergency calls.
- In 2024, 3,593 appointments were made through the Community Paramedicine program.
The Low Acuity Diversion program – implemented at all three hospitals in Peel – and has saved 2,055 hours in the emergency health system in 2024.

Highlights of the Business Plan

- Paramedic Services continues to enhance patient-centered care approaches to improve quality, access, and outcomes for a rapidly growing and increasingly diverse population with complex care needs.
- Health system partnerships have played a critical role in addressing pressures.
- Employee well-being is foundational to delivering care and continues to be a central focus.
- Leveraging data and technology to drive decision-making, optimizing resource allocation, and innovative service delivery.

Table 1. Budget Summary

	2026	2027	2028	2029
Operating Net Investment (in \$ thousands)	127,268	145,735	152,927	161,158
Capital Net Investment (in \$ thousands)	38,011	91,995	9,570	2,826
Full Time Equivalents	858.4	933.7	991.7	1,040.4



Core Services

Vision, Mission, Goals of Service and Service Delivery Model

Vision

Elevating emergency and community health care, together.

Mission

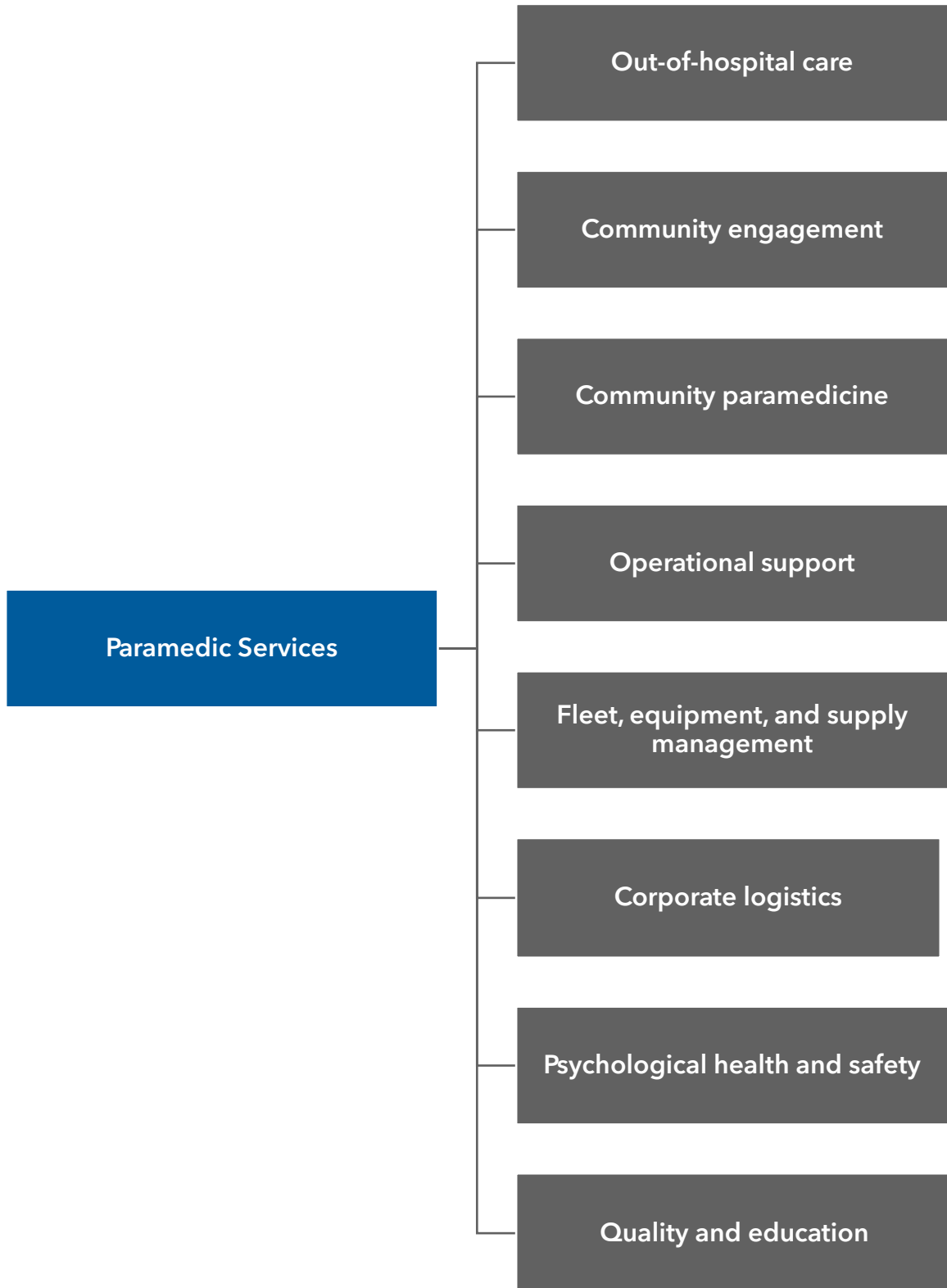
To meet the diverse needs of the community through reliable, innovative, quality care that prioritizes people, culture, and safety.

Goals of Service

1. Cultivate a supportive, psychologically healthy and safe workplace culture fostering employee success and well-being.
2. Deliver unparalleled patient care, experience and outcomes.
3. Advance health system partnerships and community collaboration, and co-design innovative solutions to meet the growing and evolving needs of Peel region.



Service Delivery Model



Service Levels and Trends

Service Levels

Population Growth and System Demands

Paramedic Services currently operates 26 response stations, four divisional reporting stations and 22 satellite stations, that are strategically located across Peel region. These locations ensure timely emergency response for Peel's 1.5 million residents and thousands of visitors to the region. As Peel's population continues to grow and evolve, the demand for paramedic services is increasing in both volume and complexity.

To date in 2025:

- **44%** of patients who received services are 65 years of age or older.
 - By the year 2041, **one in five** Peel residents are expected to be over the age of 65.
- The top five common reasons for calls are related to feeling unwell, trauma, abdominal pain, musculoskeletal issues, and difficulty breathing.
- **52%** of these calls required a 'lights and sirens' response.

The pressures of growth, aging population, and the complex health system also affects the ability to meet establish performance benchmarks. Paramedic Services' performance is measured against target response times based on patient acuity levels, using the five Canadian Triage Acuity Scale ("CTAS"). CTAS categorizes patients from CTAS 1 which represents the emergent and life-threatening calls requiring immediate response to CTAS 5 which represents calls that are non-urgent and no immediate threat to life.

Ambulance Call Volume

Ambulance call volumes continue to trend upward. In 2025, call volumes are projected to increase by almost an additional 3.2% compared to the 2024 volume. See Table 2 Total 9-1-1 Call Volumes from 2016 to 2026 for details.

Other key highlights of service level trends include:

- Paramedic Services responded to an average of 407 calls per day in 2024 and an average of 420 calls per day in 2025.
- Peel Paramedics continue to respond to over 97% of Peel's emergency calls and the remaining 3% of calls are responded to by neighbouring service providers due to the close proximity of their vehicles.
- In 2024, Peel paramedics responded to 4,503 calls in neighbouring municipalities to provide seamless service.

Table 2. Total 9-1-1 Call Volumes from 2016 to 2026

Year	Calls
2016	115,367
2017	125,378
2018	136,799
2019	137,669
2020	122,817
2021	142,531
2022	149,591
2023	137,993
2024	148,718
2025	153,516
2026	158,314

Response Time Targets

Peel Paramedic Services did not meet response time targets for all CTAS acuity levels in 2024 and 2025, based on the current response time framework. However, the target for Sudden Cardiac Arrest (“SCA”) was successfully met in both years.

While response time remains a key measure of timely access to care, it does not capture the full scope of a paramedic call. A more comprehensive indicator is **time on task**, which reflects the total time paramedics spend on a call – from dispatch and travel to patient care and hospital transfer. In 2023, the average time on task was 160 minutes per call. In 2024, this increased to 166 minutes, largely due to longer hospital transfer times.

There are several external factors that contribute to longer time on task. These include:

- Increased traffic congestion and urban density
- More complex patient care needs
- Delays in transferring care at hospitals

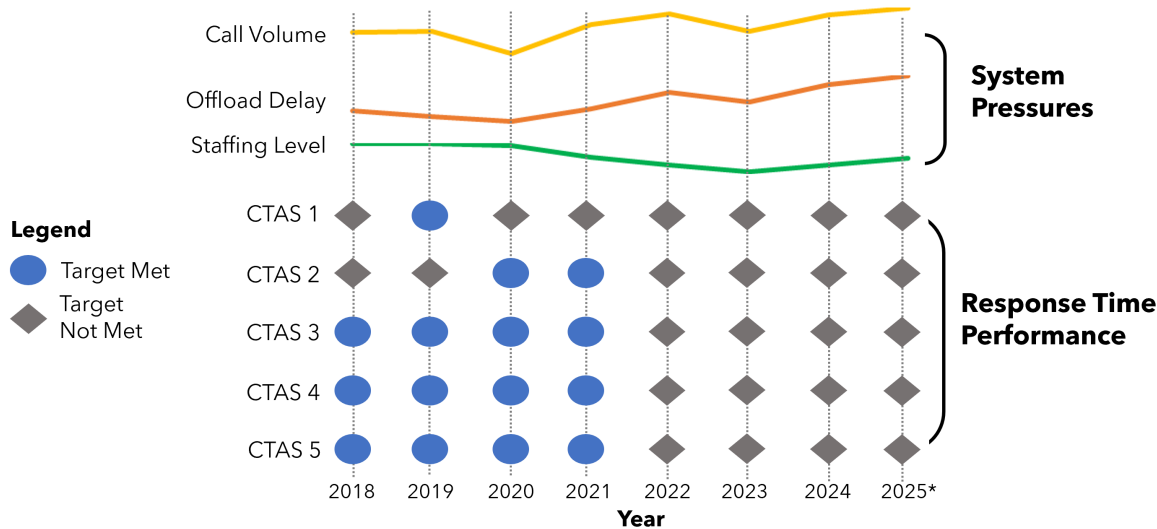
These pressures collectively affect paramedic availability and the overall efficiency of emergency response. Figure 1 shows whether CTAS response time targets were met each year. Blue circles indicate targets met; grey triangles indicate targets not met. CTAS 1 targets were only met in 2019. Since 2022, meeting these targets has become increasingly difficult due to system-wide challenges, including staffing shortages, hospital offload delays, and rising call volumes.

Performance is also tracked for **Sudden Cardiac Arrest (“SCA”)** response times, defined as the time from call notification to when a defibrillator is applied by a bystander, emergency responder, or paramedic.

Figure 1 also illustrates how service-level pressures have affected response times from 2018 to 2025:

- **Call volumes.** Stable in 2018–2019, dropped in 2020, then increased from 2021–2025 with a slight dip in 2023.
- **Hospital offload delays.** Decreased from 2018–2020, then rose from 2021–2025 with a slight dip in 2023.
- **Staffing levels.** High and stable from 2018–2020, declined from 2021–2023, and improved in 2024–2025.

