



## Telecom Decision CRTC 2012-167

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Ottawa, 22 March 2012

### **Canadian Common Ground Alliance – Application to broaden the use of the 8-1-1 dialing code**

File number: 8698-C187-201110973

*In this decision, the Commission denies a request by the CCGA to broaden the use of the 8-1-1 dialing code to include access to an underground infrastructure locate service in conjunction with its current use for a non-emergency telehealth triage service.*

#### **Introduction**

1. The Commission received a Part 1 application from the Canadian Common Ground Alliance (CCGA), dated 15 July 2011, in which the CCGA requested that the Commission broaden the use of the 8-1-1 dialing code to include access to call centres that provide an underground infrastructure locate service (referred to hereafter as a “locate service”),<sup>1</sup> in conjunction with the non-emergency telehealth triage service for which the 8-1-1 code is currently being used.
2. The Commission received comments on the CCGA’s application from utility, infrastructure, and construction companies and organizations; provincial and municipal governments; MTS Allstream Inc. (MTS Allstream);<sup>2</sup> Shaw Cablesystems G.P. (Shaw); and TELUS Communications Company (TCC). The public record of this proceeding, which closed on 26 September 2011, is available on the Commission’s website at [www.crtc.gc.ca](http://www.crtc.gc.ca) under “Public Proceedings” or by using the file number provided above.

#### **Background**

3. Under the North American Numbering Plan (NANP),<sup>3</sup> unique three-digit (N-1-1)<sup>4</sup> codes are assigned to provide abbreviated dialing access to specific types of services.

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<sup>1</sup> A locate service enables excavators to request that infrastructure owners mark the location of underground infrastructure using above-ground markers, such as temporary paint and flags, before the excavators begin their excavation activities.

<sup>2</sup> As of early 2012, MTS Allstream Inc. became known as two separate entities, namely, MTS Inc. and Allstream Inc.

<sup>3</sup> The NANP is a numbering plan used by Canada, the United States, and 18 other countries all within country code 1.

<sup>4</sup> The number values for ‘N’ are from 2 to 9. Thus, only 8 N-1-1 codes can be used to provide services that benefit the public, such as access to non-emergency municipal government services (3-1-1), directory assistance services (4-1-1), and emergency services (9-1-1).

The national telecommunications regulatory body of each country is responsible for assigning N-1-1 codes. As a result, there are some differences in the services assigned to each N-1-1 code among these countries.

4. In Decision 2001-475, the Commission established the guidelines it would use to assign an N-1-1 code. Under these guidelines, N-1-1 codes are used for public access to non-commercial services that serve the broad public interest and are not assigned to service providers, but rather to services.
5. In Telecom Decision 2005-39, the Commission assigned the 8-1-1 code (referred to hereafter as “8-1-1”) for access to non-urgent health care telephone triage services (telehealth services).<sup>5</sup> Telehealth services enable callers to obtain non-emergency health information and advice from medically trained persons about health-related subjects, such as diseases, various types of symptoms, medications, and dietary issues. Telehealth services are provided by provincial and territorial governments through their ministries and departments of health.
6. Telehealth services are available 24 hours per day, 7 days per week, in four provinces and one territory: British Columbia, New Brunswick, Nova Scotia, Quebec, and the Yukon. The Province of Saskatchewan has also indicated that it plans to offer telehealth services soon.

### **The application**

7. The CCGA noted that much of Canada’s critical infrastructure networks that supply products and resources such as telecommunications, energy, gas, and water, are buried and can be damaged or disrupted during excavation. The CCGA submitted that the best way to ensure that this does not occur is to provide the public with a locate service that can be easily accessed before excavation occurs. The CCGA argued that this access should be provided via 8-1-1 in conjunction with the current telehealth services.
8. The CCGA proposed the use of a front-end interactive voice response (IVR)<sup>6</sup> system to give callers the option to choose either service. The CCGA suggested that the first choice would be telehealth services and the second choice would be the locate service. The IVR system would then route calls to the chosen service.
9. The CCGA noted that the current One Call Centre locate services provided by its regional partners in Alberta, British Columbia, Ontario, Quebec, Saskatchewan, and St. John in New Brunswick are generally accessed via province-wide, 10-digit telephone numbers. The CCGA submitted that this results in different telephone numbers being used to access the same type of service.

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<sup>5</sup> The United States’ Federal Communications Commission assigned 8-1-1 for a “call before you dig” service in 2007, two years after the Canadian assignment of this code for telehealth services in 2005.

<sup>6</sup> IVR is a technology that enables callers to select an option via voice or keypad inputs from a recorded telephone menu.

