Thunder Bay Regional
Health Sciences Centre

Northwest Region
Prehospital Care Program

Standards of Practice

Policy Manual

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Approved: NWRPCP Medical Director & Program Manager	**Approval Date:** January 2009 **Reviewed/Revised Date:** August 2026 **Next reviewed date:** August 2027

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. PURPOSE

The purpose of this policy is to establish the requirements, evaluation process, and authorization procedures for Initial Certification of Paramedics through the Northwest Region Prehospital Care Program (NWRPCP).

This policy outlines the process by which newly hired Paramedic candidates are assessed for competency and authorized by the Program Medical Director (PMD) to perform controlled acts and delegated medical procedures in accordance with applicable legislation, the Advanced Life Support Patient Care Standards (ALS PCS), and NWRPCP expectations.

2. POLICY STATEMENT

The NWRPCP shall maintain a standardized Initial Certification process to ensure Paramedic candidates demonstrate the knowledge, clinical competence, professionalism, and decision-making abilities required for certification within the Northwest Region.

Paramedic candidates must successfully complete all required components of the Initial Certification process before authorization is granted by the Program Medical Director (PMD).

Certification decisions shall be based on successful completion of required evaluations and compliance with current legislation, Ministry standards, and current ALS PCS medical directives.

3. SCOPE

This policy applies to all Paramedic candidates seeking Initial Certification through the NWRPCP who do not currently hold active certification with another Ontario Regional Base Hospital.

This policy applies to Primary Care Paramedic (PCP) and Advanced Care Paramedic (ACP) candidates, where applicable to the candidate's scope of practice.

This policy applies to Ambulance Service Operators (ASOs), Paramedic candidates, and NWRPCP staff involved in the Initial Certification process.

4. DEFINITIONS

Advanced Care Paramedic (ACP): as defined in subsection 8(2) of the Ambulance Act of Ontario Regulation 257/100

AEMCA or AEMCA Pending: Paramedic is seeking certification following the completion of an approved paramedic program **AND** has no current certification with another Regional Base Hospital. Employer is

therefore requesting initial certification of new hire with no current certification history or current EMS work history for reference.

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

Authorization: written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a PMD.

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).

Global Rating Scale (GRS): 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.

Human Resource Inventory (HRI): 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.

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.

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.

Primary Care Paramedic (PCP): as defined in subsection 8(1) of the Ambulance Act of Ontario Regulation 257/100

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority.

Regional Base Hospital (RBH): 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).

Successful Completion: achievement of the minimum required performance standard during the Initial Certification process, including attainment of an average score of 4.1 or greater in each domain of the GRS, in addition to successful completion of all other required certification components as determined by the NWRPCP. Failure to achieve the minimum required score in any individual GRS domain shall constitute an unsuccessful certification attempt.

5. PROCEDURE

5.1 General Requirements

Certification events shall be coordinated by the NWRPCP.

Candidates must have received an offer of employment or be retained by an ASO within the Northwest Region.

The ASO shall notify the NWRPCP of newly hired candidates requiring certification.

5.2 Application and Registration

The Human Resources Inventory (HRI), which serves as the Request for Certification form, shall be submitted a minimum of twenty (20) business days prior to the certification date.

Incomplete submissions may result in delays or removal from the scheduled certification event.

Candidates shall receive certification process details within five (5) business days of confirmed registration.

5.3 Pre-Course Requirements

Candidates may be assigned mandatory pre-course material.

All assigned material must be successfully completed prior to attendance at the certification event.

5.4 Initial Certification Components

The Initial Certification process may include:

- Written knowledge evaluation
- Orientation to the NWRPCP
- Review of applicable medical directives
- Simulated patient care evaluations (OSCE)

5.5 Objective Structured Clinical Evaluation (OSCE)

The NWRPCP shall utilize a standardized OSCE format using the Global Rating Scale (GRS).

Candidates shall not access personal electronic devices during evaluations. Including:

- Smart Watches
- Earbuds
- AI-enabled devices

Candidates may use their cell phone, while on airplane mode, to only access the directives.

Candidates shall be provided approved reference materials and evaluation resources as determined by the NWRPCP.

5.6 Certification Outcomes

Successful candidates shall receive certification authorization from the PMD.

Certification documentation shall be issued electronically.

Unsuccessful candidates shall be eligible for one reassessment within three (3) business days.

5.7 Repeat Certification Attempts

Candidates unsuccessful after a second attempt shall be notified within one (1) business day.

Candidates must wait a minimum of fourteen (14) business days before re-entering the Initial Certification process.

Candidates unsuccessful after two full Initial Certification processes may be referred to another Regional Base Hospital.

6. RELATED PRACTICES AND/OR LEGISLATIONS

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

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

Thunder Bay Regional Health Sciences Centre 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:** August 2026 **Next review Date**: August 2027

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. PURPOSE

The purpose of this policy is to establish the annual Maintenance of Certification (MOC) requirements for Paramedics certified through the Northwest Region Prehospital Care Program (NWRPCP).

This policy outlines the responsibilities, timelines, and requirements necessary to maintain authorization to perform controlled acts and delegated medical procedures under the authority of the Program Medical Director (PMD).

2. POLICY STATEMENT

All Paramedics certified through the NWRPCP shall successfully complete annual Maintenance of Certification requirements to maintain authorization to practice within their approved scope of practice.

The NWRPCP shall maintain a standardized process for monitoring annual certification requirements and determining continued clinical authorization.

Failure to meet Maintenance of Certification requirements may result in remediation, restrictions to practice, deactivation, or other actions deemed appropriate by the Program Medical Director.

3. SCOPE

This policy applies to all Primary Care Paramedics (PCP) and Advanced Care Paramedics (ACP) certified through the NWRPCP.

This policy applies to all Ambulance Service Operators (ASOs), certified Paramedics, and NWRPCP personnel involved in the administration, monitoring, or oversight of Maintenance of Certification requirements.

This policy applies to all annual certification requirements established by the Advanced Life Support Patient Care Standards (ALS PCS), Emergency Health Services Branch, Ministry of Health and Long-Term Care, NWRPCP and authorized by the Program Medical Director.

4. DEFINITIONS

Advanced Care Paramedic (ACP): as defined in subsection 8(2) of the Ambulance Act of Ontario Regulation 257/100

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).

Controlled Act: an act identified in subsection 27(2) of the Regulated Health Professions Act, 1991, which a Paramedic may perform only when authorized in accordance with Ontario Regulation 257/00, applicable medical direction, and their current certification status.

Deactivation: temporary removal of a Paramedic's authorization to perform one or more controlled acts or delegated medical procedures pending successful completion of identified requirements or review by the NWRPCP.

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.

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.

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

Remediation: a structured, educational, or evaluative process assigned by the RBHP to address a patient care concern or any knowledge, clinical, professional, or performance deficiencies identified.

5. PROCEDURE

5.1 Certification Period

The certification year shall run from February 1 to January 31 annually.

All annual Maintenance of Certification requirements must be successfully completed no later than December 15 of the applicable certification year, unless otherwise approved by the PMD.

Successful completion of Maintenance of Certification activities requires active participation and completion of all assigned educational and evaluative components as determined by the NWRPCP.

5.2 Maintenance of Certification Requirements

All certified Paramedics shall maintain competency in accordance with the current ALS PCS and requirements established by the PMD.

Maintenance of Certification requirements may include, but are not limited to:

- Continuing medical education (CME);
- Knowledge evaluations;
- Practical evaluations;
- Simulated patient encounters;
- Chart audits;
- Field evaluations;
- Review of Base Hospital patch communications;
- Quality assurance activities; and
- Clinical placements or alternate patient care activities where applicable.

Paramedics shall maintain active clinical practice consistent with ALS PCS requirements, including minimum patient care exposure requirements or alternate experience approved by the PMD.

Paramedics shall complete all annual evaluations, CME requirements, and other certification activities required by the NWRPCP and PMD to maintain authorization to practice controlled acts and delegated medical procedures.

Failure to meet Maintenance of Certification requirements may result in remediation, temporary deactivation, restrictions to practice, decertification review, or additional conditions as determined by the PMD.

5.3 Paramedic Responsibilities

Paramedics are responsible for:

- Monitoring their certification status;
- Completing all assigned MOC requirements within established timelines;
- Informing NWRPCP of MOC requirements completed through another Regional Base Hospital; credit toward NWRPCP MOC requirements is subject to PMD approval.;
- Maintaining compliance with current standards, directives, and program expectations; and
- Responding to NWRPCP communications related to certification requirements.

5.4 Failure to Meet Requirements

Failure to complete all required MOC activities within established timelines may result in:

- Remediation;
- Restrictions to practice;
- Temporary deactivation;
- Additional conditions imposed by the PMD.

Outcomes shall be determined based on the nature of the deficiency, patient safety considerations, prior performance history, and operational requirements.

6. RELATED PRACTICES AND/OR LEGISLATIONS

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

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.

Advanced Life Support Patient Care Standards, Emergency Health Services Branch, Ministry of Health and Long-Term Care

NWRPCP CME Program Guide and Catalogue, https://nwrpcp.myobh.ca/

Thunder Bay Regional Health Sciences Centre 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:** August 2026 **Next Review Date:** August 2027

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. PURPOSE

The purpose of this policy is to establish the requirements and process for Cross Certification of Paramedics seeking certification through the Northwest Region Prehospital Care Program (NWRPCP).

This policy outlines the eligibility requirements, evaluation process, and authorization procedures for currently certified Paramedics transferring between Ontario Regional Base Hospital Programs (RBHPs).

2. POLICY STATEMENT

The NWRPCP shall maintain a standardized Cross Certification process for Paramedics currently certified by another Ontario Regional Base Hospital Program.

Cross Certification applicants must demonstrate eligibility, good standing, and successful completion of any evaluations, orientation, or educational requirements established by the NWRPCP and Program Medical Director (PMD).

Certification decisions shall be based on compliance with current Advanced Life Support Patient Care Standards (ALS PCS), applicable legislation, and NWRPCP requirements.

Cross Certification eligibility does not guarantee certification approval. The PMD retains final authority regarding certification decisions and any associated conditions or limitations.

3. SCOPE

This policy applies to all Paramedics seeking Cross Certification through the NWRPCP while holding current certification with another Ontario Regional Base Hospital Program.

This policy applies to Ambulance Service Operators (ASOs), Paramedics, NWRPCP personnel, and evaluators involved in the Cross Certification process.

This policy applies to all Primary Care Paramedic (PCP), and Advanced Care Paramedic (ACP) certification levels, where applicable.

4. DEFINITIONS

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

Authorization: written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a PMD.

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).

Deactivation: temporary removal of a Paramedic's authorization to perform one or more controlled acts or delegated medical procedures pending successful completion of identified requirements or review by the NWRPCP.

Decertification: the revocation, by the PMD, of a Paramedic's Certification.

Good Standing: a status indicating that a Paramedic maintains active certification and authorization with a RBHP, is not subject to unresolved professional practice investigations or restrictions, and is eligible for continued certification at their current level of practice.

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.

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority.

Regional Base Hospital (RBH): 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).

5. PROCEDURE

5.1 Eligibility Requirements

Candidates seeking Cross Certification must:

- Hold current certification with another Ontario RBHP;
- Be in good standing with all current RBHP certifications;
- Have received an offer of employment or be retained by an Ambulance Service Operator (ASO) within the Northwest Region; and
- Have no unresolved professional practice investigations or certification restrictions that would affect eligibility.

5.2 Application Process

The ASO shall submit the Request for Certification – Initial Certification form to notify the NWRPCP of a newly hired Paramedic's eligibility for Cross Certification at the earliest opportunity.

Cross Certification requests are not subject to the twenty (20) business day submission requirement and may be processed upon receipt of a completed Human Resources Inventory (HRI).

Upon receipt of the request, the NWRPCP will provide the Paramedic candidate with the Cross Certification form for completion. Once the completed form is returned to the NWRPCP, the Program will forward it to the Paramedic's current or previous certifying Regional Base Hospital Program (RBHP) for verification and completion of the applicable certification information.

Following receipt of the completed verification from the certifying RBHP, the NWRPCP will proceed with the remaining Cross Certification requirements in accordance with Program policy.

5.3 Review and Gap Analysis

The NWRPCP shall review each Cross Certification application and conduct a gap analysis based on:

- Current certification status;
- Scope of practice;
- Auxiliary medical directives; and
- Any identified educational or operational differences.

The NWRPCP may assign individualized education, orientation, or evaluation requirements based on the results of the gap analysis.

5.4 Orientation and Evaluation

Cross Certification requirements may include:

- Policy orientation;
- Review of auxiliary medical directives;
- Knowledge evaluation;
- Scenario evaluation;
- Skills assessment; and/or
- Clinical interview with the PMD or designate.

Successful completion of all assigned pre-course material is required prior to participation in orientation or evaluation activities.

5.5 Certification Outcomes

The NWRPCP shall notify the candidate and ASO of certification outcomes in writing.

Successful candidates shall receive written authorization outlining their approved scope of practice and certification status.

6. RELATED PRACTICES AND/OR LEGISLATIONS

Advanced Life Support Patient Care Standards (ALS PCS), Section 6 Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch (EHRAB)

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

7. DEVELOPED BY

Ontario Base Hospital Group

8. APPROVED BY

Regional Base Hospital Programs of Ontario

- Central East Prehospital Care Program;
- Centre for Paramedic Education and Research;
- Health Sciences North Centre for Prehospital Care;
- ORNGE Base Hospital;
- Northwest Region Prehospital Care Program;

- Regional Paramedic Program for Eastern Ontario;
- Southwest Ontario Regional Base Hospital Program and
- Sunnybrook Centre for Prehospital Medicine.

Thunder Bay Regional Health Sciences Centre 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:** August 2026 **Next Review Date:** August 2027

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. PURPOSE

The purpose of this policy is to establish the requirements, responsibilities, and process for Consolidation following certification through the Northwest Region Prehospital Care Program (NWRPCP).

Consolidation is intended to support the transition to independent practice by providing structured clinical experience, mentorship, and oversight while ensuring safe patient care and professional development.

This policy outlines the conditions under which Consolidation may be assigned, monitored, extended, and concluded.

2. POLICY STATEMENT

The NWRPCP shall maintain a standardized Consolidation process to support the safe transition of Paramedics to independent practice following certification.

Consolidation may be assigned as a condition of certification, return to practice, remediation, or other circumstances identified by the Program Medical Director (PMD).

Consolidation requirements shall be determined by the PMD and administered in accordance with the current Advanced Life Support Patient Care Standards (ALS PCS), applicable legislation, and NWRPCP requirements.

Successful completion of Consolidation is required before any restrictions associated with Consolidation will be removed.

3. SCOPE

This policy applies to all Paramedics certified through the NWRPCP who are required to complete Consolidation.

This policy applies to Primary Care Paramedics (PCP) and Advanced Care Paramedics (ACP) where applicable.

This policy applies to Ambulance Service Operators (ASOs), Paramedics, NWRPCP personnel, and designated mentors or partners participating in the Consolidation process.

4. DEFINITIONS

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.