Figure 1. System Pressures and Response Time Targets Over Time



*Note: Call volume, offload delay, and staffing level totals are estimated to the end of 2025.

Offload Delay

Paramedic Services has seen a marked increase in offload delay time. Offload delay occurs when a paramedic transfers patient care to hospital staff, complete paperwork, and return to the road exceeds 30 minutes. In 2024, the total paramedic hours lost to offload delay across all three Peel hospital was 63,640 hours, which equates to 14 ambulances off the road each day. Significant health system staffing resourcing challenges and the lack of beds to admit patients at area hospitals directly impact the ability of paramedics to transfer patients to the care of the hospital and return to the road.



Staffing

Staffing shortages continue to present challenges within Paramedic Services, however in 2024 the average number of unfilled shifts decreased from 2023. Specifically, in 2024, the average number of unfilled shifts was 11% compared to 15% in 2023. The average number of unfilled shifts equates to the 13 ambulances off the road each day. This slight improvement could reflect the positive impacts of workforce strategies (i.e., well-being, scheduling improvements) that were designed to support our paramedics in managing the psychological and physical demands of their work. Paramedic Services continues to implement workforce strategies that will focus on reducing burnout and enhance the resilience of staff. Ensuring that staff are better supported, and the Service is positioned to maintain high quality care for residents and visitors of Peel.

Paramedic Services continuously identifies and creates opportunities to create a workplace where all staff feel valued and supported. Additional areas of focus include strengthening recognition and appreciation, flexibility to meet work-life balance, and opportunities for growth and development. Ongoing initiatives will focus on culture and employee well-being and supporting leadership and career growth and development.

Community Paramedicine

To continue developing upstream approaches to care, Paramedic Services has enhanced its Community Paramedicine (“CP”) program aimed at reducing avoidable emergency department visits. This program leverages the unique skills of paramedics to provide medical support to individuals who

frequently access 9-1-1 or at a heightened need for long term health care support. This program advances health equity by ensuring that vulnerable Peel residents who often experience many barriers to healthcare, can access health care support. In 2024, the program expanded to support patients 65 years and younger with complex needs. This expansion truly aims to enable an equitable access to health care and supports for all.

Key system partners are essential for in this program. Partnerships include Ontario Health teams primary care providers, Long-Term Care Homes, all three hospitals in Peel, and Peel Living, with funding from the Ministry of Long-Term Care and from Ontario Health Central Region. Critical internal partners have included: Long Term Care, Seniors Services Development, and the Paramedics Community Paramedic Senior Medical Director. The following is a breakdown of the program's enrollment numbers:

- **Community Referrals by Emergency Medical Services ("CREMS").** There were 1,529 referrals in 2024. From January 1 to May 31, 2025, there have been 756 referrals.
- In 2024, 3,593 appointments were made through the Community Paramedicine program:
 - **High Intensity Supports at Home ("HISH").** 518 clients were registered in the program and community paramedics conducted 1085 appointments.
 - **Community Paramedics for Long-Term Care.** 748 visits to Peel residents through this program.
- **Community Paramedicine at Clinic ("CP@Clinic").** In 2024, 1,760 clinic appointments were made through the Community Paramedicine at Clinic program; from January 1—May 31, 2025, a total of 556 clinic appointments were made.

Trends

Year after year, trends within emergency health services are surfacing and are shifting how services are provided.

Workforce and Service Pressures

Code events reflect system-level pressures that result in fewer ambulances available to provide patient care. In 2024, Paramedic Services experienced 27 Region Capacity events (4 or fewer ambulances available to answer calls in the entire region) and 446 Region Critical events (8 or fewer ambulances are available to answer calls in the entire region). Under the new Provincially managed MPDS system, calls that can safely wait, will do so when the system is in a surge; this approach allows resource availability for more critical patients.

Health System Partnerships

Paramedic Services has pursued local health system partnerships and developed innovative service models that focus on prevention, such as partnering with Peel Region's Seniors Services and the community paramedicine program.

Partnerships have also been critical in implementing practical solutions that address key pressure points in the healthcare system, such as transporting low-acuity patients to urgent care centres, partnering with hospital emergency departments to reduce off-load delays, and creating new referral pathways for discharged hospital patients to access Peel's community paramedicine program. Other key partnerships that support health system integration and innovation include:

- A cultural learning partnership with the World Sikh Organization of Canada to provide culturally appropriate health care considerations for paramedic staff when interacting and providing care to members of the Sikh community.
- A partnership with Trillium Health Partners' Insight Health Solutions to provide faster access to mental health assessments and treatment, enhancing early intervention and prevention for the well-being of staff.
- A partnership with the Mental Health Commission of Canada to deliver the Working Mind First Responder program to support staff mental health.
- Partnership with the Ministry of Solicitor General ("SolGen"), to participate in the Mental Health supports for Public Safety Personnel (MHS4PSP) program and promote mental health and reduce stigma.
- Partnership with the Public Services Health & Safety Association ("PSHSA") to develop a plan and comply with the CSA Standard Z1003.1-18.
- Several partnerships with Peel Police — including interoperability, a joint situation table, and supports around seniors and elder abuse.
- Internal Regional Partnerships include:
 - Housing services to support needs at shelters and encampments.
 - Peel Public Health for naloxone kit distribution.

Paramedic Services continuously explores additional opportunities to build partnerships internally and externally to support patient care experiences.

Securing and Growing Assets

Paramedic Services currently responds to service demands by increasing its ambulance fleet and staffing complement. In addition, the securing of additional reporting and satellite sites in alignment with the Long-Term Facilities Plan by working with regional partners and allied agencies to locate and co-locate new facilities. These new facilities will ensure Paramedic Services' ability to meet future demands in a timely manner.

Alternative Models of Care

Paramedic Services continues to transform and expand how services are provided to patients to ensure appropriate care in the right place at the right time. The Ministry of Health (“MOH”) has introduced models of care to support this transformation - including new options for treatment and transport of patients.

The Low Acuity Diversion program was implemented by Paramedic Services to address system pressures and consists of two components – Fit2Sit and the Urgent Care Centre (“UCC”). Fit2Sit began as a pilot project between Paramedic Services and Brampton Civic Hospital that allowed eligible, low-risk patients to be transferred to the waiting area in the emergency department while awaiting triage and registration by hospital staff. The program has been implemented at all three hospitals in Peel and has saved 2,055 hours in the emergency health system in 2024 and 537 hours between January 1–May 31, 2025.

In addition, low-acuity patients are assessed for eligibility for transfer to the UCC as an alternate destination. This further contributes to reducing patient volume at hospitals, as well as reducing offload delay.



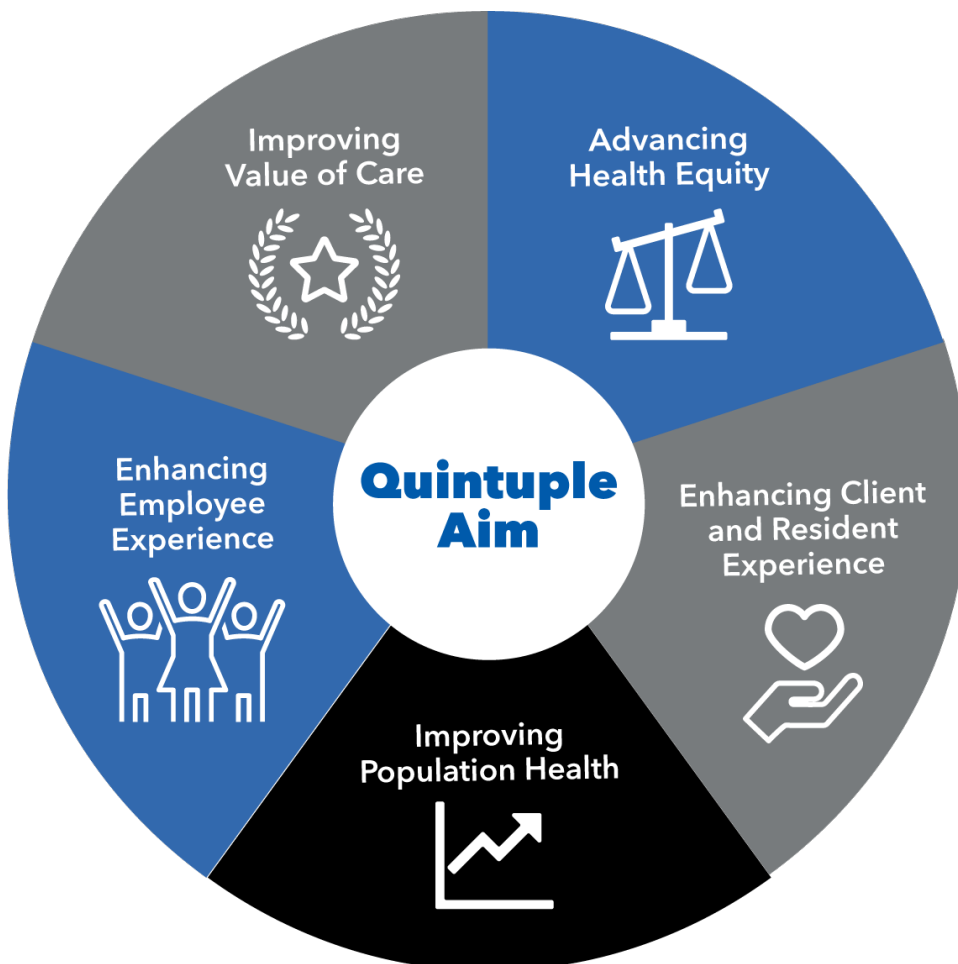
Performance Measures and Results

The Quintuple Aim is a framework for addressing system-level challenges. It is grounded in the belief that the simultaneous pursuit of these five aims is necessary for optimal health system functioning:

- Improving population health.
- Enhancing client and resident experience.
- Enhancing employee experience.
- Improving value of care.
- Advancing health equity.

The Quintuple Aim expands on the previous framework with the addition of a fifth aim for health equity. Without an explicit aim for health equity, we will miss the opportunity to build equity into all we do and how we work. At Peel, this means that health services, experiences, and systems are equitable, just, and work for everyone; no one is left out or behind regardless of social position or other socially determined circumstances. In line with the Quadruple Aim, Paramedic Services strives towards the simultaneous pursuit of all five aims (as shown in Exhibit 1).

Exhibit 1. Quintuple Aim



Improving Population Health

Redirecting low-acuity patients away from emergency departments to more appropriate care settings can significantly improve both individuals' patient outcomes and overall population health. This includes increasing the number of patients transported to urgent care centres instead of hospital emergency departments. In 2024, 893 patients were diverted from the emergency department and transported to Peel Memorial UCC. Between January–May 2025, 336 patients were diverted. In 2024, 59% of patients were transported to emergency departments, while the remaining patients were treated in home; this number slightly increased to 60% between January 1–May 31, 2025.