10. The CCGA indicated that the use of different telephone numbers to access locate services causes confusion among the public, reduces awareness of the services, and results in low service use. The CCGA noted that the use of a single, short, nation-wide number for a locate service would make it easier for the public to remember to call before digging since it would provide consistency, enhance and streamline public awareness of the service, and increase service use.
11. The CCGA noted that the United States' Federal Communications Commission has assigned 8-1-1 for a locate service and argued that a similar use for 8-1-1 in Canada would provide consistency with the United States and reduce potential confusion.
12. The CCGA submitted that 8-1-1 is not presently being used in five provinces and two territories, and that therefore, broadening 8-1-1 to include a locate service would widen geographic use of 8-1-1, consistent with the Commission's N-1-1 assignment guidelines.
13. The CCGA also submitted that a joint use of 8-1-1 would reduce the provincial and territorial governments' costs of providing telehealth services and conducting public awareness campaigns. The CCGA noted that public awareness and understanding of the 8-1-1 telehealth services are presently low.

### **Positions of parties**

14. A wide variety of infrastructure and construction companies, and a number of private and public sector organizations supported the CCGA's application. These companies and organizations submitted that broadening the use of 8-1-1 to include a locate service would enhance public awareness of 8-1-1, increase public safety, and protect Canada's critical infrastructure. They noted that they recognized the importance of 8-1-1 for non-emergency telehealth services, but considered that a locate service would be an important and complementary addition to 8-1-1.
15. MTS Allstream generally supported the CCGA's application, but noted that shared use of 8-1-1 may result in public confusion. MTS Allstream also noted that to assess the viability of a shared use for 8-1-1, the Commission would need a detailed implementation plan containing input from telecommunications carriers, as well as information on timelines, funding, and cost recovery.
16. The provincial and territorial ministries and departments of health in British Columbia, Manitoba, New Brunswick, Nova Scotia, Ontario, Alberta, Saskatchewan, and the Yukon (collectively, the Ministries of Health) were opposed to broadening the use of 8-1-1 to include a locate service. The Ministries of Health submitted that the shared use of 8-1-1 would create public confusion, especially because the locate service is not health-related. Some of the Ministries of Health also stressed the importance of having full control and use of 8-1-1 during major events such as pandemics.
17. The Ministries of Health noted that the use of an IVR system menu at the front-end of a call would result in delays before calls are routed to telehealth operators, which could be a health and safety issue.

18. Shaw opposed the CCGA's application on the basis that the CCGA had not demonstrated that there is a compelling need for the use of an N-1-1 code for a locate service. Shaw noted that its own DIGSHAW locate service has worked successfully using a 1-800 number for many years.
19. Shaw submitted that telehealth services and the locate service are not complementary, and that the CCGA has provided no evidence to demonstrate that adding the locate service to 8-1-1 would increase use of 8-1-1 for telehealth services. Shaw stated that just because 8-1-1 is used in the United States for a locate service, Canada does not have to follow suit.
20. Shaw noted that the addition of an unrelated service would conflict with Canadian Steering Committee on Numbering (CSCN) guidelines and would not benefit the broader public interest. Shaw argued that this addition would benefit only infrastructure owners and construction companies, and that it would confer a competitive advantage on CCGA members since they are the only ones that would be reached by 8-1-1.
21. TCC submitted that a number of concerns and technical issues with the CCGA's application needed to be addressed, such as the call routing requirements for both services. TCC added that a means to recover the related costs would also have to be examined.
22. Shaw and TCC noted that the CCGA has not demonstrated that it cannot use other options, such as a 1-800 number, which are currently being used for locate services in some provinces and territories. TCC proposed the use of a 310 number for locate services, noting that the use of 8-1-1 for two different services may confuse the public.

### **Commission's analysis and determinations**

23. In Decision 2001-475, the Commission established the following guidelines for assigning unused N-1-1 codes:
  - there must be a compelling need for three-digit access that cannot be satisfied by other dialing arrangements;
  - the assignment of an N-1-1 code should be to a service or services rather than a specific organization;
  - the provision of N-1-1 dialing is to be based on a need to serve the broad public interest;
  - the N-1-1 dialing should not confer a competitive advantage on the service provider(s) reached by this number;
  - the services to be provided through N-1-1 dialing are to be widely available geographically and on a full-time or extended-time basis; and
  - where possible, the N-1-1 allocation to a service does not conflict with NANP and is in keeping with the CSCN guidelines for N-1-1.

24. The Commission considers that the CCGA's request for the addition of a locate service to 8-1-1 should be evaluated based on the above guidelines, in conjunction with other considerations, as set out below.

### **Compelling need**

25. The Commission considers that there is a public benefit to the use of a national, easy-to-remember number for a locate service; however, the Commission considers that the record has not demonstrated that this benefit can only be achieved through the use of an N-1-1 code. The Commission considers that the use of other dialing arrangements, such as a national 1-800 or 310 number, would serve the same purpose.
26. Accordingly, the Commission determines that the CCGA has not demonstrated that there is a compelling need for the use of an N-1-1 code for the locate service that cannot be satisfied by other dialing arrangements.