Authorization: written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a PMD.

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 ALS PCS.

Consolidation: 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).

Good Standing: a status indicating that a Paramedic maintains active certification and authorization with a RBHP, is not subject to unresolved professional practice investigations or restrictions, and is eligible for continued certification at their current level of practice.

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.

Patient Care Concern: a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission.

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority.

Regional Base Hospital (RBH): 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).

Regional Base Hospital Program (RBHP): a base hospital program as defined in subsection 1(1) of the Ambulance Act 257/00.

Remediation: a structured, educational, or evaluative process assigned by the RBHP to address a patient care concern or any knowledge, clinical, professional, or performance deficiencies identified.

Successful Completion: achievement of the minimum required performance standard during the Initial Certification process, including attainment of an average score of 4.1 or greater in each domain of the GRS, in addition to successful completion of all other required certification components as determined by the NWRPCP. Failure to achieve the minimum required score in any individual GRS domain shall constitute an unsuccessful certification attempt.

5. PROCEDURE

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 ASO, shall determine the duration for the Consolidation. However, the duration for Consolidation on all new Certifications is noted in 5.2**.**

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.

Consolidation shall be assigned to all newly certified Paramedics.

Consolidation may also be assigned following:

- Return to practice;
- Remediation activities;
- Identified patient care concerns; or
- Other circumstances determined by the PMD.

5.1 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 NWRPCP, 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 NWRPCP, through the self-report process, and provide details of the circumstances surrounding this event and the management of their patient in this situation.

5.2 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. The maximum time allowed for a Paramedic to complete Consolidation, without a specified exemption from the PMD, is ninety (90) days from the date of notification.

Failure to complete Consolidation for all newly Certified and Authorized Paramedics within in ninety (90) days may result in administrative decertification.

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.

Completion of the minimum required Consolidation hours does not guarantee successful completion of Consolidation. The PMD retains discretion to extend Consolidation requirements where concerns regarding competency, performance, professionalism, or patient safety are identified.

5.3 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 granted at the discretion of the PMD and will be considered on a case-

by-case basis. Approval of an extension is not automatic and must be supported by the circumstances of the request.

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 NWRPCP.

5.4 Tracking Documents and Reporting

The ASO will submit that the Paramedic completed the required Consolidation hours in writing and signed, within the ninety (90) days of the Consolidation period.

5.5 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.

5.6 Concluding Consolidation

The PMD or designate, 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 successfully completed their Consolidation, 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.

6. RELATED PRACTICES AND/OR LEGISLATIONS

Advanced Life Support Patient Care Standards Appendix 6, Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch (MOHLTC EHRAB)

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

7. DEVELOPLED BY

Ontario Base Hospital Group (OBHG)

8. IN CONSULTATION WITH

Ontario Base Hospital Group Medical Advisory Committee;
Data Quality Management Subcommittee and
Education Subcommittee

9. APPROVED BY

Regional Base Hospital Programs of Ontario

- Central East Prehospital Care Program;
- Centre for Paramedic Education and Research;
- Health Sciences North Centre for Prehospital Care;
- ORNGE Base Hospital;
- Northwest Region Prehospital Care Program;
- Regional Paramedic Program for Eastern Ontario;
- Southwest Ontario Regional Base Hospital Program and
- Sunnybrook Centre for Prehospital Medicine, Regional Base Hospital Program.

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	CERT 500
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:** August 2026 **Next Review Date:** August 2027

CROSS REFERENCES: Initial Certification (CERT-100), Maintenance of Certification (CERT-200), Cross Certification (CERT-300), Consolidation (CERT-400), Remediation (CERT-600), Decertification (CERT-800), Continuing Medical Education Requirements (CERT-900), Return to Practice (FM-LMS).

1. PURPOSE

The purpose of this policy is to establish a standardized process and associated requirements for the return of certified Paramedics to clinical practice following a period of absence from active patient care.

This policy outlines the assessment, educational, evaluative, and consolidation requirements necessary to support the safe reintegration of Paramedics into clinical practice.

Return to Practice requirements shall be determined based on the duration of absence, scope of practice, clinical experience, and any identified learning needs as determined by the Northwest Region Prehospital Care Program (NWRPCP) and Program Medical Director (PMD).

2. POLICY STATEMENT

The NWRPCP shall maintain a standardized Return to Practice process for Paramedics returning to clinical practice following an absence exceeding ninety (90) consecutive days.

Return to Practice requirements shall be individualized based on the Paramedic's duration of absence, scope of practice, prior clinical experience, and identified educational needs.

The PMD retains final authority regarding Return to Practice requirements, evaluations, consolidation requirements, and authorization to resume independent clinical practice.

3. SCOPE

This policy applies to all Paramedics certified through the NWRPCP who have experienced an absence from patient care exceeding ninety (90) consecutive days.

This policy applies to Primary Care Paramedics (PCP) and Advanced Care Paramedics (ACP) where applicable.

This policy applies to Ambulance Service Operators (ASOs), certified Paramedics, and NWRPCP personnel involved in the administration and oversight of the Return to Practice process.

4. DEFINITIONS

Advanced Care Paramedic (ACP): as defined in subsection 8(2) of the Ambulance Act of Ontario Regulation 257/100

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.

Authorization: written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a PMD.

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).

Consolidation: 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).

Human Resource Inventory (HRI): 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.

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.

Patient Care Concern: a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission.

Primary Care Paramedic (PCP): as defined in subsection 8(1) of the Ambulance Act of Ontario Regulation 257/100

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority.

Regional Base Hospital (RBH): 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).

Regional Base Hospital Program (RBHP): a base hospital program as defined in subsection 1(1) of the Ambulance Act 257/00.

Return to Practice: the process by which a certified Paramedic who has experienced an extended absence from patient care demonstrates ongoing competency and completes any educational, evaluative, or consolidation requirements necessary to resume clinical practice.

Successful Completion: achievement of the minimum required performance standard during the Initial Certification process, including attainment of an average score of 4.1 or greater in each domain of the GRS, in addition to successful completion of all other required certification components as determined by the NWRPCP. Failure to achieve the minimum required score in any individual GRS domain shall constitute an unsuccessful certification attempt.

5. PROCEDURE

5.1 ASO Responsibilities

The ASO shall:

- Notify the NWRPCP via email when a Paramedic has been absent for a period of > 90 days,
- Notify the NWRPCP via HRI when the Paramedic's return to practice date has been determined, and

- 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.

5.2 NWRPCP Responsibilities

The NWRPCP shall:

- 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.
- Independently determine educational/remedial requirements, subject to final approval by the PMD or designate.
- Schedule a review and/or evaluation within five (5) business days from the time that their mandatory requirements were completed. However, the review and/or evaluation does not need to occur in this five (5) day timeframe. The Paramedic and ASO will be notified within one (1) business day the following possible outcomes:
    - Successful completion, no further requirements. Proceed to full reactivation
    - Successful completion, consolidation required. Proceed to full reactivation
    - Unsuccessful, further action required.
- Provide details pertaining to an unsuccessful return to practice in writing within five (5) business days.
- Suspend the Return to Practice process should a Paramedic fail to complete their educational/remedial requirements by a predetermined deadline. 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.
- Provide Paramedic support through consolidation hours, where required. 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.

5.3 Paramedic Responsibilities

The Paramedic Shall:

- Participate in all assigned Return to Practice activities;
- Complete assigned educational and remedial requirements within established timelines;
- Attend scheduled evaluations;
- Maintain communication with the NWRPCP and ASO throughout the process; and
- Notify the NWRPCP of any circumstances that may affect completion of Return to Practice requirements.

6. STANDARDS

The table below represents minimum Return to Practice requirements. Additional educational, evaluative, or consolidation activities may be assigned based on a gap analysis, prior clinical performance, identified learning needs, or PMD discretion.

Return to Practice Timelines and Requirements (PCP & ACP)		
	PCP	**ACP**
90 days to < 12 months	• Completion of identified mandatory CME missed during absence • Educational review, which may include approximately four (4) hours of directed learning and simulated patient care evaluations.	• Completion of identified mandatory CME missed during absence • Educational review, which may include approximately four (4) hours of directed learning and simulated patient care evaluations.

12 months to < 18 months	• Completion of identified mandatory CME missed during absence • Educational review, which may include approximately eight (8) hours of directed learning and 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 • Educational review, which may include approximately eight (8) hours of directed learning and 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 • Educational review, which may include approximately twelve (12) hours of directed learning and 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 • Educational review, which may include approximately twelve (12) hours of directed learning and 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.	

7. RELATED PRACTICES AND/OR LEGISLATIONS

Advanced Life Support Patient Care Standards (ALS PCS), Section 6 Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch (EHRAB)

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

Consolidation Policy, Ontario Base Hospital Group Consolidation Policy

Thunder Bay Regional Health Sciences Centre 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:** August 2026 **Next Review Date:** August 2027

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. PURPOSE

The purpose of this policy is to establish the process for identifying, assigning, implementing, and evaluating remediation requirements for Paramedics certified through the Northwest Region Prehospital Care Program (NWRPCP).

Remediation is intended to address identified concerns related to clinical performance, patient care, certification, professionalism, or maintenance of certification requirements.

This policy outlines the responsibilities of the Program Medical Director (PMD), NWRPCP, Ambulance Service Operators (ASOs), and Paramedics involved in the remediation process.

2. POLICY STATEMENT

The NWRPCP shall maintain a standardized remediation process to address identified concerns related to clinical practice, patient care, certification, and maintenance of certification.

Remediation activities shall be individualized and proportionate to the identified concern, with consideration given to patient safety, clinical competency, professional conduct, and regulatory requirements.

The PMD retains final authority regarding remediation requirements, timelines, successful completion, and any resulting certification decisions.

3. SCOPE

This policy applies to all Paramedics certified through the NWRPCP who are subject to remediation requirements.

This policy applies to ASO's, certified Paramedics, NWRPCP personnel, and other individuals involved in the remediation process.

This policy applies to remediation arising from patient care concerns, certification activities, maintenance of certification requirements, quality assurance activities, investigations, and other matters identified by the PMD.

4. DEFINITIONS

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

Authorization: written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a PMD.

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).

Deactivation: temporary removal of a Paramedic's authorization to perform one or more controlled acts or delegated medical procedures pending successful completion of identified requirements or review by the NWRPCP.

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.

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.

Patient Care Concern: a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission.

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority.

Regional Base Hospital (RBH): 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).

Regional Base Hospital Program (RBHP): a base hospital program as defined in subsection 1(1) of the Ambulance Act 257/00.

Remediation: a structured, educational, or evaluative process assigned by the RBHP to address a patient care concern or any knowledge, clinical, professional, or performance deficiencies identified.

Remediation Plan: a documented educational, evaluative, or clinical development process established by the NWRPCP to address identified concerns and support the achievement of defined objectives.

Successful Completion: achievement of the minimum required performance standard during the Initial Certification process, including attainment of an average score of 4.1 or greater in each domain of the GRS, in addition to successful completion of all other required certification components as determined by the NWRPCP. Failure to achieve the minimum required score in any individual GRS domain shall constitute an unsuccessful certification attempt.

5. PROCEDURE

5.1 Initiation of Remediation

Remediation may be initiated as a result of:

- An identified patient care concern;
- Quality assurance or quality improvement activities;
- A certification evaluation;
- Failure to meet a maintenance of certification requirement;
- Observation of clinical performance;
- An incident review or investigation;
- A requirement associated with clinical or administrative deactivation; or

- Any other concern identified by the PMD or designate.

The PMD or designate shall review the identified concern and determine whether remediation is required. Where remediation is required, the NWRPCP shall provide written notification to the Paramedic and the applicable ASO as soon as reasonably possible. The notification shall identify:

- The nature of the concern;
- The requirement to participate in remediation;
- Any immediate conditions, limitations, or changes to the Paramedic's certification status; and
- The next steps in the remediation process.

5.2 Remediation Plan

The NWRPCP shall develop a written Remediation Plan under the authority of the PMD.

The Remediation Plan shall include:

- The identified concern or performance deficiency;
- The goals and objectives of remediation;
- The activities required of the Paramedic;
- The method(s) of evaluation;
- The timeline for completion;
- The criteria for successful completion;
- Any conditions or limitations placed on the Paramedic's certification during remediation; and
- The potential consequences of failing to complete the Remediation Plan successfully.

The Remediation Plan shall be provided to the Paramedic and the applicable ASO in writing.

5.3 Remediation Timeline

A Remediation Plan shall normally be completed within ninety (90) days from the date it is issued unless an alternate timeline is established by the PMD.

The timeline shall be proportionate to the nature and complexity of the identified concern, the activities required, patient safety considerations, and the availability of appropriate educational or evaluative resources.

The Paramedic is responsible for completing all assigned requirements within the established timeline.

5.4 Remediation Extensions

A Paramedic or ASO may submit a written request to extend the remediation timeline. The request should be submitted before the established completion date and shall include:

- The reason an extension is being requested;
- Any relevant supporting information; and
- The additional time being requested.

Extensions may be granted at the sole discretion of the PMD. In determining whether to approve an extension, the PMD may consider circumstances including illness, injury, an approved absence from work, availability of remediation resources, or other exceptional circumstances.

An extension is not an inherent entitlement and shall not be considered approved until written confirmation has been issued by the NWRPCP.

The Paramedic and the applicable ASO shall be notified in writing within two (2) business days of the PMD's decision. Where an extension is approved, the notification shall identify the revised completion date and any associated conditions.

Unless otherwise directed by the PMD, the original requirements of the Remediation Plan remain in effect while an extension request is under review.

5.5 Monitoring and Modification of the Remedial Plan

The NWRPCP shall monitor the Paramedic's progress throughout the remediation process.

The PMD may modify the Remediation Plan where necessary based on:

- The Paramedic's progress;
- Evaluation results;
- Newly identified information or concerns;
- Patient safety considerations; or
- The availability of appropriate remediation activities.

Any material change to the Remediation Plan, including a change to its requirements, evaluation method, completion criteria, or timeline, shall be communicated in writing to the Paramedic and the applicable ASO.

5.6 Successful Completion

The PMD shall determine whether the Paramedic has successfully completed the Remediation Plan based on the established completion criteria.

The NWRPCP shall notify the Paramedic and the applicable ASO in writing within three (3) business days of the PMD's determination.

The notification shall identify:

- That the Remediation Plan has been successfully completed;
- The Paramedic's resulting certification status; and
- Whether any conditions or limitations associated with the remediation have been removed or remain in effect.

5.7 Unsuccessful Remediation

A Remediation Plan may be considered unsuccessful where the Paramedic:

- Does not complete the assigned activities within the established timeline;
- Does not meet the established criteria for successful completion;
- Does not participate adequately in the remediation process; or
- Otherwise fails to comply with the requirements of the Remediation Plan.

Where remediation is unsuccessful, the PMD may:

- Extend or revise the remediation period;
- Assign additional remediation activities;
- Impose or continue conditions or limitations on certification;
- Require consolidation or supervised clinical practice;
- Initiate or continue deactivation; or
- Refer the matter for decertification review in accordance with the applicable NWRPCP policy.