Enhancing Client and Resident Experience

Paramedic Services is committed to delivering high-quality out of hospital care through timely, efficient, and patient centered services. The care provided by paramedics play a vital role in shaping patient outcomes and overall experience with the healthcare system.

Response times reflect more than operational targets, it also plays an important factor from a patient experience lens. Response times reflects a key indicator of the patient experience for those seeking emergency health services. The following is a breakdown of CTAS 1,4 and 5 response times in 2024:

- Response times for CTAS 1 patients increased by 4 seconds (Table 3). The increase in times means that the most critically ill patients are being appropriately triaged through MPDS. These patients are not waiting as long for a medical response.
- CTAS 4 and 5 levels are also indicative of a system that is working, as those less critical patients who can wait safely are doing so during surge periods to allow prioritization of those who need medical attention most.

MPDS, along with the regional deployment plan, are enabling Paramedic Services to respond to patients with the right care at the right time.

Table 3. Targets and Response Times for 2021 to 2025 (minutes: seconds)

Level of Acuity	Target Time	Target %	Response Time				
			2021	2022	2023	2024	2025 ¹
Sudden Cardiac Arrest¹ (Patient has no vital signs)	6:00	70%	5:51	5:59	N/A	N/A	N/A
CTAS 1 (Critically ill or have potential for rapid deterioration)	8:00	75%	8:41	9:26	8:49	8:53	8:44
CTAS 2 (Potential to life, limb or function, requiring rapid medical intervention, controlled acts)	10:00	80%	9:54	10:39	10:49	10:53	11:22
CTAS 3 (May progress to serious problem. Associated with significant discomfort or affecting ability to function)	13:00	90%	12:48	13:34	15:56	16:53	17:28
CTAS 4 (Conditions that would benefit from intervention or reassurance)	14:00	90%	12:36	14:06	16:38	18:00	18:34
CTAS 5 (Non-urgent, chronic, without evidence of deterioration)	14:00	90%	13:19	14:51	17:53	19:00	20:17

Enhancing Employee Experience

Employee well-being and a positive workplace culture are central to delivering high-quality care. Challenging workloads and cumulative exposure to stressful events impact the psychological health and well-being of employees and leaders. Paramedic Services monitors several key indicators that reflect employee well-being and are aligned to the Quintuple Aim. These include staffing levels, absenteeism, overtime hours, and end-of-shift overrun hours. Exposure to traumatic and hazardous incidents and WSIB claims are also included in metrics related to psychological health and safety.

- **Staffing and absenteeism.** In 2024 staffing levels increased to 89% (11% absenteeism) which is 4% better than levels in 2023. Overtime hours: in 2024, 798 employees reported 137,410 hours of overtime at a cost of \$9 million.
- **End of shift overrun in 2024.** There were 6,047 end of shift overrun hours in 2024, at a cost of \$406,826.

¹ Notes: 2025 CTAS data represents January 1 to May 31, 2025.

- **Reported traumatic and hazardous events.** In 2024, Peel Regional Paramedic Services reported a total of 503 traumatic events, 93 stress-related events, and 462 violent encounters.

Training and access to psychological supports are monitored to ensure that leaders and employees understand how to protect their well-being and access the services they need. Recent surveys indicated that while a range of well-being supports are available, employees would appreciate having additional options.

Improving Value

Analyzing the costs associated with the increasing need for paramedicine support, enables Paramedic Services to better identify and target opportunities to maximize value and efficiency. There are several metrics that illustrate key areas of opportunity for increasing value, including metrics associated with Workplace Safety Insurance Board claims, Community Referrals by EMS (“CREMS”), and the Medical Priority Dispatch System (“MPDS”) triage tool to ensure optimal use of resources.

Workplace Safety Insurance Board (“WSIB”) claims represent a critical metric related to cost that leadership regularly monitors. Paramedic Services measures staff absence due to injury (including over-exertion and exposures to harmful substances) and illness (including mental illness) that have resulted in claims to the WSIB. Note, this focuses only on submissions, not approvals. The following is a summary of WSIB claims submitted in 2024:

- **275 WSIB claims** were submitted in 2024. The most common causes remained consistent year over year and included overexertion, exposure to harmful substances or environments, violence/assault, and harassment. Out of the 275 submitted claims, **270 claims** were approved in 2024 based on overexertion, exposure to harmful substances or environment, violence/assault, and harassment.

Addressing Health Equity

Paramedic Services, in partnership with other divisions across Health Services, is exploring avenues to incorporate health equity in the performance measurement framework. Capturing and reviewing data that illustrates the sociodemographic characteristics of the community and those accessing services will help bring light to groups that may be experiencing inequities. This will be essential to designing targeted interventions and improving how we are providing community and out-of-hospital care to Peel’s diverse population.

Within Paramedic Services specifically, avenues are being explored to incorporate health equity into all areas of work – beginning with a focus on building understanding and capacity. Health equity awareness and competence building is incorporated into all new hire paramedic orientation

sessions — including Indigenous cultural training developed in collaboration with the Region’s Office of Culture and Inclusion. Paramedic Services is also collaborating with internal Health Services colleagues to design and develop a foundational Health Equity eLearning that will be rolled out to all Health Services staff.

Additionally, since 2025, Paramedic Services now ensures all cultural observance learning campaigns include a health equity component. This supports understanding and awareness of ways that specific patient populations may experience health inequities and the impact this has on their trust and relationship with emergency care. Content also includes ways that all staff can engage with these populations in respectful ways. This work will inform a comprehensive strategic and measurement approach for health equity within Paramedic Services.

Awards and Achievements

Awards

Commissioner’s Values in Action Award for Health Services.

John Thomas, PCP, Paramedic Operations, received Regional recognition by winning a Peel Celebrates award in the Health Services Commissioner’s Value in Action category. John was recognized for exemplifying excellence in paramedicine through compassionate care, professionalism, and dedication. His calm, empathetic approach has left lasting impressions on patients and families, ensuring that people impacted are informed with clarity and kindness. Described as “an exceptional paramedic” John lives Peel’s values daily, making a profound impact on those he serves.

Governor General Exemplary Service Medals and Bars

In August, nine paramedics were identified as recipients of the Governor General Exemplary Service Medals and two for their 30-year Bars. Through their long service, these recipients were recognized for their dedication for providing highest quality of care and public safety.

Achievements

Permanent Funding for Community Paramedicine Long-Term Care (“CPLTC”)

In August 2025, The Province announced to permanently fund the CPLTC program beyond March 31, 2026, which was when the pilot funding was set to expire. This funding will allow for the continuation of the CP program to meet program demands while presenting a significant opportunity to address health needs of Peel’s vulnerable populations.

Healthcare Excellence Canada for Social Rx

Paramedic Services identified a powerful opportunity to expand the way Community Paramedicine can support clients beyond clinical care. In July 2025, the Community Paramedicine and Social Prescribing grant application was approved with a total of \$30,000. This grant will enable a multi-dimensional approach that enhances health and well-being through community-based supports for addressing non-medical needs for vulnerable clients.

Culture and Well-Being Divisional Workplan

Paramedic Services is committed to creating a supportive, psychologically healthy, and safe workplace culture that fosters employee success and well-being. To achieve this goal, Paramedic Services developed a well-being workplan that clearly outlines the Service's commitment to improving workplace well-being. The blueprint enables leaders and staff to translate the broader Peel's and Health Services strategic goals and commitments into specific focus areas tailored to the unique context and needs of Paramedic Services. This approach resulted in increased leadership buy-in, clear prioritization of what matters to employees, and fostered collective effort to enhance preventative measures at the divisional level.

Paramedic Services Publication in Canadian Journal of Emergency Medicine ("CJEM")

In June 2025, a journal was published that focused on the use of the medication ketamine for severe agitation and violence. This was the first Canadian review of the new prehospital ketamine medical directive since its launch in 2018, including current indications, practice patterns and frequencies of adverse events with the use of ketamine for violent occurrences. Paramedic Services had the opportunity to review draft findings and provided feedback and suggestions that helped ensure the results reflected Paramedic realities. This publication will help shape the practice for paramedics and paramedicine practice. This publication adds to the growing body of research on the role of prehospital ketamine use by Paramedics.

Paramedic Services' Strategic Plan

In October 2024, Paramedic Services released its first Strategic Plan. Aligned with Health Services priorities, this plan allows for better prioritization of work and a guiding document for future direction of the Service. Since its released date, Paramedic Services has completed nine out of 13 initiatives planned for 2024. Paramedic Services continues to accomplish initiatives within our strategic plan and ensures our alignment with Health Service's North Star and the Regional Strategic Agenda.

Fit to Sit (“Fit2Sit”)

Offload delays have presented a significant challenge for Paramedic Services and the broader healthcare system. Fit2Sit started as a pilot project and innovative partnership between Paramedic Services and Brampton Civic Hospital that allows eligible, low-risk patients to be transferred to the waiting area in the emergency department while awaiting triage and registration by hospital staff. To date, this project has been implemented at all three hospitals in Peel to address this key system pressure. The Fit2Sit program has a direct impact on reducing offload delay times, allowing paramedics to return to service and respond to new 9-1-1 calls. In 2024, 5.5% of all low acuity patients (CTAS 3, 4, or 5) transported to hospital were determined to be Fit2Sit. In addition, the program has saved 2,055 hours in the emergency health system in 2024 and 537 hours between January 1–May 31, 2025.

Community Responder Program

Launched in July 2022, the Community Responder Program mobilizes over 283 trained volunteers to respond to 9-1-1 alerts in their community, bridging the gap before paramedic arrival. There has also been a responder who has made it to the scene 169 times. To date, these volunteers have performed 37 confirmed life-saving interventions, including CPR, AED application, Naloxone administration, and Epi-Pen use. This program enhances early care in time-critical emergencies and demonstrates an investment in community safety, resilience and survival.

Transporting Low-Acuity Patients to Alternate Destinations

In 2022, Paramedic Services introduced transports to the Peel Memorial Urgent Care Centre (“UCC”). Select low-risk patients are transported to UCC as an alternate destination to the Brampton Civic Hospital Emergency Department. This process allows for patients to be received faster by hospital staff, allowing paramedic crews back into the system to be available for responding to new 9-1-1 calls. In 2024, Peel Paramedics transported 893 patients to the UCC. The UCC transport initiative positively impacts system pressure by reducing overcrowding in the emergency department and reducing offload delay.

The 2026–2029 Business Plan Outlook

Planning for the Future

Supporting Our Workforce

As Paramedic Services looks to the future, planning efforts recognize the critical role of paramedicine in providing around-the-clock medical care and support – often under intense and evolving pressures. To ensure Paramedic Services’ workforce is supported today and prepared for tomorrow, the following initiatives focuses on providing the necessary components needed to sustain a resilient workforce.

Psychological Health and Safety

To promote a safe and healthy workforce and to ensure quality care for patients, a workplace well-being blueprint has been developed with inputs from internal and external partners. It guides the implementation of psychological health and safety initiatives with focus areas on prevention, intervention, recovery, and the evaluation.

