



**Thunder Bay Regional
Health Sciences
Centre**

Northwest Region
Prehospital Care Program

**Standards of Practice
Policy Manual**

Table of Contents

Cover Page	3
Table of Contents	
Mission Vision Values	4
Roles	5
Definitions	6
Acronyms	10
CERTIFICAION POLICIES	12
CERT 100 Initial Certification	12
CERT 200 Maintenance of Certification	15
CERT 300 Cross Certification	17
CERT 400 Consolidation	20
CERT 500 Return to Practice	23
CERT 600 Remediation	26
CERT 700 Expecatations of Paramedic Practice	28
CERT 800 Decertification	30
CERT 900 Continuing Medical Education	32
CERT 1000 Academic Certification	34
DATA POLICIES	39
DATA 100 Confidentiality of Information	39
DATA 200 Security of Confidential Information	40
DATA 300 Release of Confidential Information	41
DATA 400 Electronic ACR Data	42
DATA 500 Retention of Base Hospital Information	43
MEDICAL CONTROL POLICIES	44
MC 100 On-line Medical Control	44
MC 200 Base Hospital Physician Patch Failure	45
MC 300 Bas Hospital Physician Designation	46
MC 400 Medical Authority on Scene	48
MC 500 Delegation of Controlled Medical Acts	50
MC 600 Off Duty Paramedic Practice & Special Events	52
MC 700 Equipment Failure During Patient Care	55
MC 800 Cardiac Monitor & Defibrillation	57
MC 900 Cardiac Disconnect	59
QUALITY MANAGEMENT POLICIES	61
QM 100 BLS Below Standard	61
QM 200 Complaint Process	63
QM 300 Paramedic Correspondence Responsibilities	65
QM 400 Medication Incident & Reporting Guidelines	67

QM 500 Paramedic Field Evaluations	69
QM 600 Authorization of Approved Medical Directives	71
QM 700 Administration of Controlled Substances	73
QM 800 Medication and Equipment Quality Assurance Requirements	76
QM 900 Patient Management While Waiting for Transfer of Care at Receiveing Hospital	78
.....	
QM 1000 Paramedic Conduct/ Dress Code for CMMOC	80
QM 1100 Controlled Act Incident Reporting Procedures	82
QM 1200 Continuous Quality Improvement Clinical Audit Process	85
QM 1300 Prehospital Research	88

MISSION, VISION AND VALUES

Mission

We provide quality Care to Patients and Families, supported and advanced by research, innovation, and education that is responsive to the need of the population of Northwestern Ontario.

Vision

Exceptional CARE for every patient, every time.

Values

Diversity Compassion Excellence Innovation Accountability

Patient & Family Centred Care Core Concepts

Dignity & Respect Communication & Information Sharing Participation Collaboration

Our Strategic Directions

Equity, Diversity, & Inclusion: *We all belong.*

Patient Experience: *Empathy, compassion, and respect in every encounter.*

Staff Experience: *This is where we want to work, grow, and thrive.*

Research, Innovation, & Learning: *Driven by the needs of our patients, our staff, and our communities.*

Sustainable Future: *Ensuring our Healthy Future.*

ROLES & RESPONSIBILITIES

PURPOSE:

Northwest Region Prehospital Care Program is a Base Hospital Program that has been designated as such by the MOHLTC to assist and work with the MOHLTC to monitor and ensure quality of ambulance based prehospital patient care.

REFERENCE DOCUMENTS:

Thunder Bay Regional Health Sciences Centre and Regional Base Hospital Performance Agreement.

RESPONSIBILITIES OF THE REGIONAL BASE HOSPITAL:

Northwest Region Prehospital Care Program provided medical direction, advice, paramedic certification, continual medical education and QA/CQI to ambulance based prehospital emergency healthcare providers within a broad based, multidisciplinary, emergency health services system in a specified geographical area.

Northwest Region Prehospital Care Program acts as a resource centre and facilitator to assist the MOHLTC in ensuring that ambulance base prehospital care and transportation meets the ALS Standards set out in the Regulations.

Northwest Region Prehospital Care Program also functions in an advisory capacity to the MOHLTC on matters relating to ambulance base prehospital care.

Northwest Region Prehospital Care Program continues to support and work cooperatively with the MOHLTC towards the accomplishment of the MOHLTC objectives.

DEFINITIONS

For the purposes of this manual the following definitions apply, exceptions are capture in the specific policies;

ACR/e-PCR audits	means reviews performed on the document completed by paramedics;
ACR Manual	means the Ambulance Call Report Completion Manual of the Emergency Health Services Branch of the Ministry, current version;
Act	means the Ambulance Act, Ontario Regulation 257/00 and any regulations thereunder, as amended or replaced from time to time;
Adverse Event	means an event which results in unintended harm to the patient and is related to the ALS Standards of care provided to the patient rather than to the patient's underlying medical condition;
ALS Standards	means the Advanced Life Support Patient Care Standards of the Emergency Health Services Branch of the Ministry; consistent with the provincial medical directives recommended by the OBHG MAC and approved by the director of MOHLTCEHS branch;
Auditor	means an individual who performs ACR/e-PCR audits;
Authorization	for the purpose of this document, the terms "authorization" and "certification" deemed to be interchangeable;
Base Hospital	means a hospital, designated by the Minister to provide Base Hospital Program;
Base Hospital Program	has the meaning ascribed to it in the Ambulance Act;
Base Hospital Physician	means a physician with the authority to delegate to the certified paramedics within Northwest Region Prehospital Care Program;
BSL Standards	means the Basic Life Support Patient Care Standards of the Emergency Health Services Branch of the Ministry;
Case Review	means a review performed by Northwest Region Prehospital Care Program related to patient care provided by paramedic(s);
Certification	means a written authorization to perform selected Medical Controlled Acts under the license/registration of a Base Hospital Medical Director;
Clinical Audit	means a comparison of documented and/or recorded paramedic clinical practice to the ALS Standards and other clinical guidelines;
Clinical Care Incident	means an act (plan, decision, choice, action or inaction) that when viewed in retrospect was not to standard and resulted in an actual or potential adverse event or a close call;
Close Call	means an event with the potential for harm that did not result in harm, because it did not reach the patient due to timely intervention, or good fortune (sometimes called a near miss);

CME Cycle	means preplanned CME timeframe, assigned for the purposes of the maintenance of certification;
Compulsory CME	means prescribed educational activities that are mandatory for all paramedics to attend during the designated CME cycle;
Controlled Act	has the means ascribed to it in the Regulated Health Professions Act;
CPSO Policy	means the CPSO policy for the Delegation of Controlled Acts AND Guidelines for teaching Controlled Acts under Section 28 of the Regulated Health Professions Act and under the Medicine Act;
Cross Certification	means a process, by which paramedics currently certified by an Ontario Regional Base Hospital seeks certification from another Base Hospital;
Curriculum Development Framework	means a standardized process for developing, designing and approving education materials
Days	means Base Hospital business days (i.e., Monday to Friday);
Deactivation	means temporary suspension of selected certified paramedic privileges to perform Controlled Acts by the Base Hospital Medical Director for the purpose of performing remediation;
Decertification	means revocation of a certified paramedic's delegated privileges to perform Medical Controlled Acts;
Documentation Standards	means the Ambulance Service Documentation Standards of the Emergency Health Services Branch of the Ministry;
Equipment Standards	means the Provincial Equipment Standards for Ontario Ambulance Services for use of Ontario Land and Air Ambulance Services published by the Ministry of Health Emergency Health Services Branch;
Feedback	means a written form of communication between Northwest Region Prehospital Care Program and paramedics for events that have been identified, requiring further clarification;
Filter	means the algorithm that compares documents data points with accepted standards and guidelines;
Gap Analysis	means evaluating paramedic's previous authorized level of certification with the requested authorized level of certification;
Harm	means an outcome that negatively affects the patient's health and/or quality of life;

Host Hospital	means Thunder Bay Regional Health Sciences Centre;
Incident	means an irregularity in paramedic's clinical care within his/her designated authorized level of certification, relating to the ALS Standards and other clinical guidelines;
Mandatory Patch Point	means a required and predetermined verbal authorization point within a specific medical directive;
Medical Delegation	means a mechanism that allows a physician who is authorized to perform a controlled act to confer that authority to another person (whether regulated or unregulated), who is not independently authorized to perform the act;
Medical Director	means a physician appointed by the Host Hospital, through Thunder Bay Regional Health Sciences Centre as a Medical Director of the Base Hospital Program;
MOHLTC ACP Examination	means the examination authorized under part III of reg. 257/00
Occurrence	for the purpose of this document, the terms "incident" and "occurrence" are deemed to be interchangeable;
Paramedic	has the mean ascribed to it under the Ambulance Act and refers to those paramedics employed by a service affiliated with Northwest Region Prehospital Care Program;
Paramedic Guide	means a reference document that includes the ALS Standards and other clinical practice guidelines;
Paramedic Practice Overview	means an individual report outlining paramedic clinical activities, as per the ALS Standards;
Paramedic Service	(herein after referred to as the "Service") means an Ambulance Service provider certified to provide this service, as defined under the Ambulance Act;
Patch	means a recorded voice to voice communication between a paramedic and a BHP, which may result in further medical direction;
Patch Failure	means an inability of paramedic or communication officer to contact BHP;
Patient	has the means ascribed to it in Ontario Regulation 257/00 under the Ambulance Act;
PCP Autonomous IV Practitioner	means a paramedic who has successfully completed the provincially-endorsed IV education and training program and been delegated the autonomous IV scope, as prescribed in the ALS Standards by the Northwest Region Prehospital Care Program Medical Director;

Performance Agreement	means an agreement with the MOHLTC for the provision of the operation of a Base Hospital Program, as per the Ambulance Act;
Reactivation	means reinstatement of suspended privileges after a period of deactivation;
Receiving Facility	means a healthcare institution designated as a hospital, as defined by Regulation 964 of the Public Hospitals Act;
Regional Base Hospital	means a hospital that is designated by the Minister in accordance with section 4(2) of the Ambulance Act, as amended by the Services Improvement Act;
Remediation	means an educational plan a paramedic is required to complete, following an audit, investigation, deactivation, or evaluation of clinical practice/knowledge;
Self-Report	means a written notification from a paramedic to Northwest Region Prehospital Care Program describing an incident, occurrence, or other matter that affected or had the potential to affect the patient;
Service	refers to Paramedic Service;
Service Agreement	means an agreement with an Upper-Tier Municipality (UTM) or a Designated Delivery Agent (DDA);
Special Event	means a preplanned gathering with potentially large numbers, which falls outside of normal or routine nature of EMS delivery;
Supplementary CME	means continuing medical education that supplements compulsory CME to meet the requirements for the maintenance of certification;
Voluntary Change of Certification	means revocation of privileges to perform certain Controlled Acts due to a request of the Service and paramedic to a lower level of certification;

ACRONYMS

For the purposes of this manual the following acronyms apply;

ACP	means Advanced Care Paramedic;
ACR or e-PCR	means an Ambulance Call Report in paper (ACR) or electronic form (e-PCR);
AEMCA	means Advanced Emergency Medical Care Assistant;
ALS Standards	means the Advanced Life Support Patient Care Standards;
BH	means Base Hospital;
BHP	means Base Hospital Physician;
BVM	means Bag Valve Mask;
CACC	means Central Ambulance Communication Centre;
CCP	means Critical Care Paramedic;
CDSA	means Controlled Drugs and Substances Act;
CME	means Continuing Medical Education approved by the Base Hospital;
CMPPA	means Canadian Medical Protective Association;
CPAP	means Continuous Positive Airway Pressure;
CPSO	means the College of Physicians and Surgeons of Ontario;
CQI	means Continuous Quality Improvement;
CTAS	means Canadian Triage and Acuity Scale;
CVAD	means Central Venous Access Device;
EHS	means Emergency Health Services;
EM	means Emergency Medicine;
EMS	means Emergency Medical Services;
ETT	means Endotracheal Tube;
IEP	means Individual Education Plan;
IO	means Intraosseous;
IV	means Intravenous;
KAT	means Knowledge Assessment Tool;
MD	means Medical Director;
MDI	means Metered Dose Inhaler;

MOHLTC/Ministry	means Ministry of Health and Long Term Care;
MPSC	means Manger of Professional Standards and Compliance;
O²	means Oxygen;
OBHG Exec	means Ontario Base Hospital Group Executive Committee;
OBHG MAC	means Ontario Base Hospital Group Medical Advisory Committee;
PA	means Performance Agreement;
PCP	means Primary Care Paramedic;
PCP AIV	means Primary Care Paramedic Autonomous Intravenous;
PDF	means Portable Document Format;
PFF	means Paramedic Feedback Form;
PHIPA	means Personal Health Information Protection Act;
PPE	means Personal Protective Equipment;
PPRC	means Paramedic Practice Review Committee;
PRN	means as needed;
QI	means Quality Improvement;
RBH	means Regional Base Hospital;
RHPA	means Regulated Health Professions Act;
RTP	means Return to Practice;
SGA	means Supraglottic Airway;
SOP	means a Service Standardized Operating Procedure;
TOC	means Transfer of Care

Accepted abbreviations;

Refer to MOHLTC- ACR/e-PCR Documentation Standards

Policies, Procedures, Standard Operating Practices

CERT 100

Title: Initial Certification	☐ Policy ☐ Procedure ☒ SOP
Category: Certification Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: NWRPCP Medical Director & Program Manager	Approval Date: January 2009 Reviewed/Revised Date: Nov 2024 Next reviewed date: June 2026

CROSS REFERENCES: Maintenance of Certification (CERT-200), Cross Certification (CERT-300), Consolidation (CERT-400), Return to Practice (CERT-500), Remediation (CERT-600), Unsuccessful Certification (CERT-700), Decertification (CERT-800), Continuing Medical Education Requirements (CERT-900), Global Rating Scale (FM-CERT-01), Request for Initial Certification (LMS)

1.0 PURPOSE

1.1 This policy refers to Northwest Region Prehospital Care Program (NWRPCP) process for Initial Certification for any newly hired Paramedic candidate.

2.0 POLICY STATEMENT

2.1 In Ontario, there are three levels of qualification for Paramedics which lead to certification as a Primary Care Paramedic (PCP), Advanced Care Paramedic (ACP), and Critical Care Paramedic (CCP). The qualification for each level is set out in Ontario Regulation 257/00 made under the Ontario Ambulance Act, RSO 1990, c A-19, and includes that the paramedic be authorized by a Program Medical Director (PMD) of a Regional Base Hospital (RBH) to perform the controlled acts set out in Schedules 1, 2 and 3 respectively.

3.0 SCOPE

3.1 The following Initial Certification process applies to a Paramedic candidate who is seeking certification through the NWRPCP, who does not already currently hold certification elsewhere within the Province of Ontario.

4.0 DEFINITIONS

- 4.1 **Certification:** the process by which Paramedics receive authorization from a Medical Director to perform controlled acts and other advanced medical procedures in accordance with the current Advanced Life Support (ALS) Patient Care Standards (PCS).
- 4.2 **AEMCA or AEMCA Pending:** Paramedic is seeking certification following the completion of an approved paramedic program **AND** has no current certification with another RBH. Employer is therefore requesting initial certification of new hire with no current certification history or current EMS work history for reference.
- 4.3 **Program Medical Director:** a physician designated by a Regional Base Hospital as the local lead medical authority.
- 4.4 **Ambulance Service Operator:** a service that is held out to the public as available for the conveyance of persons by ambulance as per definition (s) within the Ambulance Act R.S.O. 1990, CHAPTER A.19 subsection 1 and 2
- 4.5 **Regional Base Hospital:** as defined in subsection 1(1) of the Ambulance Act and provides a regional base hospital program pursuant to an agreement entered into with the Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch (EHRAB).
- 4.6 **Human Resource Inventory:** a comprehensive document that includes candidate information regarding education and skills utilized to request certification of either primary care or advanced care paramedic as an initial certification, return to practice and cross-certification process within NWRPCP.

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- 4.7 Objective Structured Clinical Evaluation: a versatile evaluative tool that can be utilized to assess health care professionals in a simulated clinical setting. It assesses competency, based on objective testing through direct observation. It is precise, objective, and reproducible allowing uniform testing of a wide range of clinical skills.
- 4.8 Global Rating Scale: is a measurement scale of assessment that has a defined rubric containing specific domains. It allows certified raters to quantify a variety of skills often assessed during OSCEs, including complex, interrelated, or non-cognitive skills.
- 4.9 Advanced Care Paramedic: defined in subsection 8(2) of the Ambulance Act of Ontario 257/100
- 4.10 Primary Care Paramedic: defined in subsection 8(1) of the Ambulance Act of Ontario 257/100

5.0 PROCEDURE

- 5.1 All initial certification events shall be hosted by the NWRPCP at the Training and Simulation Centre or other facility designated by the NWRPCP. The scheduling of certification events will be pre-determined on the operational feasibility of the NWRPCP.
- 5.2 The NWRPCP will regularly schedule certification events annually. This schedule may be subject to modification based on operational requirements and staffing availability of the NWRPCP.
- 5.3 The Paramedic candidate shall be employed or retained by an Ambulance Service Operator (ASO) within the Province of Ontario.
- 5.4 The ASO and/or paramedic candidate must complete and submit a Request for Certification form (HRI) for each individual candidate.
- 5.4.1 HRI forms must be submitted to the NWRPCP twenty (20) business days prior to any pre-scheduled certification event. Requests submitted after this deadline will be deferred to the next scheduled event, or actioned as a “one-off” request.
- 5.4.2 “One-off” requests, defined as two candidates or less, may be entertained based on operational feasibility.
- 5.4.3 In the event that certification requests cannot be accommodated by the NWRPCP, efforts will be made to provide certification through the support of Ontario Base Hospital Group partners located outside of the region.
- 5.5 Following the satisfaction of the stipulations in 5.4, the NWRPCP will contact the Paramedic candidate within five (5) business days to provide details on the certification process and determine an appropriate certification date.
- 5.6 If applicable, the NWRPCP will provide the Paramedic candidate with any required pre-course material once a certification date has been selected.
- 5.6.1 Successful completion of all pre-course material is mandatory prior to attending any certification event.
- 5.7 The Initial Certification process will include:
- 5.7.1 The provision of a written knowledge examination based on the most current version of the ALS PCS, applicable to the specific scope of practice of the candidate.
- 5.7.2 An orientation to NWRPCP applicable to the Paramedic candidate scope of practice including, but not limited to program overview, certification models, medical oversight, quality assurance, and professional expectations.
- 5.7.3 A review of ALS PCS Medical Directives, including Auxiliary Medical Directives authorized by the PMD, including any applicable updates.
- 5.7.4 Procedural skills review based on Provincial standards (applicable to the scope of practice).
- 5.7.5 Simulated patient care evaluations.
- 5.7.5.1 The NWRPCP uses a seven (7) station Objective Structured Clinical Evaluation (OSCE) as the standardized testing format for all certification events. The Global Rating Scale (GRS) is utilized for evaluating competency.

- 5.7.5.2 Paramedic candidates will not be permitted access to any personal electronic devices (phones, tablets etc.) during the OSCE process.
- 5.7.5.3 Paramedic candidates will be provided a current version of the ALS PCS (paper or electronic), calculator and pen/paper at each of the seven (7) stations.

5.8 Successful candidates will be certified by the NWRPCP, PMD and authorized to perform controlled acts and/or advanced medical procedures, specific to the Paramedic's scope of practice.

- 5.8.1 Candidates must specifically adhere to the Maintenance of Certification requirement, which stipulates no absence from patient care exceeding ninety (90) consecutive days from the date of initial certification. Failure to comply will result in their certification being voided.

5.9 Certification will be granted by the NWRPCP's PMD in the form of a certification letter.

- 5.9.1 All successful paramedic candidates will receive a notification of their issued certification letter by direct email from NWRPCP.
- 5.9.2 Certification letters are accessible to each Paramedic and the ASO on their MedicNet profile.

5.10 Unsuccessful Paramedic candidates will receive the opportunity for one (1) subsequent attempt at certification in the form of a repeat evaluation. This will occur within three (3) business days, unless otherwise stated.

5.11 If a Paramedic candidate remains unsuccessful after their second certification attempt, the NWRPCP will notify both the Paramedic candidate and the ASO(s) associated with the certification submission of the results within one (1) business day.