The outcome shall be proportionate to the nature of the identified concern, the Paramedic's performance and progress during remediation, patient safety considerations, and any previous remediation history.
The NWRPCP shall provide the Paramedic and the applicable ASO with written notification of the outcome, including any resulting certification decision, conditions, requirements, or applicable timelines.

6. RELATED PRACTICES AND/OR LEGISLATIONS

Advanced Life Support Patient Care Standards (ALS PCS), Appendix 6 Ministry of Health and Long Term Care Emergency Health Regulatory and Accountability Branch (EHRAB)

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

7. DEVELOPED BY

Ontario Base Hospital Group

8. APPROVED BY

Regional Base Hospital Programs of Ontario

- Central East Prehospital Care Program;
- Centre for Paramedic Education and Research;
- Health Sciences North Centre for Prehospital Care;
- ORNGE Base Hospital;
- Northwest Region Prehospital Care Program;
- Regional Paramedic Program for Eastern Ontario;
- Southwest Ontario Regional Base Hospital Program and
- Sunnybrook Centre for Prehospital Medicine, Regional Base Hospital Program.

Thunder Bay Regional Health Sciences Centre 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:** August 2026 **Next Review Date:** August 2027

CROSS REFERENCES: Initial Certification (CERT 100); Maintenance of Certification (CERT 200); CERT 1000, Decertification (CERT 800);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. PURPOSE

The purpose of this policy is to establish the professional, clinical, and administrative expectations of all Paramedics certified through the Northwest Region Prehospital Care Program (NWRPCP).

2. POLICY STATEMENT

Paramedics certified through the NWRPCP shall practice in accordance with applicable legislation, provincial standards, medical directives, and NWRPCP policies and procedures.

Certified Paramedics are expected to demonstrate professionalism, accountability, integrity, and commitment to patient safety in all aspects of practice.

Failure to meet the expectations outlined within this SOP may result in review by the Program Medical Director (PMD).

3. SCOPE

This policy applies to all Paramedics certified through the NWRPCP.

4. DEFINITIONS

Advanced Care Paramedic (ACP): as defined in subsection 8(2) of the Ambulance Act of Ontario Regulation 257/100

Authorization: written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a PMD.

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).

Controlled Act: an act identified in subsection 27(2) of the Regulated Health Professions Act, 1991, which a Paramedic may perform only when authorized in accordance with Ontario Regulation 257/00, applicable medical direction, and their current certification status.

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.

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.

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

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority.

5. PROCEDURE

5.1 Certification and Authorization

Paramedics certified through the NWRPCP shall:

- Maintain certification in accordance with the requirements established under Initial Certification (CERT-100) and Maintenance of Certification (CERT-200);
- Practice only within their current certification level and authorization;
- Perform controlled acts and other authorized procedures only in accordance with applicable legislation, provincial standards, medical directives, and NWRPCP requirements; and
- Comply with any conditions, limitations, restrictions, or requirements applied to their certification or authorization by the PMD.

5.2 Clinical Practice

Paramedics shall:

- Provide patient care in accordance with the current Advanced Life Support Patient Care Standards, Basic Life Support Patient Care Standards, authorized medical directives, and applicable NWRPCP policies and procedures;
- Demonstrate professional judgement, accountability, integrity, and a commitment to patient safety;
- Remain informed of changes to applicable standards, medical directives, policies, procedures, and certification requirements; and
- Complete any required education or acknowledgement associated with changes to clinical practice or program requirements.

5.3 Education, Quality Assurance, and Remediation

Paramedics shall:

- Complete all continuing medical education and maintenance-of-certification requirements established by the NWRPCP;
- Participate in quality assurance, clinical review, remediation, reassessment, field evaluation, or other certification-related activities when required by the NWRPCP or Program Medical Director;
- Provide information or documentation reasonably required to support a certification, quality-assurance, or practice-review process; and
- Complete assigned requirements within the timelines communicated by the NWRPCP.

5.4 Contact Information and Program Communications

Paramedics shall:

- Maintain current and accurate contact information within the NWRPCP Learning Management System;
- Identify and regularly monitor an appropriate primary email address for NWRPCP communications;
- Promptly update their LMS profile when their contact information or primary email address changes; and
- Regularly review communications issued by the NWRPCP concerning certification, education, quality assurance, clinical practice, or other program requirements.

The NWRPCP shall not be responsible for delayed or missed correspondence resulting from inaccurate, outdated, or unmonitored contact information provided by the Paramedic.

5.5 Failure to Meet Expectations

Failure to meet the requirements established within this policy may be referred to the PMD for review and may result in education, remediation, reassessment, restriction, administrative deactivation, or other action in accordance with applicable NWRPCP policies.

6. RELATED PRACTICES AND/OR LEGISLATIONS

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

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

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

Delegation of Controlled Acts, Policy Statement #5-12, College of Physicians and Surgeons of Ontario (CPSO)

Regulated Health Professions Act 1991, 2022 amendment, Government of Ontario

Thunder Bay Regional Health Sciences Centre 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:** August 2026 **Next Review Date:** August 2027

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. PURPOSE

The purpose of this policy is to establish the process by which a Paramedic's certification may be revoked by the Program Medical Director (PMD) through the Northwest Region Prehospital Care Program (NWRPCP).

This policy outlines the circumstances, notification requirements, and review processes associated with administrative and practice-related decertification.

2. POLICY STATEMENT

The PMD retains authority to revoke a Paramedic's certification in accordance with applicable legislation, the Advanced Life Support Patient Care Standards (ALS PCS), and NWRPCP policies and procedures.

Decertification may occur for administrative reasons or as a result of concerns related to clinical practice, patient care, certification, maintenance of certification, remediation, or professional conduct.

Practice-related decertification shall not proceed unless the Paramedic Practice Review Committee (PPRC) process has been completed or waived in writing by the Paramedic, in accordance with ALS PCS requirements.

3. SCOPE

This policy applies to all Paramedics certified through the NWRPCP.

This policy applies to the PMD, NWRPCP personnel, Ambulance Service Operators (ASOs), and Paramedics involved in administrative or practice-related decertification processes.

This policy applies to decertification arising from employment status changes, patient care concerns, certification requirements, maintenance of certification requirements, remediation outcomes, or other matters identified by the PMD.

4. DEFINITIONS

Administrative Decertification: revocation of certification due to an administrative change in status, including where a Paramedic is no longer employed or retained by an Ambulance Service Operator.

Advanced Care Paramedic (ACP): as defined in subsection 8(2) of the Ambulance Act of Ontario Regulation 257/100.

Authorization: written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a PMD.

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).

Decertification: the revocation, by the Medical Director, of a Paramedic's Certification.

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.

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.

Practice-Related Decertification: revocation of certification related to clinical practice, patient care concerns, unsuccessful remediation, failure to meet certification requirements, or other professional practice concerns.

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

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority.

Reactivation: restoration of a Paramedic's certification and authorization following deactivation, review, or completion of required conditions, as determined by the PMD.

5. PROCEDURE

5.1 Employment-Related Decertification

The PMD shall revoke a Paramedic's certification where the Paramedic is no longer endorsed, employed or retained by an ASO.

Administrative decertification does not require review by the PPRC, unless there are concurrent practice-related concerns being considered by the PMD.

The NWRPCP shall notify the Paramedic, ASO, Senior Field Manager, Emergency Health Regulatory and Accountability Branch Investigations Services Unit (EHRAB ISU), and all other Regional Base Hospital Programs, as required, following administrative decertification.

5.2 Practice-Related Decertification

Where the PMD is considering decertification related to clinical practice, patient care concerns, certification requirements, maintenance of certification, remediation outcomes, or professional conduct, the PPRC process shall be convened unless waived in writing by the Paramedic.

Where decertification is being considered following unsuccessful remediation, the PMD shall consider the nature of the original concern, the Paramedic's response to remediation, patient safety implications, and any recommendations provided through the PPRC process.

The PPRC shall be convened and administered in accordance with the process and timelines established in the current ALS PCS, including the selection of an independent host Regional Base Hospital Program (RBHP), opportunities for written submissions and responses by the affected parties, and provision of a written recommendation with supporting rationale.

The PPRC shall provide written recommendations to the PMD and the Paramedic prior to the PMD making a final decision regarding decertification.

The PMD retains final authority regarding whether to proceed with reactivation, continued conditions, deactivation, or decertification.

5.3 Notification of Decision

Following a decision regarding decertification, the PMD shall provide written notification and rationale to the Paramedic and ASO as soon as possible.

Where required, the PMD shall notify the Senior Field Manager, EHRAB ISU, and all other Regional Base Hospital Programs of the decision.

The written notification shall include the decision, rationale, effective date, certification status, and any applicable next steps.

6. RELATED PRACTICES AND/OR LEGISLATIONS

Ambulance Act (Ontario) and Ontario Regulation 257/00

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

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

7. REFERENCES

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

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

Thunder Bay Regional Health Sciences Centre 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:** August 2026 **Next Review Date:** August 2027

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

1. PURPOSE

To establish the continuing medical education (CME) requirements necessary to maintain certification through the Northwest Region Prehospital Care Program (NWRPCP).

To ensure Paramedics maintain competency, remain current with evolving clinical practice standards, and demonstrate ongoing compliance with the Advanced Life Support Patient Care Standards (ALS PCS).

2. POLICY STATEMENT

CME is a mandatory component of annual maintenance of certification.

Paramedics shall complete all mandatory CME and any additional CME requirements established by the Program Medical Director (PMD), Ontario Base Hospital Group (OBHG), or NWRPCP.

Failure to complete required CME may result in administrative deactivation, remediation, or other certification actions as determined by the PMD.

CME activities may include knowledge acquisition, clinical skills development, simulation, evaluation, quality improvement activities, and other educational activities approved by NWRPCP.

3. SCOPE

This policy applies to all Paramedics certified through the NWRPCP.

This policy applies to Primary Care Paramedics (PCP), and Advanced Care Paramedics (ACP) certification levels recognized by the PMD.

Additional CME requirements may apply based on certification level, authorization status, remediation plans, return-to-practice requirements, or other certification processes.

4. DEFINITIONS

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

CME Cycle: The annual period established by NWRPCP during which CME requirements must be completed for maintenance of certification.

Continuing Medical Education (CME): education that ensures competency, relevancy and growth of a medical professional's skill and knowledge base throughout their career.

Mandatory Continuing Medical Education: CME activities designated by the PMD, OBHG, or NWRPCP that are required for annual maintenance of certification.

Ontario Base Hospital Group (OBHG): 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.

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

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority.

Self-Directed Continuing Medical Education: an educational activity independently selected and completed by a Paramedic to support ongoing clinical competency and satisfy applicable CME requirements. The activity must be approved or recognized by the NWRPCP, completed within the established CME cycle, and supported by acceptable proof of completion.

5. PROCEDURE

5.1 CME Program Administration

The NWRPCP shall develop, approve, coordinate, and deliver mandatory CME under the direction of the PMD and, where applicable, in collaboration with the OBHG.

CME may be delivered through one or more of the following methods:

- Online learning;
- Classroom instruction;
- Facilitated group work;
- Case-based discussion;
- Self-directed learning packages;
- Simulation;
- Clinical scenarios;
- Psychomotor skills practice; or
- Other educational methods approved by the NWRPCP.

CME activities may include formative or summative evaluations to assess achievement of the established learning objectives.

The NWRPCP shall maintain records of CME attendance, completion, and evaluation results and shall provide applicable attendance or completion information to the associated Ambulance Service Operator (ASO).

5.2 Scheduling and Notification

The NWRPCP shall coordinate CME scheduling with ASOs.

ASOs shall be provided with available CME dates, scheduling instructions, attendance requirements, prerequisite requirements, and other information necessary to support Paramedic registration.

Where practicable, the NWRPCP shall distribute CME scheduling and registration information at least forty-five calendar days before the scheduled education session.

CME materials, prerequisite education, and applicable completion deadlines shall be communicated through the NWRPCP Learning Management System (LMS) or another method identified by the NWRPCP.

5.3 Paramedic Responsibilities

Paramedics shall:

- Complete all mandatory CME assigned for their certification level and authorization status within the timelines established by the NWRPCP;
- Complete all assigned prerequisite education before the applicable deadline;
- Attend the CME session for which they have been registered or scheduled;
- Inform NWRPCP of any provincially developed CME completed through another Regional Base Hospital Program (RBHP);
- Arrive prepared to participate in the scheduled educational activities, including wearing attire appropriate for the performance of clinical skills;
- Participate in required educational activities, skills stations, scenarios, and evaluations; and
- Monitor the NWRPCP LMS and designated email account for CME scheduling, prerequisite, and completion information.

5.4 Prerequisite Education and Extensions

Completion of assigned prerequisite education may be required before participation in an associated CME session.

A Paramedic who has not completed the required prerequisite education by the established deadline may be excluded from the associated CME activity.

A Paramedic who is unable to complete prerequisite education or another mandatory CME requirement because of extenuating circumstances shall notify the NWRPCP as soon as reasonably possible and, where possible, before the applicable deadline.

The NWRPCP may grant an extension or establish an alternate completion requirement based on the circumstances presented.

An extension shall not be considered approved until confirmed by the NWRPCP.

5.5 Evaluation and Remediation

Successful completion of CME may require:

- Completion of prerequisite education;
- Attendance and participation;
- Completion of required knowledge or skills evaluations; and
- Achievement of the educational objectives established by the NWRPCP.

Where a Paramedic does not successfully achieve an evaluated CME objective, the NWRPCP shall determine whether education, remediation, reassessment, or another certification requirement is necessary.

Formal remediation arising from CME performance shall be completed in accordance with Remediation (CERT-600).

Completion of the scheduled CME session does not constitute successful completion where an assigned evaluation, remediation, or reassessment remains outstanding.

5.6 Incomplete Mandatory CME

A Paramedic who does not complete all mandatory CME requirements within the established CME cycle may be administratively deactivated.

Before administrative deactivation, the NWRPCP shall review the Paramedic's completion record and confirm that the required CME remains outstanding.

Administrative deactivation shall occur in accordance with Maintenance of Certification (CERT-200).

Notice of administrative deactivation shall be provided to:

- The Paramedic;
- The associated ASO; and
- The Ministry of Health or other parties, where notification is required.

A Paramedic who has been administratively deactivated shall not perform controlled acts or other procedures requiring current NWRPCP certification until reactivation has been confirmed.

Reactivation shall occur once the NWRPCP has verified that all outstanding CME and associated certification requirements have been successfully completed.

Where no additional certification requirements are outstanding, the NWRPCP shall process reactivation within one business day of verifying completion.

5.7 Advanced Care Paramedic Self-Directed Clinical CME

ACPs shall complete the self-directed CME requirements established under the current ALS PCS and NWRPCP certification requirements.

Self-directed Clinical CME activities may be selected from the current NWRPCP Clinical CME Catalogue or may include other educational activities approved by the NWRPCP.

Pre-Approval

Prior to participating in any self-directed Clinical CME activity for which NWRPCP credit is being sought, the ACP shall submit a Clinical CME Pre-Approval Form through the NWRPCP Learning Management System (LMS).