Key areas of focus include supports for both leaders and staff, addressing psychological risks, and increasing awareness of available health and wellness resources. Ongoing well-being initiatives will address evolving needs, foster an inclusive workforce, promote a learning culture and continue to seek opportunities to show appreciation and recognition to staff. Targeted capacity building initiatives include critical incident psychoeducation debrief, compassion fatigue training for first responders, and Applied Suicide Intervention Skills Training (“ASIST”) to reduce stigma and encourage help-seeking behaviors. ALERT training is also being provided to educate staff on improving situational awareness to reduce risk and improve paramedic safety, and decreasing violence, and harassment against paramedics working in the community.

Workforce Education

Critical and timely education allow Paramedic Services to ensure our frontline staff receive comprehensive training needed to maintain high standards of patient care. There are set number of mandatory hours a paramedic is required to complete. For Advanced Care Paramedics (“ACPs”) 36 hours are required and Primary Care Paramedic (“PCP”) are required 20 hours. In 2024, there was over 40,000 training hours completed for paramedics. This amount of training hours can consist of program requirements such as training, hiring, re/certification, and return-to-work processes. One paramedic can go through the educational and training process more than once within a year. Investing in paramedic education and research ensures that trainers are

available to provide training to our paramedics. The following is a breakdown of trainings that occurred in 2024:

Two eLearning modules were developed and delivered to build system awareness and support frontline decision-making through our Paramedic Continuous Service Education (“CSE”):

- Culture of Safety Overview.
- Reliability response Guide.
- Paramedics were trained in Dementia Care during CSE.

To date, in 2025, 12 paramedics were trained in Advanced Care Paramedicine through a regionally sponsored program in partnership with Humber College.

Peel Region’s population continues to grow and diversify, paramedics face increasingly complex care needs across a broader range of health conditions, cultural contexts, and service environments. Ongoing training is essential to ensure they can deliver high-quality, patient-centered clinical care in this evolving landscape.

Improving Patient Outcomes and Advancing Paramedicine

Paramedic Services continues to demonstrate leadership in advancing prehospital care through active participation in clinical research initiatives aimed at improving patient outcomes. In 2025, Paramedics enrolled a total of 162 patients in the *Paramedic Initiated Treatment of Sepsis Targeting Out-of-Hospital Patients (“PITSTOP”)* study, which focuses on early identification and intervention for septic patients in the prehospital setting. Additionally, 47 patients were enrolled in the *EpiDose* study, which explores optimal dosing strategies for epinephrine administration during emergency responses. These contributions underscore Paramedics’ ongoing commitment to evidence-based practice and the continuous enhancement of paramedic-delivered care.

Service Innovations

As Paramedic Services looks ahead to future developments, planning is underway for the new reporting station that is set to open its fifth reporting station, Dockstader, in 2027. This new station will build capacity and better position the service to respond to calls more efficiently in line with the Paramedic deployment plan. The 10-year Paramedic Services Long Term Facilities Capital Plan is fundamental for the prediction of future resources for Paramedic Services. Using scientific methodology and analysis, this Plan highlights the importance of re-examining service projections annually to ensure the projected trends still hold into the future. As the service grows, continued exploration into future developments will occur to ensure resources are in place to support paramedic demand.

Paramedic Services is also exploring alternative models for logistical solutions that enhance storage management and to better support the demands of a complex logistics program. This implementation will transform our current warehouse into a state-of-the-art logistics center serving paramedic and corporate needs.

Finding Efficiencies

Continuous Improvement

Health Services is strongly committed to finding efficiencies through improvement initiatives across programs and services. Not only do improvements lead to efficiencies, but they also contribute to the achievement of each domain across the Quintuple aim (i.e., population health, health equity, value of care or client and employee experience).

Paramedic Services is strongly committed to finding efficiencies through improvement initiatives, including:

Corporate Logistics Integration

Centralizing the distribution of Personal Protective Equipment (“PPE”) and Infection Prevention and Control (“IPAC”) and healthcare supplies within Health Services is leading to enhanced efficiency and cost savings through economies of scale. The dedicated centralized department bolsters emergency preparedness with rapid response capabilities and real-time inventory data, while ensuring consistent product quality and improved risk management. Additionally, it offers better budget control and aligns strategically with health programs, supporting more effective and reliable service delivery.

Modular Project

Paramedic Services is undergoing a process for improving efficiency and cutting costs for centralizing vehicle production. The Modular Project, standardizes and streamline operations, reduces errors, and strengthens inventory management. By reducing vehicle turnaround time from 2–8 hours to under 1 hour through task splitting and offsite module rebuilding, ambulances are prepared faster. This approach boosts expertise, efficiency, and flexibility, enhancing Peel Paramedic Services’ performance and scalability.

Remounts

The introduction of remounting, which is reusing the existing patient compartments onto new vehicle chassis. Remounting has improved turnaround times and reduced costs by \$50,000 per vehicle compared to purchasing new vehicles. The remount process maintains the high level of on-

board equipment and accessories as if purchased brand new. Paramedic Services plans to continue the remount pilot into 2025, so far in 2025, 15 ambulances have been remounted, with forecasted savings of approximately \$750,000. Exploration to complete additional remounts are planned.

System Transformation

Shifting the Paramedic Care Landscape

Paramedic Services continues to explore innovative approaches to care, to reduce pressures on emergency room departments. The ‘treat and discharge’ and ‘treat and refer’ approach for patients is a strategy that Paramedics Services is exploring to provide future reduction of offload delay. Through this approach, paramedics will treat patients and have them stay at home when clinically indicated, transport them to a more appropriate care centre, or refer them to a different provider. Paramedics is committed to ensuring staff have the skills and competencies to facilitate this approach and our health system partners can support this innovative approach.

Paramedic Services is also exploring ways to provide appropriate care options for low-acuity patients. Through alignment with provincial patient care models, Secondary Triage, allows for low-acuity 9-1-1 calls to be triaged to determine the most appropriate clinical pathway. This approach will allow Communications Officers through clinicians in the Communications Centre to offer safe and appropriate care options for low acuity patients, while helping to manage hospital levels and Paramedic Services’ capacity. Despite currently having leadership – which has been beneficial for adjustments to real-time pressures – there are still challenges with workload distribution and gaps in coverage within the 24/7 operational model. Increasing ambulance communication center leadership will enhance communication channels between paramedic operations and the dispatch centre, provide risk mitigation, and deployment plan adherence.

Transforming Our Business with Technology

Technology plays a crucial role in the delivery of Paramedic Services. It is a common thread in all aspects of Paramedic Services business and is a critical ingredient for improving service delivery and supporting staff. Paramedic Services continues to explore technological opportunities that leverages paramedicine health care.

Access to Mental Health Supports

Paramedic Services has ensured barrier free access to mental health supports for staff. The implementation of technology-driven and streamlined communication has enabled timely access to support. One notable improvement is the introduction of an electronic intake form, which simplified

the triage process in partnership with Insight Health Solutions at Trillium Health Partners.

Resuscitation Quality Improvement (“RQI”) program

Over 800 paramedics have been trained in high-quality CPR through the implementation of the (“RQI”) program, an advanced, fully automated training system developed by the American Heart Association (“AHA”) in collaboration with Laerdal Medical. The RQI program is designed to both improve and sustain CPR performance by addressing the common issue of skill deterioration associated with infrequent, traditional training methods. It employs a “low-dose, high-frequency” model, delivering short, frequent refresher sessions using real-time feedback manikins to ensure continuous skill retention and performance improvement.

Database Migration

Paramedic Services is currently undertaking a database migration project to consolidate key operational functions into a centralized platform. This initiative will look to streamline processes and enable closed based functionality, while housing critical operational information, efficiency and paramedic staffing and vehicle readiness. Full implementation of this database is scheduled for early 2026.

Maintaining Our Infrastructure

To ensure that Paramedic Services can respond to service demands such as increasing call volumes, aging population, and complex health needs capital investments are needed.

New Reporting Stations

A new reporting station is in the planning stages and expected to be in operation in 2027. Paramedic Services is looking to purchase land in South Mississauga by fall of 2025, with design planning to occur throughout 2026. Future reporting stations will be designed to best meet future capacity and service demands.

New Satellite Stations

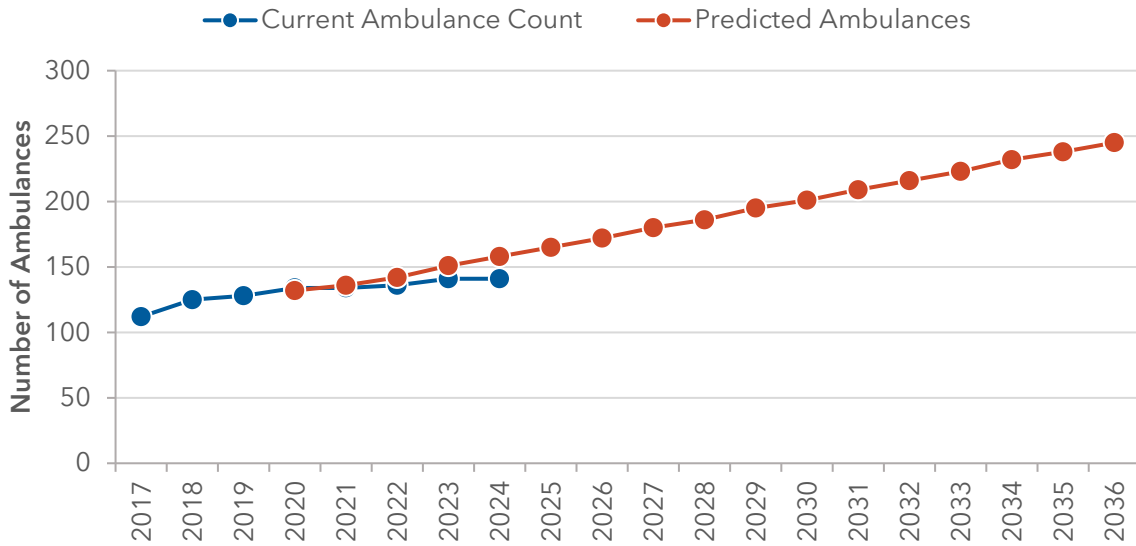
Paramedic Services is continuing to explore opportunities to collate with our regional and municipal partners.

Predicted Growth of Ambulance Fleet Over Time

Paramedic Services requires a total fleet of ambulances and other emergency vehicle to support the delivery of out- of -hospital care to the community. As we introduce more paramedicine programs and services our fleet will

need to increase. Figure 2 provides the current and predicted ambulance fleet required for Paramedic Services for the next 10 years.

Figure 2. Number of Current and Predicted Ambulances Over Time as Presented in the 2020 Report, 2017–2036



Region of Peel: Appendix I – Paramedic Services Long Term Facilities Capital Plan Update from Paramedics System Pressures. Retrieved on July 30, 2024.