5.13 If a Paramedic candidate remains unsuccessful after two (2) subsequent initial certification processes with the NWRPCP, the candidate will be referred to another regional base hospital for any future requests for initial certification.

6.0 REFERENCES

- 6.1 *Ambulance Act*, Ontario Regulation 257/00, Government of Ontario
- 6.2 *Advanced Life Support Patient Care Standards* (ALS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

Policies, Procedures, Standard Operating Practices

CERT 200

Title: Maintenance of Certification	☐ Policy ☐ Procedure ☒ SOP
Category: Certification Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: NWRPCP Program Medical Director & Program Manager	Approval Date: January 2009 Reviewed/Revised Date: June 2023 Next review Date: June 2026

CROSS REFERENCES: Initial Certification (CERT-100), Cross Certification (CERT-300), Consolidation (CERT-400), Return to Practice (CERT-500), Remediation (CERT-600), Decertification (CERT-800), Continuing Medical Education Requirements (CERT-900)

1.0 PURPOSE

1.1 The purpose of this policy is to clarify the maintenance of certification (MOC) criteria for Paramedics certified by the Northwest Region Prehospital Care Program (NWRPCP).

2.0 POLICY STATEMENT

2.1 Maintenance of certification criteria is an annual requirement for every Paramedic employed by an Ambulance Service Operator (ASO) in the Northwest Region and certified by the NWRPCP.

3.0 DEFINITIONS

- 3.1 Paramedic: as defined in subsection 1(1) of the Ambulation Act Ontario Regulation 257/00.
- 3.2 Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulation Act Ontario Regulation 257/00.
- 3.3 Advanced Care Paramedics (ACP): defined in subsection 8 (2) of the Ambulation Act Ontario Regulation 257/00.
- 3.4 Certification: the process by which Paramedics receive authorization from a Medical Director to perform controlled acts and other advanced medical procedures in accordance with the current Advanced Life Support (ALS) Patient Care Standards (PCS).
- 3.5 Maintenance of Certification: Successful completion of all annual certification requirements, as deemed by the PMD or NWRPCP delegates, so that a Paramedic may continue to practice controlled acts.
- 3.6 Controlled Act: as set out in subsection 27(2) of the Regulated Health Professions Act, 1991.

4.0 PROCEDURE

4.1 A certification year is from January 1st to December 31st each year.

4.1.1 All maintenance of certification (MOC) must be successfully completed by the Paramedic no later than December 15th or next business day of each calendar year. An extension may be granted by the PMD.

4.1.2 If the Paramedic is unable to meet all MOC the PMD may assign remediation, impose deactivation, request a decertification review, or may otherwise place conditions on the Paramedic's scope of practice. Outcomes will vary depending on the circumstances.

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

5.1 Ambulance Act Ontario Regulation 257/00

5.2 Ministry of Health and Long-term care (MOHLTC) Emergency Health Regulatory and Accountability

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Branch (EHRAB) and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement (PA), 2008.

6.0 REFERENCES

- 6.1 Advanced Life Support Patient Care Standards, Emergency Health Services Branch, Ministry of Health and Long-Term Care
- 6.2 NWRPCP CME Program Guide and Catalogue, <https://nwrpcp.myobh.ca/>
- 6.3 Ambulance Act, Ontario Regulation 257/00, Government of Ontario

Policies, Procedures, Standard Operating Practices

CERT 300

Title: Cross Certification	☐ Policy ☐ Procedure ☒ SOP
Category: Certification Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics, NW Field Office
Approved: NWRPCP Program Medical Director & Program Manager	Approval Date: January 2009 Reviewed/Revised Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: Initial Certification (CERT-100), Maintenance of Certification (CERT-200), Consolidation (CERT-400), Return to Practice (CERT-500), Remediation (CERT-600), Decertification (CERT-800), Continuing Education Requirements (CERT-900), OBHG Cross Certification (FM-LMS)

1.0 PURPOSE

- 1.1 To allow Cross Certification from one Regional Base Hospital (RBHP) to another RBHP in Ontario. Cross Certification applies to Paramedics who are currently certified and in good standing with a RBHP and have no unresolved patient care investigations in that RBHP, who are seeking certification with NWRPCP.

2.0 POLICY STATEMENT

- 2.1 The Certification Standard is Section 6 of the ALS PCS and outlines definitions, processes and requirements of parties involved in the Certification and Authorization of Ontario Paramedics. The ALS PCS Section 6 will serve as the policy as related to Cross Certification.
- 2.2 The following requirements apply with respect to Paramedics who are already certified and who are seeking Certification by a Program Medical Director (PMD) in another RBHP.
- 2.2.1 The Paramedic shall be employed or retained by an Ambulance Service Operator (ASO) within the specified catchment area.
 - 2.2.2 The Paramedic shall complete a form provided by the prospective RBHP that includes the following:
 - 2.2.2.1 A list of all RBHPs under which the Paramedic has received Certification within the ten (10) year period immediately preceding the application.
 - 2.2.2.2 A declaration of the dates of all previous Deactivations and/or Decertification that have occurred within the ten (10) year period immediately preceding the application.
 - 2.2.2.3 Status of all current Certifications from all RBHPs
 - 2.2.2.4 Written permission for the prospective RBHP to obtain information in writing from other physicians, other programs, etc. regarding the Paramedic's previous practice.
 - 2.2.3 The Paramedic shall successfully complete an evaluation by the prospective RBHP and any orientation and training required by the prospective RBHP. The evaluation may include:
 - 2.2.3.1 An assessment of knowledge and skill;
 - 2.2.3.2 Scenario evaluation; and
 - 2.2.3.3 Oral interview or clinical evaluation with the PMD or designate.
- 2.3 Upon meeting the above requirements for Cross Certification, the PMD shall certify the Paramedic.

3.0 DEFINITIONS

- 3.1 **Authorization:** means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a PMD
- 3.2 **Certification:** means the process by which Paramedics receive authorization from a PMD to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS

- 3.3 Deactivation: means the temporary revocation, by the PMD, of a Paramedic's Certification;
- 3.4 Decertification: means the revocation, by the PMD, of a Paramedic's Certification
- 3.5 Ambulance Service Operator: means a service operator certified to provide ambulance services as defined in the *Ambulance Act*
- 3.6 Program Medical Director: means a physician designated by a Regional Base Hospital and the PMD of the RBHP
- 3.7 Paramedic: means a Paramedic as defined in subsection 1(1) of the *Ambulance Act*, and for the purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable
- 3.8 Regional Base Hospital Program: means a base hospital program as defined in subsection 1(1) of the *Ambulance Act*.

4.0 PROCEEDURE

- 4.1 The ASO will notify their RBHP in writing or through an online form where available at the earliest opportunity to confirm any new Paramedics being employed who may be eligible for Cross Certification, and the earliest date they will be available for orientation (at least ten business days advanced notice is requested).
- 4.2 If the Paramedic being employed or retained by the ASO is currently certified with another RBHP, a Cross Certification Form (LMS) must be completed at least ten (10) days prior to any scheduled certification event. A RBHP may choose to integrate this form within a local electronic process.
- 4.3 Each application for Cross Certification will be reviewed by the RBHP. The RBHP will perform a gap analysis based on the Paramedic's current level of Certification and the requested level of Certification as it relates to auxiliary medical directives.
- 4.4 This may result in an individualized education plan that will be facilitated at a mutually agreed upon time between the ASO and the RBHP. The Certification requirements (if any), based on the gap analysis will be provided in writing to each Paramedic and ASO within ten (10) business days upon the receipt of the completed Cross Certification Form.
- 4.5 The RBHP will provide any required pre-course materials to each Paramedic once the orientation is confirmed. Materials may be distributed in a format as determined by the RBHP. Successful completion of all pre-course materials is required prior to attending the orientation day.
- 4.5.1 RBHP orientation may include:
- 4.5.1.1 An introduction to RBHP policies applicable to the Paramedic;
 - 4.5.1.2 All auxiliary medical directives performed by Paramedics in that RBHP excluding PCP autonomous IV;
 - 4.5.1.3 PMD or delegate directed scenarios; and/or
 - 4.5.1.4 Skills assessment.
- 4.6 The RBHP will notify the Paramedic and ASO of the results in writing within three (3) business days.
- 4.7 A Certification and Authorization letter will be issued for the Paramedic and ASO, which will include the Paramedic scope of practice and certification expiry date.

5.0 REFERENCES

- 5.1 *Advanced Life Support Patient Care Standards (ALS PCS)*, Section 6 Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch (EHRAB)
- 5.2 *Ambulance Act*, Ontario Regulation 257/00, Government of Ontario

6.0 DEVELOPED BY

6.1 Ontario Base Hospital Group

7.0 APPROVED BY

7.1 Regional Base Hospital Programs of Ontario

- 7.1.1 Central East Prehospital Care Program;
- 7.1.2 Centre for Paramedic Education and Research;
- 7.1.3 Health Sciences North Centre for Prehospital Care;
- 7.1.4 ORNGE Base Hospital;
- 7.1.5 Northwest Region Prehospital Care Program;
- 7.1.6 Regional Paramedic Program for Eastern Ontario;
- 7.1.7 Southwest Ontario Regional Base Hospital Program and
- 7.1.8 Sunnybrook Centre for Prehospital Medicine.

Policies, Procedures, Standard Operating Practices

CERT 400

Title: Consolidation	☐ Policy ☐ Procedure ☒ SOP
Category: Certification Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics, NW Field Office
Approved: Program Medical Director & Program Manager	Approval Date: January 2009 Reviewed/Revised Date: January 2020 Next Review Date: June 2026

CROSS REFERENCES: Initial Certification (CERT-100), Maintenance of Certification (CERT-200), Cross Certification (CERT-300), Return to Practice (CERT-500), Remediation (CERT-600), Unsuccessful Certification (CERT-700), Decertification (CERT-800), Continuing Medical Education Requirements (CERT-900), Consolidation Tracking (FM-CERT-02).

1.0 PURPOSE

1.1 Consolidation provides the opportunity for the Paramedic to integrate all components of assessment, treatment plans, critical thinking, skills, mentorship and confidence while providing a support mechanism as they transition to independent practice in the clinical setting. After successful completion of the Consolidation period, the Paramedic may practice independently at the qualified level of their Certification and Authorization.

2.0 POLICY STATEMENT

2.1 The Ministry of Health and Long Term Care (MOHLTC) Emergency Health Services Branch Regulatory and Accountability Branch (EHRAB) publishes the Advanced Life Support Patient Care Standards (ALS PCS) with amendments from time to time. The Certification Standard is Appendix 6 of the ALS PCS and outlines definitions, processes and requirements of parties involved in the Certification and Authorization of Ontario Paramedics. The ALS PCS Appendix 6 will serve as the policy as related to Consolidation.

3.0 DEFINITIONS

- 3.1 Certification: means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.
- 3.2 Consolidation: means the process by which a condition is placed on a Paramedic's certification restricting his or her practice to working with another Paramedic with the same or higher level of qualification (i.e. Certification).
- 3.3 Ambulance Service Operator: means a service operator certified to provide ambulance services as defined in the Ambulance Act 257/00.
- 3.4 Program Medical Director: means a physician designated by a Regional Base Hospital as the Medical Director of the RBHP.
- 3.5 Paramedic: means a paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.
- 3.6 Patient care concern: means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission;
- 3.7 Regional Base Hospital (RBH): means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOHLTC;
- 3.8 Regional Base Hospital Program (RBHP): means a base hospital program as defined in subsection 1(1) of the Ambulance Act 257/00
- 3.9 Remediation: means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification.

4.0 PROCEDURE

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- 4.1 The PMD shall require Consolidation on all new Certifications. A PMD may require Consolidation with respect to a Paramedic's Certification where the Paramedic is returning to practice, a Patient Care Concern has been identified in respect of the Paramedic, or as identified in the Paramedic's customized plan for remediation. Consolidation provides for the opportunity to acquire more skills and confidence while ensuring that a support mechanism is in place for the Paramedic. The PMD shall determine the requirements for the Consolidation, which includes the presence of another Paramedic, the level of qualification of that other Paramedic, and the restrictions of the Paramedic's practice in relation to the presence of that other Paramedic. The PMD, in consultation with the Ambulance Service Operator (ASO), shall determine the duration for the Consolidation. However, the duration for Consolidation on all new Certifications shall be a minimum of **36 hours for a Primary Care Paramedic (PCP)** and a minimum of **168 hours for an Advanced Care Paramedic (ACP) or Critical Care Paramedic (CCP)**. The PMD shall provide notice of Consolidation and the requirements thereof in writing to the Paramedic and ASO within two (2) business days. Any changes to the Consolidation by the PMD shall be communicated to the Paramedic and ASO immediately and any changes to the requirements thereof shall be provided in writing as soon as possible.
- 4.2 Crew Configuration: Paramedics in Consolidation may practice to the level of their Certification and Authorization only when they are partnered with a Paramedic of the same or higher level of Certification and Authorization whom also has a minimum of six (6) months of full-time equivalent experience. The partner of the Paramedic in Consolidation must be fully Certified and Authorized and in good standing with the Regional Base Hospital, and cannot have any clinical care concerns which is under ongoing investigation. The partner's role is to ensure appropriate patient care by providing support to the Paramedic in Consolidation for the duration of the patient contact. In any rare or unforeseen event where the Paramedic in Consolidation is separated from their partner and is required to attend to a patient, the Paramedic in Consolidation may practice to the level of their Certification and Authorization. Following the completion of the call, the Paramedic in Consolidation must immediately notify their Regional Base Hospital, through the self-report process, and provide details of the circumstances surrounding this event and the management of their patient in this situation.
- 4.3 Number of Hours and Expected Length of Time to Complete Consolidation: For all newly Certified and Authorized Paramedics, including Paramedics employed on a part-time or casual basis, the minimum number of hours of Consolidation in a clinical patient care role will be thirty six (36) hours for a PCP and one hundred and sixty eight (168) hours for an ACP or CCP. The maximum time allowed for a Paramedic to complete Consolidation, without a specified exemption from the PMD, is ninety (90) days following the Certification event. Where the Consolidation is related to a Patient Care Concern that has been identified, or as part of a customized remediation plan, the number of hours for Consolidation shall be determined by the PMD and will be completed as soon as possible. The Consolidation period should not exceed ninety (90) consecutive days. Factors to consider in these situations may include the length of time away from active clinical patient care practice, the level of Certification and Authorization of the Paramedic, or the gravity of the incident that may have been under review where a Patient Care Concern has been identified.
- 4.4 Extensions to Consolidation: Extensions to Consolidation will be granted at the sole discretion of the PMD, taking into consideration events such as but not limited to: vacation, injury, absences from work, identified clinical care concern(s). Extensions to Consolidation are exceptions, and not an inherent right. In situations where an extension to Consolidation has been granted, the Paramedic and the ASO will be notified in writing by the PMD within two (2) business days of this decision. Notification will include acceptance of the request for the extension and the length of time for this extension. If at any time the Paramedic has questions or concerns regarding their Consolidation, they may contact the Regional Base Hospital Program.
- 4.5 Tracking Documents and Reporting: The ASO will submit that the Paramedic completed the required Consolidation hours in writing, to the PMD within three (3) business days of completion of the last scheduled shift of the Consolidation period.

- 4.6 Special circumstances: Where a Paramedic is employed with more than one ASO during Consolidation, the Paramedic will notify all respective ASO (s) and Regional Base Hospital Program(s) that they are in Consolidation, and will submit their hours completed from each ASO towards their Consolidation requirements.
- 4.7 Concluding Consolidation: The PMD will determine whether or not to remove the condition on the Certification and Authorization of the Paramedic. If the PMD or designate deems that the Paramedic has completed the Consolidation hours in a clinical patient care setting, the Paramedic and the ASO will be notified in writing within three (3) business days of receipt of the documentation outlining that the Paramedic can practice independently to the level of their Certification and Authorization. Should the PMD deem that the Paramedic has not met the requirements of Consolidation, the Paramedic and the ASO will be notified in writing outlining the rationale for the decision, required next steps and the Certification and Authorization status of the Paramedic within three (3) business days of receiving the documentation from the ASO or Paramedic.

5.0 EXTERNAL REFERENCES

- 5.1 *Advanced Life Support Patient Care Standards Appendix 6*, Ministry of Health and Long Term Care
Emergency Health Regulatory and Accountability Branch (MOHLTC EHRAB)
- 5.2 *Ambulance Act*, Ontario Regulation 257/00, Government of Ontario

6.0 DEVELOPED BY

- 6.1 Ontario Base Hospital Group (OBHG)

7.0 IN CONSULTATION WITH

- 7.1 Ontario Base Hospital Group Medical Advisory Committee;
- 7.2 Data Quality Management Subcommittee and
- 7.3 Education Subcommittee

8.0 APPROVED BY

- 8.1 Regional Base Hospital Programs of Ontario
- 8.1.1 Central East Prehospital Care Program;
 - 8.1.2 Centre for Paramedic Education and Research;
 - 8.1.3 Health Sciences North Centre for Prehospital Care;
 - 8.1.4 ORNGE Base Hospital;
 - 8.1.5 Northwest Region Prehospital Care Program;
 - 8.1.6 Regional Paramedic Program for Eastern Ontario;
 - 8.1.7 Southwest Ontario Regional Base Hospital Program and
 - 8.1.8 Sunnybrook Centre for Prehospital Medicine, Regional Base Hospital Program.

Title: Return to Practice	☐ Policy ☐ Procedure ☒ SOP
Category: Certification Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Service Operators, Paramedics & NW Field Office
Approved: NWRPCP Program Medical Director and Manager	Approval Date: January 2009 Reviewed/Revised Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: Initial Certification (CERT-100), Maintenance of Certification (CERT-200), Cross Certification (CERT-500), Consolidation (CERT-400), Remediation (CERT-600), Decertification (CERT-800), Continuing Medical Education Requirements (CERT-900), Return to Practice (FM-LMS).

1.0 PURPOSE

1.1 The Return to Practice process provides a Paramedic with an opportunity to orientate back into the clinical environment after a period of absence. The requirement process will be determined based on the Paramedics length of absence, scope of practice and gap analysis, as determined by Northwest Region Prehospital Care Program (NWRPCP), and may include consolidation support, as outlined within. This process will be initiated upon notification and submission of a Human Resource Inventory (HRI) by the Ambulance Service Operator (ASO).

2.0 POLICY STATEMENT

2.1 The NWRPCP will utilize the Advanced Life Support Patient Care Standards (ALS PCS) Appendix 6 Certification Standard, as a guide for the policy relating to the Paramedic Return to Practice process.

3.0 DEFINITIONS

- 3.1 Certification: means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.
- 3.2 Consolidation: means the process by which a condition is placed on a Paramedic's certification restricting his or her practice to working with another Paramedic with the same or higher level of qualification (i.e. Certification).
- 3.3 Ambulance Service Operator: means a service operator certified to provide ambulance services as defined in the Ambulance Act
- 3.4 Program Medical Director: means a physician designated by a Regional Base Hospital as the Medical Director of the RBHP
- 3.5 Paramedic: means a paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable
- 3.6 Patient care concern: means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission
- 3.7 Regional Base Hospital (RBH): means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the Ministry of Health and Long Term Care
- 3.8 Regional Base Hospital Program (RBHP): means a base hospital program as defined in subsection 1(1) of the Ambulance Act
- 3.9 Human Resource Inventory (HRI): means a comprehensive account of Paramedic skills, previous training and certification.

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4.0 PROCEDURE

4.1 The ASO will:

- 4.1.1 Notify the NWRPCP via email when a Paramedic has been absent for a period of > 90 days, and
- 4.1.2 Notify the NWRPCP via HRI when the Paramedic's return to practice date has been determined, and
- 4.1.3 Will ensure that a Basic Life Support Patient Care Standard (BLS PCS) remediation and/or evaluation has been successfully completed prior to the commencement of the Return to Practice process.