All requests for Clinical CME credit are subject to review and approval by the Program Medical Director (PMD) or delegate. Following review, the ACP will receive written notification confirming whether the activity has been approved and, where applicable, the number of CME credits or hours eligible to be awarded.

ACPs should not assume that an activity is eligible for NWRPCP CME credit until written approval has been received.

Where the proposed activity is not identified in the current NWRPCP Clinical CME Catalogue, the pre-approval request shall include sufficient information for the NWRPCP to determine:

- The educational content and objectives;
- The relevance to ACP clinical practice;
- The anticipated duration;
- The educational provider, where applicable;
- The proposed method of participation; and
- The method by which successful completion will be verified.

The NWRPCP shall determine:

- Whether the activity is eligible for CME credit;
- The number of credits or hours eligible to be awarded; and
- Any additional documentation or completion requirements.

Completion of an activity without prior NWRPCP approval does not guarantee that CME credit will be awarded.

Completion and Assignment of Credit
Following completion of an approved Clinical CME activity, the ACP shall submit a Clinical CME Completion Form through the NWRPCP LMS.

The ACP shall provide any documentation required by the NWRPCP to verify successful completion of the activity, including proof of attendance, participation, or completion where applicable.

CME credit will only be assigned after the Clinical CME Completion Form and any required supporting documentation have been submitted and reviewed by the NWRPCP.

Pre-approval of an activity confirms its eligibility for CME credit but does not, on its own, constitute completion or result in the assignment of credit.

Paramedics shall not receive credit more than once for the same educational activity within any repeat-use restriction established by the NWRPCP or identified in the Clinical CME Catalogue.

The NWRPCP may audit any submitted self-directed CME activity and may request additional information necessary to verify:

- Attendance;
- Participation;
- Successful completion;
- Educational duration; or
- Relevance to ACP clinical practice.

CME credit may be withheld or withdrawn where required documentation is incomplete, cannot be verified, or the activity does not meet NWRPCP requirements.

6. RELATED PRACTICES AND/OR LEGISLATIONS

Advanced Life Support Patient Care Standards, Emergency Health Services Branch, Ministry of Health and Long-Term Care

NWRPCP CME Program Guide and Catalogue, https://nwrpcp.myobh.ca/

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

Thunder Bay Regional Health Sciences Centre 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:** August 2026 **Next Review Date:** August 2027

CROSS REFERENCES: Initial Certification (CERT 100); Continuing Medical Education (CERT 900); Remediation (CERT 600); Medication Incident & Reporting Guidelines (QM 400); Clinical Audit Process (QM 1200)

1. PURPOSE

To establish the requirements and process by which Primary Care Paramedic (PCP) and Advanced Care Paramedic (ACP) students may obtain Academic Certification through the Northwest Region Prehospital Care Program (NWRPCP).

To ensure Paramedic Students demonstrate the knowledge, skills, and professional behaviours required to safely perform controlled acts and advanced medical procedures while participating in a preceptorship.

2. POLICY STATEMENT

The Program Medical Director (PMD) may grant Academic Authorization or Academic Certification to eligible Paramedic Students in accordance with Ontario Regulation 257/00 and the Advanced Life Support Patient Care Standards (ALS PCS).

Students must successfully complete all certification requirements established by NWRPCP prior to receiving authorization to perform controlled acts or advanced medical procedures during a preceptorship.

Academic Authorization and Academic Certification are conditional. The PMD may restrict, suspend, or revoke authorization where there are reasonable concerns related to patient safety, professional conduct, eligibility, compliance with this policy, or successful completion of required remediation. Where immediate action is necessary to protect patient safety, an interim restriction or suspension may be implemented pending review.

3. SCOPE

This policy applies to PCP and ACP students enrolled in an affiliated college or academic institution who are seeking Academic Authorization or Academic Certification through the NWRPCP.

This policy applies to affiliated educational institutions, Ambulance Service Operators (ASOs), preceptors, and NWRPCP personnel involved in the academic certification process.

This policy governs the issuance, maintenance, extension, suspension, and revocation of Academic Authorization and Academic Certification.

4. DEFINITIONS

Academic Authorization or Certification: time-limited written authorization issued by the Program Medical Director to an eligible Paramedic Student to perform authorized controlled acts and advanced

medical procedures during preceptorship. Authorization is limited to the student's evaluated scope of practice, the conditions identified in the certification letter, and the requirements of this policy.

Academic Authorization: a conditional form of Academic Certification available to eligible Primary Care Paramedic Students, as outlined in Appendix A.

Academic Certification: authorization granted to an eligible Primary Care Paramedic or Advanced Care Paramedic Student who has met the requirements outlined in this policy and Appendix A.

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

Advanced Medical Procedures: medical procedures listed within the ALS PCS that are not controlled acts.

Affiliated Educational Institution: a college or educational institute that is recognized by the NWRPCP through a formal educational partnership agreement.

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

Authorization: written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a PMD.

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).

Controlled Act: an act identified in subsection 27(2) of the Regulated Health Professions Act, 1991, which a Paramedic may perform only when authorized in accordance with Ontario Regulation 257/00, applicable medical direction, and their current certification status.

Delegation: the authorization by a Program Medical Director to Paramedics for the provision of controlled acts.

Direct Supervision: supervision provided by an appropriately certified preceptor who is physically present, immediately available to intervene, and retains overall responsibility for patient care while the Paramedic Student performs authorized activities.

Global Rating Scale (GRS): 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.

Objective Structured Clinical Evaluation (OSCE): 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.

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.

Paramedic Student: an individual enrolled in an education program that is studying in order to enter the profession of paramedicine through an educational institution.

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.

Preceptorship: a defined period of time to assist the learner in acquiring new competencies required for safe, ethical, and quality practice.

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

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority.

Successful Completion: achievement of the minimum required performance standard during the Initial Certification process, including attainment of an average score of 4.1 or greater in each domain of the GRS, in addition to successful completion of all other required certification components as determined by the NWRPCP. Failure to achieve the minimum required score in any individual GRS domain shall constitute an unsuccessful certification attempt.

5. PROCEDURE

5.1 Application and Eligibility

The affiliated educational institution shall submit a completed Human Resources Inventory (HRI), which serves as the Request for Certification form, to the NWRPCP as the formal application for each Paramedic Student requiring Academic Certification.

The completed HRI shall be submitted a minimum of twenty (20) business days before the scheduled Academic Certification event.

The HRI submission shall include or identify:

- The Paramedic Student's name and contact email address;
- The certification level being sought;
- The name and contact information of the affiliated educational institution's Program Coordinator or designate.

Submission of the HRI constitutes the formal request for Academic Certification but does not confirm the Paramedic Student's eligibility, certification date, or certification outcome.

Before the scheduled Academic Certification event, the affiliated educational institution shall provide written confirmation that the Paramedic Student:

- Remains actively enrolled in the applicable Paramedic education program;
- Has met the institution's requirements for entry into final preceptorship; and
- Is expected to commence preceptorship within thirty (30) calendar days following the certification event.

The affiliated educational institution shall notify the NWRPCP within three (3) business days of any change in the Paramedic Student's enrolment, academic standing, preceptorship eligibility, anticipated preceptorship start date, or other status that may affect Academic Certification.

5.2 Preceptorship Start-Date Extensions

Where a student is not expected to commence preceptorship within thirty calendar days following the certification event, the affiliated educational institution's Program Coordinator or designate shall submit a written extension request before the scheduled certification event.

The request shall include:

- The reason for the delayed preceptorship;
- The anticipated preceptorship start date; and
- Any measures taken to maintain the student's clinical knowledge and skills during the delay.

The PMD may approve, deny, or apply conditions to an extension request.

The decision shall be communicated in writing to the student and affiliated educational institution.

Where an extension is not approved, the NWRPCP and affiliated educational institution shall determine an appropriate future date for the Academic Certification process.

5.3 Scheduling and Prerequisite Requirements

The NWRPCP and affiliated educational institution shall coordinate the scheduling of the Academic Certification process.

Once the certification date has been confirmed, the NWRPCP shall provide the student with applicable instructions, prerequisite education, and pre-course materials.

The student shall successfully complete all assigned prerequisite education and pre-course materials by the deadlines established by the NWRPCP.

Failure to complete a prerequisite requirement may result in removal from the scheduled certification event and rescheduling at the discretion of the NWRPCP.

5.4 Academic Certification Process

The Academic Certification process shall include:

- Orientation to applicable NWRPCP policies, procedures, and professional expectations;
- Review of applicable ALS PCS medical directives and relevant clinical updates;
- An Objective Structured Clinical Evaluation;
- Assessment using the NWRPCP Global Rating Scale; and
- Any additional knowledge evaluation, procedural-skills assessment, supplemental education, or assessment activity required by the NWRPCP or PMD.

Certification activities shall be conducted at the NWRPCP Training and Simulation Centre or another location designated by the NWRPCP.

Certification fees shall be assigned in accordance with the applicable educational partnership agreement.

5.5 Certification Decision and Notification

Following completion of the Academic Certification process, the NWRPCP shall notify the student and affiliated educational institution of the result within one (1) business day.

The associated ASO shall also be notified where it is involved in the student's preceptorship or where the result affects the student's ability to perform controlled acts or advanced medical procedures.

A student who successfully completes the process shall be granted Academic Authorization or Academic Certification in accordance with Appendix A.

Academic Authorization or Academic Certification is not effective until issued in writing by the PMD.

The certification letter shall identify:

- The student's authorized scope of practice;
- The effective date;
- The expiry date or expiry condition;
- Applicable restrictions or conditions; and
- Any other requirements established by the PMD.

The student shall be notified by email when the certification letter has been issued.

The certification letter shall be available through the student's MedicNet profile and provided to the affiliated educational institution's Program Coordinator or designate.

5.6 Unsuccessful OSCE

A student who does not successfully complete the Academic Certification process may be considered for one additional attempt, subject to PMD approval.

Before approving an additional attempt, the PMD may require the student to complete:

- Supplemental education;
- Remediation;
- Additional skills practice;
- A learning plan established by the affiliated educational institution; or
- Other requirements considered necessary to support patient safety and readiness for reassessment.

The PMD shall determine whether the additional attempt will include:

- The complete Academic Certification process; or
- Reassessment of only the components identified as deficient.

The timing and conditions of the additional attempt shall be determined by the NWRPCP in consultation with the affiliated educational institution.

Costs associated with an additional Academic Certification attempt shall be the responsibility of the affiliated educational institution.

5.7 Conditions of Academic Practice

A student holding Academic Authorization or Academic Certification shall:

- Practice only within the scope for which they were evaluated and authorized;
- Perform controlled acts and advanced medical procedures only while under the direct supervision of an appropriately certified preceptor;
- Comply with the conditions and restrictions identified in the certification letter;
- Not assume independent or overall responsibility for patient care; and
- Not remain as the sole care provider responsible for a patient.

The preceptor shall:

- Remain physically present and immediately available to intervene;
- Retain overall responsibility for patient care; and
- Ensure that controlled acts and advanced medical procedures performed by the student are documented and authenticated in accordance with applicable service documentation standards and NWRPCP requirements.

5.8 Expiry and Extension

Academic Authorization and Academic Certification shall expire on the earliest of:

- The expiry date identified in the certification letter;
- Completion of the student's preceptorship;
- Withdrawal or removal from the applicable education program;
- Loss of eligibility to participate in preceptorship; or
- Suspension or revocation by the PMD.

The PMD may approve a time-limited extension where the student remains eligible and an extension is considered appropriate.

An approved extension shall be issued in writing and identify:

- The effective period;
- The authorized scope of practice;
- Any applicable conditions or restrictions; and
- Any education, assessment, or practice requirements that must be completed.

5.9 Academic Misconduct

Where the NWRPCP receives information concerning suspected academic misconduct, the PMD may:

- Defer or suspend the student's participation in the Academic Certification process; or
- Temporarily restrict or suspend an existing Academic Authorization or Academic Certification pending review.

The NWRPCP may obtain information from the affiliated educational institution or other involved parties where necessary to assess the effect of the alleged conduct on certification eligibility, professional conduct, or patient safety.

A final decision concerning continued participation, restriction, suspension, or revocation shall be based on the available findings and communicated in writing to the student and affiliated educational institution.

5.10 Consideration for Initial Certification

A student holding Academic Certification may be considered for Initial Certification, subject to PMD approval, where all of the following requirements have been met:

- The student has received an offer of employment from a regional ASO that satisfies Ontario Regulation 257/00, Part III, subsection 5(4);
- The offer of employment was received within ninety (90) calendar days following completion of preceptorship; and
- The student has successfully completed a BLS evaluation administered by the employing ASO.

Academic Certification does not automatically result in Initial Certification. Initial Certification shall be processed in accordance with Initial Certification (CERT-100).

6. QUALITY ASSURANCE

6.1 Review of Academic Practice

Patient care provided by a student holding Academic Authorization or Academic Certification is subject to applicable NWRPCP quality-assurance and clinical-review processes.

Where a potential concern involving patient care, documentation, professional conduct, or compliance with this policy is identified, the NWRPCP may:

- Request additional information or documentation;

- Initiate an Ambulance Call Evaluation;
- Conduct a clinical call review; or
- Undertake another review authorized under applicable NWRPCP policy.

The student and preceptor may be required to participate in the review and provide information relevant to the patient encounter or identified concern.

Quality-assurance activities shall be conducted in accordance with applicable NWRPCP policies and privacy and information-sharing requirements.

6.2 Outcomes of Review

Where a review identifies a concern related to clinical competency, documentation, professional conduct, policy compliance, or patient safety, the PMD may require one or more of the following:

- Education or coaching;
- Remediation;
- Additional assessment or reassessment;
- Enhanced supervision;
- Conditions or restrictions on Academic Authorization or Academic Certification;
- Temporary suspension; or
- Revocation of Academic Authorization or Academic Certification.

Where immediate action is necessary to protect patient safety, the PMD may impose an interim restriction or suspension pending completion of the review.

Any change to the student's certification status shall be communicated in accordance with Section 5 and subject to applicable privacy and information-sharing requirements.

6.3 Continuing Medical Education

A student holding Academic Authorization or Academic Certification shall complete mandatory NWRPCP continuing medical education applicable to their authorized scope of practice where the requirement becomes effective during the period of authorization.

The NWRPCP shall determine which CME requirements apply to academically authorized or certified students.

The NWRPCP shall notify the student and affiliated educational institution of:

- The applicable CME requirement;
- Available education dates or delivery methods;
- Prerequisite requirements;
- Applicable completion deadlines; and
- Any evaluation or completion requirements.

The affiliated educational institution shall assist with coordinating the student's registration and attendance.

The student is responsible for:

- Completing assigned prerequisite education;
- Attending scheduled education;
- Participating in required educational and evaluation activities; and
- Completing the CME requirement within the timeline established by the NWRPCP.

Where the student is unable to attend a scheduled CME activity, the affiliated educational institution shall notify the NWRPCP as soon as reasonably possible. Alternate arrangements may be established at the discretion of the NWRPCP.