Proposed Operating Budget

This section sets out the financial resources required to deliver the proposed 2026–2029 Business Plan. Information is categorized by major expenditures and revenue. The costs to maintain existing service levels and operationalize prior decisions are identified in the base budget changes separately from proposed changes. The net cost for the service in 2025 was \$112.1 million and the proposed budget for 2026 is \$127.3 million.

Net Expenditures: \$127.3 million (**Total Expenditures:** \$221.0 million)

Description (in \$ thousands)	2024 Actuals	2025 Approved Budget	2026 Proposed Budget	\$ Change Over 2025	% Change Over 2025
Operating Costs	18,198	17,050	17,144	95	0.76%
Labour Costs	120,461	126,909	149,598	22,689	17.9%
Reserve Contributions	23,340	35,340	35,340	–	–
Debt Charges	–	–	–	–	–
Grant Payments	1,447	1,729	1,729	–	–
Facility, IT, HR and Other Support Costs	16,929	18,376	20,402	2,027	11.0%
Recoveries	(2,906)	(3,095)	(3,175)	(79)	2.6%
Total Expenditures	177,469	196,307	221,038	24,731	12.6%
Grants and Subsidies	(69,814)	(78,594)	(84,235)	(5,641)	7.2%
Supplementary Taxes	–	–	–	–	–
Fees and Services Charges	(128)	(112)	(112)	–	–
Transfer from Development Charges	–	–	–	–	–
Contributions from Reserves	(5,069)	(5,504)	(9,423)	(3,919)	71.2%
Total Revenues	(75,011)	(84,210)	(93,770)	(9,560)	11.4%
Total Net Expenditure	\$102,458	\$112,097	\$127,268	\$15,171	13.5%

Note: May not add up due to rounding.

2026 Operating Budget Pressures

Service (in \$ thousands)	Total Expenditures	Total Revenue	Net Cost 2026 vs 2025	
2025 Revised Cost of Service	\$196,307	\$84,210	\$112,097	%
Cost of Living Inflation				
Labour costs	14,687	–	14,687	
Goods and services	2,196	–	2,196	
Annualization				
Annualized costs from the 2025 budget requests	1,421	–	1,421	
Other Pressures				
Removal of temporary resources in Corporate Logistics to be replaced with proposed permanent resources in BR #19	(2,500)	(2,500)	–	
Reserve draw to address one year lag in 50% provincial funding for bargaining settlement impacts	–	4,508	(4,508)	
Base Subsidy/Recoveries				
Increase in Ministry of Health 50% funding share through Land Ambulance Services Grant	–	5,709	(5,709)	
Removal of reserve draws for 2025 staffing additions with one-year funding lag	–	(2,973)	2,973	
Cost Containment ¹	(627)		(627)	
Base Budget Changes Subtotal	15,177	4,743	10,433	
Service Level Demand²				
BR # 15. Increasing Sustainability of the External Violence against Paramedics (“EVAP”) Program (1 FTE, 50% provincial funding with one-year lag funded from internal reserves)	323	215	108	
BR # 18. Enhancing Ambulance Communication Center Leadership (3 FTE, 50% provincial funding with one-year lag funded from internal reserves for 1 staff)	435	70	365	
BR # 19. Maximizing Efficiency for the Corporate Logistics Program within Paramedic Services (4 FTE)	376	–	376	

Service (in \$ thousands)	Total Expenditures	Total Revenue	Net Cost 2026 vs 2025	
BR # 20. Enhancing resources to support logistical operations at Dockstader Reporting Station (6 FTE, 50% provincial funding with one-year lag funded from internal reserves)	448	225	223	
BR # 21. Supporting Real-Time Senior Operations Leadership (4 FTE, 50% provincial funding with one-year lag funded from internal reserves for 2 staff)	592	452	140	
BR # 22. Improving Scheduling Effectiveness 2 permanent resources (2 FTE, 3 contracts, 50% provincial funding with one-year lag funded from internal reserves)	508	424	84	
BR # 23. Modernization of a strong and innovative Paramedic education and research program (2 FTE, 50% provincial funding with one-year lag funded from internal reserves)	223	114	108	
BR # 24. Additional Paramedics to Support a Growing Demand (43 FTE, 50% provincial funding with one-year lag funded from internal reserves)	6,534	3,258	3,276	
BR # 25. Advancing Community Care and Compliance (1 FTE, 50% provincial funding with one-year lag funded from internal reserves)	116	59	58	
Service Level Changes Subtotal	9,554	4,817	4,738	
Total 2026 Budget Change	24,731	9,560	15,171	
2026 Proposed Budget	\$221,038	\$93,770	\$127,268	13.5%

Note: may not add up due to rounding.

Operating Budget Pressure Notes

¹Cost containment

- Savings of \$500,000 resulting from contract negotiation with a new vendor under group purchasing to supply drugs and medical supplies and other minor savings with no impact on the service levels.
- Net reduction of \$127,460 (2.0 FTE's)

²Service level demand

- **Budget Request # 24.** Based on projections, call volumes are expected to grow. Additional staffing (40 permanent Paramedic staff and 3 permanent support staff) is required to address the increase. Provincial funding is expected to be with 50% with one year lag hence the funding gap in 2026 is proposed to be filled by internal reserves.
- **Budget Request # 25.** Resources to respond to records and information requests in a timely manner. Additional staffing (1 permanent staff) is required, 50% funded by provincial funding with one year lag to be funded by internal reserves.
- **Budget Request # 22.** Scheduling resources are required to manage the schedules of all unionized paramedic and logistic staff as well as operational leadership members due to growing service demands and the expansion of paramedic resources. (2 permanent staff and 3 temporary staff) is required, 50% funded by provincial funding with one year lag for the permanent staff to be funded by internal reserves. Temporary resources to be funded by internal reserves.
- **Budget Request # 21.** Investment of resources will fill an existing gap in operational support coverage and strengthen crisis communication, enhance operational oversight and facilitate system optimization (2 permanent staff) is required. Investment of resources will fill an existing gap in operational support coverage and strengthen crisis communication, enhance operational oversight and facilitate system optimization (2 permanent staff and 2 contract staff) is required. 50% Provincial funding is estimated at with one year lag to be filled by regional internal reserves.
- **Budget Request # 23.** Resources will allow the service to deliver mandatory training programs for Paramedics. While ensuring that continuous education and research is sustainably structured to support Paramedic clinician certification, Base Hospitals, stakeholders (2 permanent staff). Provincial funding is estimated at 50% with one year lag to be filled by regional internal reserves.
- **Budget Request # 18.** Ambulance Communication Centre resources are required to provide coverage and resilience to real time decision making, risk mitigation and deployment optimization processes amid increasing call volumes and health system pressures (3 permanent staff). Provincial funding for 1 permanent staff is estimated at 50% with one year lag to be filled by regional internal reserves.
- **Budget Request # 19.** Corporate logistics program-based resources are required to establish a resilient, efficient system to meet these growing needs, safeguard the workforce, and support operational stability in a post-pandemic environment. 4 permanent resources are needed.

- **Budget Request # 20.** Operationalizing Dockstader, the fifth reporting station in north Brampton will require logistics resources to ensure vehicle safety and readiness, equipment maintenance and compliance, medical inventory management, and operational support. The invested resources will also support the Make Ready Program which has improved efficiencies for ambulance preparedness. Additional 6 permanent staff are required to support. 50% Provincial funding is estimated which is proposed to be filled by regional internal reserves.
- **Budget Request # 15.** Requesting resources to support the External Violence against Paramedics (“EVAP”) Program and mandatory threat management training program for recruits. The invested resources (1 permanent staff) will support addressing significant psychological and physical safety risks for Peel Paramedics while supporting and identifying the programs long-term sustainability needs 50% Provincial funding is estimated to be filled by regional internal reserves.

Staffing Resources

Table 4 provides a summary of the staffing resources by Sub-Service (as identified in the Core Services) for the budget year, forecast years and the prior year. The prior year reflects FTE changes approved by Council during the prior year.

Table 4. Staffing Resources to Achieve Level of Service

Sub-Service	2025	2026	2027	2028	2029
Out-of-hospital care	620.1	664.4	718.7	763.4	794.1
Community engagement	2.0	2.0	4.0	5.0	5.0
Community paramedicine	21.0	21.0	24.0	29.0	33.0
Operational support	69.0	77.0	81.0	84.3	88.3
Fleet, equipment, and supply management	53.0	59.0	65.0	65.0	73.0
Corporate logistics	5.0	4.0	4.0	4.0	4.0
Psychological health and safety	5.0	6.0	6.0	6.0	6.0
Quality and education	21.0	25.0	31.0	35.0	37.0
Total	796.4	858.4	933.7	991.7	1,040.4

Note: Staffing resources are regular positions (Full Time Equivalent, FTE).

2026 Total Expenditures and Funding Source

Figure 3. 2026 Total Expenditures (in \$ millions)