4.2 The NWRPCP will:

- 4.2.1 Once all criteria in 4.1 have been fulfilled, NWRPCP will contact the Paramedic and ASO to coordinate dates and outline requirements associated with the Return to Practice process. The individualized return to practice plan will be officially communicated in writing within ten (10) business days.
- 4.2.2 Educational/remedial requirements will be independently determined and subject to final approval by the PMD or designate.
- 4.2.3 Once all educational/remedial requirements are successfully completed, the Paramedic will be scheduled for a review and/or evaluation within five (5) business days from the time that their mandatory requirements were completed. The Paramedic and ASO will be notified within one (1) business day the following possible outcomes:
 - 4.2.3.1 Successful completion, no further requirements. Proceed to full reactivation
 - 4.2.3.2 Successful completion, consolidation required. Proceed to full reactivation
 - 4.2.3.3 Unsuccessful, further action required.
- 4.2.4 Information pertaining to an unsuccessful return to practice attempt will be detailed in writing within five (5) business days.
- 4.2.5 If a Paramedic fails to complete their educational/remedial requirements by a predetermined deadline, the Return to Practice process will be suspended. The NWRPCP will notify the Paramedic and their ASO of the suspension within one (1) business day and will work collectively with all parties to reschedule a make-up review/evaluation once all requirements have been completed.
- 4.2.6 If the Paramedic(s) requires support through consolidation hours, the NWRPCP will notify the Paramedic and ASO in writing of any associated restrictions. Once successfully completed, the NWRPCP will remove the condition of consolidation and further notify all parties in writing within five (5) business days.
- 4.2.7 The Return to Practice requirements for all Paramedic(s) will be primarily based on the duration of absence as described in the table below.

5.0 STANDARDS

Return to Practice Timelines and Requirements (PCP & ACP)		
	PCP	ACP
90 days to < 12 months	- Completion of identified mandatory CME missed during absence - Up to four (4) hours of educational review including simulated patient care evaluations	- Completion of identified mandatory CME missed during absence - Up to four (4) hours of educational review including simulated patient care evaluations

12 months to < 18 months	• Completion of identified mandatory CME missed during absence • Up to eight (8) hours of educational review including simulated patient care evaluations • Thirty-six (36) hours of consolidation with a Paramedic of the same or higher level of Certification and Authorization whom also has a minimum of six (6) months of full-time equivalent experience. • Additional requirements may be identified by NWRPCP based on a gap analysis of the prior two (2) years of clinical practice prior to the absence.	• Completion of identified mandatory CME missed during absence • Up to eight (8) hours of educational review including simulated patient care evaluations • Forty-Eight (48) hours of consolidation with a Paramedic of the same or higher level of Certification and Authorization whom also has a minimum of six (6) months of full-time equivalent experience. • Additional requirements may be identified by NWRPCP based on a gap analysis of the prior two (2) years of clinical practice prior to the absence.
18 months up to 36 months	• Completion of identified mandatory CME missed during absence • Up to twelve (12) hours of educational review including simulated patient care evaluations • Forty-eight (48) hours of consolidation with a Paramedic of the same or higher level of Certification and Authorization whom also has a minimum of six (6) months of full-time equivalent experience. • Additional requirements may be identified by NWRPCP based on a gap analysis of the prior two (2) years of clinical practice prior to the absence.	• Completion of identified mandatory CME missed during absence • Up to twelve (12) hours of educational review including simulated patient care evaluations • Seventy-two (72) hours of consolidation with a Paramedic of the same or higher level of Certification and Authorization whom also has a minimum of six (6) months of full-time equivalent experience • Additional requirements may be identified by NWRPCP based on a gap analysis of the prior two (2) years of clinical practice prior to the absence.
≥ 36 months	• This Return to Practice plan will be developed based on a gap analysis after initial discussions are held with the ASO and Paramedic. All final decisions around an appropriate reintegration plan will be determined by the PMD. • In addition to the requirements listed under absences 18 months up to 36 months, the Paramedic will be evaluated using a seven (7) station OSCE style process. The OSCE will be convened as soon as practical and scored according to the global rating scale (GRS). Paramedic reintegration may also involve college academic initiatives prior to evaluation. • If at any time during the RTP process there are concerns with Paramedic progress or attendance the PMD will be notified. A meeting between the PMD and Paramedic will occur and ASO will be notified of any changes to the process.	

6.0 REFERENCES

- 6.1 *Advanced Life Support Patient Care Standards (ALS PCS)*, Section 6 Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch (EHRAB)
- 6.2 *Ambulance Act*, Ontario Regulation 257/00, Government of Ontario
- 6.3 *Consolidation Policy*, Ontario Base Hospital Group Consolidation Policy

Policies, Procedures, Standard Operating Practices

CERT 600

Title: Remediation	☐ Policy ☐ Procedure ☒ SOP
Category: Certification Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: NWRPCP Program Medical Director & Program Manager	Approval Date: March 2011 Reviewed/Revised Date: January 2020 Next Review Date: June 2026

CROSS REFERENCES: Initial Certification (CERT-100), Maintenance of Certification (CERT-200), Cross Certification (CERT-300), Consolidation (CERT-400), Return to Practice (CERT-500), Decertification (CERT-800), Continuing Medical Education Requirements (CERT-900)

1.0 PURPOSE

1.1 Remediation may be required by a Paramedic because of a patient care concern, or to address a concern related to Certification or the Maintenance of Certification. Remediation is a customized plan developed by the Regional Base Hospital program, designed to address the identified patient care concerns. After successful completion of the Remediation process, the Paramedic may practice independently at the qualified level of their Certification and Authorization.

2.0 POLICY STATEMENT

2.1 The Ministry of Health and Long Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB) publishes the Advanced Life Support Patient Care Standards (ALS PCS). The Certification Standard in Appendix 6 of the ALS PCS outlines the definitions, processes and requirements of parties involved in the Certification and Authorization of Ontario Paramedics.

3.0 DEFINITIONS

- 3.1 Certification: means the process by which Paramedics receive authorization from a PMD to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS
- 3.2 Ambulance Service Provider: means a service operator certified to provide ambulance services as defined in the Ambulance Act
- 3.3 Program Medical Director: a physician designated by a Regional Base Hospital as the lead medical authority.
- 3.4 Paramedic: means a paramedic as defined in subsection 1(1) of the *Ambulance Act*, and for the purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.
- 3.5 Patient Care Concern: means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission as defined in Appendix 6 ALS PCS.
- 3.6 Regional Base Hospital Program (RBHP): means a base hospital program as defined in subsection 1(1) of the *Ambulance Act*;
- 3.7 Remediation: means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the
- 3.8 Maintenance of Certification: Successful completion of all requirements as set out annually by the PMD and RBHP to continue to practice as a Paramedic.
- 3.9 Deactivation: means the temporary revocation, by the PMD of a Paramedic's Certification.

4.0 PROCEEDURE

4.1 Remediation may be required as a result of:

4.1.1 Deactivation (clinical or administrative)

4.1.2 Identification of an ALS PCS related patient care concern via:

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- 4.1.2.1 Quality assurance activities;
- 4.1.2.2 Incident analyses/reviews/investigations;
- 4.1.2.3 Observation of clinical practice (eg. CME performance)

4.2 Failure to successfully complete the requirements for the maintenance of certification.

4.3 Written notification of a Remediation will be provided to the Paramedic and the ASO as soon as possible after the concern is identified.

4.4 Remediation will include:

- 4.4.1 Identification of the concern related to knowledge, patient care or maintenance of certification;
- 4.4.2 Determination of the goals and objectives based on the identified concerns
- 4.4.3 Determination of the process to obtain the specified goals and objectives
- 4.4.4 Consultation with the Employer and Paramedic to further develop the goals and objectives
- 4.4.5 Determination of measures to demonstrate that the goals and objectives have been achieved
- 4.4.6 The potential consequence(s) for failure to successfully complete the remediation as prescribed.

4.5 The completion of Remediation should not normally exceed 90 days.

4.6 Extensions to Remediation will be granted at the sole discretion of the PMD, taking into consideration events such as but not limited to: vacation, injury and absences from work. Extensions to Remediation are exceptions, are not an inherent right. In situations where an extension to Remediation has been granted, the Paramedic and the ASO will be notified in writing by the PMD within two (2) business days of this decision. Notification will include acceptance of the request for the extension and the length of time for this extension. If at any time the Paramedic has questions or concerns regarding their Remediation, they may contact the Regional Base Hospital Program.

4.7 The PMD shall notify the Paramedic and ASO in writing within three (3) business days of the successful completion of the Remediation.

5.0 REFERENCES

- 5.1 *Advanced Life Support Patient Care Standards (ALS PCS)*, Appendix 6 Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch (EHRAB)
- 5.2 *Ambulance Act*, Ontario Regulation 257/00, Government of Ontario

6.0 DEVELOPED BY

6.1 Ontario Base Hospital Group

7.0 APPROVED BY

7.1 Regional Base Hospital Programs of Ontario

- 7.1.1 Central East Prehospital Care Program;
- 7.1.2 Centre for Paramedic Education and Research;
- 7.1.3 Health Sciences North Centre for Prehospital Care;
- 7.1.4 ORNGE Base Hospital;
- 7.1.5 Northwest Region Prehospital Care Program;
- 7.1.6 Regional Paramedic Program for Eastern Ontario;
- 7.1.7 Southwest Ontario Regional Base Hospital Program and
- 7.1.8 Sunnybrook Centre for Prehospital Medicine, Regional Base Hospital Program.

Policies, Procedures, Standard Operating Practices

CERT 700

Title: Expectations of Paramedic Practice	☐ Policy ☐ Procedure ☒ SOP
Category: Certification Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Endorsed: Program Medical Director and Manager	Approval Date: June 2023 Reviewed/Revised Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: Initial Certification (CERT 100); Maintenance of Certification (CERT 200); CERT 1000, Decertification (CERT 800); Expectations of Paramedic Practice (CERT 700); Medication Incident & Reporting Guidelines (QM-400); Controlled Act Incident Reporting Procedures (QM-1100); Continuing Medical Education Requirements (CERT 900); Base Hospital Physician Designation (MC 300)

1.0 PURPOSE

1.1 To ensure Paramedics certified under the Northwest Region Prehospital Care Program (NWRPCP) understand their obligations of clinical practice.

2.0 POLICY STATEMENT

2.1 The Expectations of Paramedic Practice Policy provides a summary of the expectations of all Paramedics certified under the NWRPCP. Paramedics certified by the NWRPCP will demonstrate behaviour and commitment to practices that are consistent with the mission, vision and values of Thunder Bay Regional Health Science Centre (TBRHSC) and its affiliated institutions-*Equity, Diversity, & Inclusion: We all belong; Patient Experience: Empathy, compassion, and respect in every encounter; Staff Experience: This is where we want to work, grow, and thrive; Research, Innovation, & Learning: Driven by the needs of our patients, our staff, and our communities; Sustainable Future: Ensuring our Healthy Future.* Paramedics who do not meet the requirements of this policy will be subject to review by the Program Medical Director (PMD).

3.0 SCOPE

3.1 Applies to all Paramedics certified under the NWRPCP.

4.0 DEFINITIONS

4.1 Paramedic: as defined in subsection 1(1) of the Ambulance Act Ontario Regulation 257/00

4.2 Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulance Act Ontario Regulation 257/00

4.3 Advanced Care Paramedic (ACP): defined in subsection 8 (2) of the Ambulance Act Ontario Regulation 257/00

4.4 Certification: means the process by which Paramedics receive authorization to perform delegated medical acts requiring medical oversight of a Medical Director

4.5 Program Medical Director: a physician designated by a Regional Base Hospital as the lead medical authority of the NWRPCP

4.6 Controlled Act: as set out in subsection 27(2) of the Regulated Health Professions Act, 1991

4.7 Maintenance of Certification: mandatory annual or biannual face to face sessions which include, but not limited to, practical skills and scenarios

5.0 PROCEDURE

A Paramedic shall:

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- 5.1 Complete all requirements to achieve or maintain certification to their level of practice (Primary Care or Advanced Care) as required as per policy CERT 100 and CERT 200.
- 5.2 Practice according to the Advanced Life Support Patient Care Standards (ALS PCS) as authorized by NWRPCP.
- 5.3 Practice according to the Basic Life Support Patient Care Standards (BLS PCS).
- 5.4 Paramedics must be knowledgeable and comply with what is expected in:
 - 5.4.1. Achieving and maintaining certification with the NWRPCP
 - 5.4.2. Performance of controlled acts
 - 5.4.3 Privacy and conflict of interest with respect to the provision of patient care under the ALS standards and the BLS standards code of conduct.

Personal Contact info:

- 5.5 It is the Paramedic's responsibility to update their profile summary on the Learning Management System (LMS). Paramedic's work email is the default setting within the LMS, it is the Paramedics responsibility to change the primary email at their own discretion. NWRPCP is not responsible for any delayed or lost correspondence due to incorrect or outdated contact information.

6.0 REFERENCES

- 6.1 Advanced Life Support Patient Care Standards (ALS PCS), Ministry of Health and Long-Term Care Emergency Health Regulatory and Accountability Branch (EHRAB)
- 6.2 Ambulance Act, Ontario Regulation 257/00, Government of Ontario
- 6.3 Basic Life Support Patient Care Standards (BLS PCS), Ministry of Health and Long-Term Care Emergency Health Regulatory and Accountability Branch (EHRAB)
- 6.4 Delegation of Controlled Acts, Policy Statement #5-12, College of Physicians and Surgeons of Ontario (CPSO)
- 6.5 Regulated Health Professions Act 1991, 2022 amendment, Government of Ontario

Policies, Procedures, Standard Operating Practices

CERT 800

Title: Decertification	☐ Policy ☐ Procedure ☒ SOP
Category: Certification Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: NWRPCP Medical Director & Program Manager	Approval Date: March 2011 Reviewed/Revised Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: Initial Certification (CERT-100), Maintenance of Certification (CERT-200), Cross Certification (CERT-300), Consolidation (CERT-400), Return to Practice (CERT-500), Remediation (CERT-600), Continuing Medical Education Requirements (CERT-900)

1.0 PURPOSE

1.1 To clarify Northwest Region Prehospital Care Program's (NWRPCP) process for Paramedic decertification.

2.0 POLICY STATEMENT

2.1 Revocation of a Paramedic's certification may occur at the discretion of the Program Medical Director (PMD) for varying circumstances outlined in Appendix 6 of the Advanced Life Support Patient Care Standards (ALS PCS).

3.0 DEFINITIONS

- 3.1 Paramedic: as defined in subsection 1(1) of the Ambulance Act, Ontario Regulation 257/00
- 3.2 Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulance Act, Ontario Regulation 257/00
- 3.3 Advanced Care Paramedics (ACP): defined in subsection 8 (2) of the Ambulance Act, Ontario Regulation 257/00
- 3.4 Decertification: means the revocation, by the Medical Director, of a Paramedic's Certification
- 3.5 Program Medical Director: a physician designated by a Regional Base Hospital as the lead medical authority.
- 3.6 Certification: the process by which Paramedics receive authorization from a Medical Director to perform controlled acts and other advanced medical procedures in accordance with the current Advanced Life Support (ALS) Patient Care Standards (PCS).
- 3.7 Paramedic Practice Review Committee (PPRC): a committee that performs an independent, external advisory role, providing information and expert opinion to the Program Medical Director (PMD) on issues related to Paramedic practice when the PMD is considering decertification of a Paramedic.

4.0 PROCEDURE

- 4.1 A PMD shall revoke a Paramedic's Certification where that person is:
 - 4.1.1 No longer employed or retained as a volunteer by an Ambulance Service Operator (ASO)
 - 4.1.2 A Paramedic shall be deemed to have undergone Decertification.
- 4.2 A PMD shall not proceed with a Decertification unless:
 - 4.2.1 A PPRC has been convened and has provided its written recommendations to the PMD and the Paramedic.
 - 4.2.2 The Paramedic has waived the Paramedic Practice Review Committee process in writing. The Medical Director shall immediately notify the: (i) Paramedic (ii) ASO (iii) Senior Field Manager (iv) EHRAB ISU (v) all other RBHPs of their decision to either proceed with Reactivation or Decertification of a Paramedic and provide a written explanation outlining the reasons for this decision as soon as possible.

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5.0 RELATED PRACTICES AND/OR LEGISLATIONS

5.1 Ambulance Act (Ontario) and Ontario Regulation 257/00

5.2 Ministry of Health and Long-term care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB) and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement (PA), 2008

5.3 MOHLTC EHRAB Basic Life Support (BLS) & Advanced Life Support Patient Care Standards (ALS PCS).

6.0 REFERENCES

6.1 *Advanced Life Support Patient Care Standards (ALS PCS)*, Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch

6.2 *Ambulance Act*, Ontario Regulation 257/00, Government of Ontario

Policies, Procedures, Standard Operating Practices

CERT 900

Title: Continuing Medical Education	☐ Policy ☐ Procedure ☒ SOP
Category: Certification Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Endorsed: NWRPCP Program Medical Director and Manager	Approval Date: June 2023 Reviewed/Revised Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: Maintenance of Certification (CERT 200); Decertification (CERT 800)

1.0 PURPOSE

1.1 To outline the requirements of the completion of continuing medical education (CME) for Paramedics of all of care certified by the Northwest Region Prehospital Care Program (NWRPCP).

2.0 POLICY STATEMENT

2.1 CME is a mandatory component for maintenance of certification for paramedics. In order to maintain a certain level of certification, a specific number of hours must be met as per the Advanced Life Support Patient Care Standards appendix 6. All CME components must be completed annually in order to be recertified.

3.0 SCOPE

3.1 Applies to ALL paramedics certified by the NWRPCP. Primary Care Paramedic (PCP)
Advanced Care Paramedic (ACP).

4.0 DEFINITIONS

- 4.1 Continuing Medical Education: education that ensures competency, relevancy and growth of a medical professional's skill and knowledge base throughout their career.
- 4.2 Program Medical Director: a physician designated by a Regional Base Hospital as the lead medical authority.
- 4.3 Mandatory Continuing Medical Education: the Base Hospital provides designated education hours and scheduled time to provide education. Ensures paramedics are trained to the most current medical practices related to the ALS PCS.
- 4.4 Self-Directed Continuing Medical Education: the paramedic is responsible for completing these hours post pre approval of the subject matter and hour allocation.
- 4.5 Advanced Care Paramedic: defined in subsection 8(2) of the Ambulance Act of Ontario 257/100
- 4.6 Primary Care Paramedic: defined in subsection 8(1) of the Ambulance Act of Ontario 257/100
- 4.7 Ontario Base Hospital Group: The Ontario Base Hospital Group (OBHG) is comprised of the eight Regional Base Hospitals (7 land and 1 air). A Base Hospital provides medical direction, leadership and advice in the provision of prehospital emergency health care within a broad based, multi-disciplinary, community emergency health services system. A Base Hospital provides training, quality assurance, continuing education and guidance to paramedics and other first responders.

5.0 PROCEDURE

All Paramedics:

5.1 NWRPCP, at the direction of or the collaboration of the Program Medical Director (PMD) and Ontario Base Hospital Group (OBHG), develops, designs and offers mandatory CME to Paramedics.

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- 5.2 Scheduling will be facilitated in collaboration with the Ambulance Service Operator (ASO). The ASO will be informed of dates and other relevant information that is applicable to booking procedures prior to the CME session.
- 5.3 Communication regarding upcoming CME will be electronically delivered a minimum of 45 days prior to the scheduled sessions. The memo will outline any prerequisite requirements and will include a deadline for completion.
- 5.4 Content delivery methods may include but are not limited to: online pre or post course material, in class presentation, group work, self-directed packages, case discussions, scenarios or psychomotor skills. Materials will be posted on the NWRPCP Learning Management System (LMS). Failure to complete prerequisite course materials will result in excusal from CME events and may be subject to administrative deactivation. Paramedics and ASO will receive prerequisite deadlines.
- 5.5 Should a Paramedic be unable to complete the prerequisite material/ mandatory education by the assigned deadline because of extenuating circumstances, an extension may be granted at the discretion of the NWRPCP.
- 5.6 Evaluation of clinical practice or knowledge will be performed at each CME event via formative or summative methods as per the CME objectives.
- 5.7 Paramedics shall come appropriately dressed to perform skills associated with their service policy and bring any applicable personal equipment required to perform their CME.
- 5.8 NWRPCP will track attendance at CME events and will submit to the service provider.
- 5.9 A Paramedic who is unsuccessful in meeting the evaluated objectives following attendance at CME will be required to complete remediation at the discretion of the PMD.
- 5.10 A Paramedic who fails to complete all mandatory CME within the prescribed CME calendar year may be administratively deactivated until it is completed. Notice of deactivation will be sent to the Paramedic, the Ministry of Health and Long-Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB) and the associated ASO. The deactivated Paramedic will be reactivated within one (1) business day once any required education is completed.