Failure to complete mandatory CME may result in conditions, restrictions, suspension, or expiry of Academic Authorization or Academic Certification until the requirement has been successfully completed.

CME requirements shall otherwise be administered in accordance with Continuing Medical Education (CERT-900).

7. REFERENCES

Ambulance Act and Ontario Regulation 257/00

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 – Academic Authorization or 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 an average Global Rating Score of 3.8 – 4.09 in all domains during OSCE evaluation.	N/A
Academic Certification	• Paramedic Student meets all qualifications for final preceptorship as outlined in the above policy, and • Has achieved an average Global Rating Score of 4.1 or greater in all domains during OSCE evaluation.	

A Paramedic Student must achieve the required GRS threshold in each behavioural domain. Failure to achieve the required score in any domain constitutes unsuccessful completion of the Academic Certification process.

A Paramedic Student may also be deemed unsuccessful where a critical safety failure occurs during an assessment. A critical safety failure is an action, omission, or professional conduct concern identified in the applicable assessment rubric that results in, or creates a significant risk of, patient harm.

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	DATA 100
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 **Reviewed/Revised Date:** August 2026 **Next reviewed date:** August 2027

CROSS REFERENCES: TBRHSC Privacy of Personal Health Information Policy (HIS-08), TBRHSC Privacy Breach Management Policy (HIS-49), Security of Confidential Information (DATA 200), Release of Confidential Information (DATA 300), Electronic ACR Data (DATA 400), Retention of Hospital Information (DATA 500), NWRPCP Confidentiality Agreement.

1. PURPOSE

To establish expectations for the confidential handling of personal health information, personal information, and other confidential information accessed, created, received, used, disclosed, stored, or retained by the Northwest Region Prehospital Care Program (NWRPCP).

This policy is intended to protect privacy, support patient trust, maintain compliance with applicable legislation and hospital policy, and ensure that confidential information is accessed and used only for authorized purposes.

2. POLICY STATEMENT

All individuals acting on behalf of NWRPCP must maintain the confidentiality and security of personal health information and other confidential information.

Confidential information may only be accessed, used, disclosed, copied, retained, or disposed of where it is necessary to perform an authorized NWRPCP, hospital, quality-management, certification, education, research, or patient-care responsibility.

Access to confidential information must be limited to the minimum information reasonably necessary to perform the authorized task.

Individuals must not access, use, discuss, disclose, copy, photograph, transmit, or retain confidential information for personal interest, curiosity, convenience, or any purpose not authorized by NWRPCP or the applicable health information custodian.

Confidentiality obligations apply regardless of whether information is written, verbal, electronic, photographic, audiovisual, or otherwise recorded.

A suspected or actual privacy or confidentiality breach must be reported immediately in accordance with this policy and applicable TBRHSC privacy-breach processes.

3. SCOPE

This policy applies to all NWRPCP employees, physicians, Medical Advisory Council members, committee members, contractors, consultants, students, volunteers, researchers, reviewers, and other individuals who access or handle confidential information on behalf of NWRPCP.

This policy applies to information accessed or managed through NWRPCP systems, hospital systems, Ambulance Call Reports, electronic Ambulance Call Reports, clinical audit processes, education activities,

certification records, quality-management files, meetings, correspondence, and any other NWRPCP activity.

This policy does not replace TBRHSC privacy policies, ASO privacy obligations, research-ethics requirements, or other legal obligations. Where requirements differ, the more protective requirement will apply unless otherwise directed by law.

4. DEFINITIONS

Agent: an individual who is authorized to act for or on behalf of the applicable health information custodian in relation to personal health information.

Authorized Purpose: a purpose that is necessary to perform an assigned NWRPCP, TBRHSC, ASO, research, education, quality-management, certification, or patient-care responsibility and is permitted by applicable law, policy, agreement, or approved process.

Confidential Information: information that is not publicly available and that NWRPCP, TBRHSC, an ASO, a patient, or another organization has a legitimate interest in protecting. This includes personal health information, personal information, quality-management records, certification records, personnel information, research information, and internal program information.

Personal Health Information: information about an identifiable individual that relates to their physical or mental health, health-care history, provision of health care, payment for health care, or other information defined by PHIPA.

Privacy or Confidentiality Breach: an actual or suspected unauthorized collection, access, use, disclosure, copying, modification, loss, theft, disposal, or retention of confidential information.

5. PROCEDURE

5.1 Confidentiality Commitments and Access

Individuals must complete required privacy and confidentiality education and sign the applicable confidentiality agreement before being granted access to confidential information or NWRPCP information systems.

Access to confidential information will be limited to the role, responsibilities, and level of access required by the individual.

Individuals must use their own authorized credentials and must not share passwords, access cards, authentication devices, or system access with another person.

Access to confidential information may be reviewed, restricted, suspended, or revoked where there is a change in role, operational need, employment status, authorization, or a concern regarding confidentiality or privacy compliance.

5.2 Use and Disclosure of Confidential Information

Confidential information may only be accessed or used on a need-to-know basis for an authorized purpose.

Individuals must not access records relating to themselves, family members, friends, colleagues, public figures, or any other person unless access is required for an authorized role-related purpose.

Confidential information must not be discussed in public areas, elevators, hallways, restaurants, social settings, or other locations where it may be overheard by unauthorized individuals.

Confidential information must not be transmitted using personal email accounts, personal messaging platforms, personal cloud-storage services, or unapproved devices or applications.

Disclosure of personal health information outside NWRPCP must occur only where authorized by the applicable health information custodian, permitted or required by law, supported by valid consent where required, or otherwise permitted through an approved agreement or process.

Only the minimum amount of confidential information necessary for the authorized purpose may be disclosed.

5.3 Privacy and Confidentiality Breach Reporting

Any individual who becomes aware of a suspected or actual privacy or confidentiality breach must immediately take reasonable steps to contain the breach, where safe and feasible.

Immediate containment measures may include retrieving information, stopping an unintended disclosure, securing records or devices, changing or disabling access, and preserving relevant information for review.

The individual must immediately report the breach to the NWRPCP Program Manager or designate and the applicable TBRHSC privacy contact or Privacy Office, in accordance with hospital privacy-breach procedures.

Individuals must not attempt to conceal, delete, alter, or independently resolve a privacy or confidentiality breach without direction from the appropriate NWRPCP or TBRHSC representative.

NWRPCP will cooperate with TBRHSC, the applicable health information custodian, and other authorized parties in breach assessment, containment, notification, investigation, remediation, and reporting.

5.4 Accountability and Follow-Up

NWRPCP leadership will ensure that reported privacy or confidentiality concerns are referred to the appropriate TBRHSC privacy, management, legal, human resources, quality-management, or regulatory process.

Confirmed or suspected non-compliance may result in education, access restrictions, remediation, removal from NWRPCP activities, reporting to an ASO or regulatory body where appropriate, and disciplinary or contractual action in accordance with applicable policy or agreement.

NWRPCP will retain confidentiality agreements, privacy-breach records, investigation materials, and follow-up documentation in accordance with applicable TBRHSC records-retention requirements.

6. REFERNCES

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

Thunder Bay Regional Health Sciences Centre 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 **Reviewed/Revised Date:** August 2026 **Next reviewed date:** August 2027

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

1. PURPOSE

To establish safeguards for the secure collection, access, use, transmission, storage, retention, and disposal of confidential information managed by the Northwest Region Prehospital Care Program (NWRPCP).

This policy is intended to protect personal health information, personal information, quality-management records, certification records, research information, and other confidential program information from unauthorized access, use, disclosure, loss, theft, alteration, or disposal.

2. POLICY STATEMENT

NWRPCP will maintain reasonable administrative, physical, and technical safeguards to protect confidential information in accordance with applicable legislation, TBRHSC policies, and approved information-technology requirements.

Confidential information may only be accessed, stored, transmitted, copied, printed, or disposed of using approved systems, processes, and locations.

Individuals who access confidential information are responsible for protecting that information from unauthorized access, disclosure, loss, theft, alteration, or disposal.

NWRPCP will limit access to confidential information to the minimum information reasonably necessary for an authorized purpose.

Security incidents, including actual or suspected privacy breaches, must be immediately contained where possible and reported in accordance with DATA 100 Confidentiality of Information and applicable TBRHSC privacy-breach procedures.

3. SCOPE

This policy applies to all NWRPCP employees, physicians, committee members, contractors, consultants, students, volunteers, researchers, reviewers, and other individuals who access, create, receive, use, disclose, store, or retain confidential information on behalf of NWRPCP.

This policy applies to confidential information in any format, including paper records, verbal communication, electronic records, emails, audio recordings, patch recordings, photographs, video, portable media, and information displayed on screens or devices.

This policy applies to, but is not limited to, Ambulance Call Reports, electronic Ambulance Call Reports, incident reports, quality-management records, clinical audit files, medical-control records, certification records, research records, correspondence, and patient-identifying information.

4. DEFINITIONS

Approved System: an information system, device, application, storage location, or communication method authorized by TBRHSC or NWRPCP for the collection, access, use, storage, or transmission of confidential information.

Confidential Information: information that is not publicly available and that NWRPCP, TBRHSC, an ASO, a patient, or another organization has a legitimate interest in protecting. This includes personal health information, personal information, quality-management records, certification records, personnel information, research information, and internal program information.

Personal Health Information: information about an identifiable individual that relates to their physical or mental health, health-care history, provision of health care, payment for health care, or other information defined by PHIPA.

Portable Device: a mobile telephone, laptop, tablet, USB storage device, external hard drive, or other device capable of storing or accessing confidential information.

Security Incident: an actual or suspected event that may compromise the confidentiality, integrity, or availability of confidential information. This includes unauthorized access, use, disclosure, copying, loss, theft, alteration, destruction, or disposal of information.

5. PROCEDURE

5.1 Physical Safeguards

Paper records and other physical confidential information must be stored in a secured location when not in active use.

Offices, work areas, filing cabinets, storage rooms, and other locations containing confidential information must be secured against unauthorized access when unattended.

Confidential information must not be left unattended in public areas, shared workspaces, vehicles, printer trays, fax machines, meeting rooms, or other unsecured locations.

Printed material containing confidential information must be retrieved promptly from printers, photocopiers, scanners, and fax machines.

Confidential paper records must be disposed of using approved confidential-waste or secure-shredding processes.

5.2 Electronic Safeguards

Confidential information must be accessed, stored, and transmitted only through approved systems and devices.

Individuals must use their own authorized user credentials and must not share passwords, access cards, multi-factor authentication devices, or system access with another person.

Devices used to access confidential information must be secured when unattended by locking the screen or logging out of the system.

Confidential information must not be stored on personal devices, personal email accounts, personal cloud-storage services, or unapproved applications.

Portable devices and removable media may only be used where approved by TBRHSC or NWRPCP and must be secured in accordance with applicable information-technology requirements.

Confidential information must not be transmitted through personal messaging applications, social-media platforms, or other unapproved communication methods.

5.3 Transmission of Confidential Information

Confidential information may only be transmitted using an approved secure method appropriate to the sensitivity of the information.

Before transmitting confidential information by email, fax, electronic file transfer, or another approved method, the sender must verify the recipient, destination address or fax number, and the minimum information necessary for the authorized purpose.

Fax transmission of confidential information must occur only through an approved secure fax process.

Where confidential information is sent in error, the sender must immediately take reasonable steps to contain the disclosure and report the incident in accordance with Section 5.5.

5.4 Access Management

Access to confidential information and NWRPCP systems will be based on role, operational need, and authorized responsibilities.

NWRPCP will request access changes when an individual's role, responsibilities, employment status, authorization, or operational need changes.

Individuals must not access records related to themselves, family members, friends, colleagues, public figures, or any other person unless access is required for an authorized purpose.

NWRPCP may audit access to confidential information systems and investigate access that appears unauthorized, excessive, or inconsistent with an individual's role.

5.5 Security-Incident Reporting and Response

Any individual who becomes aware of a suspected or actual security incident must immediately take reasonable steps to contain the incident where safe and feasible.

Containment measures may include retrieving information, securing paper records or devices, stopping an unintended transmission, disabling access, changing credentials, or preserving relevant information for review.

The individual must immediately notify the NWRPCP Program Manager or designate and the applicable TBRHSC Privacy Office or information-technology contact in accordance with hospital procedures.

Individuals must not attempt to conceal, delete, alter, or independently resolve a security incident without direction from the appropriate NWRPCP, TBRHSC Privacy Office, or information-technology representative.

NWRPCP will cooperate with the applicable health information custodian, TBRHSC Privacy Office, information-technology team, and other authorized parties to assess, contain, investigate, remediate, notify, and report the incident where required.

5.6 Compliance and Records

Failure to comply with this policy may result in education, remediation, access restriction, removal from NWRPCP activities, reporting to an ASO or regulatory body where appropriate, and disciplinary or contractual action.

NWRPCP will retain security-incident records, access-review documentation, and related correspondence in accordance with applicable TBRHSC records-retention requirements and Ministry of Health performance agreement.

6. REFERENCES

Regional Base Hospital Performance Agreement
Personal Health Information Protection Act (PHIPA)

Thunder Bay Regional Health Sciences Centre 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 **Reviewed/Revised Date:** August 2026 **Next reviewed date:** August 2027

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

1. PURPOSE

To establish a consistent process for receiving, assessing, authorizing, documenting, and securely completing requests for the release of confidential information managed by the Northwest Region Prehospital Care Program (NWRPCP).

This policy is intended to ensure that confidential information is released only where authorized by the applicable health information custodian, permitted or required by law, supported by valid consent where required, or otherwise approved through an established TBRHSC process.

2. POLICY STATEMENT

NWRPCP staff, physicians, committee members, contractors, and delegates must not independently release confidential information in response to a request unless they have been authorized to do so through the applicable TBRHSC Privacy Office, health information custodian, or approved NWRPCP process.

Requests for confidential information must be assessed by the appropriate authority to determine:

- Which organization has custody or control of the requested record;
- Whether the requester has authority to receive the information;
- Whether consent is required, implied, express, unavailable, or overridden by another legal authority;
- The minimum information necessary to meet the authorized purpose; and
- The appropriate secure method of release.

Confidential information will only be released using an approved, secure method and only after the recipient's identity, authority, and contact information have been verified.

All requests, decisions, approvals, releases, refusals, and related correspondence must be documented and retained in accordance with applicable TBRHSC records-retention requirements.

This policy does not replace TBRHSC privacy policies, legal processes, research agreements, Freedom of Information processes, or Ambulance Service Operator responsibilities for records in their custody or control.

3. SCOPE

This policy applies to all requests for confidential information received by NWRPCP, including requests from patients, substitute decision-makers, family members, lawyers, insurers, law enforcement, researchers, Ambulance Service Operators, government agencies, media, and other third parties.

This policy applies to confidential information in all formats, including paper records, electronic records, Ambulance Call Reports, electronic Ambulance Call Reports, clinical audit files, quality-management records, correspondence, audio recordings, patch recordings, images, and research information.

This policy applies to NWRPCP employees, physicians, Medical Advisory Council members, committee members, contractors, consultants, students, volunteers, researchers, reviewers, and any other individual acting on behalf of NWRPCP.