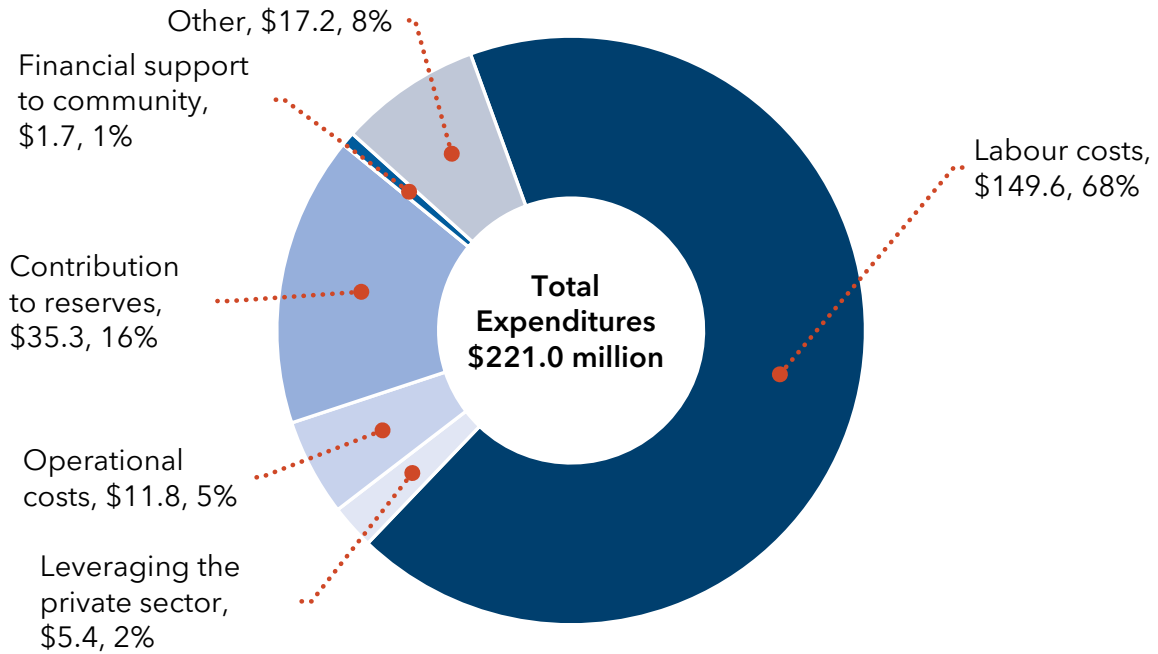
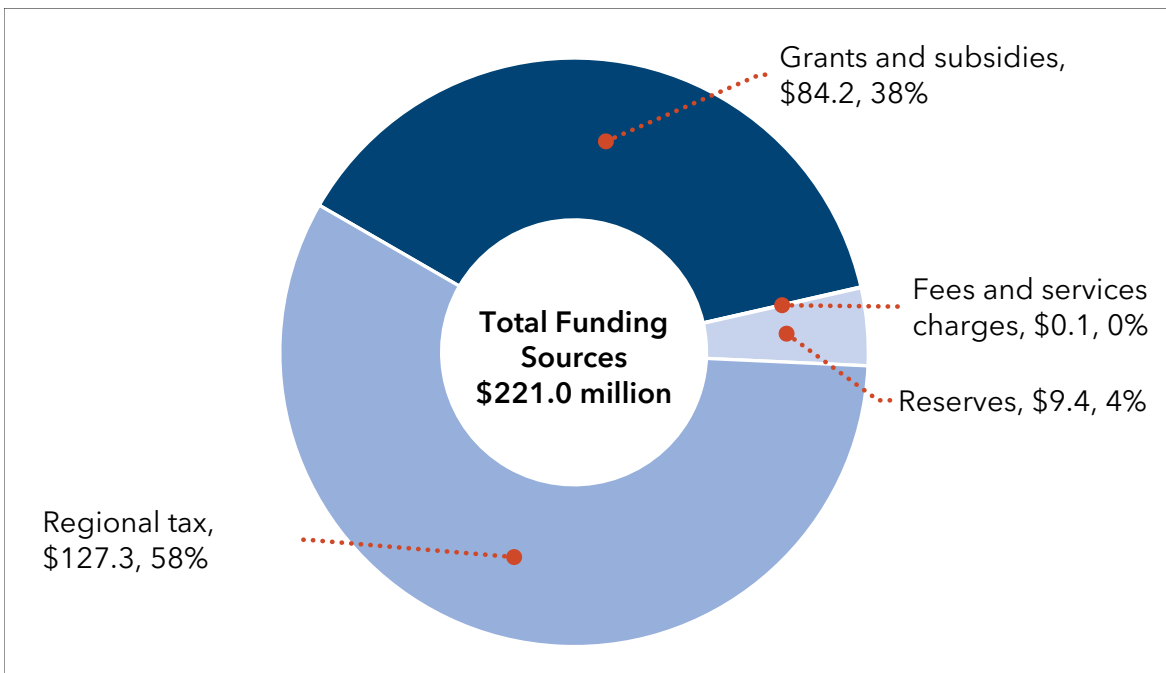


Figure 4. 2026 Total Funding Sources (in \$ millions)



2026 Budget Risks

- There is economic uncertainty related to evolving discussion and direction on tariffs on Canadian imports and exports. Program costs for goods and services may be impacted by new tariffs and duties and assessment of those impacts are only known based on actual purchases and procurement outcomes.
- There is continued lag in inflation and growth funding by one year. It creates uncertainty about the Provincial funding methodology and approved funding may be different than assumed amounts.
- Call volume changes (i.e. variance to model projections vs actual) requiring a change to required resources and timing.
- Patient acuity and growing complexity of care needs requiring high-quality service delivery and resourcing.

2027–2029 Operating Forecast

Table 5. Budget (in \$ thousands)

	2025	2026	
Total Expenditure	196,307	221,038	12.6%
Total Revenue	(84,210)	(93,770)	11.4%
Net Expenditure	112,097	127,268	13.5%

Table 6. Forecast (in \$ thousands)

	2027		2028		2029	
Total Expenditure	242,856	9.9%	261,313	7.6%	278,886	6.7%
Total Revenue	(97,121)	3.6%	(108,386)	11.6%	(117,728)	8.6%
Net Expenditure	145,735	14.5%	152,927	4.9%	161,158	5.4%

Note: May not add up due to rounding.

- Forecast years' increases are related to maintaining base service levels.
- 2027 forecast increase is for four 24x7 Ambulances with a staffing requirement of 40 Paramedic permanent staff and 1.3 support staff to address call volume increases. 9 permanent staff related to Logistics for the operationalization of Dockstader reporting station. 14 permanent staff for enhancing paramedic participation and community engagement and 6 permanent staff for planning and performance, 4 Deputy Commanders to provide operational leadership.
- 2028 forecast increase is for four 24x7 Ambulances with a staffing requirement of 40 Paramedic permanent staff to address call volume increases. 1 logistics staff and 11 additional resources for enhancing paramedic participation and community engagement and 4 for planning and performance.

- 2029 forecast increase is for three 24x7 Ambulances with a staffing requirement of 30 Paramedic permanent staff address call volume increases. Additional 9 permanent staff related to Logistics and Operationalization of Dockstader reporting station, 6 permanent staff related to enhancing paramedic participation and community engagement and 2 staff for planning and performance.



Proposed Capital Budget

Capital Budget: \$38.0 million (**10-year Plan:** \$254.5 million)

2026 Capital Budget Overview

Table 7 provides a summary of Paramedic Services planned capital project activity for 2026, including funding sources for both new capital project requests in 2026 and projects carried forward to 2026.

Table 7. Capital Plan by Funding Source (in \$ thousands)

	Carry Forward from Prior Years (WIP)	2026 Capital Budget	Total Capital in 2026
DC Growth	11,967	1,336	13,303
Externally Funded	–	–	–
Non-DC Internal	113,699	36,675	150,374
Total Expenditures	\$125,666	\$38,011	\$163,677
# of Projects	46	6	52

Existing Capital Projects – \$125.7 million

Key highlights:

- \$62.0 million for design and construction of the fifth reporting station and two satellite stations.
- \$27.0 million for land acquisition and design for the sixth reporting station and one additional satellite station.
- \$22.4 million for state of good repair and enhancement purchases of ambulances and other fleet delayed by supply chain challenges.
- \$10.3 million for state of good repair and other purchases of equipment including power loads, power stretchers and defibrillators.
- \$3.0 million for facility maintenance and other capital work on existing reporting and satellite stations.
- \$1.0 million for IT Initiatives including State of Good Repair for ambulance devices.

2026 Capital Budget – \$38.0 million

Key highlights:

- \$28.9 million for enhancement and state of good repair for ambulance and other fleet.
- \$6.1 million for enhancement and state of good repair for equipment.

- \$1.1 million for enhancement and state of good repair for ambulance computers.
- \$1.0 million for strategic technology projects.
- \$0.8 million for facility maintenance, including state of good repair and other work on in-service reporting and satellite stations.

See Appendix I for details.

2026 Budget Risks

- Implementation of capital projects may be affected by ongoing heightened inflation and supply chain challenges.

Operating Impact of 2026 Capital Budget

- There is no operating impact of the 2026 Capital Budget.

Proposed Capital Plan

2026–2035 10-year Capital Plan: \$254.5 million

By Project Classification

State of Good Repair
\$110.1 million

DC Funded Growth
\$2.9 million

**Non-DC Funded
Growth and Other**
\$141.4 million

Key Highlights

- \$96.4 million for new ambulances for growth and replacement of vehicles reaching the end of their useful life.
- \$83.8 million for growth-related satellite and reporting stations.
- \$49.6 million for equipment replacements in line with safety standards and regulations, as well as new equipment tied to growth.
- \$16.0 million for major facility maintenance for existing in-service reporting and satellite stations.
- \$6.7 million for various Information technology initiatives including replacement of ambulance computers.
- \$2.0 million for advancement of strategic technology roadmap.

See Appendix II for details.

Budget Requests

This table presents the costs by Budget Request for proposed new initiatives. Each budget request is numbered. Detailed descriptions of the budget requests can be found in the pages following Table 8.

Table 8. Budget Request Listing

Proposed Initiative	Division	Budget Req #	FTEs Req	Contract FTE Req	Net Operating Impact	Capital
Increasing Sustainability of the External Violence against Paramedics Program	Paramedic Services	15	1.00	–	108,363	–
Enhancing Ambulance Communication Centre Leadership	Paramedic Services	18	3.00	–	364,830	–
Maximizing Efficiency for the Corporate Logistics Program within Paramedic Services.	Paramedic Services	19	4.00	–	375,619	–
Enhancing resources to support logistical operations at Dockstader Reporting Station	Paramedic Services	20	6.00	–	223,080	–
Supporting Real-Time Senior Operations Leadership	Paramedic Services	21	2.00	2.00	139,834	–
Improving Scheduling Effectiveness	Paramedic Services	22	2.00	3.00	83,934	–

Proposed Initiative	Division	Budget Req #	FTEs Req	Contract FTE Req	Net Operating Impact	Capital
Modernization of a strong and innovative Paramedic education and Research Program	Paramedic Services	23	2.00	–	108,249	–
Sustaining Emergency Care: Ambulance Enhancements	Paramedic Services	24	43.00	–	3,276,146	–
Advancing Community Care and Compliance	Paramedic Services	25	1.00	–	57,789	–
Total			64.00	5.00	\$4,737,844	–

Budget Request #: 15

Proposed Initiative	Department	Division	Service Area
Increasing Sustainability of the External Violence against Paramedics Program	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

Paramedic Services is requesting resources to support the External Violence against Paramedics (“EVAP”) Program and mandatory threat management training program for recruits. The invested resources will support addressing significant psychological and physical safety risks for Peel Paramedics while supporting and identifying the program's long-term sustainability needs. This work was council endorsed in 2019 – Item 7.3. Resolution 2019–1043.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	323,304	(59,732)	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	323,304	(59,732)	–	–
Rate stabilization reserve	214,941	(214,941)	–	–
External funding	–	214,941	–	–
Other revenue	–	–	–	–
Total Revenue	214,941	–	–	–
Net impact – tax	108,363	(59,732)	–	–
Net impact – utility rate	–	–	–	–
FTEs	1.0	–	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital reserve	–
Development charges	–
External funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

From February 2021 to September 2025, there were an assessed 2,516 violent incidents reported. The absence of dedicated resources limits effective incident management. Resources are needed to maintain a paramedic valued program and enhance prevention and response strategies fulfilling Occupational Health and Safety responsibilities, sustaining a positive workplace culture, trust in management, and ensuring a safer environment for paramedics.

Details of Service Change

EVAP creates and implements strategies to mitigate the external violence experienced by paramedics. The suggested resources aim to ensure that EVAP is supported and resourced appropriately leading to program continuity and effectiveness. It supports Paramedic Services' commitment to a psychologically healthy workplace by enhancing robust violence prevention strategies, improving staff safety, and patient care. Key benefits include reinforcing culture and frontline-management trust, demonstrating reliability related to strategic priorities, and fostering leadership through staff engagement. These positions will strengthen health partnerships and integrate innovative solutions to address workplace violence. It aligns with the Paramedic Services Strategic Plan and ensures developed strategies create a psychologically and physically safer workplace for Peel paramedics.