Advanced Care Paramedics:

- 5.11 Self-directed CME is to be completed by all Advanced Care Paramedics (ACP) to be eligible for annual maintenance of certification.
- 5.12 For eight (8) hours of self-directed CME to be accredited, pre-approval of all educational activities by NWRPCP is required.
- 5.13 Newly certified ACP's may be required to spend their first eight (8) hours of Clinical CME activity in the Emergency Department shadowing the PMD or Medical Lead.
- 5.14 Paramedics are not be permitted to acquire credit for the same clinical activity two (2) years in a row. NWRPCP currently tracks CME activity from year to year and Paramedic(s) will be notified of any overlap following the receipt of their CME Pre-Approval form.
- 5.15 Paramedics will provide proof of completion by submitting credits via *CME Completion Form* on NWRPCP website.

6.0 REFERENCES

- 6.1 Advanced Life Support Patient Care Standards, Emergency Health Services Branch, Ministry of Health and Long-Term Care
- 6.2 NWRPCP CME Program Guide and Catalogue, <https://nwrpcp.myobh.ca/>
- 6.3 Ambulance Act, Ontario Regulation 257/00, Government of Ontario

Policies, Procedures, Standard Operating Practices

CERT 1000

Title: Academic Certification – Primary or Advanced Care Paramedic	☐ Policy ☐ Procedure ☒ SOP
Category: Certification Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region EMS; Confederation College; 7 Generations Education Institute
Approved: NWRPCP Program Medical Director & Program Manager	Approval Date: June 2023 Reviewed/Revised Date: Nov 2024 Next Review Date: June 2026

CROSS REFERENCES: Initial Certification (CERT 100); Medication Incident & Reporting Guidelines (QM 400); Clinical Audit Process (QM 1200)

1.0 PURPOSE

1.1 This policy refers to Northwest Region Base Hospital Program (NWRPCP) process for Academic Certification for Primary and Advanced Care Paramedic students.

2.0 POLICY STATEMENT

2.1 This policy details the procedures for the provision and authorization to perform controlled acts and advanced medical procedures to a Primary Care or Advanced Care Paramedic student under the authority of the NWRPCP Program Medical Director (PMD) as per Ontario Regulation 257/00, Part III, s.8. (2)(c), and Part VI, s. 14 (2). These procedures specify the requirements for the College/Academic institute, the Paramedic student, the Ambulance Service Operator (ASO) and the NWRPCP. Failure to comply with all aspects of this policy may result in the denial or revocation of academic certification at the discretion of the PMD.

3.0 SCOPE

3.1 The following certification process applies to Primary Care or Advanced Care Paramedic students who are currently enrolled at an affiliated college/academic institute, and have completed the didactic and clinical training requirements, as specified by the college/academic institute, necessary to proceed to the preceptorship (field placement) phase of training.

4.0 DEFINITIONS

- 4.1 Academic Authorization/Certification: the process by which Paramedic students receive conditional or full authorization from a Program Medical Director to perform controlled acts and other advanced medical procedures in accordance with the current Advanced Life Support Patient Care Standards (ALS PCS) and per Ontario Regulation 257/00, Part III, s.8. (2)(c), and Part VI, s. 14 (2) under the direct supervision of a fully certified Paramedic preceptor. .
- 4.2 Advanced Medical Procedures: Medical Procedures listed within the ALS PCS that are not controlled acts.
- 4.3 Affiliated College (college): a college or educational institute that is recognized by the NWRPCP through a formal educational partnership agreement.
- 4.4 Authorization: written approval to perform controlled acts and advanced medical procedures requiring medical oversight of a Program Medical Director.
- 4.5 Controlled Act: as set out in subsection 27(2) of the Regulated Health Professions Act, 1991
- 4.6 Delegation: The authorization by a Program Medical Director to Paramedics for the provision of controlled acts.

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- 4.7 Program Medical Director: a physician designated by a Regional Base Hospital as the lead Medical Authority of the NWRPCP.
- 4.8 Ambulance Service Operator: an organization or agency, certified to deliver the provision of land ambulance services as defined within the Ambulance Act.
- 4.9 Paramedic Student: an individual enrolled in an education program that is studying in order to enter the profession of paramedicine through an educational institution.
- 4.10 Primary Care Paramedic: as defined in subsection 8 (1) of the Ambulance Act Ontario Regulation 257/00
- 4.11 Advanced Care Paramedic: defined in subsection 8 (2) of the Ambulance Act Ontario Regulation 257/00
- 4.12 Preceptor: an experienced practitioner who provides supervision during clinical practice and facilitates the application of theory to practice for students and staff learners. They assist the learner by evaluating expectations of the learning institution, providing effective feedback about their performance, and providing appropriate opportunities to meet their learning objectives.
- 4.13 Preceptorship: a defined period of time to assist the learner in acquiring new competencies required for safe, ethical, and quality practice.
- 4.14 Objective Structured Clinical Evaluation: a versatile evaluative tool that can be utilized to assess health care professionals in a simulated clinical setting. It assesses competency, based on objective testing through direct observation. It is precise, objective, and reproducible allowing uniform testing of a wide range of clinical skills.
- 4.15 Global Rating Scale: is a measurement scale of assessment that has a defined rubric containing specific domains. It allows certified raters to quantify a variety of skills often assessed during OSCEs, including complex, interrelated, or non-cognitive skills.

5.0 PROCEDURE

- 5.1 All academic certification events will be conducted by the NWRPCP at the Training and Simulation Centre or another facility designated by the NWRPCP. These events will be scheduled annually to align with the commencement of field placements for the graduating year.
 - 5.1.1 This schedule will be based on the pre-determined availability of NWRPCP staff and may be adjusted in response to operational requirements and staffing availability.
- 5.2 The college/academic institute must complete and submit a Request for Certification form (HRI) for each individual candidate.
 - 5.2.1 HRI forms must be submitted to the NWRPCP at least ten (10 business days prior to the scheduled certification date.
- 5.3 The college/academic institute will provide written confirmation that the preceptorship will commence within 30 days of the certification event.
- 5.4 Any request for extension must be submitted to the NWRPCP by the college/academic institute Program Coordinator and will be subject to the discretion of the PMD.
- 5.5 The college/academic institute and NWRPCP will determine a mutually agreeable schedule for Academic Certification.
- 5.6 The college/academic institute will provide the contact information (email address) of the Program Coordinator, or designate, to be copied on all communication from the NWRPCP to the Paramedic students.

- 5.7 The college/academic institute will provide a contact email address for each Paramedic student prior to the Academic Certification process.
- 5.8 The college/academic institute will notify the NWRPCP within three (3) business days of any changes to the Paramedic student's academic enrollment or status that affects their certification status.
- 5.9 The NWRPCP will notify the Paramedic student, the college/academic institute and Ambulance Service Operator (ASO) within one (1) business day of any changes to the Paramedic student's certification status that affects their ability to perform controlled acts or advanced medical procedures.
- 5.10 NWRPCP will provide any required pre-course material to the Paramedic student once the certification date has been confirmed.
- 5.11 Successful completion of all pre-course material is mandatory prior to attending any Academic Certification event.
- 5.12 The Academic Certification process will include:
- 5.11.1 The provision of a written knowledge examination based on the most current version of the ALS PCS, applicable to the specific scope of practice of the candidate.
 - 5.11.2 An orientation to NWRPCP policies applicable to the Paramedic student including, but not limited to, program overview, certification models, medical oversight, quality assurance, and professional expectations.
 - 5.11.3 A review of ALS PCS Medical Directives, including Auxiliary Medical Directives authorized by the PMD, including any updates.
 - 5.11.4 Procedural skills review based on Provincial standards (applicable to the scope of practice).
 - 5.11.5 Simulated patient care evaluations.
 - 5.11.5.1 The NWRPCP uses a seven (7) station Objective Structured Clinical Evaluation (OSCE) as the standardized testing format for all certification events. The Global Rating Scale (GRS) is utilized for evaluating competency.
- 5.13 Certification fees may be applied to either the college/academic institute or the Paramedic Student as determined by the formal education partnership agreement.
- 5.13 Any form of academic misconduct, as defined by the college/academic institute will result in the immediate withdrawal of the candidate's consideration for academic certification, and/or the termination of any currently authorized academic certification. The college/academic institute will immediately notify the NWRPCP PMD and ASO (if applicable) of any instances involving academic misconduct.
- 5.14 Upon completion of the Academic Certification process, the NWRPCP will notify the Paramedic student, the college/academic institute and the ASO of the results within one (1) business day.
- 5.15 Successful candidates will receive either Academic Authorization or Certification by the NWRPCP PMD to perform controlled acts and/or advanced medical procedures, specific to the Paramedic student's scope of practice, while under the direct supervision of a fully certified Paramedic of the same scope of practice (See Appendix A – Table 1.0).
- 5.17 Unsuccessful candidates will receive the opportunity for one (1) subsequent attempt at academic certification in the form of a repeat evaluation. This will occur within three (3) business days, unless otherwise stated.
- 5.17.1 The college/academic institute Program Coordinator may request a subsequent certification process to acquire Academic Certification, subject to approval by PMD.

- 5.17.2 All costs associated with a subsequent certification process at Academic Certification will be the responsibility of the college/academic institute.
- 5.18 Certification will be granted by the NWRPCP's PMD in the form of a certification letter.
- 5.18.1 All successful candidates will receive a notification of their issued certification letter by direct email from NWRPCP.
- 5.18.2 Certification letters are accessible to each student on their MedicNet profile.
- 5.18.3 Certification letters will be provided to the college/academic institute's Program Coordinator or delegate.
- 5.19 Academic Certification will expire at the culmination of the preceptorship phase of training, however, consideration for an extension into full certification will be provided, in the event that:
- 5.19.1 The Paramedic student receives an offer of employment by a regional ASO, adhering to Ontario Regulation 257/00 Part III Subsection 5 (4)
- 5.19.2 The offer of employment has been received within 90 days from completion of preceptorship period
- 5.19.3 The Paramedic student has completed a successful BLS evaluation, performed by the ASO
- 5.19.4 The Paramedic student has completed the required amount of consolidation hours outlined in the current version of the ALS PCS.
- 5.20 Academic Authorization will expire at the culmination of the preceptorship period of training.

6.0 QUALITY ASSURANCE

- 6.1 Issues of non-compliance identified through the NWRPCP quality assurance processes may require additional information from the Paramedic crew resulting in the generation of an Ambulance Call Evaluation (ACE). Dependent on the level of detail required, the PMD may request a call review to address patient care concerns. Paramedic students who hold Academic Authorization/Certification may also be required to attend this process at the PMD's or delegates discretion. In such circumstances, the college/academic institution will be informed of the circumstances and notified of any changes to the Paramedic student's certification within one (1) business day.
- 6.1.1 Remedial course work may be recommended to the college/academic institute at the discretion of the PMD or delegate.
- 6.1.2 Paramedic students and the college/academic institute will be provided educational teaching points at the conclusion of a call review process, regardless of their attendance.
- 6.1.3 All call reviews will follow NWRPCP policy.
- 6.2 Adherence to, documentation of, and signing for, a Controlled Act (CA) is the responsibility of the Paramedic or Paramedic student who has performed the CA.
- 6.3 Paramedic students who hold Academic Authorization/Certification may only deliver patient care involving controlled acts and/or advanced medical procedures while under the direct supervision of a certified Paramedic. At no time is the Paramedic student to assume full responsibility for patient care or, to be left unattended with a patient.

7.0 CONTINUING MEDICAL EDUCATION

- 7.1 Paramedic students who hold Academic Authorization/Certification are required to attend NWRPCP CME related to their scope of practice. The scheduling of CME events will be the shared responsibility of the NWRPCP and the college/academic institute.

8.0 REFERENCES

8.1 Ambulance Act and Ontario Regulation 257/00

8.2 Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch
Advanced Life Support Patient Care Standards (ALS PCS).

Appendix A

Table 1.0 – Academic Authorization/Certification Qualifications

Scope of Practice	PCP	ACP
Academic Authorization	• Paramedic student meets all qualifications for final preceptorship as outlined in above policy, and • Has achieved a Global Rating Score of 4.0 – 4.29 in each behavioral domain during OSCE evaluation. • Non-transferable to full PCP certification	N/A
Academic Certification	• Paramedic student meets all qualifications for final preceptorship as outlined in the above policy, and • Has achieved a Global Rating Score of ≥ 4.3 in each behavioral domain during OSCE evaluation.	

Title: Confidentiality of Information	☐ Policy ☐ Procedure ☒ SOP
Category: Data Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators and Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: *If applicable.*

1.0 POLICY STATEMENT

- 1.1 All Northwest Region Prehospital Care Program (NWRPCP) staff, Medical Council or delegate will keep patient information confidential as per the Personal Health Information Protection Act (PHIPA).

2.0 PROCEDURE

- 2.1 All NWRPCP staff, Medical Council or delegate will maintain all information whether written or oral confidential as per the NWRPCP Confidentiality Agreement and the PHIPA.
- 2.2 All NWRPCP staff, Medical Council or delegate will sign the “Ministry of Health & Long Term Care Emergency Health Services Branch Confidentiality Agreement” as identified in the Appendix upon commencement of employment.
- 2.3 Any breach of confidentiality by any NWRPCP staff, Medical Council or delegate must be immediately reported to the NWRPCP Regional Program Manager/Director.
- 2.4 It is the responsibility of the NWRPCP Regional Program Manager/Director to monitor and enforce this policy. In the event of a breach in policy, the event will be reported to Thunder Bay Regional Health Sciences Centre (TBRHSC), the host hospital.
- 2.5 TBRHSC has incorporated the requirements of PHIPA into its policies and procedures for the access and treatment of confidential patient and staff information. It is the responsibility of all employees accessing patient information to become familiar with and adhere to these provisions. Any fraudulent application, violation of confidentiality or any other violation of the above provisions may result in disciplinary action up to and including termination from employment, and/or, fines for liability under PHIPA.

3.0 REFERENCES

- 3.1 Ambulance Act Ontario Regulation (O.Reg.) 257/00
- 3.2 Basic Life Support Patient Care Standards (BLS PCS)
- 3.3 MOHLTC Documentation Standards 2.4 Personal Health Information Protection Act (PHIPA)
- 3.4 Regional Base Hospital Performance Agreement

Policies, Procedures, Standard Operating Practices

DATA 200

Title: Security of Confidential Information	☐ Policy ☐ Procedure ☒ SOP
Category: Data Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: : NW Region Ambulance Operators and Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: (IS-USE-013-N) *Acceptable Use of Information and Information Technology*

1.0 POLICY STATEMENT

- 1.1 Northwest Region Prehospital Care Program (NWRPCP) complies with the Personal Health Information Protection Act (PHIPA).
- 1.2 All information containing Personal Health Information (PHI) must be kept secure at all times.
- 1.3 Security measures for PHI include locking information, ensuring all exterior doors are securely locked when the office is closed.
- 1.4 All PHI information that is stored electronically is secured by a firewall, antivirus software, in a locked room, and backups of the information are saved on tapes and retained as per HITS – Acceptable Use of Information and Information Technology Policy.

2.0 PROCEDURE

- 2.1 This policy covers all information that may contain PHI including but not limited to: ACR's, incident reports, medical control logs and patch audio and any other information that could identify a patient.
- 2.2 Transmission of patient information by fax machine to the NWRPCP office should only occur via the secure fax server for those Employers who use ePCR and can securely transmit information.
- 2.3 All ACRs that contain any information are considered confidential and must be secured at all times.
- 2.4 NWRPCP will immediately report any unauthorized use or disclosure of confidential information to Thunder Bay Regional Health Sciences Centre (TBRHSC), the host hospital and the MoHLTC Emergency Health Regulatory and Accountability Branch (EHRAB).

3.0 REFERENCES

- 3.1 Regional Base Hospital Performance Agreement
- 3.2 Personal Health Information Protection Act (PHIPA)
- 3.3 ICT – Acceptable Use of Information and Information Technology Policy - TBRHSC & St. Joseph's Care Group (SJCG)

Policies, Procedures, Standard Operating Practices

DATA 300

Title: Release of Confidential Information	☐ Policy ☐ Procedure ☒ SOP
Category: Data Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators and Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: (HIS-08) Privacy of Personal Health Information (PHI)

1.0 POLICY STATEMENT

- 1.1 Requests for release of confidential information will be directed to the Northwest Region Prehospital Care Program (NWRPCP) Regional Program Manager/Director.
- 1.2 The NWRPCP Regional Program Manager/Director will contact the Thunder Bay Regional Health Sciences Centre (TBRHSC) Chief Privacy Officer.

2.0 PROCEDURE

- 2.1 Requests for confidential information will be directed to the TBRHSC Privacy Office at TBRHSC.privacy@tbh.net by the NWRPCP Regional Program Manager/Director.
- 2.2 Confidential Information will be released to the Requestor, provided the request is approved by the TBRHSC Chief Privacy Officer.
- 2.3 All release of information will be conducted via the office of the NWRPCP Regional Program Manager/Director (or his/her designate).
- 2.4 Any appeal or concern to these procedures will be forwarded by the NWRPCP Regional Program Manager/Director to the TBRHSC Chief Privacy Officer at TBRHSC.privacy@tbh.net

3.0 REFERENCES

- 3.1 Personal Health Information Protection Act
- 3.2 Regional Base Hospital Performance Agreement
- 3.3 Thunder Bay Regional Health Sciences Centre PHI-Privacy Policy

Policies, Procedures, Standard Operating Practices

DATA 300

Title: Electronic Ambulance Call Reports	☐ Policy ☐ Procedure ☒ SOP
Category: Data Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators and Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: *If applicable.***1.0 PURPOSE**

1.1 To ensure the security and hosting of Electronic Ambulance Call Report (eACR).

2.0 POLICY STATEMENT

- 2.1 The Northwest Region Prehospital Care Program (NWRPCP) receives eACR and associated documents from the Ambulance Service Operator (ASO) via Interdev Technologies (ESO).
- 2.2 Interdev Technologies will host, distribute, back-up, and maintain all patient and HR data collected through their software systems. Interdev host its production data with Aptum (formerly Peer1) which is a dedicated hosting environment certified for Medical Records data. All data is hosted in Canada and in particular the Base Hospitals data is all hosted in Toronto, Ontario.

3.0 REFERENCES

- 3.1 ACR Documentation Standard
- 3.2 Ontario Emergency Medical Services Minimum Data Set
- 3.3 Regional Base Hospital Performance Agreement

Policies, Procedures, Standard Operating Practices

DATA 500

Title: Retention of Base Hospital Information	☐ Policy ☐ Procedure ☒ SOP
Category: Data Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators and Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: *Regional Base Hospital Performance Agreement***1.0 POLICY STATEMENT**

- 1.1 Records of a confidential nature must be kept in a secure location whether electronic or by hard copy.
- 1.2 The retention period is determined by the information content of the record.
- 1.3 In the absence of legislative requirements, the creator/custodian should have knowledge of the record's information content and common practice to decide on the retention period.
- 1.4 This policy covers information that may contain Personal Health Information (PHI) including but not limited to: (Ambulance Call Report) ACR's/ePCRs, incident reports, medical control logs and patches, CME records, Paramedic investigations, Paramedic Certification information, financial records and other office records.

2.0 PROCEDURE

- 2.1 Electronic ACR: Electronic ACR – Current fiscal year plus five (5) previous fiscal year.
- 2.2 Paramedic Files: Retained for a minimum of seven (7) years.
- 2.3 Audit Clarifications / Follow up with Paramedic: Retained for a minimum of current fiscal year plus five (5) previous fiscal year.
- 2.4 Financial Records: Billing, expenditures, salary, budgets, proposals, and any records, ledgers, correspondence and reports related to Northwest Region Prehospital Care Program (NWRPCP) Finances. Retained for seven (7) years plus current fiscal year.
- 2.5 Base Hospital Administrative Documents: Including committee minutes, proposals, or any document or file relating to Base Hospital functions not listed above. Retained in the NWRPCP office for a minimum of five (5) years.
- 2.6 Base Hospital Human Resource Documents: including staff files Retained in the NWRPCP for a minimum of five (5) years from the date of departure.