4. DEFINITIONS

Confidential Information: information that is not publicly available and that NWRPCP, TBRHSC, an ASO, a patient, or another organization has a legitimate interest in protecting. This includes personal health information, personal information, quality-management records, certification records, personnel information, research information, and internal program information.

Disclosure or Release: the provision, transmission, sharing, copying, transfer, or communication of confidential information to a person or organization outside the authorized circle of care or approved NWRPCP process.

Health Information Custodian: the person or organization responsible for personal health information in its custody or control, as defined by the Personal Health Information Protection Act, 2004.

Legal Demand: a subpoena, court order, warrant, production order, summons, or other legal instrument requiring the production or disclosure of information.

Requester: an individual or organization seeking access to, or release of, confidential information.

Valid Consent: consent that is applicable to the requested information and disclosure, provided by an individual with authority to consent, and obtained in accordance with applicable law and TBRHSC privacy requirements.

5. PROCEDURE

5.1 Receipt of a Request

Any individual who receives a request for confidential information must promptly forward the request to the NWRPCP Program Manager or designate.

NWRPCP will forward requests involving personal health information, personal information, legal demands, or other potentially sensitive records to the applicable TBRHSC Privacy Office or approved TBRHSC process for review.

NWRPCP personnel must not release records, confirm the existence of records, provide verbal details, or make commitments regarding release before the request has been reviewed and authorized.

The request will be documented, including the date received, requester name and contact information, records requested, stated purpose, and any consent, legal authority, or supporting documentation provided.

5.2 Review and Determination

The applicable Privacy Office, health information custodian, or authorized designate will determine whether NWRPCP or another organization has custody or control of the requested records.

Where NWRPCP does not have custody or control of the requested information, the requester will be directed to the appropriate organization or process where reasonably possible.

Before information is released, the authorized reviewer will confirm:

- The identity of the requester;
- The requester's authority to receive the information;
- Whether consent or another legal authority permits or requires disclosure;
- Whether restrictions, exemptions, severing requirements, or third-party interests apply;
- The minimum information necessary to meet the authorized purpose; and
- The approved method for secure release.

Requests for access to, or correction of, personal health information will be managed through the applicable health information custodian and TBRHSC Privacy Office in accordance with PHIPA and hospital policy.

5.3 Specific Request Types

Requests from a patient, substitute decision-maker, or authorized representative for access to personal health information will be referred to the applicable Privacy Office or health information custodian for processing.

Requests from a lawyer, insurer, employer, family member, or other third party must include written authority or another valid legal basis for disclosure before information is released.

Legal demands must be immediately forwarded to the TBRHSC Privacy Office, Legal Services, or designated authority. NWRPCP personnel must preserve relevant records and must not alter, destroy, or disclose information unless directed through the approved process.

Requests for research, education, quality-improvement, or operational purposes must be assessed in accordance with applicable privacy requirements, agreements, research ethics approvals, and data-sharing processes.

Media requests must be referred to the applicable TBRHSC communications and privacy process. NWRPCP personnel must not disclose patient, personnel, quality-management, or operational information to the media unless authorized.

5.4 Approved Release

Once release has been authorized, NWRPCP will provide only the information approved for disclosure.

Before release, the sender must verify the recipient, destination email address, fax number, mailing address, electronic portal, or other delivery method.

Confidential information must be released using an approved secure method appropriate to the sensitivity of the information.

The release record must document:

- The information released;
- The date and method of release;
- The recipient;
- The authority for release;
- The approving individual or office; and
- Any conditions, limitations, or instructions attached to the release.

5.5 Refusal, Concerns, and Errors

Where a request cannot be approved in whole or in part, the response will be managed through the applicable Privacy Office or health information custodian.

Concerns, appeals, or complaints regarding access to or release of personal health information will be referred to the TBRHSC Privacy Office.

Where confidential information is released to an incorrect recipient, released without authority, or otherwise mishandled, the incident must be immediately reported and managed in accordance with DATA 100 Confidentiality of Information and DATA 200 Security of Confidential Information.

6. REFERENCES

Personal Health Information Protection Act
Regional Base Hospital Performance Agreement

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	DATA 400
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 **Reviewed/Revised Date:** August 2026 **Next reviewed date:** August 2027

CROSS REFERENCES:

1. PURPOSE

To establish requirements for the receipt, access, use, storage, transmission, security, availability, and governance of Electronic Ambulance Call Reports (eACRs) and associated records accessed by the Northwest Region Prehospital Care Program (NWRPCP).

This policy is intended to support patient privacy, secure information management, clinical audit, quality management, certification oversight, and compliance with applicable legislation, agreements, and hospital policies.

2. POLICY STATEMENT

NWRPCP may receive, access, and use eACRs and associated records from participating Ambulance Service Operators (ASOs) for authorized purposes, including medical direction, clinical audit, quality management, certification oversight, education, research, and other approved program activities.

eACRs and associated records contain confidential information and must be managed in accordance with DATA 100 Confidentiality of Information, DATA 200 Security of Confidential Information, DATA 300 Release of Confidential Information, applicable TBRHSC privacy policies, and relevant agreements with ASOs and electronic patient-care record system providers.

Access to eACRs must be limited to authorized individuals and the minimum information reasonably necessary to perform an approved role-related task.

NWRPCP will use approved systems, secure access methods, and documented processes for the receipt, storage, review, and transmission of eACR data.

This policy does not determine ownership, custody, or control of eACRs. Those responsibilities will be determined by applicable legislation, ASO agreements, hospital policy, and the circumstances in which the record was created and maintained.

3. SCOPE

This policy applies to eACRs and associated records received, accessed, created, stored, transmitted, reviewed, or retained by NWRPCP.

Associated records may include dispatch information, patient-care documentation, monitor data, medication records, attachments, photographs, clinical audit records, Ambulance Call Evaluations, patch records, and other information linked to an eACR.

This policy applies to NWRPCP employees, physicians, reviewers, committee members, contractors, consultants, students, researchers, and other individuals authorized to access eACR information on behalf of NWRPCP.

This policy applies to ASOs and third-party service providers only to the extent established by an applicable agreement, data-sharing arrangement, or contractual obligation.

4. DEFINITIONS

Approved System: an information system, device, application, storage location, or communication method authorized by TBRHSC or NWRPCP for the collection, access, use, storage, or transmission of confidential information.

Associated Record: information linked to, or required to interpret, an eACR, including attachments, monitor data, medication records, dispatch information, audio records, audit records, and correspondence.

Authorized User: an individual who has been granted access to eACR information based on their role, operational need, and completion of applicable privacy, confidentiality, and system-access requirements.

Data-Sharing Agreement: a written agreement that defines the purpose, scope, access permissions, privacy obligations, security safeguards, permitted uses, retention, and responsibilities associated with sharing eACR information.

Electronic Ambulance Call Report: an electronic patient-care record containing information about the circumstances, assessment, treatment, transport, transfer of care, and other events relevant to the provision of ambulance services.

5. PROCEDURE

5.1 Receipt and Availability of eACR Data

NWRPCP will receive eACR data from participating ASOs through an approved system or secure transfer process established by the applicable agreement.

The applicable agreement will identify, where required, the expected frequency of data transfer, categories of records provided, access requirements, data-quality expectations, and processes for addressing missing, delayed, incomplete, or inaccessible records.

NWRPCP may notify the applicable ASO where eACR data is unavailable, incomplete, delayed, inaccurate, or otherwise insufficient to support authorized clinical audit, quality management, certification, or medical-direction activities.

5.2 Access and Use

Access to eACRs will be granted only to Authorized Users who require access for an approved purpose.

Authorized Users must access eACRs only through approved systems and using their own authorized credentials.

Authorized Users must not access eACRs for personal interest, curiosity, convenience, or any purpose outside their assigned responsibilities.

NWRPCP may review or audit access activity to identify access that appears unauthorized, excessive, or inconsistent with an individual’s role.

eACR data may be used for clinical audit, quality improvement, certification oversight, education, research, operational planning, or another approved purpose only where permitted by applicable legislation, privacy requirements, agreements, and NWRPCP policy.

5.3 Data Quality and Clinical Documentation Concerns

NWRPCP may identify documentation, data-quality, or patient-care concerns through review of eACRs.

Concerns identified through eACR review may be managed through the applicable NWRPCP quality-management process, including clinical audit, Ambulance Call Evaluation, medication incident review, controlled act incident review, field evaluation, remediation, or certification review.

eACR documentation requirements remain subject to the current Ontario Ambulance Documentation Standards and applicable ASO documentation policies.

5.4 Security and Transmission

eACR information must be accessed, stored, transmitted, copied, or downloaded only through approved systems and secure processes.

eACR information must not be transmitted through personal email accounts, personal messaging applications, social media platforms, personal cloud-storage services, or unapproved devices.

Where eACR information must be shared outside the primary eACR system for an authorized purpose, the sender must verify the recipient and use an approved secure transmission method.

Actual or suspected unauthorized access, disclosure, loss, theft, alteration, or transmission of eACR information must be immediately reported in accordance with DATA 100 and DATA 200.

5.5 System Changes, Downtime, and Vendor Arrangements

Changes to an eACR system, integration, data-transfer process, hosting arrangement, access model, or vendor service that may affect NWRPCP access, privacy, security, clinical audit, documentation, or continuity of operations must be communicated to NWRPCP before implementation where reasonably possible.

Where an eACR system outage, cyber-security event, data-transfer failure, or other disruption affects access to patient-care records, the applicable ASO and NWRPCP will follow the agreed contingency process.

Third-party system providers must be subject to appropriate contractual privacy, security, data-location, availability, backup, breach-notification, audit, and records-management requirements.

5.6 Retention, Release, and Disposal

NWRPCP will retain eACR information and associated review records in accordance with applicable TBRHSC records-retention requirements, legal obligations, and data-sharing agreements and Ministry of Health performance agreements.

Requests for release, disclosure, access, correction, or external sharing of eACR information will be managed in accordance with DATA 300 Release of Confidential Information and applicable TBRHSC privacy processes.

eACR information must be securely disposed of when retention requirements have been met and disposal is authorized under applicable records-management requirements.

6. REFERENCES

ACR Documentation Standard
Ontario Emergency Medical Services Minimum Data Set
Regional Base Hospital Performance Agreement

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	DATA 500
Title: NWRPCP Records Retention and Disposal	☐ **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 **Reviewed/Revised Date:** August 2026 **Next reviewed date:** August 2027

CROSS REFERENCES: Regional Base Hospital Performance Agreement

1. PURPOSE

To establish requirements for the classification, retention, storage, transfer, archiving, and secure disposal of records managed by the Northwest Region Prehospital Care Program (NWRPCP).

This policy is intended to support privacy, legal and regulatory compliance, continuity of operations, quality management, certification oversight, financial accountability, and preservation of records required for patient care, program administration, research, and organizational governance.

2. POLICY STATEMENT

NWRPCP records must be retained in accordance with the current TBRHSC records-retention schedule, applicable legislation, contractual obligations, professional requirements, and MOH performance agreement.

NWRPCP personnel must not independently establish, shorten, extend, alter, destroy, or dispose of retention requirements without approval from the appropriate leadership authority.

Where more than one retention requirement applies, the longest applicable retention period will apply unless otherwise directed by legal counsel or an approved TBRHSC records-management process.

Records containing personal health information, personal information, quality-management information, certification information, financial information, research information, or other confidential information must be retained, transferred, archived, and disposed of securely.

Records subject to an access request, correction request, complaint, investigation, audit, legal proceeding, insurance claim, privacy review, or legal hold must not be destroyed or altered until the matter has been resolved and written authorization for disposal has been provided.

This policy does not determine ownership, custody, or control of all records. These responsibilities will be determined by applicable legislation, TBRHSC policy, Ambulance Service Operator agreements, and the circumstances in which the record was created and maintained.

3. SCOPE

This policy applies to all records created, received, accessed, used, stored, retained, transferred, or disposed of by NWRPCP.

Records governed by this policy include, but are not limited to:

- Ambulance Call Reports, electronic Ambulance Call Reports, and associated clinical records;
- Clinical audit files, Ambulance Call Evaluations, incident reports, medication reports, controlled-act reports, call-review records, and quality-management documentation;

- Paramedic certification, education, CME, remediation, field-evaluation, and professional-development records;
- Medical-control records, patch records, audio recordings, correspondence, committee records, policies, procedures, and administrative records;
- Research records, data-sharing agreements, ethics approvals, and study documentation;
- Financial, procurement, contract, and operational records; and
- NWRPCP employee, volunteer, contractor, and human-resources records.

This policy applies to NWRPCP employees, physicians, committee members, contractors, consultants, students, volunteers, researchers, reviewers, and other individuals acting on behalf of NWRPCP.

4. DEFINITIONS

Legal Hold: a direction to preserve records that may be relevant to an actual or anticipated legal proceeding, investigation, access request, complaint, audit, privacy review, or other formal process.

NWRPCP Working Copy: a copy, extract, report, or derivative record retained by NWRPCP for an authorized quality-management, medical-direction, certification, education, research, or administrative purpose.

Record: information created, received, maintained, or used by NWRPCP as evidence of an activity, decision, transaction, patient-care event, quality-management process, or operational function, regardless of format.

Record Series: a group of records that are created, received, or maintained for the same purpose and are subject to the same retention and disposition requirements.

Retention Period: the minimum period a record must be retained before it may be securely disposed of, transferred, or archived.

Secure Disposal: the irreversible destruction or deletion of records in a manner that prevents reconstruction, recovery, unauthorized access, or disclosure.

Source Record: the official record maintained by the organization with custody or control of the record.

5. PROCEDURE

5.1 Records Classification and Retention Assignment

NWRPCP records will be classified according to the applicable TBRHSC records-retention schedule or another approved records-management authority.

Each record series must have an identified retention period, retention trigger, secure storage method, and approved disposition process.

Retention periods must be calculated from the applicable trigger date, such as the date of last entry, case closure, end of fiscal year, expiry of certification, end of employment, conclusion of research, or supersession of a record.

Where NWRPCP receives an eACR, ACR, or associated clinical record from an ASO, the applicable agreement will determine whether NWRPCP holds the source record or a working copy. NWRPCP will retain only the records required to support its authorized responsibilities unless another requirement applies.

5.2 Storage, Archiving, and Transfer

Records must be stored in an approved physical or electronic location appropriate to the sensitivity, format, and retention requirements of the record.

Records must remain accessible, legible, complete, and usable for the duration of the retention period.

Where records are migrated to a new system, archived, or transferred to another approved storage location, NWRPCP will maintain the integrity, accessibility, and auditability of the record.

Transfer of confidential records to another organization, custodian, or service provider must occur through an approved secure process and in accordance with applicable privacy, legal, contractual, and records-management requirements.

5.3 Legal Holds and Preservation Requirements

Upon notice of an actual or anticipated legal proceeding, investigation, access request, privacy review, complaint, audit, insurance matter, research concern, or other preservation requirement, NWRPCP will suspend routine destruction of relevant records.

The NWRPCP Program Manager or designate will ensure that affected records are identified, secured, and preserved until the legal hold or preservation requirement is formally released.