### **Assignment to a service rather than a specific organization**

27. The Commission notes that the CCGA proposed to assign 8-1-1 to a locate service, in addition to telehealth services. The Commission determines that the CCGA's request qualifies as an assignment to a service rather than to a specific organization.

### **Serve the broad public interest**

28. The Commission recognizes that the use of a common national number for the locate service would be in the public interest; however, the Commission is concerned that shared use of 8-1-1 for both telehealth and a completely unrelated non-health service may create confusion and therefore reduce the public's long-term association of 8-1-1 with one or both of these services.
29. In addition, when considering whether a particular service is in the broad public interest, the Commission has to consider whether a broad segment of the population would need the service being offered. The Commission notes that the services provided using N-1-1 numbers are generally services of which any member of the public could make use.
30. The Commission notes that locate service users would comprise only members of the public that conduct excavation activities, which are primarily construction and excavation companies, and that this constitutes a small segment of the public.
31. The Commission also notes that in many provincial, territorial, or municipal jurisdictions, construction or excavation companies are legally compelled to identify the location of buried facilities before beginning any excavation activities.<sup>7</sup> These companies would therefore have to know or find out the number for the locate service in order to have the location identified.

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<sup>7</sup> For example, Section 20.79 of the British Columbia Occupational Health and Safety Regulation states that before excavating or drilling with powered tools and equipment, the location of all underground utility services in the area must be accurately determined.

32. Accordingly, the Commission determines that the possibility of creating public confusion over the joint use of 8-1-1 for unrelated services would not be in the public interest and also determines that locate services are not used by a broad segment of the population, but primarily by a specific industry or a small segment of the population.

### **Geographical availability**

33. The Commission notes one of the CCGA's arguments that the 8-1-1 telehealth services are currently not widely available geographically. The Commission also notes that, as with the implementation of all other N-1-1 services in the past, it can take a certain amount of time for these services to become available across Canada.
34. The Commission considers that the purpose of assigning 8-1-1 on a national basis is to ensure that should a province or territory decide to implement telehealth services, 8-1-1 would be available for this use. The Commission notes that five provincial ministries and departments of health that do not currently use 8-1-1 for telehealth services stated in this proceeding that they are opposed to the use of 8-1-1 for a locate service. The Commission also notes that some of these ministries and departments indicated that they are presently reviewing the implementation of 8-1-1 for their telehealth services.
35. The Commission determines that the fact that 8-1-1 telehealth services are not available in all provinces and territories is not a sufficient reason to change the assignment of 8-1-1, even where it is not currently in use.

### **NANP and CSCN guidelines**

36. The Commission notes that, under the NANP, assignment of N-1-1 codes is determined by each participating country independently.
37. The Commission also notes that the CSCN guidelines envision the N-1-1 service provider as a single entity that has the overall responsibility to develop and coordinate the implementation and operation of an N-1-1 service. The Commission therefore determines that the use of 8-1-1 to access two different and unrelated services provided by two independent N-1-1 service providers would not be in keeping with the CSCN's N-1-1 guidelines.

### **Other considerations**

38. The Commission notes that in this proceeding, a number of other major concerns were raised by some parties regarding the joint use of 8-1-1. These concerns include how 8-1-1 calls would be routed, the changes required in telecommunications carriers' networks, and how the costs of these changes would be recovered. The Commission considers that the CCGA did not sufficiently resolve these issues in its submissions.

39. The Commission also notes that the Ministries of Health were strongly opposed to sharing the 8-1-1 call routing infrastructure due to possible delays when system changes are required, since they would have to coordinate with locate service providers. The Commission further notes the Ministries of Health's concern that they have identified 8-1-1 as a key resource to respond to major public health and safety events, and that they therefore do not want the integrity of telehealth services to be compromised.
40. The Commission considers it necessary for the Ministries of Health to maintain control of clients' experience with telehealth services and to have the flexibility to make immediate changes and updates to the 8-1-1 system in order to route callers effectively. This would also ensure that possible delays in making changes would be avoided.
41. The Commission also considers that shared use of 8-1-1 would introduce administrative and coordination challenges that could be detrimental to the existing 8-1-1 telehealth services, and that these challenges could be difficult to resolve due to the differences in interest between the Ministries of Health and locate service providers.

## **Conclusion**

42. In light of the above, the Commission determines that the CCGA's application has not fully demonstrated that the locate service meets all of the Commission's guidelines for N-1-1 code assignment. The Commission also determines that the benefits of a joint use of 8-1-1 are outweighed by public confusion and by the technical, operational, organizational, and cost recovery challenges that would occur.
43. Accordingly, the Commission **denies** the CCGA's application to broaden the use of 8-1-1 to include access to a locate service.

Secretary General

## **Related documents**

- *Alberta Health and Wellness' request for code 8-1-1 for non-urgent health triage services*, Telecom Decision CRTC 2005-39, 6 July 2005
- *Allocation of three-digit dialing for public information and referral services*, Decision CRTC 2001-475, 9 August 2001