3.0 REFERENCES

- 3.1 Regional Base Hospital Performance Agreement
- 3.2 Freedom of Information and Protection of Privacy Act (FIPPA)

Title: On-line Medical Control	☐ Policy ☐ Procedure ☒ SOP
Category: Medical Control Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: Nov 2005 Reviewed/Revised Date: June 2023 Next Reviewed Date: June 2026

CROSS REFERENCES: BHP Patch Failure (MC 200)

1.0 PURPOSE

1.1 The purpose of this policy is to clarify the procedure for the Primary and Advanced Care Paramedics when attempting to contact the Base Hospital Physician (BHP).

2.0 POLICY STATEMENT

2.1 A paramedic shall patch to the Base Hospital (BH) when: a) a medical directive contains a mandatory provincial patch point; OR b) an RBH introduces a mandatory BH patch point; OR c) for situations that fall outside of these Medical Directives where the paramedic believes the patient may benefit from online medical direction that falls within the prescribed paramedic scope of practice; OR d) there is uncertainty about the appropriateness of a medical directive, either in whole or in part. Controlled medical acts may only be performed if they are: Within your scope of practice and directed by a certified base hospital physician.

3.0 DEFINITIONS

- 3.1 Ambulance Call Report (ACR): is either a written or electronic and contains all the required documentation and information as per the Ontario Ambulance Documentation Standards
- 3.2 Controlled Act: as set out in subsection 27 (2) of the Regulated Health Professions Act, 1991
- 3.3 Paramedic: as defined in subsection 1(1) of the Ambulance Act Ontario Regulation 257/00
- 3.4 Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulance Act Ontario Regulation 257/00
- 3.5 Advanced Care Paramedics (ACP): defined in subsection 8 (2) of the Ambulance Act Ontario Regulation 257/00
- 3.6 Base Hospital Physician: a physician who meets the requirements as per policy MC 300 Base Hospital Physician Designation and has been trained by the Program Medical Director of the Northwest Region Prehospital Care Program to delegate controlled medical acts or provide online clinical advice to Paramedics.
- 3.7 Central Ambulance Communications Centre: Central Ambulance Communications Centres receive ambulance calls, prioritize the urgency of service requests, determines the appropriate destination hospital to meet patient needs (if applicable) and provide callers with pre-arrival first aid instructions. It deploys, coordinates and directs the movement of all ambulances and emergency response vehicles within its geographic catchment areas.
- 3.8 Program Medical Director: a physician designated by a Regional Base Hospital as the local lead medical authority.

TITLE: Base Hospital Physician Patch Failure	☐ Policy ☐ Procedure ☒ SOP
Category: Medical Control Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: Nov 2005 Reviewed/Revised Date: June 2023 Next Reviewed Date: June 2026

CROSS REFERENCES: Online Medical Control (MC 100); Patch Failure (FM-LMS)

1.0 PURPOSE

- 1.1 The purpose of this policy is to clarify the procedure for Paramedic(s) when there is a failure of communication with the Base Hospital Physician (BHP) during the initiation of or in the midst of a patch.

2.0 POLICY STATEMENT

- 2.1 If the Paramedic is unable to connect with the BHP or there is a patch failure the Paramedic will proceed as per the Advanced Life Support Patient Care Standards (ALS PCS).

3.0 DEFINITIONS

- 3.1 Ambulance Call Report (ACR): is either a written or electronic and contains all the required documentation and information as per the Ontario Ambulance Documentation Standards
- 3.2 Controlled Act: as set out in subsection 27 (2) of the Regulated Health Professions Act, 1991
- 3.3 Paramedic: as defined in subsection 1(1) of the Ambulance Act Ontario Regulation 257/00
- 3.4 Base Hospital Physician: a physician who meets the requirements as per policy MC 300 Base Hospital Physician Designation and has been trained by the Program Medical Director of the Northwest Region Prehospital Care Program to delegate controlled medical acts or provide online clinical advice to Paramedics.

4.0 PROCEDURE

- 4.1 In cases where a treatment option requires the prior authorization by the BHP (i.e. mandatory patch point) AND the BHP **cannot** be reached despite reasonable attempts by the Paramedic to establish contact: a Paramedic may initiate the required treatment without the requisite online authorization if the patient is in severe distress and, in the Paramedic's opinion, the medical directive would otherwise apply. Clinical judgement must be applied and an acceptable standard of care must be met.
- 4.2 A Paramedic should continue attempts to contact the BHP after the treatment has been initiated.
- 4.3 All patch failures must be reported in a timely manner in accordance with local policy and procedures. Paramedics should document the attempts to patch to the BH on the Ambulance Call Report (ACR).

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

- 5.1 Ambulance Act (Ontario) and Ontario Regulation 257/00
- 5.2 Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch (MOHLTC EHRAB)and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement (PA), 2008

6.0 REFERENCES

Thunder Bay Regional Health Sciences Centre		MC 300	
Policies, Procedures, Standard Operating Practices			
Title: Base Hospital Physician (BHP) Designation	☐ Policy ☐ Procedure ☒ SOP		
Category: Medical Control Dept/Prog/Service: Northwest Region Prehospital care Program	Distribution: NW Region Ambulance Operators and Paramedics		
Approved: Program Medical Director & Program Manager	Approval Date: Sept 1997 Reviewed/Revised Date: June 2023 Next Reviewed Date: June 2026		

1.0 PURPOSE

1.1 Paramedic's scope of practice is divided into 2 parts; Basic Life Support Patient Care Standards (BLS PCS) and Advanced Life Support Patient Care Standards (ALS PCS). The BLS PCS skill set does not require specific medical direction/oversight, whereas the ALS PCS component requires medical direction and oversight of delegated controlled acts.

2.0 POLICY STATEMENT

2.1 According to the Base Hospital (BH) Performance Agreement (PA) the Northwest Region Prehospital Care Program (NWRPCP) is responsible for ensuring that:

- 2.1.1 Emergency physicians engaged as a Base Hospital Patch Physician (BHPP) hold the appropriate emergency medicine qualifications as per the Royal College of Physicians and Surgeons and The College of Family Physicians.
- 2.1.2 All designated BHPPs are also Emergency Physicians at Thunder Bay Regional Health Science Centre (TBRHSC).
- 2.1.3 Have the judgment and skills to be capable of providing service and will abide by the provisions of the Ambulance Act, the associated Regulations, ALS Patient Care Standard and the Base Hospital Performance Agreement.
- 2.1.4 All new Emergency Department (ED) Physician recruits are provided a BHPP orientation handbook and a face to face orientation session hosted by the Program Medical Director (PMD).
- 2.1.5 All recruited ED Physicians who have completed the orientation are also required to sign off indicating s/he has been provided BHP training and are accepting of the role of BHPP.

3.0 DEFINITIONS

3.1 Base Hospital Patch Physicians: These physician(s) meet all the requirements listed above and have been trained by the acting Program Medical Director of the NWRPCP or delegate to provide advice and/or orders to Paramedics within our region. These BHPPs are available 24/7.

3.2 Paramedic: as defined in subsection 1(1) of the Ambulance Act Ontario Regulation 257/00

3.3 Program Medical Director: a physician designated by a Regional Base Hospital as the local lead medical

4.0 MEDICAL AUTHORITY

4.1 This is to certify that the following physicians have been approved to delegate medical acts to eligible Paramedic(s) under the authority of the Northwest Region Base Hospital Program:

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Agostino	Dr.	Kevin	CCFP (EM)	Active
Chang	Dr.	Michael	CCFP(EM)	Active
Chapman	Dr.	Stephen	CCFP (EM)	Active
Chow	Dr.	Yen	CCFP (EM)	Active
Coulombe	Dr.	Rene	CCFP(EM)	Active
Dupuis	Dr.	Paul	CCFP(EM)	Active
Exley	Dr.	Adam	CCFP(EM)	Active
Garnett	Dr.	Meghan	FRCPC	Active
Green	Dr.	Steven	CCFP(EM)	Active
Heringer	Dr.	Jeffrey	CCFP(EM)	Active
Jacobson	Dr.	Bradley	CCFP(EM)	Active
Lai	Dr.	Tin Lung	CCFP(EM)	Active
Lansdell	Dr.	Kyle	CCFP (EM)	Active
Lyon	Dr.	Trista	CCFP (EM)	Associate
MacGregor	Dr.	William	CCFP(EM)	Active
Martel	Dr.	Patrick	CCFP(EM)	Active
McKay	Dr.	George	CCFP(EM)	Active
McMillan	Dr.	Cody	CCFP(EM)	Active
North	Dr.	Rosamaria	CCFP(EM)	Active
Paige	Dr.	Brian	CCFP(EM)	Associate
Piper	Dr.	Benjamin	CCFP(EM)	Associate
Sarrazin	Dr.	Frederic	CCFP(EM)	Active
Savage	Dr.	David	CCFP(EM)	Active
Schenk	Dr.	Meagan	CCFP (EM)	Associate
Smith	Dr.	Jonathan	FRCPC	Active
Spicer	Dr.	Drew	CCFP(EM)	Active
Wells	Dr.	Heidi	CCFP(EM)	Active
Wiltshire	Dr.	Marc	CCFP (EM)	Active
Yee	Dr.	David	CCFP (EM)	Active

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

5.1 Ambulance Act (Ontario) and Ontario Regulation 257/00

5.2 Emergency Health Services Branch (EHSB), Ontario Ministry of Health and Long-term care (MOHLTC) and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement (PA), 2008

6.0 REFERENCES

6.1 Advanced Life Support Patient Care Standards (ALS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

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Title: Medical Authority on Scene	☐ Policy ☐ Procedure ☒ SOP
Category: Medical Control Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director	Approval Date: February 2006 Reviewed/Revised Date: June 2023 Reviewed Next Date: June 2026

Cross Reference: Self-report (FM-LMS)

1.0 PURPOSE

1.1 To assist Paramedic(s) in determining medical authority on scene.

2.0 POLICY STATEMENT

2.1 From time to time there may be an opportunity for a medically trained professional to attend to a patient at the same time the Paramedic is providing care to the patient. As such, it needs to be clear as to the chain of medical authority. Consideration and good judgment must be given to each of these professional scopes of clinical practice and their ability to provide optimal care prior to allowing them to assume the position for higher medical authority. For example, the utility of either a psychiatrist or a mid-wife on a trauma scene would not necessarily be viewed as the higher medical authority.

3.0 DEFINITIONS

- 3.1 Paramedic: as defined in subsection 1(1) of the Ambulance Act Ontario Regulation 257/00
- 3.2 Medical Authority: a medically trained individual that has a specific skill set or specialty that may supersede that of others caring for a patient.
- 3.3 Base Hospital Physician: a physician who meets the requirements as per policy MC 300 Base Hospital Physician Designation and has been trained by the Program Medical Director of the Northwest Region Prehospital Care Program to delegate controlled medical acts or provide online clinical advice to Paramedics.
- 3.4 Ambulance Call Report (ACR): is either a written or electronic and contains all the required documentation and information as per the Ontario Ambulance Documentation Standards

4.0 PROCEDURE

- 4.1 As in any situation, it is encouraged that medical personnel communicate with each other when determining the course of patient treatment. It is understood that there may be circumstances when communication is not possible, however, safety, and quality and effective patient care is paramount.
- 4.2 Should differences arise, maintain professional conduct in front of the patient and/or family member(s) at all times. The Paramedic will report any incident(s) to the Northwest Region Prehospital Care Program (NWRPCP) as soon as possible after the call, with supporting documentation to follow.
- 4.3 If the Paramedic is unclear about whom the higher medical authority is or this cannot be resolved on scene the Paramedic(s) will contact the Base Hospital Physician (BHP) for advice as soon as possible.
- 4.4 If requested, the Paramedic may assist the higher medical authority with patient care; however, patient care skills performed by **the Paramedic must not exceed the scope of their current certification level.**

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- 4.5 When instructed to provide patient care that is not within the paramedic's certification level or scope of practice, it is the paramedic's responsibility to advise the higher medical authority. *The paramedic is responsible for their actions at all times.*
- 4.6 It is the Paramedic's responsibility to accurately document these types of calls as any other call and to include names and signatures of the higher medical authority on scene.
- 4.7 If available, supporting documents (self-report) must be attached to the Ambulance Call Report (ACR) and submitted to the NWRPCP when required.

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

- 5.1 Ambulance Act (Ontario) and Ontario Regulation 257/00

6.0 REFERENCES

- 6.1 Ontario Ambulance Documentation Standards, Ministry of Health and Long Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB)
- 6.2 Advanced Life Support Patient Care Standards (ALS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB)
- 6.3 Basic Life Support Patient Care Standards (BLS PCS), Ministry of Health and Long Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB)

Policies, Procedures, Standard Operating Practices

MC 500

Title: Delegation of Controlled Medical Acts	☐ Policy ☐ Procedure ☒ SOP
Category: Medical Control Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: February 2006 Reviewed/Revised Date: June 2023 Reviewed Next Date: June 2026

CROSS REFERENCES: Authorization for Use of Approved Medical Directives (QM-700); Controlled Act Incident Reporting Procedures (PANC-600)

1.0 PURPOSE

1.1 To define the actions of Paramedics certified to perform Controlled Medical Acts by the Northwest Region Prehospital Care Program (NWRPCP).

2.0 POLICY STATEMENT

2.1 All approved Provincial Medical Directives are considered Controlled Medical Acts which may only be delegated by a Program Medical Director (PMD) to a certified Paramedic. The certified Paramedic must ensure adherence to the requirements when certified to perform Controlled Medical Acts by the NWRPCP.

3.0 DEFINITIONS

3.1 Controlled Act: as set out in subsection 27 (2) of the Regulated Health Professions Act, 1991

3.2 Paramedic: as defined in subsection 1(1) of the Ambulance Act Ontario Regulation 257/00

3.3 Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulance Act Ontario Regulation 257/00

3.4 Advanced Care Paramedics (ACP): defined in subsection 8 (2) of the Ambulance Act Ontario Regulation 257/00

4.0 PROCEDURE

4.1 Only Paramedics certified by the PMD can perform Controlled Medical Acts.

4.2 Certified Paramedics must only perform to their current level of training or scope of practice and will follow procedures as outlined in the Basic Life Support Patient Care Standards (BLS PCS) and Advanced Life Support Patient Care Standards (ALS PCS).

4.3 Adherence to, documentation of, and signing for, a Controlled Medical Act is the responsibility of the Paramedic who has performed the Controlled Medical Act.

4.4 Controlled Medical Acts may not be delegated by one Paramedic to another.

4.5 The Consent to Treatment Act provides that the Health Practitioner proposing a treatment is responsible for ensuring informed consent is obtained from the patient prior to treatment, when possible:

- 4.5.1 Provide the patient with all the information in order to give informed consent for the procedure or medication: explain the reasons for the procedure, medication, or medical directive, and the general risks and benefits, and answer all questions.
- 4.5.2 In making patient management decisions the Paramedic will use experience and good judgment to ensure the best interest of the patient is considered at all times.
- 4.5.3 The Base Hospital Physician (BHP) **must be contacted** when indicated to do so in the Medical Directive.
- 4.5.4 The Paramedic will assess and document the patient's condition before and after the initiation of a Controlled Medical Act or as otherwise indicated within the Medical Directive.

- 4.5.5 The cardiac monitor must be applied to any patient when a Controlled Medical Act is initiated
- 4.6 The attending Paramedic is responsible to ensure an appropriate transfer of care is conducted as follows:
 - 4.6.1 the medically responsible person to whom you transfer care is deemed appropriate (equal level of care or higher) to monitor or continue the current level of care required or what is expected given the current illness or injuries of the patient. For example if an ACP intervention or medication has been instituted and it does not fall within the PCP scope of practice then the ACP must accompany the patient to ensure appropriate continuity of care;
 - 4.6.2 a full patient report must be provided to the medically responsible person prior to transfer of care;
 - 4.6.3 Ensure complete ACR documentation of the transfer of care including signature of medically responsible person.

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

- 5.1 Ambulance Act (Ontario) and *Ontario Regulation 257/00*

6.0 REFERENCES

- 6.1 *College of Physicians & Surgeons of Ontario (CPSO) Delegation of Control Acts*
- 6.2 *Advanced Life Support Patient Care Standards (ALS PCS)*, Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).
- 6.3 *Basic Life Support Patient Care Standards (BLS PCS)*, Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

Policies, Procedures, Standard Operating Practices

MC 600

Title: Off Duty Paramedic Practice & Special Events	☐ Policy ☐ Procedure ☒ SOP
Category: Medical Control Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: August 2004 Reviewed/Revised Date: June 2023 Reviewed Next Date: June 2026

Cross Reference: Base Hospital Physician Designation (MC 300); Authorization for Use of Approved Medical Directives (QM 700)

1.0 PURPOSE

- 1.1 The purpose of this policy is to provide direction to Paramedics in their clinical practice while off duty OR at special events.

2.0 POLICY STATEMENT

- 2.1 The Paramedic must be on duty as an employee of a licensed ASO when providing any advanced life support (ALS) care to any patient to be covered by their Program Medical Director's (PMD) License.

3.0 DEFINITIONS

- 3.1 Paramedic: as defined in subsection 1(1) of the Ambulance Act Ontario Regulation 257/00
- 3.2 Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulance Act Ontario Regulation 257/00
- 3.3 Advanced Care Paramedics (ACP): defined in subsection 8 (2) of the Ambulance Act Ontario Regulation 257/00
- 3.4 Base Hospital Physician: a physician who meets the requirements as per policy MC 300 Base Hospital Physician Designation and has been trained by the Program Medical Director of the Northwest Region Prehospital Care Program to delegate controlled medical acts or provide online clinical advice to Paramedics.
- 3.5 Controlled Act: as set out in subsection 27 (2) of the Regulated Health Professions Act, 1991
- 3.6 Central Ambulance Communications Centre: Central Ambulance Communications Centres receive ambulance calls, prioritize the urgency of service requests, determines the appropriate destination hospital to meet patient needs (if applicable) and provide callers with pre-arrival first aid instructions. It deploys, coordinates and directs the movement of all ambulances and emergency response vehicles within its geographic catchment areas.
- 3.7 Ambulance Service Operator: means a service operator certified to provide ambulance services as defined in the Ambulance Act
- 3.8 Program Medical Director: a physician designated by a Regional Base Hospital as the local lead medical authority.

4.0 PROCEDURE

4.1 Off Duty

- 4.1.1 Primary Care and Advanced Care Paramedics who work under the jurisdiction of the Northwest Region Prehospital Care Program (NWRPCP) have medical clearance to perform controlled acts only in the context of their employment with a licensed ASO. Paramedics have no medical delegation or authority to perform controlled acts as a bystander, a firefighter, a first responder or in any other job capacity when they are off duty.
- 4.1.2 The NWRPCP does not support the practice of Paramedics carrying advanced life support equipment or supplies in their own vehicles. The NWRPCP does not support the practice of Paramedics carrying advanced life support equipment or supplies for potential use when the paramedic works in the capacity of a firefighter, any other first responder capacity when off duty.
- 4.1.3 In all instances while off duty paramedic may not perform controlled acts and will have no authority to utilize their advanced life skills or equipment.

4.2 Special Events:

- 4.2.1 Non Employer Approved:
 - 4.2.1.1 When a Paramedic is hired by a special event agency that is not contracted through a licensed ASO, they are providing independent service contract (volunteer or paid) and are not authorized by the PMD to perform controlled acts.
- 4.2.2 Employer Approved – with public service:
 - 4.2.2.1 When a Paramedic is asked by their ASO to provide service at a special event, but, the ambulance is still available to attend any call in the ASO's catchment area that the Central Ambulance Communications Centre (CACC) dispatches them to, the Paramedic is covered by the PMD to perform controlled acts that they are certified in.
 - 4.2.2.2 In this case the Paramedic is providing the day to day activity of the usual ASO operations, but has received authorization from their employer to provide the special event coverage. The Paramedics are covered by NWRPCP in their full scope of practice as an employee of the ASO.
- 4.2.3 Employer Approved – no public service:
 - 4.2.3.1 When a Paramedic is asked by their employer to provide service at an event, but, the ambulance is not available to be dispatched on any other calls, that is, an organization has requested the ambulance for sole coverage of their event (paid or not), the paramedics are not authorized by the PMD to provide any controlled acts.
 - 4.2.3.2 The ASO must contact the PMD with respect to contracting a base hospital physician to delegate any controlled acts during this type special event coverage. Special events with no public service being offered require separate coverage from the PMD's license as they do not fall under the day to day operations of the ASO.