Records must not be altered, deleted, destroyed, overwritten, or disposed of while subject to a legal hold or preservation requirement.

5.4 Secure Disposal

Records may be disposed of only after the applicable retention period has expired and confirmation has been obtained that no legal hold, access request, complaint, investigation, audit, or other preservation requirement applies.

Paper records containing confidential information must be destroyed using an approved confidential-waste or secure-shredding process.

Electronic records must be deleted, erased, or destroyed using an approved process that prevents unauthorized recovery or reconstruction.

5.5 Responsibilities

NWRPCP personnel are responsible for maintaining records in accordance with this policy and approved records-management requirements.

The NWRPCP Program Manager or designate is responsible for ensuring that record-retention requirements are implemented, periodically reviewed, and aligned with applicable TBRHSC policies.

TBRHSC Privacy, Legal, Records Management, or other designated authorities will be consulted where retention, custody, legal hold, access, disclosure, or disposal requirements are unclear.

5.6 Audit and Review

NWRPCP may audit record storage, retention, access, and disposal practices to assess compliance with this policy and applicable TBRHSC requirements.

Identified concerns may result in corrective action, staff education, process revision, access restrictions, remediation, or referral to the applicable privacy, legal, quality-management, or human-resources process.

6. REFERENCES

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

Appendix A – NWRPCP Records Retention Schedule

Record Series	Retention Trigger	Minimum Retention Period	Final Disposition
eACRs, ACRs, and associated clinical records retained by NWRPCP	Date of patient-care event or closure of associated review	7 years plus current year	Secure destruction or approved transfer
Clinical audit, ACE, call-review, incident, and remediation records	Closure of review or completion of follow-up	5 years plus current year	Secure destruction
Paramedic certification, CME, MOC, and field-evaluation records	Expiry, deactivation, or end of certification relationship	3 years plus current year	Secure destruction
Controlled-substance audit and quality-assurance records	Date of last entry or audit closure		Secure destruction
Financial and procurement records	End of fiscal year		Secure destruction or archive
Human-resources and personnel records	End of employment or contract		Secure destruction
Committee, governance, policy, and administrative records	Supersession, closure, or end of committee term		Secure destruction or archive
Research records	Study closeout or completion of required follow-up	25 years	Secure destruction or approved archive

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	MC 100
Title: Online Medical Consultation and 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:** August 2026 **Next Reviewed Date:** August 2027

CROSS REFERENCES: Base Hospital Physician Designation, Orientation, and Privileging (MC 200), Paramedic Correspondence Responsibilities (QM 300), and Clinical Audit and Continuous Quality Improvement Process (QM 1200).

1. PURPOSE

To establish a consistent process for Paramedics to obtain Online Medical Consultation (OMC) and to provide direction when required OMC cannot be established, is interrupted, or cannot be completed.

This policy supports timely patient care, appropriate use of medical directives, effective physician consultation, and accurate clinical documentation.

2. POLICY STATEMENT

Paramedics will seek OMC when required by an applicable patient care standard, medical directive, or NWRPCP policy, and where clinical circumstances otherwise require physician consultation.

OMC may also be requested where:

- The Paramedic is uncertain regarding the application of a medical directive;
- Clarification or physician consultation is required regarding an appropriate course of care; or
- The Paramedic believes physician consultation may benefit patient care.

Paramedics may only perform controlled acts and advanced medical procedures for which they hold current NWRPCP authorization and certification.

A failure to establish or maintain communication with a BHP does not remove the Paramedic's responsibility to provide clinically appropriate care within their current scope of practice, certification, and applicable patient care standards.

Patch failures will be documented, reported, and reviewed to identify patient-safety concerns, communication issues, or system-improvement opportunities.

3. SCOPE

This policy applies to all Paramedics certified through NWRPCP who require or request OMC while providing patient care.

It also establishes NWRPCP expectations for the communication, documentation, reporting, and quality-management processes supporting OMC involving NWRPCP Paramedics.

4. DEFINITIONS

OMC Physician: a physician authorized to provide OMC through the applicable provincial or NWRPCP regional medical-direction model.

Mandatory Patch Point: a requirement to contact an OMC Physician before proceeding with a treatment, intervention, or patient-care decision, as identified in an applicable medical directive, provincial standard, or NWRPCP policy.

Online Medical Consultation: real-time physician consultation, clinical advice, authorization, or medical direction provided to a Paramedic during patient care through an approved medical-direction model.

Patch: live communication between a Paramedic and an OMC Physician using an approved communication pathway.

Patch Failure: an inability to establish, maintain, or complete required OMC despite reasonable attempts using the available approved communication pathways.

Reasonable Attempts: clinically appropriate efforts to establish communication through the available approved methods, considering the urgency of the patient's condition and the risk of delaying care.

5. PROCEDURE

5.1 Preparing for Online Medical Consultation

Before initiating a patch, the Paramedic will complete an appropriate patient assessment, initiate indicated care within their scope of practice, and identify the specific reason for requesting Online Medical Consultation.

The Paramedic will be prepared to provide a concise communication, including:

- Patient age and relevant history;
- Presenting complaint and onset of symptoms;
- Relevant assessment findings and vital signs;
- Treatment provided and patient response;
- The applicable medical directive, mandatory patch point, or clinical question; and
- The specific treatment, authorization, or clinical direction being requested.

5.2 Initiating OMC

The Paramedic will initiate OMC using the approved communication pathway applicable to the current OMC delivery model.

Where the initial attempt is unsuccessful, the Paramedic will make further reasonable attempts using available approved communication pathways, including CACC where applicable.

Once communication is established, the Paramedic will provide the OMC Physician with a focused clinical handover and clearly identify the clinical question, treatment, authorization, or direction being requested.

The Paramedic will clarify any order or direction that is unclear, incomplete, or inconsistent with the patient's presentation or the Paramedic's current authorization.

Medication orders, treatment directions, or other critical instructions will be read back where appropriate to confirm accuracy.

5.3 OMC Physician Direction

The Paramedic will act on OMC Physician direction only where the direction is within the Paramedic's current certification, authorization, applicable patient care standards, and available operational resources.

Where an OMC Physician direction cannot be followed because of a limitation in scope, equipment, medication availability, patient condition, or another relevant factor, the Paramedic will advise the OMC Physician and seek alternate direction.

The Paramedic will continue to reassess the patient and provide care in accordance with applicable patient care standards, medical directives, and OMC Physician direction.

5.4 Patch Failure

A patch failure may occur before communication is established, during a patch, or where a BHP is unavailable despite reasonable attempts to establish contact.

Where a patch failure occurs, the Paramedic will:

- Request further contact attempts through CACC;
- Use another approved communication method where available;
- Continue all clinically indicated care that is authorized without Online Medical Control; and
- Continue attempts to contact the BHP where clinically appropriate.

5.5 Emergency Care Following Patch Failure

Where a mandatory OMC requirement cannot be completed because of a patch failure, treatment requiring prior OMC may only be initiated without physician consultation where specifically permitted by the applicable medical directive, patient care standard, or NWRPCP medical-direction framework.

- The Paramedic is currently authorized and certified to perform the treatment;
- All other applicable medical-directive requirements have been met;
- The treatment is clinically indicated and no contraindication is present;
- The Paramedic determines that delaying treatment to await physician contact would not be in the patient's best interest; and
- Reasonable attempts to contact OMC are documented.

This section does not authorize a Paramedic to perform a controlled act, administer a medication, or provide care that is outside their current certification, authorized scope of practice, or available medical-directive authority.

Where the patient is stable and the requested treatment cannot be safely initiated through OMC, the Paramedic will continue appropriate care, monitor the patient, and seek OMC Physician support as soon as feasible.

5.5 Documentation

The Paramedic will document all OMC- related communication in the Ambulance Call Report in accordance with the current Ontario Ambulance Documentation Standards.

Documentation must include, where applicable:

- The time and method of contact attempt;
- The name and/or number of the OMC Physician, where contact was established;
- The clinical information provided and direction received;
- Treatments initiated or withheld;
- The patient's response to treatment; and
- Details of any patch failure, including communication attempts, available methods used, and the clinical rationale for care provided without prior Online Medical Control.

5.6 Reporting and Review

Patch failures must be reported through the designated NWRPCP Patch Failure Form or Self-Report process before the end of the Paramedic's scheduled shift, unless another timeline is approved by NWRPCP.

Patch failures involving actual or potential patient harm, a significant delay in care, a serious communication-system issue, or treatment initiated without prior OMC authorization, must be reported to NWRPCP as soon as reasonably possible.

NWRPCP may review patch-failure reports to identify patient-safety concerns, communication-system failures, recurring operational issues, education needs, or opportunities for process improvement.

Where follow-up is required, NWRPCP may request additional information, conduct a clinical audit or call review, communicate with the ASO or CACC, or implement education, remediation, or other corrective action.

NWRPCP will be responsible for reporting patch failures to the MOH EHRAB as per current performance agreements.

6. REFERENCES

Ambulance Act, R.S.O. 1990, c. A.19.
Ontario Regulation 257/00.
Advanced Life Support Patient Care Standards, current version.
Basic Life Support Patient Care Standards, current version.
Ontario Ambulance Documentation Standards, current version.

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	MC 200
Title: Online Medical Consultation Physician Participation and Oversight	☐ **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:** August 2026 **Next Reviewed Date:** August 2027

CROSS REFERENCES: Online Medical Control and Patch Failure (MC 100), Authorization, Delegation, and Use of Controlled Acts and Medical Directives (MC 400), and Clinical Audit and Continuous Quality Improvement Process (QM 1200).

1. PURPOSE

To establish the requirements for physician participation in Online Medical Consultation (OMC), including designation, orientation, oversight, quality review, and maintenance of authorization within NWRPCP.

2. POLICY STATEMENT

NWRPCP will ensure access to physician Online Medical Consultation through an approved regional or provincial medical-direction model.

Physicians providing OMC to NWRPCP Paramedics must meet the designation, orientation, and participation requirements applicable to the OMC delivery model through which they participate. These requirements may be established by NWRPCP, the provincial OMC program, or both.

The Program Medical Director (PMD) retains responsibility for medical direction and oversight within NWRPCP and may establish additional requirements necessary to support safe paramedic practice within the region.

3. SCOPE

This policy applies to NWRPCP's participation in provincial or regional OMC models and to NWRPCP-affiliated physicians who participate, or are preparing to participate, in OMC. It also governs NWRPCP oversight and quality-management activities related to OMC interactions involving NWRPCP Paramedics.

It also applies to the PMD and NWRPCP personnel responsible for physician onboarding, medical oversight, quality assurance, and management of OMC-related concerns.

This policy does not replace provincial OMC requirements or TBRHSC medical-staff credentialing, appointment, privileging, professional-conduct, or human-resources processes.

4. DEFINITIONS

Online Medical Consultation (OMC): real-time physician consultation, clinical advice, authorization, or medical direction provided to a Paramedic during patient care through an approved regional or provincial medical-direction model.

Base Hospital Physician (BHP): a physician designated by NWRPCP to provide Online Medical Control, clinical advice, and physician direction to Paramedics in accordance with the PMD-approved medical-direction framework.

Designation: formal approval by the PMD for a physician to act as a BHP within an NWRPCP regional , or provincial OMC model.

Program Medical Director (PMD): the physician designated as the medical authority for NWRPCP.

5. PROCEDURE

5.1 OMC Delivery Model

OMC may be provided through a provincially coordinated model, an NWRPCP regional BHP model, or a combination of both, as approved by the PMD.

Where NWRPCP participates in a provincial OMC model, physician eligibility, orientation, scheduling, and participation will be managed in accordance with applicable provincial requirements and any supplementary NWRPCP requirements established by the PMD.

Where OMC is provided through an NWRPCP regional model, physicians must meet the designation and participation requirements established by this policy and the PMD.

5.2 Eligibility for NWRPCP BHP Designation

Where a physician is to be designated by NWRPCP to participate in a regional OMC model, the physician may be considered for BHP designation where they:

- Hold current registration in good standing with the College of Physicians and Surgeons of Ontario;
- Hold an appointment, privileges, or other authorization with TBRHSC appropriate to the intended BHP role;
- Possess clinical knowledge and experience appropriate to providing emergency medical direction to Paramedics;
- Agree to comply with applicable legislation, patient care standards, NWRPCP policies, and the PMD-approved medical-direction framework; and
- Complete all required BHP orientation and designation requirements.

5.3 Orientation and Initial Designation

Before independently providing OMC, a physician must complete the orientation and onboarding requirements applicable to the OMC model in which they will participate.

Orientation may be provided by NWRPCP, the provincial OMC program, or both.

Where provincial orientation is utilized, NWRPCP may provide supplemental regional orientation identified by the PMD as necessary to support practice within the Northwest Region.

5.4 Physician Responsibilities and Practice Expectations

NWRPCP-designated BHPs will meet the following responsibilities. Physicians participating through a provincial OMC model will practice in accordance with applicable provincial requirements.

- Provide timely, respectful, clinically appropriate Online Medical Control within the limits of their designation;
- Consider the Paramedic's current certification level, authorized scope of practice, available resources, and patient condition when providing direction;
- Provide orders or direction that are clear, clinically appropriate, and consistent with applicable standards and NWRPCP policies;
- Clarify requests, directions, or orders where uncertainty exists;
- Document or support documentation of Online Medical Control interactions in accordance with applicable NWRPCP and hospital processes;

- Participate in orientation updates, quality assurance, and performance review activities where required; and
- Promptly notify NWRPCP where they identify a patient-safety concern, communication failure, or other issue affecting Online Medical Control.

5.5 Maintenance of NWRPCP BHP Designation

Designated BHPs must maintain the eligibility requirements outlined in Section 5.2.

NWRPCP may require periodic refresher education, review of updated medical directives or patient care standards, participation in BHP meetings, or completion of other activities necessary to maintain designation.

The PMD or designate may review BHP performance using relevant information, including feedback from Paramedics, patch records, call reviews, quality-management findings, participation in required education, and concerns identified through clinical practice.

A designated BHP must notify NWRPCP as soon as reasonably possible of any change that may affect their eligibility or ability to provide Online Medical Control.

5.6 Restriction, Suspension, or Removal of Designation

The PMD may restrict, suspend, or revoke BHP designation where there are reasonable concerns related to patient safety, competency, professional conduct, credentialing, hospital privileges, non-compliance with this policy, or inability to fulfil the responsibilities of the role.

Where immediate action is necessary to protect patient safety or maintain safe Online Medical Control, the PMD may impose an interim suspension or restriction pending review.

The affected physician will be notified of the decision, reasons, effective date, and any conditions for remediation or reconsideration.

NWRPCP will update its controlled regional BHP roster and notify relevant operational partners where a designation change affects Online Medical Control coverage.

Where a concern involves a physician participating through the provincial OMC model and the physician's authorization falls outside NWRPCP's designation authority, NWRPCP will refer the concern to the appropriate provincial OMC authority in accordance with established quality-management and escalation processes. The PMD may take any interim action within NWRPCP's authority necessary to address an immediate patient-safety concern.