Service Impact

The suggested resources will support EVAP's core functions (e.g. front-facing operational support, high-risk reoccurrence prevention, reporting database, and police partnership) and program management. Further, support an evaluation of the program's existing components, including the impact of training/education and the effectiveness of response, prevention and mitigation efforts. Paramedics will be able to identify and manage risk situations in providing patient care. This will also support the program's long term sustainability planning, ensuring continuous improvement and alignment with the Paramedic Services' strategic objective to enhancing paramedic safety and service quality.

Budget Request #: 18

Proposed Initiative	Department	Division	Service Area
Enhancing Ambulance Communication Centre Leadership	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

Paramedic Services is requesting resources to provide coverage and resilience to real time decision making, risk mitigation and deployment optimization processes amid increasing call volumes and health system pressures. This investment will help improve workload distribution, fill gaps in coverage and help maintain operational performance by enhancing communication channels between paramedic operations and the dispatch centre.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	426,589	142,196	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	434,589	142,779	–	–
Rate stabilization reserve	69,759	(69,759)	–	–
External funding	–	69,759	–	–
Other revenue	–	–	–	–
Total Revenue	69,759	–	–	–
Net impact – tax	364,830	142,196	–	–
Net impact – utility rate	–	–	–	–
FTEs	3.0	–	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital reserve	–
Development charges	–
External funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

A leadership resource is a proven critical role ensuring seamless coordination of paramedic services. Call volumes and increased complex care coordination demands require a staffing model that provides real time oversight. This model ensures decision making and situational awareness are active to support service continuity and system oversight. The existing model creates staffing gaps that does not allow for 24/7 role coverage thus impacting service continuity and effective delivery.

Details of Service Change

From September 2024 to March 2025, there were 915.60 hours (76 shifts) not covered by a Superintendent staffing resource due to absences related to vacation, sick, and training/meeting time. A lack of appropriate backfill has resulted in unfilled shifts. By investing in additional staffing, the service can address under-resourcing for this role, mitigate the negative impact on staff well-being and maintain the effectiveness of this position. The staff request is focused business continuity of this critical role that ensures operational efficiency, improves emergency coverage and response while providing operational leadership within the Communications Centre. The suggested resources are a critical investment in system resilience, risk mitigation, and operational performance ensuring there is coverage 24/7 eliminating gaps in system oversight due to unfilled shifts and absences.

Service Impact

This change will be realized through the invested resources by allowing for greater operational resilience and capacity through:

- Improved staff scheduling and coverage, preventing gaps in leadership.
- Greater system agility by better adjustments to real-time pressures.
- Reduction in burnout and turnover—creating a more sustainable and stable workforce.
- Strengthening internal communication and peer support among superintendents.
- Additional support during large-scale emergencies.
- Deployment plan adherence.

The invested leadership resources and continued advocacy and support for more efficient responses to patient needs will lead to improved patient outcomes and response times.

Budget Request #: 19

Proposed Initiative	Department	Division	Service Area
Maximizing Efficiency for the Corporate Logistics Program within Paramedic Services	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

Personal Protective Equipment (“PPE”) and Infection Prevention and Control (“IPAC”) usage are rising year over year within Health Services. To manage and support the increase, established resources are needed to be in place. These resources aim to create a resilient efficient system to meet the growing needs, safeguard the workforce, and support operational stability in a post-pandemic environment. Efficiencies through consolidation of PPE and maintenance of stock is continuously needed.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	375,619	125,206	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	375,619	125,206	–	–
Rate stabilization reserve	–	–	–	–
External funding	–	–	–	–
Other revenue	–	–	–	–
Total Revenue	–	–	–	–
Net impact – tax	375,619	125,206	–	–
Net impact – utility rate	–	–	–	–
FTEs	4.0	–	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital reserve	–
Development charges	–
External funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

The investment in logistical resources is needed to effectively manage and oversee the complex logistics operations within Health Services. These resources are needed to manage the medical inventory requirements from Health programs within the Region of Peel. The Corporate Logistics (“CL”) program must shift from emergency to routine operations to aid post-pandemic recovery, meet rising PPE/IPAC/medical supply demand, cut waste, save costs, boost resilience, and prepare for supply chain risks.

Details of Service Change

The transition to secure funding for a sustainable logistics infrastructure that moves the Corporate Logistics program into regular operations, enables employee safety, emergency preparedness, and protect against supply chain disruptions. The existing Corporate Logistics program supports regional health programs through resources for physical inventory (pick/pack and control) demand management, service coordination, and operations oversight. The centralized model maintains a 90-day inventory, integrates demand forecasting, and enables cross-program PPE, IPAC, and medical supply distribution. Through vendor exchanges, shelf-life extensions, and program efficiencies, Paramedic Services decreased staffing from 19 to 5, while creating \$730K in savings. Aligned with public health protocols, Paramedic Services' hub-and-spoke model enhances supply chain resilience and vendor management.

Service Impact

Outcomes will be achieved by optimizing centralized logistics through maintained resources, improved forecasting, and strategic vendor partnerships. A consolidated warehousing strategy for PPE, and medical supplies will enhance inventory oversight. Leveraging business intelligence platforms (e.g. Power BI) enables real-time monitoring and data-driven decisions. The hub-and-spoke model supports surge demands, mitigates supply chain risks, and ensures scalable service across regional programs. Collaboration with Public Health programs and group buying organizations will streamline procurement, reduce costs, and build resilience during both routine operations and during emergencies.

Budget Request #: 20

Proposed Initiative	Department	Division	Service Area
Enhancing resources to support logistical operations at Dockstader Reporting Station	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

Paramedic Services is requesting staffing resources to support the approved paramedic reporting station – Dockstader. It is anticipated that Dockstader will operationalize in 2026, and sufficient resources are required to support the current and rising future demand on paramedic services. This request is in alignment with the council approved Paramedic Services Long Term Facilities Capital Plan and the 2023 Capital Budget: Advancing to a Sizable Fifth Paramedic Station – Dockstader.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	447,670	121,725	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	447,670	121,725	–	–
Rate stabilization reserve	224,590	(224,590)	–	–
External funding	–	224,590	–	–
Other revenue	–	–	–	–
Total Revenue	224,590	–	–	–
Net impact – tax	223,080	121,725	–	–
Net impact – utility rate	–	–	–	–
FTEs	6.0	–	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital reserve	–
Development charges	–
External funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

It is predicted that call volumes will increase by 19% between 2024–2030, increasing the demand for ambulances. Today, the service is beyond capacity and unable to house additional ambulances. Once Dockstader is operational, it will house 75 ambulances. This expansion will ensure that the Service can effectively manage the increased call volume. The increase in ambulance fleet needs staffing resources to manage equipment and supplies and the maintenance of ambulances ready for deployment.

Details of Service Change

The logistics team has not seen enhancements since the opening of the Streetsville Division in 2019 while the fleet and equipment demand has continued to grow. Dockstader is scheduled to become operational in 2026 and additional ambulance fleet and equipment are necessary to manage the projected service growth. The requested resources are required to ensure vehicle safety and readiness, equipment maintenance and compliance, medical inventory management, and operational support. The invested resources will also support the Make Ready Program which has improved efficiencies for ambulance preparedness. This program ensures ambulances are stocked with supplies, cleaned, and maintained, enabling Paramedics to provide optimal patient care by guaranteeing resources are readily available.

Service Impact

Staffing resources will ensure the new reporting station operates as a logistics and operational hub for the community. In addition, the dedicated resources will ensure Paramedic Services is adhering to the legislated requirements to prepare emergency vehicles and maintaining compliance to the Ministry's vehicle and equipment standards. Leading up to the opening of Dockstader, the resources will address current and future system demands such as increase in paramedicine demand. The requested staffing resources are being introduced in a phased approach ensuring optimal coverage and preparedness for Dockstader.

Budget Request #: 21

Proposed Initiative	Department	Division	Service Area
Supporting Real-Time Senior Operations Leadership	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

Paramedic Services is requesting resources to provide senior real-time leadership support to its front-line operations. These dedicated resources will fill an existing gap of leadership support in operational coverage. These resources will strengthen crisis communication, enhance operational oversight, and facilitate system optimization. Direct access to senior operations leadership on shift 24/7 is needed operationally.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	579,677	362,395	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	579,677	90,599	–	–
Rate stabilization reserve	451,843	(451,843)	–	–
External funding	–	451,843	–	–
Other revenue	–	–	–	–
Total Revenue	451,843	–	–	–
Net impact – tax	139,834	362,395	–	–
Net impact – utility rate	–	–	–	–
FTEs	2.0	2.0	–	–
Contracts	2.0	(2.0)	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital reserve	–
Development charges	–
External funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

Peel is a complex, high-demand system, requiring strong system level operational leadership 24/7 to address planned and unplanned external (mass casualty incidents, severe weather events) and internal pressures (staffing shortages, operational challenges). Currently a gap exists in real time senior-level leadership support in the 24/7 delivery model. Real time senior operational and tactical leadership resources are needed to ensure quality service delivery and coordination of resources.

Details of Service Change

Currently there are challenges associated with 24/7 oversight within front-line operations. To mitigate these challenges, resources are needed to navigate the increasing demand and health system pressures. The invested resources will support the system by providing real-time system oversight, make strategic resource allocation decisions and ensure operational continuity. In addition, these resources will lead incident command and control scenarios, including crisis preparedness and response 24/7 to support operational staff. This model of leadership support will ensure Operation's Superintendents can focus on meeting their primary role of roadside leadership and bridging the leadership gap to always provide dedicated real time operational leadership. These resources will fill the current challenge of inconsistent senior leadership to front-line operations.

Service Impact

This service level change will be realized by deploying resources as the on-road senior leadership, in order to:

- Improve real-time coordination between field staff, command centers, and external partners.
- Provide a direct line of communication to front-line teams, reducing confusion during crises.
- Ensure a consistent leadership presence during all shifts, improving support for paramedics.
- Allow for the early identification and resolution of service pressures before they escalate.
- Support long-term service improvements and data-driven decision making.
- Leveraging a continuous improvement approach to operational planning, deployment and support.

Budget Request #: 22

Proposed Initiative	Department	Division	Service Area
Improving Scheduling Effectiveness	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

In response to the growing service demands and the expansion of paramedic resources to meet this need, staffing resources are essential for a comprehensive scheduling program. These resources are critical in managing the schedules of all unionized paramedic and logistic staff as well as operational leadership members. Ensuring that resources are effectively allocated support the increased demand for Paramedic Services.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	508,299	141,381	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	508,299	141,381	–	–
Rate stabilization reserve	424,365	(1,685)	–	–
External funding	–	86,221	–	–
Other revenue	–	–	–	–
Total Revenue	424,365	84,536	–	–
Net impact – tax	83,934	56,845	–	–
Net impact – utility rate	–	–	–	–
FTEs	2.0	–	–	–
Contracts	3.0	–	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital reserve	–
Development charges	–
External funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

As staffing numbers grow, capacity to manage the critical day to day scheduling functions within a large 24/7 operation is challenged. Currently, the scheduling team experiences excessive workload demands that is not sustainable with current resources. Scheduling within a large Paramedic organization requires thousands of entries and adjustments due to the nuances of Paramedic Services. The staffing request will address capacity gaps, scheduling complexities, and enhance staffing capabilities.