4.3 Notification Requirements:

- 4.3.1 ASO are required to provide notice to the NWRPCP Manager and PMD of any special events that they will be covering: including, the name(s) of the Paramedic(s) that will be in attendance, and the scope of their duties, and base hospital physician responsible (if appropriate). Failure to inform the NWRPCP of any special events assignment implies that the Paramedic will not be providing controlled acts at the event, and they will not be covered by the NWRPCP if they do so.
- 4.3.2 Special events where no public service will be offered outside of the event itself require separate coverage of the PMD's license. This is an added responsibility for the PMD. Therefore, a request for base hospital physician coverage during a special event of this nature must be received by the PMD in writing at minimum ten (10) business days prior to the special event.

- 4.3.3 It is the responsibility of the PMD outside of his/her Base Hospital obligations to correspond with the ASO to confirm or deny the extension of their license for the event and to reconcile payment for same, if appropriate.

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

- 5.1 Ambulance Act (Ontario) and Ontario Regulation 257/00
5.2 Regulated Health Professions Act, 1991

6.0 REFERENCES

- 6.1 Advanced Life Support Patient Care Standards (ALS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).
6.2 Basic Life Support Patient Care Standards (BLS PCS), Ministry of Health and Long Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB)

Title: Equipment Failure During Patient Care	☐ Policy ☐ Procedure ☒ SOP
Category: Medical Control Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: July 1999 Reviewed/Revised Date: June 2023 Next Reviewed Date: June 2026

Cross Reference: Self Report (FM-LMS)

1.0 PURPOSE

- 1.1 To outline the procedure for Paramedics and Ambulance Service Operators (ASO) for reporting equipment failure during patient care

2.0 POLICY STATEMENT

- 2.1 All regional ASOs are required to report any device (ALS or BLS equipment) breakdown or failure immediately to the Northwest Region Prehospital Care Program (NWRPCP) if the failure takes place during patient care or immediately preceding or following a call.

3.0 DEFINITIONS

- 3.1 Regional Base Hospital: means a base hospital as defines in subsection 1(1) of the *Ambulance Act*, and provides an RBHP pursuant to an agreement into with the MOHLTC
- 3.2 Regional Base Hospital Program: means a base hospital program as defined in subsection 1(1) of the *Ambulance Act*
- 3.3 Program Medical Director: a physician designated by a Regional Base Hospital as the local lead medical
- 3.4 Paramedic: as defined in subsection 1(1) of the Ambulance Act Ontario Regulation 257/00
- 3.5 Ambulance Service Operator: means a service operator certified to provide ambulance services as defined in the Ambulance Act

4.0 PROCEDURE

- 4.1 A Self Report should be completed explaining the equipment failure in as much detail as possible. The ASO is responsible for immediately removing the equipment from service and having their biomedical company service the equipment. The final biomedical report should be copied to the NWRPCP.
- 4.2 The Program Medical Director (PMD) or delegate will review the patient information to find indications that the equipment failure may or may not have had a direct link to the patient's outcome.
- 4.3 ASOs can use the NWRPCP Self Report or use their own service report as long as all pertinent information is provided.

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

- 5.1 *Ambulance Act* (Ontario) and *Ontario Regulation 257/00*

6.0 REFERENCES

- 6.1 Basic Life Support Patient Care Standards (BLS PCS), *Ministry of Health and Long Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB)*.
- 6.2 *Advanced Life Support Patient Care Standards (ALS PCS)*, Ministry of Health and Long Term Care

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(MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

6.3 *Provincial Equipment Standards for Ontario Ambulance Services, Ministry of Health and Long Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB).*

Title: Cardiac Monitoring & Defibrillation	☐ Policy ☐ Procedure ☒ SOP
Category: Primary & Advanced Care Non-Clinical Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics, Thunder Bay Fire & Rescue Services
Approved: Program Medical Director & Manager	Approval Date: February 2000 Reviewed/Revised Date: June 2023 Next Reviewed Date: June 2026

1.0 PURPOSE

1.1 To outline Paramedic requirements for cardiac monitoring and/or defibrillator implementation. As well, to outline the process for submitting ECG data to the Northwest Region Prehospital Care Program (NWRPCP).

2.0 POLICY STATEMENT

2.1 Paramedics will submit a paper ECG strip, Incident Log and/or a Summary Report **or** a full electronic ECG Report to the NWPCP as indicated below.

3.0 DEFINITIONS

- 3.1 Ambulance Call Report (ACR): is either a written or electronic and contains all the required documentation and information as per the Ontario Ambulance Documentation Standards
- 3.2 Controlled Act: as set out in subsection 27 (2) of the Regulated Health Professions Act, 1991
- 3.3 Paramedic: as defined in subsection 1(1) of the Ambulation Act Ontario Regulation 257/00
- 3.4 Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulation Act Ontario Regulation 257/00
- 3.5 Advanced Care Paramedics (ACP): defined in subsection 8 (2) of the Ambulation Act Ontario Regulation 257/00

4.0 PROCEDURE

4.1 Cardiac Monitoring: Cardiac monitoring will be initiated as follows:

- 4.1.1 In accordance with Advanced Life Support Patient Care Standards (ALS PCS) and Basic Life Saving Patient Care Standards (BLS PCS);
- 4.1.2 In accordance with the approved Provincial Medical Directives;

4.2 Any circumstance where the cardiac monitor has been applied the paramedic must submit the following documentation to the NWRPCP:

- 4.2.1 Completed ACR
- 4.2.3 6 second ECG strip (*minimum of one strip per call*)
- 4.2.3 Controlled Act or General Incident Report (*if required*)

4.3 Paramedics must interpret and document the ECG rhythm on the ACR.

4.4 Paramedics will provide a copy of the ACR and ECG strip to the receiving hospital's medical staff

4.5 Defibrillation pads must not to be used in place of monitoring electrodes at any time.

4.6 Defibrillation: Defibrillation will be initiated as follows:

4.6.1 In accordance with ALS PCS

4.6.2 In accordance with the approved Provincial Medical Directives

4.7 Any circumstance where analysis or defibrillation of a patient has occurred the paramedic must submit the following documentation to the NWRPCP within 24hrs:

4.7.1 Completed ACR

4.7.2 ECG Report*

4.7.3 Controlled Act or General Incident Report (*if required*)

4.8 Electronic ECG Data Submission: A full ECG Report will be made available to the NWRPCP. This report will be forwarded as a single file and secured communication media used only.

4.9 Paper Submission of ECG Data: An Incident Log and Summary Report will be submitted to the Base Hospital Program. These reports must be clearly labeled with

4.9.1 Patient's name,

4.9.2 Call date, &

4.9.3 Call number

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

5.1 Ambulance Act (Ontario) and Ontario Regulation 257/00

6.0 REFERENCES

6.1 American Health Association Guidelines Updates for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care (2020)

6.2 NWRPCP Event Report

6.3 Current MoHLTC Emergency Health Regulatory and Accountability Branch (ERHAB) Basic Life Support (BLS) & Advanced Life Support (ALS) Patient Care Standards(PCS)

Title: Cardiac Disconnect	☐ Policy ☐ Procedure ☒ SOP
Category: Medical Control Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics,
Approved: Program Medical Director & Manager	Approval Date: February 2000 Reviewed/Revised Date: June 2023 Next Reviewed Date: June 2026

1.0 POLICY STATEMENT

1.1 To provide guidance for when a paramedic may discontinue cardiac monitor use. The Basic Life Support Patient Care Standard (BLS PCS) identifies cardiac monitoring as a necessary assessment method for certain patients. However, many patients who have had cardiac monitoring will not require it on a continued or ongoing basis.

2.0 PROCEDURE

2.1 As per the ALS PCS and BLS PCS; Paramedic(s) will apply the cardiac monitor to the patient.

2.2 Paramedics will keep the cardiac monitor applied to the patient while determining final patient disposition. If the patient is transported, paramedics will continue the cardiac monitor while en route to the receiving facility.

2.3 Where a cardiac monitor has been applied by paramedics, the cardiac monitor may be removed if:

- 2.3.1 Patient's vitals are consistently within normal parameters as outlined in the ALS PCS Preamble, Age and Vital Signs section or explainable by or not pertinent to the presenting complaint based on paramedic judgement;
- 2.3.2 The patient has not complained of ischemic type chest pain or palpitations at any point;
- 2.3.3 There is no incident history of loss of consciousness (of any duration);
- 2.3.4 Patient shows no electrical cardiac activity that is abnormal or inconsistent with previous medical history (e.g. rate or rhythm);
- 2.3.5 The patient exhibits no signs of respiratory distress;
- 2.3.6 There is no incident history of cerebrovascular accident (CVA) or transient ischemic attack (TIA);
- 2.3.7 is neither confirmed nor suspected in the incident history of ingesting drugs, medications, or other substances that may lead to toxicity;
- 2.3.8 No other ALS PCS interventions are anticipated;
- 2.3.9 The patient has had no further symptoms requiring medication and peak onset of any administered medication has been achieved; and
- 2.3.10 If an IV is in place, it is TKVO (30-60 ml/hr adult) or a saline lock is applied.

3.4 If the conditions in 3.3 are met, the paramedic may remove the cardiac monitor and document on the eACR with the appropriate code, that the cardiac monitor has been discontinued and the reason. After removal of the cardiac monitor, the patient remains the responsibility of the paramedic until patient disposition is finalized and/or if transport has occurred, there is a transfer of care to appropriate staff.

3.5 Following discontinuation of cardiac monitoring, paramedics who continue to provide care to the patient shall provide appropriate reassessment of the patient as indicated by Patient Care Standards until care is formally transferred to appropriate staff. Reassessment includes measurement of vital signs at intervals suitable to the patient's condition.

4.0 RELATED PRACTICES AND/OR LEGISLATIONS

4.1 Ambulance Act (Ontario) and Ontario Regulation 257/00

5.0 REFERENCES

5.1 American Heart Association Guidelines Updates for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care (2020)

5.2 Current MoHLTC Emergency Health Regulatory and Accountability Branch (ERHAB) Basic Life Support (BLS) & Advanced Life Support (ALS) Patient Care Standards(PCS)

Policies, Procedures, Standard Operating Practices

QM 100

Title: BLS Below Standard	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Designated Delivery Agents & Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: December 2009 Reviewed/Revised Date: June 2023 Next Review: June 2026

CROSS REFERENCES: Maintenance of Certification Criteria Policy (CERT-100)

1.0 PURPOSE

1.1 The purpose of this policy is to outline Northwest Region Prehospital Care Program (NWRPCP) responsibilities when a Paramedic's practice is identified to be below minimum standards in Basic Life Support Patient Care Standards (BLS PCS).

2.0 POLICY STATEMENT

2.1 Paramedic(s) must demonstrate BLS patient care to standard when considering maintenance of certification (MOC) activities. BLS PCS supports Advanced Life Support Patient Care Standards (ALS PCS).

3.0 DEFINITIONS

- 3.1** Paramedic: means a paramedic as defined in subsection 1(1) of the Ambulance Act Ontario Regulation 257/00
- 3.2** Primary Care Paramedic (PCP): means a paramedic as defined in subsection 8 (1) of the Ambulance Act Ontario Regulation 257/00
- 3.3** Advanced Care Paramedics (ACP): means a paramedic as defined in subsection 8 (2) of the Ambulance Act Ontario Regulation 257/00

4.0 PROCEDURE

- 4.1** If at any time NWRPCP has determined that the Paramedic does not perform to the minimum BLS standard:
- 4.1.1** NWRPCP will provide corrective action or direction to the Paramedic at that time, if applicable during MOC activities.
 - 4.1.2** NWRPCP will notify the Ambulance Service Operator (ASO) in writing if the Paramedic does not demonstrate competency following corrective measures during MOC activities.
 - 4.1.3** If during a call review or investigation process BLS deficiencies are identified by NWRPCP, adequate information to support their findings will be provided to the ASO.
 - 4.1.4** The ASO to inform NWRPCP in writing when the BLS concern has been remediated and the Paramedic(s) has met the minimum BLS PCS.
 - 4.1.5** The ASO should notify NWRPCP Program Medical Director (PMD) of any Paramedic who shows continued deficiencies or non-compliance with BLS PCS.

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

5.1 Ambulance Act (Ontario) and Ontario Regulation 257/00

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5.2 Ontario Ministry of Health and Long-term care (MOHLTC) and Emergency Health Regulatory and Accountability Branch (EHSB), and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement (PA), 2008.

6.0 REFERENCES

6.1 Advanced Life Support Patient Care Standards (ALS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

6.2 Basic Life Support Patient Care Standards (BLS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

Policies, Procedures, Standard Operating Practices

QM 200

Title: Complaint Process	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management Dept/Prog/Service: Base Hospital Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: Dec 2009 Reviewed/Revised Date: June 2023 Next Review: June 2026

CROSS REFERENCES: Inquiries and Complaints (HIS-48); Privacy and Personal Health Information (HIS-06); Privacy principles of Personal health Information (HIS-06) & Maintenance of Certification Criteria (CERT-100).

1.0 PURPOSE

1.1 This policy will clarify how Northwest Region Base Hospital Program (NWRPCP) will receive and manage complaints or concerns identified.

2.0 POLICY STATEMENT

2.1 For the purpose of this policy, a complaint is defined as a statement of dissatisfaction with the Ambulance Service Operator (ASO) or Paramedic(s) regarding patient care, and/or professionalism.

3.0 DEFINITIONS

- 3.1 Ambulance Service Operator: a service that is held out to the public as available for the conveyance of persons by ambulance as per definition (s) within the Ambulance Act R.S.O. 1990, CHAPTER A.19 subsection 1 and 2
- 3.2 Paramedic: as defined in subsection 1(1) of the Ambulance Act Ontario Regulation 257/00
- 3.3 Program Medical Director: a physician designated by a Regional Base Hospital as the lead medical authority of the NWRPCP

4.0 PROCEDURE

4.1 Verbal or written complaints will be received as follows:

- 4.1.1 Complaints with regard to Paramedic(s) should be directed to the Manager of the NWRPCP.
- 4.1.2 Complaints with regard to the actions of the Manager of the NWRPCP should be directed to the Director of Trauma & Emergency Services.
- 4.1.3 Complaints with regard to the Program Medical Director (PMD) should be directed to the Vice President of Medical and Academic Affairs

4.2 Patient Care/ Professionalism Complaints:

- 4.2.1 Investigation of a complaint concerning Advanced Life Support Patient Care Standards (ALS PCS) will be coordinated and reviewed jointly by the Manager of the NWRPCP and PMD or designate.
- 4.2.2 It is expected that the complainant will provide their name and contact information for the purposes of the review. The Manager of the NWRPCP will acknowledge receipt of the complaint within 14 days, by telephone or in writing, when contact information is provided.
- 4.2.3 Complaints related to Paramedic conduct and Basic Life Support Patient Care Standards (BLS PCS) will be directed to the ASO of the involved Paramedic(s) within a timely manner.
- 4.2.4 The Ministry of Health and Long-Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB) will be notified of all patient care related complaints received by the NWRPCP.

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

5.1 Ambulance Act, Ontario Regulation 257/00, Government of Ontario

6.0 REFERENCES

- 6.1 Ministry of Health Long Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB) and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement, 2008
- 6.2 *Advanced Life Support Patient Care Standards* (ALS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).
- 6.3 *Basic Life Support Patient Care Standards* (BLS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

Policies, Procedures, Standard Operating Practices

QM 300

Title: Paramedic Correspondence Responsibilities	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Designated Delivery Agents & Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: May 2019 Reviewed/Revised Date: November 2024 Next Review: June 2026

CROSS REFERENCES: Maintenance of Certification Criteria Policy (CERT-100), Post Call Review Self Evaluation Form (FM-03); Clinical Audit Review (QM 1300)

1.0 PURPOSE

1.1 Each certified Paramedic is responsible for reviewing Northwest Region Prehospital Care Program (NWRPCP) correspondence. Paramedics are required to check their work email on a regular basis to avoid delays in communication. Paramedics must make every effort to respond to NWRPCP communication based on specified time lines to avoid potential deactivation.

2.0 POLICY STATEMENT

- 2.1 Paramedic(s) employed in the Northwest Region must meet all specified time lines. Correspondence may include, but are not limited to the following:
- 2.1.1 Review and/or respond to Ambulance Call Evaluation (ACE) forms, emails, phone messages.
 - 2.1.2 Completion and submission of any supporting documentation requested by NWRPCP.
 - 2.1.3 Response to a request for a meeting with the Program Medical Director (PMD) or designate and Clinical Educator (CE) to be coordinated with Ambulance Service Operator (ASO)

3.0 DEFINITIONS

- 3.1 Ambulance Call Evaluation (ACE): is a communication tool used by the NWRPCP to converse with a Paramedic in reference to a call.
- 3.2 Paramedic: as defined in subsection 1(1) of the Ambulance Act Ontario Regulation 257/00
- 3.3 A Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulance Act Ontario Regulation 257/00
- 3.4 Advanced Care Paramedics (ACP): defined in subsection 8 (2) of the Ambulance Act Ontario Regulation 257/00
- 3.5 Ambulance Service Operator (ASO): means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act
- 3.6 Meeting: could be in the form of face to face or by videoconference/teleconference may be used at the discretion of the PMD or designate.
- 3.7 Omission: Deviation from the intended application of an ALS PCS. Minor, Major and Critical as defined Appendix 6, ALS PCS.

4.0 PROCEDURE

4.1 ACE Correspondence Notifications:

- 4.1.1 Paramedics will have an initial period of fourteen (14) days to respond to or acknowledge ACE correspondence. Automatic notifications will be issued in cases of non-compliance. Failure to act on ACE correspondence within the timeline is a breach of NWRPCP policy and can lead to administrative deactivation. The time-line for correspondence notification is:
 - Day 0 – Initial notice of correspondence
 - Day 14 – Reminder of pending correspondence
 - Day 21 – Final notice of correspondence

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- Day 28 – Potential administrative deactivation

4.2 Call Review Requests: At the discretion of the PMD/designate, a meeting with a Paramedic(s) may be requested at any time. All meetings will be in person or by videoconference/teleconference, and may be recorded at the discretion of the PMD/designate. All notifications relating to the request for a call review will be sent through the ACE tool. The scheduling of all call reviews will be the responsibility of the ASO, based according to physician and paramedic availability.

4.2.1 At the conclusion of a call review, Paramedic(s) are required to complete the *Post Call Review Self Evaluation Form* (FM-03)

4.3 Personal Contact Information: It is the Paramedic's responsibility to update NWRPCP of any changes to their profile summary on the Learning Management System (LMS). Paramedic's work email is the default setting within the LMS, it is the Paramedic's responsibility to change the primary email at their own discretion. NWRPCP is not responsible for any delayed or lost correspondence due to incorrect or outdated contact information.

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

5.1 *Ambulance Act*, Ontario Regulation 257/00, Government of Ontario

5.2 Ministry of Health Long Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB) and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement (PA), 2008

6.0 REFERENCES

6.1 *Advanced Life Support Patient Care Standards* (ALS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

6.2 *Basic Life Support Patient Care Standards* (BLS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

6.3 Ontario Ambulance Documentation Standards, *Ministry of Health and Long Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB)*

Policies, Procedures, Standard Operating Practices

QM 400

Title: Medication Incident & Reporting Guidelines	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management	Distribution: NW Region Ambulance Operators & Paramedics, Base Hospital Physicians
Dept/Prog/Service: Northwest Region Prehospital Care Program	
Approved: Program Medical Director & Program Manager	Approval Date: Dec 2021 Reviewed/Revised Date: June 2023 Next Review: June 2026

CROSS REFERENCES: Quality of Care Review- Quality of Care Information Protection Act (QCIPA) Protected (QM-80); Quality of Care Review- Not covered under QCIPA (QM-81; Mandatory Disclosure of Harm-Critical incidents (QM 70); Self Report Form (FM-LMS)

1.0 PURPOSE

1.1 This policy will provide Paramedics guidelines for documenting and reporting medication incidents.

2.0 POLICY STATEMENT

2.1 All Paramedics certified under the Northwest Region Prehospital Care Program (NWRPCP) are responsible for both identifying and reporting any and all medication incidents while on-duty.

3.0 DEFINITIONS

- 3.1 **Medication:** A substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.
- 3.2 **Medication Incident:** A medication incident is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the paramedic.
- 3.3 **On Duty:** Any paramedic, regardless of scope of practice, who meets the definition outlined in the Ontario Ambulance Act, and is actively performing their respective professional duties or partaking in CME activity while receiving remuneration.

4.0 PROCEDURE

4.1 Reporting a Medication Incident:

- 4.1.1 Medication incidents may involve the direct delivery of patient care, including, but not limited to, the administration of medications, application of procedures, the procurement of prescription medications, base hospital physician verbal orders, issues relating to product labeling/packaging, and events involving continuing medical education.

4.2 Medication incidents identified by paramedics will be reported to the NWRPCP using the *Self Report Form* found on the Learning Management System (<https://nwrpcp.myobh.ca/>).

4.3 Medication incidents involving the direct delivery of patient care will be reported to the NWRPCP immediately following the completion of the call. In situations where the immediate notification is not feasible, paramedics will report the incident by the end of their scheduled shift. If the medication incident occurs during regular business hours (Monday-Friday, 8AM-4PM), Paramedics may contact a Clinical Educator to discuss the event either in person or by phone.

4.4 Documentation of a Medication Incident:

- 4.4.1 Detail of the medication incident should be accurately documented on the Ambulance Call Report (ACR) within the procedural comments section and the overall remarks section.

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4.5 Quality Assurance:

- 4.5.1 A NWRPCP Clinical Educator will review all medication incident to ensure completeness by the Paramedic;
- 4.5.2 The Paramedic may be contacted by a NWRPCP Clinical Educator to clarify or complete their *Self Report Form* if necessary
- 4.5.3 NWRPCP will complete the TBRHSC Safety Report (online) with the information obtained from the event report if applicable
- 4.5.4 A copy of the *Self Report Form* will be retained within NWRPCP files for a period of time that is consistent with the Thunder Bay Regional Health Sciences Centre (TBRHSC) policy and/or the Ministry of Health Long Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB) guidelines.

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

- 5.1 *Ambulance Act*, Ontario Regulation 257/00, Government of Ontario
- 5.2 Health Canada Controlled Drugs and Substances Act (CDSA)

6.0 REFERENCES

- 6.1 *Advanced Life Support Patient Care Standards* (ALS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).
- 6.2 *Basic Life Support Patient Care Standards* (BLS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).
- 6.3 Superior North EMS Narcotic & Controlled Substance Policies
- 6.4 NWRPCP Self Report

Title: Paramedic Field Evaluations	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: Dec 2009 Reviewed/Revised Date: June 2023 Next Review: June 2026

1.0 PURPOSE

1.1 Northwest Region Prehospital Care Program (NWRPCP) can perform in accordance with Ministry of Health & Long- Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB) standards to conduct Paramedic Field Evaluations. NWRPCP are responsible for field evaluations for all of the Paramedic(s) employed by an Ambulance Service Operator (ASO) within the Northwest Region when deemed applicable. This policy will provide a basic framework for NWRPCP to carry out our mandated Paramedic Field Evaluations via ride-outs with the paramedics.

2.0 POLICY STATEMENT

2.1 The goals of the field evaluations are to ensure that the Paramedic(s) is responding appropriately to patient care situations encountered during the course of the shift; while demonstrating the minimum competencies required to perform skills sets in a safe and efficient manner.

3.0 DEFINITIONS

3.1 Medical Director: means a physician designated by a Regional Base Hospital (RBH) as the Medical Director of the Regional Base Hospital Program (RBHP).

4.0 PROCEDURE

4.1 Occupational Health and Safety:

- 4.1.1 All NWRPCP staff and Medical Directors are required to wear safety boots or shoes and clearly displayed photo identification.
- 4.1.2 NWRPCP personnel may be required to sign a "Waiver of Liability "from the ASO.

4.2 Notification of Field Evaluations:

- 4.2.1 All field evaluations will be pre-arranged with the ASO in advance.
- 4.2.2 The details of each ride-out i.e. time, date and location will be agreed upon between the ASO and the Clinical Educator and/or the Medical Director.

4.3 The ASO will notify the Paramedic(s) of the ride-out.

4.4 An overview of the field evaluation process will be provided to each Paramedic at the on-set of the day/shift/call.

4.5 Field Evaluation Process:

- 4.5.1 Introduction of the NWRPCP Paramedic Field Evaluation Form
- 4.5.2 Review of the Ambulance Call Report associated with each call evaluated
- 4.5.3 Review of all comments on the field evaluation form with the paramedic(s)
- 4.5.4 Paramedic(s) comments and signature(s) of the field evaluation form

- 4.5.5 Copy of field evaluation to the Paramedic(s), the appropriate ASO, the Paramedic's Regional Medical Director (RMD) if they are not the one doing the evaluation, and to the MOHLTC Northwest Field Office
- 4.5.6 If the field evaluation is being completed due to a remedial education program the evaluation will become part of the remedial review file for the individual Paramedic

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

- 5.1 Ambulance Act (Ontario) and Ontario Regulation 257/00
- 5.2 Ministry of Health and Long-term care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB) and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement (PA), 2008

Policies, Procedures, Standard Operating Practices

QM 600

Title: Authorization of Approved Medical Directives	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: Dec 2009 Reviewed/Revised Date: June 2023 Next Review: June 2026

Cross-reference: Advanced Life Support Patient Care Standards (ALS PCS)

1.0 PURPOSE

1.1 This policy outlines the authorization for all levels of certified land ambulance Paramedics to use approved medical directives ALS/PCS when employed and on duty for a certified ambulance service operator (ASO) within the NW Region.

2.0 POLICY STATEMENT

2.1 Authorization and certification for use of approved medical directives as per ALS PCS (current version)

3.0 DEFINITIONS

- 3.1 Paramedic: as defined in subsection 1(1) of the Ambulance Act
- 3.2 Primary Care Paramedic (PCP): means a Paramedic as defined in subsection 8 (1) of the Ambulance Act Ontario Regulation 257/00
- 3.3 Advanced Care Paramedics (ACP): means a Paramedic as defined in subsection 8 (2) of the Ambulance Act Ontario Regulation 257/00
- 3.4 Program Medical Director: a physician designated by a Regional Base Hospital as the local lead medical authority.
- 3.5 Ambulance Service Operator: a service that is held out to the public as available for the conveyance of persons by ambulance as per definition (s) within the Ambulance Act R.S.O. 1990, CHAPTER A.19
- 3.6 Ontario Base Hospital Group: The Ontario Base Hospital Group (OBHG) is comprised of the eight Regional Base Hospitals (7 land and 1 air). A Base Hospital provides medical direction, leadership and advice in the provision of prehospital emergency health care within a broad based, multi-disciplinary, community emergency health services system. A Base Hospital provides training, quality assurance, continuing education and guidance to Paramedics and other first responders.

4.0 PROCEDURE

- 4.1 The Northwest Region Prehospital Care Program (NWRPCP) will support the use of the most current version of the ALS PCS, as approved by the Provincial Medical Advisory Committee (PMAC) of the Ontario Base Hospital Group (OBHG).
- 4.2 Certified Paramedics will be authorized by the Program Medical Director (PMD) of the NWRPCP to use current core medical directives as approved by the PMAC OBHG.
- 4.3 Certified paramedics will be authorized by the Program Medical Director (PMD) of the NWRPCP in agreement with the ASO to use current auxiliary/chemical exposure medical directives as approved by the PMAC OBHG.
- 4.4 Authorized core/ auxiliary/ chemical exposure medical directives will be indicated on the paramedic's current certification letter provided by NWRPCP.

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5.0 RELATED PRACTICES AND/OR LEGISLATIONS

5.1 Ambulance Act, Ontario Regulation 257/00, Government of Ontario

5.2 Ministry of Health and Long-term care (MOHLTC) Emergency Health Regulatory and Accountability Branch and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement (PA), 2008

6.0 REFERENCES

6.1 Advanced Life Support Patient Care Standards (ALS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

6.2 Basic Life Support Patient Care Standards (BLS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

Policies, Procedures, Standard Operating Practices

QM 700

Title: Administration of Controlled Substances	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: Dec 2009 Reviewed/Revised Date: June 2023 Next Review: June 2026

CROSS REFERENCES: QM 400 Medication Incident and Reporting Guidelines; OD - 47, Procuring Narcotics and Controlled Substances (SNEMS); OD - 48, Documenting Inventory and Daily Use (SNEMS); OD - 49, Narcotic Controlled Drugs – Discrepancy (SNEMS); OD - 50, Wastage of Narcotics and Controlled Substances (SNEMS); OD - 51, Storage and Securing of Narcotics (SNEMS)

1.0 PURPOSE

1.1 To standardize processes for the procurement, dispensing, auditing, management, and disposal/wastage of controlled substances under the authority of the Program Medical Director (PMD) for the Northwest Region Prehospital Care Program (NWRPCP).

2.0 POLICY STATEMENT

2.1 The PMD for the NWRPCP is required to establish guidelines and direction for the provision of controlled substances as per Health Canada's Controlled Drug and Substances Act - Section 56 Class Exemptions (for Advanced Care Paramedics & Critical Care Paramedics in Ontario; for Designated Administrators of Ambulance Service Operators (ASO) in Ontario).

3.0 SCOPE

3.1 Advanced Care Paramedics (ACP)

4.0 DEFINITIONS

- 4.1 Base Hospital Program: a regional program operated by a base hospital for the purposes outlined under the Ontario Ambulance Act and Ontario Regulation 257/00.
- 4.2 Controlled substance: A substance included in Schedule I, II, III, IV or V of the Controlled Drug and Substances Act.
- 4.3 Ambulance Service Operator: An upper tier municipality or an agency established by the Province responsible for providing or ensuring the provision of land ambulance services.
- 4.4 Program Medical Director: a person who is defined as a Program Medical Director under the Ambulance Act (Ontario) and Ontario Regulation 257/00, and who is ultimately responsible for the activities conducted by paramedics with respect to controlled substances.
- 4.5 Designated Administrator: a person who is in a managerial position and is responsible for ordering, transporting, storing, and providing controlled substances to affected paramedics for an ambulance operator certified under the Ambulance Act (Ontario).
- 4.6 Paramedic: As defined in subsection 1 (1) of the Ontario Ambulance Act
- 4.7 Advanced Care Paramedic: defined in subsection 8(2) of the Ambulance Act of Ontario 257/100
- 4.8 Ambulance Call Report (ACR): is either a written or electronic and contains all the required documentation and information as per the Ontario Ambulance Documentation Standards

5.0 PROCEDURE

- 5.1 The PMD of the NWRPCP, in collaboration with the ASO will direct the development and maintenance of policies, procedures, and quality control of controlled substances for NWRPCP Paramedics and/or designated administrators. This will include the following:
- 5.1.1 Procurement
 - 5.1.2 Documentation of Inventory and Daily Use
 - 5.1.3 Inventory and Daily Count Discrepancy
 - 5.1.4 Wastage/Breakage/Spillage/Lost
 - 5.1.5 Storage and Security
 - 5.1.6 Medication Incident or Error Reporting
- 5.2 Failure to comply with the recommendations or direction may result in the discontinuation of administration of controlled substances under the authority of the PMD.
- 5.3 Paramedic(s)/ASO(s) are responsible for the processes involving controlled substances and will be kept informed of any requirement or expectation changes as outlined by the NWRPCP.
- 5.4 Prescriptions for all controlled substances will be issued to each Paramedic/ASO quarterly or more frequently as requested. A lead time of five (5) business days is required for processing prescriptions. Signed prescriptions will be filled by the ASO at their contracted pharmacy.
- 5.5 Paramedic(s) administering controlled substances will document the use of controlled drugs as per ASO policy. Documentation will be on the Ambulance Call Report (ACR) and an approved narcotic/controlled substance count sheet. Wastage of controlled substances must be witnessed by two people. The witness may be a Paramedic or a regulated health care professional at the hospital such as a RN, MD or Pharmacist. The documentation of wastage in the procedural/treatment portion of the ACR must also include the signature of the responsible Paramedic and a Paramedic witness.
- 5.6 Controlled substances will be secured and accounted for by the Paramedic(s)/ASO. The Paramedic(s) ASO will be held accountable for auditing and recordings of all supply, usage, wastage, and expired/exchanged controlled drugs on an approved narcotic/controlled substance count sheet.
- 5.7 The Paramedic(s)/ASO will notify the NWRPCP immediately upon identification of any discrepancies in the auditing or regular count.
- 5.7.1 Incidents involving a patient involved event or non-patient involved event must be reported as per *QM 400 - Medication Incident and Reporting*
 - 5.7.2 Copies of Personal Narcotic Count Record & Master Narcotic Count record will be forwarded to the NWRPCP on a monthly basis for quality assurance purposes.
- 5.8 All expired narcotics will be returned to TBRHSC pharmacy for destruction in compliance with existing Health Canada regulations and documented accordingly. If required, prescriptions will also be issued for the destruction of narcotics. A lead time of five (5) business days is required for processing prescriptions.
- 5.9 Other controlled substances may be returned to the contracted pharmacy or destroyed on site, and documented as outlined by existing Health Canada regulations.
- 5.10 The NWRPCP will conduct on-site audits as deemed necessary by the PMD, or at the request of the Paramedic(s)/ASO. A copy of any NWRPCP controlled substance audit will be sent to the applicable Paramedic(s)/ASO.
- 5.11 All documents related to controlled substances will be filed and considered legal documents and must be kept for a minimum of the record year plus two (2) years. These documents are subject to auditing by NWRPCP as the prescribing authority, or by regulatory agencies.
- 5.12 A Paramedic(s) who fails to comply with any of the processes outlined within this policy may be subject to deactivation. Deactivation will be at the discretion of the PMD.

6.0 RELATED PRACTICES AND/OR LEGISLATIONS

- 6.1 *Ambulance Act*, Ontario Regulation 257/00, Government of Ontario
- 6.2 Health Canada Controlled Drugs and Substances Act (CDSA)
 - 6.2.1 Schedules I, II, III, IV & V

- 6.2.2 Section 56 Class Exemption for Advanced Paramedics and Critical Care Paramedics in Ontario
- 6.2.3 Subsection 4(1) of the CDSA with respect to fentanyl, ketamine, morphine and pethidine; Subsections 5(1) and 5(2) of the CDSA with respect to diazepam, fentanyl, ketamine, lorazepam, midazolam, morphine and pethidine; Subsection 8(1) of the Narcotic Control Regulations (NCR) with respect to fentanyl, ketamine, morphine and pethidine

7.0 REFERENCES

7.1 Superior North EMS Policies:

- OD - 47, Procuring Narcotics and Controlled Substances
- OD - 48, Documenting Inventory and Daily Use
- OD - 49, Narcotic Controlled Drugs - Discrepancy
- OD - 50, Wastage of Narcotics and Controlled Substances
- OD - 51, Storage and Securing of Narcotics

Policies, Procedures, Standard Operating Practices

QM 800

Title: Medication and Equipment Quality Assurance Requirements	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Program Manager	Approval Date: Dec 2009 Reviewed/Revised Date: June 2023 Next Review: June 2026

Cross Reference: *Administration of Controlled Substances (QM 700); Medication Incident and Reporting (QM 400)*

1.0 PURPOSE

1.1 Symptom relief (SR) medications and equipment/supplies for the purposes of Controlled Acts and other patient care must be consistent with the requirements or recommendations within the Advanced Life Support Patient Care Standards (ALS PCS) Equipment Standards.

2.0 POLICY STATEMENT

2.1 Northwest Region Prehospital Care Program (NWRPCP) will provide quality assurance checks for SR medications and equipment/supplies that is provided for use by certified land ambulance Paramedic(s) for the purposes of performing Controlled Acts and other Advance Life Support (ALS) patient care.

3.0 DEFINITIONS

- 3.1 Paramedic: as defined in subsection 1(1) of the Ambulation Act Ontario Regulation 257/00.
- 3.2 Controlled Act: as set out in subsection 27(2) of the Regulated Health Professions Act, 1991.
- 3.3 Program Medical Director: means a physician designated by a Regional Base Hospital as the Medical Director of the RBHP
- 3.4 Ambulance Service Operator: a service that is held out to the public as available for the conveyance of persons by ambulance as per definition (s) within the Ambulance Act R.S.O. 1990, CHAPTER A.19 subsection 1 and 2

4.0 PROCEDURE

4.1 Changes in Symptom Relief Medication or ALS Equipment/Supplies:

- 4.1.1 Any change in the supply or type of SR medications or ALS equipment/supplies that will or may impact Controlled Acts and other ALS patient care must be brought to the attention of the NWRPCP Program Medical Director (PMD) prior to implementation (e.g. if new product or equipment) or immediately upon recognition of the issue (e.g. low or no supply or equipment malfunction).

4.2 Symptom Relief Medication Reconciliation:

- 4.2.1 Each Ambulance Service Operator (ASO) will provide NWRPCP with copies of their requisition(s) or invoice(s) for SR medications twice each year.
- 4.2.2 Copies of SR medication requisitions/ invoices are due biannually and upon the request of NWRPCP. SR medication requisitions/invoices are collected in January for the period July to December, and are collected in July for the period January to June.
- 4.2.3 Scan and send copies by email to basehospital@tbh.net or fax paper copies to 807-683-3211.

4.2.4 If any concerns are noted the ASO will be contacted by NWRPCP.

4.3 SR medication requisition/invoice must be legible and should provide NWRPCP with the following information: Medication prescription requisition form must be completed on the fillable form that NWRPCP provided with the following information;

- 4.3.1 Pharmacy (or other sender of goods)
- 4.3.2 ASO (or receiver of goods)
- 4.3.3 Date of the order
- 4.3.4 Identity of each SR medication ordered by Brand and Generic name)
- 4.3.5 Concentration of medication ordered (per dose)
- 4.3.6 Quantity of each medication ordered

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

5.1 Ambulance Act, Ontario Regulation 257\00, Government of Ontario

5.2 Health Canada Controlled Drugs and Substances Act (CDSA)

6.0 REFERENCES

6.1 *Advanced Life Support Patient Care Standards* (ALS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

6.2 *Basic Life Support Patient Care Standards* (BLS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

6.3 Superior North EMS Narcotic & Controlled Substance Policies OD-47, 48, 49, 50, 51, 52 & 53

Policies, Procedures, Standard Operating Practices

QM 900

Title: Patient Management While Waiting for Transfer of Care at the Receiving Hospital	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: Superior North EMS, TBRHSC Emergency Department
Approved: Program Medical Director	Approval Date: May 2005 Reviewed/Revised Date: June 2023 Next Review: June 2026

1.0 PURPOSE

1.1 This policy is intended to address the issue of paramedics performing controlled acts while waiting for a bed and/or the transfer of care within the receiving hospital's Emergency Department.

2.0 POLICY STATEMENT

2.1 It is understood that paramedic practice will be guided by the following principles:

2.1.1 Patient care and safety is paramount and must take precedence in all decisions.

2.1.2 The standing order(s)/medical directive(s) will be followed; you must never exceed these limits.

2.1.3 Paramedics acknowledge that all hospital staff are doing their very best to manage hospital inpatients, emergency patients, ambulatory or ambulance-carried patients within the hospital Emergency Department, and that due to these factors, the hospital staff's ability to render immediate care may be compromised.