Details of Service Change

Currently, the scheduling department has excessive workload demands by supporting over 880 unionized paramedic staff and logistic technicians. All while, navigating and supporting two collective bargaining agreements. The current workload management for the scheduling program is inefficient with its current resources. The requested staffing investment will directly improve capacity, improve compliance with collective agreements, and tackle the challenge of increasing staffing levels. With additional staff, scheduling becomes more efficient, as the program will have the ability to plan shifts, reduce overtime, and maximize staffing for paramedic coverage during regular hours. Building a strong and effective scheduling program and team will create a system that will result in improved operational staffing.

Service Impact

Having dedicated resources directly addresses the challenges related to increasing staffing levels. The additional scheduling resources will aim to address scheduling inefficiencies and operational discrepancies for staff. Challenges relating to payroll discrepancies, union grievances, and staff burnout will be mitigated with additional resources. Ensuring there are resources in place will effectively handle the increased scheduling workload, prevent scheduling errors, and address collective agreements. The scheduling program will ensure that resources are at full complement to enable the optimization of frontline resources needed to support the community.

Budget Request #: 23

Proposed Initiative	Department	Division	Service Area
Modernization of a strong and innovative Paramedic education and Research Program	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

Through a third party review it was recommended that staff investment is pivotal for the Education and Research Program. In support of Peel Regional Paramedic Services' 2024–2028 Strategic Plan, the recommended approach for resources will allow the service to deliver mandatory training programs for Paramedics. This ensures that continuous education and research is sustainably structured to support Paramedic clinician certification, Base Hospitals, stakeholders, and ultimately the community.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	222,504	74,168	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	222,504	74,168	–	–
Rate stabilization reserve	114,255	(114,255)	–	–
External funding	–	114,255	–	–
Other revenue	–	–	–	–
Total Revenue	114,255	–	–	–
Net impact – tax	108,249	74,168	–	–
Net impact – utility rate	–	–	–	–
FTEs	2.0	–	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital reserve	–
Development charges	–
External funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

In 2024, over 1,000 paramedics went through the education program ranging from training, hiring, re/certification, and return-to-work resulting in over 40,000 training hours. Currently, the Education and Research Program is under capacity to support this educational process. The current staffing level is unsustainable to meet education, and research demands while delivering safe and quality education. The request for staffing resources will help support program efficiency and sustainability.

Details of Service Change

The education program currently plays a pivotal role in leading the annual hiring process for over 100 staff. Education support is crucial for onboarding new paramedics, re-integrating returning staff, and ensuring clinical certification compliance, all of which directly impact patient outcomes. Since council approval of resources in 2024, there has been a streamline of processes and enhancement of the program. However, the suggested new resources will enhance the ability for paramedics to receive the comprehensive training needed to maintain high standards of patient care. Investing in the resources for the education team will enhance the education program, ensuring our paramedics are receiving quality support and training. This investment also significantly supports the psychological well-being of the Paramedic and education team, aligning to the goal of a learning organization.

Service Impact

The additional resources will help support the annual hiring of paramedics and ensures their seamless reintegration into the workforce. The additional resources will support paramedics in the return-to-work process, including training assessment, coordination with disability management, and scheduling for a seamless and efficient return to duties. Furthermore, the addition of staff resources will expedite the return to practice for paramedics on leave and support new paramedics entering the service. This investment will also benefit the education team and program by providing the necessary resources to deliver high-quality training and support as recommended by the 2023 education review.

Budget Request #: 24

Proposed Initiative	Department	Division	Service Area
Sustaining Emergency Care: Ambulance Enhancements	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

To provide critical, quality out-of-hospital, emergency, and community care, Paramedic Services is requesting resources for four 24/7 ambulance enhancements. These resources will help ensure the Service meets legislated and council approved response times to save lives and improve patient health outcomes. Health Intelligence and Analytics generated forecasts informed the 2021–30 Capital Plan, which was approved in 2020. Annual updates ensure resource requirements reflect current data and context.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	6,534,271	2,176,423	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	6,534,271	2,176,423	–	–
Rate stabilization reserve	3,258,125	(3,258,125)	–	–
External funding	–	3,258,125	1,088,212	–
Other revenue	–	–	–	–
Total Revenue	3,258,125	–	1,088,212	–
Net impact – tax	3,276,146	2,176,423	(1,088,212)	–
Net impact – utility rate	–	–	–	–
FTEs	43.0	–	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital reserve	–
Development charges	–
External funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

Population growth and population aging are contributing directly to increasing call demand, rising patient acuity/complexity and health system pressures. These factors collectively intensify the pressure on staff and the Service to maintain emergency coverage and provide out-of-hospital care, all while adhering to Council-approved and provincially mandated response times. The additional resources are needed to manage the growing strain on the service and to create a safe and healthy community.

Details of Service Change

Paramedic Services will continue to experience increasing service demands as Peel grows. As per legislation, Paramedics are required to attend every 9-1-1 call. In 2024, the Service was not able to meet any of the Canadian Triage and Acuity Scale (“CTAS”) response time targets. Paramedic Services continues to face added pressures including lengthy time-on-task, which is affected by factors such as traffic congestion on-route, densification, the complexity of patients served, delays directly related to offload delay. The average paramedic time on task has been gradually increasing over time, from 149 minutes in 2020 to 166 minutes in 2024. The suggested investment in resources aim to manage these pressures by increasing capacity for emergency response and coverage, and technical and fiscal operational support, while continuing to provide exceptional paramedic services to Peel residents.

Service Impact

The added staffing resources will strengthen Paramedic Services' internally with support services and externally through excellent out-of-hospital care amidst increasing emergency call demand, and simultaneous work to mitigate system pressures. Expected outcomes include having enough paramedics to strategically position ambulances to provide emergency coverage and respond to Peel's growing service demand, improving/meeting response time standards, managing offload delay pressures, and equitably balancing workload among paramedics. Other expected outcomes include a reduction of end-of-shift overruns and improved management of meal breaks, contributing to improved mental health and well-being.

Budget Request #: 25

Proposed Initiative	Department	Division	Service Area
Advancing Community Care and Compliance	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

In order to meet the evolving and changing personal health record request needs of the Peel population. Paramedic Services is requesting resource investments to respond to records and information requests in a timely manner. These resources will perform audit functions to ensure compliance with legislative standards and to lead incident analysis. Ultimately, resourcing support is needed to streamline the process for information access requests and managing growth and demand.

Required Annual Operating Investment

Impacts	2026	2027	2028	2029
Gross expenditures	111,588	37,196	–	–
Less: internal and capital recovery	–	–	–	–
Total Expense	111,588	65,990	–	–
Rate stabilization reserve	58,699	(58,699)	–	–
External funding	–	58,699	–	–
Other revenue	–	–	–	–
Total Revenue	58,699	–	–	–
Net impact – tax	57,789	37,196	–	–
Net impact – utility rate	–	–	–	–
FTEs	1.0	–	–	–

Required Capital Investment

	2026
Total Expenditures	–
Capital reserve	–
Development charges	–
External funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

Peel is growing in population size every year. This growth in population size, naturally increases the number of information requests that Paramedic Services receives. Currently, the volume of requests surpasses the team's capacity, resulting on reliance from modified/support staff to supplement program needs. Since 2021, information requests have increased approximately 6% annually and will continue to increase. Dedicated resources are needed to respond to this growth.

Details of Service Change

In 2024, there were over 1,800 Personal Health Information Protection Act ("PHIPA") requests received in Paramedic Services. As a Health Information Custodian ("HIC"), Paramedic Services is responsible for processing access requests for information under PHIPA. To ensure these requests are assessed appropriately, evaluated, reviewed and redacted, dedicate resources are needed to complete them in a timely matter. It is expected that all inquiries are responded to within two business days. Having sufficient resources in place will enable Paramedic Services to meet the required information request response times. The investment in additional resource will aid in ensuring compliance with PHIPA regulations while maintaining the integrity of personal health information and will assist with case load management and meet investigation/analysis timelines.

Service Impact

The additional resources are critical for investment in Paramedic Services. The additional resources can reduce the risk to administrative fines and penalties from the Information and Privacy Commissioner of Ontario when requests are processed. Leveraging internal partners improves efficiency and enhances requester satisfaction. Additionally, the staffing investment will support the mechanisms and initiatives that promote quality, safety, and strong risk management within Peel. The requested resource investment will increase trust and transparency for Peel, hence building upon Paramedic Services as a reliable Health Information Custodian and enhancing overall service delivery.

Appendix I

Table 9. 2026 Financing Sources and Funding Status (in \$ thousands)

Project	Name	Description	Total Expense	Development Charges	Reserve Funds	External Funding	Debt Funding
267801	Defibrillators and medical equipment	Purchase of defibrillators and medical equipment for replacement and growth	6,107	136	5,971	–	–
267803	Ambulance fleet and support vehicles	Purchase of ambulances and administration vehicles for Peel Regional Paramedic Services program	28,938	1,200	27,738	–	–
267806	Digital Services Team – Technology Projects	Resources to support sustaining and enhancing digital solutions	990	–	990	–	–
267807	IT initiatives	IT related capital projects	1,129	–	1,129	–	–
267810	Major facility maintenance	Based on improvements for refined 10-year plan for existing ambulance facilities	846	–	846	–	–
Paramedic Services Total			\$38,011	\$1,336	\$36,675	–	–

Appendix II

Table 10. 2026 10-year Combined Capital Program (in \$ thousands)

Project	Name	Description	2026	2027	2028	2029	2030	Yrs 6-10	Gross
267801	Defibrillators and medical equipment	Purchase of defibrillators and medical equipment for replacement and growth	6,107	4,322	1,658	1,821	6,493	29,199	49,600
267803	Ambulance fleet and support vehicles	Purchase of ambulances and administration vehicles for Peel Regional Paramedic Services program	28,938	14,422	–	–	10,136	42,877	96,373
267806	Digital Services Team – Technology Projects	Resources to support sustaining and enhancing digital solutions	990	990	–	–	–	–	1,980
267807	IT initiatives	IT related capital projects	1,130	522	489	395	1,041	3,075	6,652
267809	Reporting Station	New stations to address growth	–	69,493	7,184	–	–	7,200	83,877
267810	Major facility maintenance	Based on improvements for refined 10-year plan for existing ambulance facilities	846	2,246	239	610	1,440	10,677	16,058
Paramedic Services Total			\$38,011	\$91,995	\$9,570	\$2,826	\$19,110	\$93,028	\$254,540