3.0 DEFINITIONS

3.1 Ambulance Call Report (ACR): is either a written or electronic and contains all the required documentation and information as per the Ontario Ambulance Documentation Standards

3.2 Controlled Act: as set out in subsection 27 (2) of the Regulated Health Professions Act, 1991

3.3 Paramedic: as defined in subsection 1(1) of the Ambulation Act Ontario Regulation 257/00

3.4 Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulation Act Ontario Regulation 257/00

3.5 Advanced Care Paramedics (ACP): defined in subsection 8 (2) of the Ambulation Act Ontario Regulation 257/00

4.0 PROCEDURE

4.1 While in the ED, the Paramedic will continue to monitor and provide patient care to the patient as appropriate, and according to Advanced Life Support/Basic Life Support Patient Care Standards (ALS PCS, BLS PCS), including the provincial standing orders/medical directives/controlled acts in which they have been certified to perform.

4.2 Upon arrival into the Emergency Department and while waiting for transfer of care if any deterioration in the patient's condition occurs, or the patient does not show signs of improvement as a result of the pre-hospital care being provided, **and** it is felt that the patient is in urgent need of further assessment and medical care, the Paramedic will immediately notify the charge nurse of the patient and the patient's unchanged or deteriorating condition. If the charge nurse is not able to promptly secure a bed for the patient, the Paramedic may continue to deliver patient care and controlled acts as per their standing order(s)/medical directive(s) and the BLS PCS and ALS PCS.

4.3 If the patient's conditions remains unchanged or worsens following the completion of any particular standing order(s)/medical directive(s), or the limits of patient care have been met the Paramedic

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must communicate this to the charge nurse immediately who will be responsible to communicate this to the Emergency Department Physician. It is expected that the patient's status will immediately be relayed to the Emergency Department Physician and a request will be made for the patient to be assessed at this time. If possible, transfer of care should occur at this time.

- 4.4 All patient care and communication in the Emergency Department concerning patient care and treatment must be documented by the Paramedic onto the Ambulance Call Report (ACR). This includes all controlled acts or patient care rendered while in the Emergency Department **AND** time(s)/name(s) of who the Paramedic communicated with regarding the patient while waiting in the Emergency Department. A receiving signature is required from the RN upon transfer of care.

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

5.1 Ambulance Act, Ontario Regulation 257/00, Government of Ontario

5.2 Ministry of Health and Long-term care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB), Ontario and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement (PA), 2008

6.0 REFERENCES

6.1 Advanced Life Support Patient Care Standards (ALS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

6.2 Basic Life Support Patient Care Standards (BLS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).

6.3 Ontario Ambulance Documentation Standards, Ministry of Health and Long Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB)

Policies, Procedures, Standard Operating Practices

QM 1000

Title: Paramedic Conduct/Dress Code for CME/MOC	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Paramedics & TBRHSC
Approved: Program Medical Director and Program Manager	Approval Date: May 2019 Reviewed/Revised Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: Code of Conduct (HR-tce-10); Conduct and Personal Appearance Standards (HR-tce-06); CERT 900 Continuing Medical Education Requirements

1.0 PURPOSE

1.1 This policy outlines the conduct and dress code Paramedics are required to follow when attending approved Northwest Region Prehospital Care Program (NWRPCP) continuing medical education (CME) activities such as Maintenance of Certification CME spring or fall or approved clinical placement at Thunder Bay Regional Health Sciences Centre (TBRHSC) such as IV clinical or ACP clinical MOC CME.

2.0 POLICY STATEMENT

2.1 Attire, grooming, and behavior reflect your professional image which in turn reflects on the NWRPCP and ASO. A clean neat appearance, appropriate footwear, good grooming, support professional conduct, infection control and health and safety practices are requirements

3.0 PROCEDURE

- 3.1 Identification: Paramedic(s) are required to wear their Ministry of Health Paramedic ID (OASIS) at all times during their clinical placement at TBRHSC. The ID must be visible to hospital staff, patients, and visitors. Paramedic ID is not required to be worn for NWRPCP activities such as MOC CME.
- 3.2 Attire: Paramedic(s) are required to wear uniform and safety shoe/boot is required to be worn during MOC CME or clinical placement activities.
- 3.3 Scented Products: such as cologne, perfume, hairspray and lotion must not be worn or used during clinical placement or MOC CME activities.
- 3.4 Hair: is to be neat clean and well-groomed. Beards/mustaches/sideburns must be trimmed and clean. Hair style should reflect a professional appearance.
- 3.5 Jewelry: should be kept to a minimum and provide no risk to the wearer or the patient. To ensure safe keeping, best to leave all your valuables at home. Refer to TBRHSC Policy HR-tce-06 for requirements regarding acceptable jewelry when on clinical placement.
- 3.6 Footwear: Paramedic(s) attending approved clinical placement must comply with TBRHSC Occupational Health & Safety policy for Protective Footwear Policy OHS-os-211. Paramedics will be required to wear safety shoe/boot during MOC CME, or clinical placement activities.

3.7 Non Compliance: Paramedics who report to MOC CME activities or clinical placement in violation of any part of this policy (and extending to TBRHSC), in the opinion of NWRPCP and/or TBRHSC management, will be sent home to change and will be required to return in acceptable attire. If time lost is excessive to do so such that it impacts on the individual paramedic's successful completion or overall learning experience the NWRPCP may reschedule the clinical placement or MOC CME activity at their discretion.

Policies, Procedures, Standard Operating Practices

QM 1100

Title: Controlled Act Incident Reporting Procedures	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management Dept/Prog/Service: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Manager	Approval Date: October 2006 Reviewed/Revised Date: June 2023 Next Review: June 2026

Cross References:

1.0 PURPOSE

1.1 The purpose of this policy is to provide direction to Paramedic(s) when reporting patient care errors involving Controlled Medical Acts.

2.0 POLICY STATEMENT

2.1 NWRPCP strongly encourages all paramedics to SELF REPORT any known or suspected Controlled Medical Act event, such as a deviation in Medical Directive, as well as any other patient care related event to the Program Medical Director (PMD) immediately. When the Paramedic is/becomes aware that a Controlled Medical Act event or a deviation in a Medical Directive or patient care related event, has or may have occurred it is expected that the responsible paramedic(s) will SELF REPORT the event to the Base Hospital Medical Director immediately following recognition of the event.

3.0 DEFINITIONS

3.1 Controlled Act: as set out in subsection 27 (2) of the Regulated Health Professions Act, 1991

3.2 Controlled Act Incident: is defined as a deviation from the Medical Directive that define the circumstances under which Paramedics are authorized to perform as per the List of Controlled Acts in Schedule I, II and III from the Ambulance Act, Ontario Reg. 257/00, and the current Ministry of Health Emergency Health Services Branch (MOHLTC-EHSB) Advanced Life Support Patient Care Standards (ALS PCS)

3.3 Paramedic: as defined in subsection 1(1) of the Ambulation Act Ontario Regulation 257/00

3.4 Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulation Act Ontario Regulation 257/00

3.5 Advanced Care Paramedics (ACP): defined in subsection 8 (2) of the Ambulation Act Ontario Regulation 257/00

4.0 PROCEDURE

4.1 SCHEDULE 1: LIST OF CONTROLLED ACTS THAT MAY BE PERFORMED BY A PRIMARY CARE PARAMEDIC

Item	Controlled Acts
1.	Administration of glucagon, oral glucose, nitroglycerin, epinephrine, salbutamol and ASA (80mg form).

2.	Semi-automated external cardiac defibrillation.
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4.2 SCHEDULE 2: LIST OF CONTROLLED ACTS THAT MAY BE PERFORMED BY AN ADVANCED CARE PARAMEDIC OR, IF AUTHORIZED, A PRIMARY CARE PARAMEDIC

Item	Controlled Acts
1.	Administration of the drugs referred to in item 1 of Schedule 1, in addition to any other drug approved by the Director on the recommendation of one or more medical directors of base hospital programs.
2.	Semi-automated external cardiac defibrillation.
3.	Peripheral intravenous therapy.
4.	Endotracheal intubation.
5.	Non-automated external cardiac defibrillation and monitoring.

4.3 SCHEDULE 3: LIST OF CONTROLLED ACTS THAT MAY BE PERFORMED BY A CRITICAL CARE PARAMEDIC OR, IF AUTHORIZED, AN ADVANCED CARE PARAMEDIC

Item	Controlled Acts
1.	Administration of any drug that an advanced care paramedic may administer under item 1 of Schedule 2, in addition to any other drug approved by the Director on the recommendation of one or more medical directors of base hospital programs.
2.	The controlled acts referred to in items 2 to 5 of Schedule 2.
3.	Non-automated external cardiac defibrillation, electrical cardioversion and pacing.
4.	Maintenance and monitoring of arterial and central venous catheters.
5.	Gastric intubation and suction.
6.	Ventilation (mechanical) and setting of ventilatory parameters.
7.	Lab blood value interpretation.
8.	Management of chest tubes and chest drainage systems.
9.	Chest x-ray interpretation.
10.	Urinary catheter insertion.
11.	Intravenous blood product administration.
12.	Doppler flow monitor use.
13.	Revoked: O. Reg. 386/01, s. 4.
14.	Use of infusion pumps.

15.	Other advanced airway techniques, e.g. needle thoracostomy, cricothyroidotomy.
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4.4 The responsible Paramedic(s) will:

- 4.1.1 Contact the NWRPCP to SELF REPORT the patient care event as soon as the event has been realized or thought to have occurred
- 4.1.2 Complete the NWRPCP Event Report and fax it to the NWRPCP office along with the appropriate ACR and other supporting documents by end of the day/shift
- 4.1.3 Notify their Ambulance Service Operator (ASO); if appropriate (follow EMS policy)

4.2 When a paramedic is not aware that a Controlled Medical Act event, deviation in a Medical Directive or patient care related event has occurred; such that the event is later recognized through the NWRPCP call audit process, NWRPCP will contact the responsible paramedic(s) for information and reports. The responsible paramedic(s) will:

- 4.2.1 Be contacted by NWRPCP for a verbal report
- 4.2.2 Complete the NWRPCP Event Report and fax it to the NWRPCP office along with the appropriate ACR and other supporting documents by end of the day/shift
- 4.2.3 Notify their employer; if appropriate (follow EMS policy).

4.3 A call review meeting with the PMD or designate will be required in most cases with the involved paramedic(s) following a report of a Controlled Act event and/ or deviation in Medical Directive. This meeting time will be used to review the call events and reports, ask questions, clarify expectations in practice, determine need for process improvement or policy revision, education, and outline next steps.

4.4 Outcome following a report and follow up related to a Controlled Act event or deviation in a Medical Directive will be guided by the Advanced Life Support Patient Care Standards (ALS PCS) Maintenance of Certification policy, and NWRPCP policy, and, as approved by the PMD.

5.0 RELATED PRACTICES AND/OR LEGISLATIONS

5.1 Ambulance Act (Ontario) and Ontario Regulation 257/00

5.2 Emergency Health Services Branch (EHSB), Ontario Ministry of Health and Long-term care (MOHLTC) and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement (PA), 2008

6.0 REFERENCES

6.1 Current MoHLTC Emergency Health Regulatory and Accountability Branch (EHRAB) Basic Life Support (BLS) & Advanced Life Support (ALS) Patient Care Standards (PCS)

Policies, Procedures, Standard Operating Practices

QM 1200

Title: Continuous Quality Improvement Clinical Audit Process	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management Sub-category: Northwest Region Prehospital Care Program	Distribution: NWRPCP
Approved: Program Medical Director & Manager	Approval Date: June 2023 Reviewed/Revised Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: *CERT 200 Maintenance of Certification***1.0 PURPOSE**

- 1.1 To outline the clinical audit process for the purposes of continuous quality improvement within the Northwest Region Prehospital Care Program (NWRPCP).

2.0 POLICY STATEMENT

- 2.1 The NWRPCP will perform reviews on all calls where a patient record-Ambulance Call Report (ACR) or Electronic Ambulance Call Record (eACR) -has been created by a Paramedic and provided by the Ambulance Service Operator (ASO), as per the Advanced Life Support Patient Care Standard (ALS PCS) and other clinical practice guidelines. Electronic filtering processes will determine variances of Controlled Acts and high acuity cases, as designated by the Program Medical Director (PMD) and will flag to initiate the clinical audit process.

3.0 SCOPE

- 3.1 Applies to all levels of Paramedics that have a patient interaction where an eACR or ACR is created.

4.0 DEFINITIONS

- 4.1 Certification: the process by which Paramedics receive authorization from a Medical Director to perform controlled acts and other advanced medical procedures in accordance with the current Advanced Life Support (ALS) Patient Care Standards (PCS).
- 4.2 Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority.
- 4.3 Ambulance Service Operator (ASO): a service that is held out to the public as available for the conveyance of persons by ambulance as per definition (s) within the Ambulance Act R.S.O. 1990, CHAPTER A.19 subsection 1 and 2
- 4.4 Controlled Act: as set out in subsection 27(2) of the Regulated Health Professions Act, 1991
- 4.5 Paramedic: as defined in subsection 1(1) of the Ambulation Act Ontario Regulation 257/00
- 4.6 Ambulance Call Report (ACR): a medical record for documenting information about circumstances and events relevant to the proper provision of ambulance services
- 4.7 Electronic Ambulance Call Report (eACR) - refers to a means of collection and retention of patient and patient care documentation using an electronic format and includes all information that is included on the paper ACR. The eACR is considered equivalent to the paper ACR.

5.0 PROCEDURE (see Appendix 1 flow chart)

- 5.1 ACR or eACR will be received by the NWRPCP from the ASO

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5.1.1 ACR or ePCR will be electronically sorted and audited as per specific electronic filters which include all Controlled Acts and high acuity cases.

5.1.2 Variances and high acuity cases will be assigned for clinical audit.

5.2 Audits will result in any of the following actions:

5.2.1 Automatic closure.

5.2.2 Request for Paramedic feedback through the Ambulance Call Evaluation (ACE) system.

5.2.3 Require further review by the NWRPCP Clinical Education team, including Program Medical Director (PMD) and Program Manager, if applicable.

5.3 The PMD review will result in any of the following actions:

5.3.1 Closure

5.3.2 Request for further feedback

5.3.3 Request for case review interview

5.3.4 Change in Paramedic certification status

5.4 Any audits resulting in recognition of any Basic Life Support Patient Care Standards (BLS PCS) variances shall be brought to the attention of the ASO by the NWRPCP through the ACE system.

6.0 REFERENCES

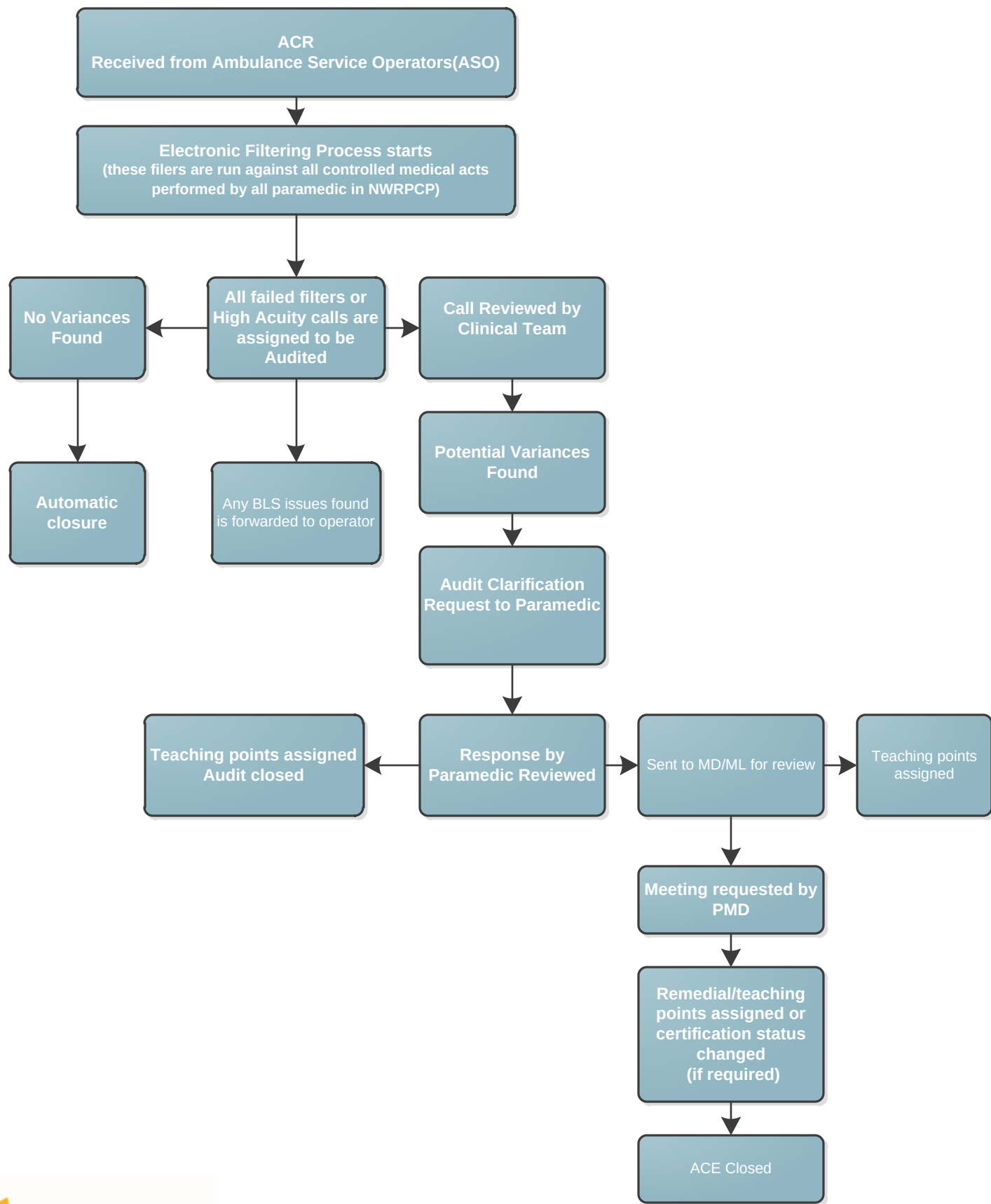
6.1 Performance Agreement (2008), Thunder Bay Regional Health Sciences Centre and Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch

6.2 Advanced Life Support Patient Care Standards, Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch

6.3 Basic Life Support Patient Care Standards, Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch

6.4 Ontario Ambulance Documentation Standards, Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch

6.5 Ambulance Call Report Completion Manual, Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch



Thunder Bay Regional
Health Sciences
Centre

Policies, Procedures, Standard Operating Practices

QM 1300

Title: Prehospital Research	☐ Policy ☐ Procedure ☒ SOP
Category: Quality Management Sub-category: Northwest Region Prehospital Care Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Manager	Approval Date: June 2023 Reviewed/Revised Date: June 2023 Next Review Date: June 2026

CROSS REFERENCES: Administration of Controlled Substances (QM 700)

1.0 PURPOSE

1.1 To outline procedure for participation in prehospital research

2.0 POLICY STATEMENT

2.1 Advancement in prehospital care relies on the development of evidence based directives through research. The Northwest Region Prehospital Care Program (NWRPCP) may participate in research trials that have been approved by the research ethics board. Through participating in prehospital research, the profession of paramedicine will continue to evolve.

3.0 SCOPE

3.1 Applies to paramedics certified and trained at the appropriate level to participate and apply the skills, treatment, or procedures specific to the methods associated with the research trial.

4.0 DEFINITIONS

4.1 Paramedic: as defined in subsection 1(1) of the Ambulance Act Ontario Regulation 257/00

5.0 PROCEDURE

- 5.1 NWRPCP agrees to participated in a prehospital research trial
- 5.2 NWRPCP will ensure that the research project is approved by: the Ontario Base Hospital Group Medical Advisory Committee, Research Ethics Board, and the Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch
- 5.3 NWRPCP will collaborate with the partners in research to ensure that the objectives of the research can be implemented through:
 - 5.3.1 Ensuring all equipment and supplies are available
 - 5.3.2 The ambulance service has agreed to support the data collection process
 - 5.3.3 Education associated with the research has been developed and presented in a mutually agreed upon manner between the service provider and the NWRPCP
 - 5.3.4 Paramedic research trial skills, procedures or results or will not be implemented into “regular” practice until it has been finalized and accepted by the Research Ethics Board and other associated regulatory bodies.

6.0 REFERENCES

- 6.1 Advanced Life Support Patient Care Standards Section 7, Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch
- 6.2 Ambulance Act, Ontario Regulation 257/00, Government of Ontario

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