5.7 Records

NWRPCP will retain records related to BHP eligibility, orientation, designation, education, reviews, restrictions, and designation decisions in accordance with applicable TBRHSC records-retention requirements.

6. RELATED PRACTICES AND/OR LEGISLATIONS

Ambulance Act (Ontario) and Ontario Regulation 257/00
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

7. REFERENCES

Ambulance Act, R.S.O. 1990, c. A.19.
Ontario Regulation 257/00.
Advanced Life Support Patient Care Standards, current version.

Basic Life Support Patient Care Standards, current version.

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	MC 300
Title: External Health-Care Professionals and 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:** August 2026 **Reviewed Next Date:** August 2027

CROSS REFERENCES: Online Medical Control and Patch Failure (MC 100), Online Medical Consultation Physician Participation and Oversight (MC 200), and Controlled Act Incident Reporting and Follow-Up (QM 1000)

1. PURPOSE

To establish expectations for Paramedics when an external health care professional who is not already responsible for the patient's care becomes involved in patient care during an active Paramedic response.

2. POLICY STATEMENT

Paramedics will work collaboratively and professionally with regulated health professionals who become involved during an active Paramedic response, consistent with the principles established in the Basic Life Support Patient Care Standards.

The involvement of an external regulated health professional does not independently alter the Paramedic's certification, authorized scope of practice, applicable medical directives, or medical-direction requirements.

Where uncertainty, disagreement, or a request outside the Paramedic's current authorization exists, the Paramedic will seek Online Medical Consultation (OMC) as appropriate.

Patient safety, consent, clinical need, and respectful interprofessional communication will guide all decisions involving an external regulated health professional.

3. SCOPE

This policy applies to all Paramedics certified through NWRPCP.

It applies primarily where Paramedics have established responsibility for patient care and a regulated health professional who was not previously responsible for the patient subsequently offers assistance, clinical advice, direction, or requests to become involved in the patient's care.

Where a patient is already under the care of a regulated health professional at the time ambulance services are requested, Paramedics will follow the applicable requirements of the Basic Life Support Patient Care Standards – Regulated Health Professionals Standard.

4. DEFINITIONS

External Health-Care Professional: a regulated health professional who is not part of the responding Paramedic crew, receiving-facility team, or otherwise responsible for the patient's care when Paramedics establish care, and who subsequently offers assistance, advice, direction, or requests involvement in the patient's care.

Online Medical Consultation: real-time physician consultation, clinical advice, authorization, or medical direction provided to a Paramedic during patient care through an approved medical-direction model.

Program Medical Director (PMD): the physician designated as the medical authority for NWRPCP.

5. PROCEDURE

5.1 Identification and Initial Communication

When an external regulated health professional offers assistance, advice, or direction during an active Paramedic response, the Paramedic will, where circumstances permit:

- Obtain the individual's name and professional designation;
- Obtain confirmation, which may be verbal, that the individual is currently registered with the applicable regulatory College in Ontario;
- Clarify the nature of the individual's proposed involvement;
- Recognize the individual's professional training and qualifications as they relate to the circumstances;
- Communicate relevant information regarding the patient's condition, assessment, treatment provided, response to treatment, and outstanding concerns as appropriate; and
- Work collaboratively with the external regulated health professional in the interests of safe patient care.

5.2 Ongoing Paramedic Responsibilities

The Paramedic remains responsible for all care personally provided and will continue to practise within their current certification, authorized scope of practice, applicable medical directives, and NWRPCP policies.

A request or direction from an external regulated health professional does not independently authorize a Paramedic to perform a controlled act, administer a medication, or provide care outside their current authorization.

Paramedics may assist an external regulated health professional with patient care when requested, provided the requested activity is within the Paramedic's current certification, authorized scope of practice, applicable medical directives, and available resources.

Where a requested treatment or intervention is outside the Paramedic's authorization, inconsistent with an applicable medical directive, or otherwise unclear, the Paramedic will explain the limitation and seek OMC where appropriate.

The Paramedic may continue to provide clinically indicated care within their current authorization while consultation is being obtained.

5.3 External Regulated Health Professional Assuming a Lead Clinical Role

An external regulated health professional may request to assume a lead role in the patient's clinical management.

Where this occurs, the Paramedic will, where practical:

- Confirm the individual's identity, professional designation, and registration status;

- Clarify the nature of the individual's proposed involvement;
- Communicate the patient's current condition, treatment provided, response to treatment, and outstanding concerns;
- Clarify the proposed treatment and transport plan and the respective roles of the Paramedic crew and external regulated health professional; and
- Seek OMC where the proposed care, transport plan, disposition, or respective clinical responsibilities are unclear, disputed, or create a patient-safety concern.

The involvement of an external regulated health professional does not relieve the Paramedic of the responsibility to provide safe care within their own authorization while they remain involved in the patient's care.

Paramedics will not delay clinically indicated assessment, treatment, or transport solely to establish or resolve the role of an external regulated health professional.

5.4 Disagreement or Uncertainty

Where disagreement or uncertainty exists regarding patient assessment, treatment, transport, destination, or disposition, the Paramedic will attempt to resolve the concern collaboratively while maintaining professional communication.

The Paramedic will seek OMC as soon as reasonably possible where:

- The disagreement cannot be resolved collaboratively;
- The proposed plan creates a patient-safety concern;
- The external regulated health professional requests care outside the Paramedic's current authorization; or
- The Paramedic is uncertain regarding their responsibilities or medical authority in the circumstances.

Where immediate treatment is required to prevent or mitigate patient harm, the Paramedic will continue to provide clinically indicated care within their current authorization while OMC is being obtained.

5.5 Documentation

The Paramedic will document the involvement of an external regulated health professional on the Ambulance Call Report in accordance with the applicable Documentation of Patient Care Standard.

Documentation will include, where applicable:

- The individual's name and professional designation;
- Confirmation of their registration status, where obtained;
- The nature and timing of their involvement;
- Relevant clinical information, recommendations, or direction provided;
- Any patient care provided by the external regulated health professional;
- Any care requested of or provided by the Paramedic;
- Any disagreement or uncertainty relevant to patient care;
- Any OMC obtained; and
- Relevant patient disposition and transfer-of-care information.

5.6 Reporting and Follow-Up

The Paramedic will submit an NWRPCP Self-Report where the involvement of an external regulated health professional results in:

- A patient-safety concern;
- A significant or unresolved disagreement regarding patient care or disposition;

- A request for the Paramedic to provide care outside their current authorization;
- An unresolved concern regarding the individual's identity, registration status, or authority;
- A significant delay in clinically indicated patient care or transport; or
- A deviation from applicable patient care standards, medical directives, or NWRPCP policy.

NWRPCP may conduct further review, request clarification, initiate a clinical audit or call review, provide education, or take other follow-up action where required.

6. RELATED PRACTICES AND/OR LEGISLATION

Ambulance Act, R.S.O. 1990, c.A.19
Ontario Regulation 257/00
Health Care Consent Act, 1996

7. REFERENCES

Ontario Ambulance Documentation Standards, Ministry of Health and Long Term Care (MOHLTC) Emergency Health Regulatory and Accountability Branch (EHRAB)
Health Care Consent Act, 1996.
Advanced Life Support Patient Care Standards, current version.
Basic Life Support Patient Care Standards, current version.
Ontario Ambulance Documentation Standards, current version.

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	MC 400
Title: Authorization, Delegation, and Use of Medical Directives	☐ **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:** August 2026 **Reviewed Next Date:** August 2027

CROSS REFERENCES: Online Medical Control and Patch Failure (MC 100), Base Hospital Physician Designation, Orientation, and Privileging (MC 200), External Health-Care Professionals and Medical Authority on Scene (MC 300), Medication and Equipment Quality Assurance Requirements (QM 700), Controlled Act Incident Reporting and Follow-Up (QM 1000), Clinical Audit and Continuous Quality Improvement Process (QM 1100), and Controlled Act Incident Reporting Procedures (PANC-600)

1. PURPOSE

To establish the Northwest Region Prehospital Care Program (NWRPCP) requirements for the authorization, delegation, restriction, suspension, and use of approved medical directives by certified Paramedics.

This policy is intended to ensure that controlled acts and other medical-directive interventions are performed only by Paramedics who are appropriately certified, authorized, and practising within the conditions established by the Program Medical Director (PMD), applicable patient care standards, and NWRPCP policy.

2. POLICY STATEMENT

The PMD is responsible for authorizing eligible Paramedics to perform controlled acts and apply approved medical directives within the NWRPCP medical-direction framework.

Paramedics may perform controlled acts or apply approved medical directives only when they:

- Hold current certification with NWRPCP;
- Are authorized by the PMD for the applicable level of practice;
- Meet all applicable conditions, indications, contraindications, dosing requirements, patch requirements, and clinical considerations;
- Have the required equipment, medication, training, and operational support available; and
- Are acting within their current certification level, authorized scope of practice, and applicable patient care standards while on duty.

Authorization to perform controlled acts or apply medical directives is not transferable from one Paramedic to another.

A Paramedic must not perform a controlled act, administer medication, or apply a medical directive outside their current authorization, even when directed or requested by another Paramedic, external health-care professional, employer, or other person.

The PMD may place conditions on, restrict, suspend, or revoke authorization where required for patient safety, certification status, competency, quality management, medical-directive compliance, or other clinical governance reasons.

NWRPCP may review use of medical directives and controlled acts through clinical audit, quality management, incident review, education, remediation, or certification processes.

3. SCOPE

This policy applies to all Paramedics certified or seeking certification through NWRPCP.

This policy applies to the PMD, Base Hospital Physicians, NWRPCP staff, reviewers, educators, and other individuals involved in authorization, certification, clinical audit, quality management, or medical-directive oversight.

This policy applies to controlled acts, auxiliary medical directives, chemical medical directives, and other PMD-authorized patient-care interventions performed under the NWRPCP medical-direction framework.

This policy does not replace the current Advanced Life Support Patient Care Standards, Basic Life Support Patient Care Standards, Ontario Ambulance Documentation Standards, or applicable Ambulance Service Operator operational policies.

4. DEFINITIONS

Authorization: approval granted by the PMD permitting a certified Paramedic to perform specified controlled acts or apply specified medical directives under defined conditions.

Base Hospital Physician: a physician designated by NWRPCP to provide Online Medical Control, clinical advice, and physician direction to Paramedics.

Controlled Act: an act identified in subsection 27(2) of the Regulated Health Professions Act, 1991.

Deactivation: temporary removal of authorization to perform one or more controlled acts, apply one or more medical directives, or practice at a specified certification level.

Delegation: the process by which authority to perform a controlled act is extended to a Paramedic in accordance with applicable legislation, regulation, patient care standards, and PMD authorization.

Medical Directive: a written clinical directive approved through the applicable provincial or NWRPCP process that authorizes Paramedics to assess, treat, consult, or perform specified patient-care interventions under defined conditions.

Restriction: a limitation placed on a Paramedic's authorization, scope of practice, or use of one or more medical directives.

5. PROCEDURE

5.1 Granting Authorization

The PMD may authorize a Paramedic to perform controlled acts and apply approved medical directives once the Paramedic has met all applicable certification, education, evaluation, and operational requirements.

Authorization will be based on the Paramedic's certification level, completed education, demonstrated competence, maintenance of certification status, and any applicable conditions established by the PMD.

NWRPCP will maintain a record of Paramedic certification status, authorization level, restrictions, suspensions, and applicable medical-directive approvals.

5.2 Use of Medical Directives

Before performing a controlled act or applying a medical directive, the Paramedic must confirm that the patient meets the applicable indications and that no contraindication, condition, restriction, or patch requirement prevents the intervention.

Where Online Medical Control is required by a medical directive, the Paramedic must contact the Base Hospital Physician in accordance with MC 100 Online Medical Control and Patch Failure.

Where the Paramedic is uncertain whether a medical directive applies, whether an intervention is authorized, or whether patient-specific circumstances require consultation, the Paramedic should seek Online Medical Control as soon as reasonably possible.

The Paramedic must reassess the patient as clinically indicated before and after performing a controlled act, administering medication, or applying a medical directive.

The Paramedic must document the assessment, indication, contraindication review, intervention, patient response, BHP consultation where applicable, and transfer-of-care information in accordance with the Ontario Ambulance Documentation Standards.

5.3 Limits of Authorization

A Paramedic must not perform a controlled act or apply a medical directive if they are not currently authorized, are subject to a relevant restriction, or do not meet the applicable conditions of the directive.

A Paramedic must not delegate their authorization to another Paramedic or direct another Paramedic to perform an intervention outside that Paramedic's current authorization.

A request or order from another health-care professional does not expand a Paramedic's authorization or permit care outside the Paramedic's current certification, medical directives, or scope of practice.

Where a required medication, device, or equipment item is unavailable or not functioning, the Paramedic must not attempt an unauthorized workaround. The concern must be managed in accordance with applicable patient care standards and QM 700 Medication and Equipment Quality Assurance Requirements.

5.4 Restrictions or Deactivation

The PMD may restrict, suspend, or revoke a Paramedic's authorization where concerns arise related to patient safety, clinical competence, medical-directive compliance, certification status, maintenance of certification, documentation integrity, controlled-act performance, or professional conduct affecting clinical practice.

Where immediate action is required to protect patient safety, the PMD or designate may impose an interim deactivation pending further review.

The Paramedic and applicable Ambulance Service Operator will be notified of any deactivation, including the effective date, scope of the limitation, and any conditions required for reconsideration or reactivation.

Reinstatement of authorization may require education, remediation, supervised practice, reassessment, successful completion of an evaluation, or PMD review.

5.5 Transfer of Care

When a controlled act, medication, or medical-directive intervention has been performed, the attending Paramedic must ensure that transfer of care includes relevant information about the intervention, timing, patient response, ongoing monitoring needs, and any anticipated adverse effects or reassessment requirements.

Where a patient requires continued monitoring or management beyond the receiving provider's scope or available resources, the Paramedic must take reasonable steps to ensure continuity of care and consult Online Medical Control where required.

5.6 Review and Quality Management

NWRPCP may review controlled-act performance and medical-directive use through routine audit, targeted audit, incident review, call review, field evaluation, or other quality-management processes.

Variances, medication incidents, controlled-act concerns, documentation concerns, or patient-safety issues will be managed through the applicable NWRPCP quality-management policy.

6. RELATED PRACTICES AND/OR LEGISLATIONS

Ambulance Act (Ontario)
Ontario Regulation 257/00

7. REFERENCES

College of Physicians & Surgeons of Ontario (CPSO) Delegation of Control Acts
Advanced Life Support Patient Care Standards (ALS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).
Basic Life Support Patient Care Standards (BLS PCS), Ministry of Health and Long Term Care (MOHLTC), Emergency Health Regulatory and Accountability Branch (EHRAB).
Regulated Health Professions Act, 1991.
Advanced Life Support Patient Care Standards, current version.
Basic Life Support Patient Care Standards, current version.
Ontario Ambulance Documentation Standards, current version.

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	MC 500
Title: Off-Duty Practice and Event Coverage	☐ **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:** August 2026 **Reviewed Next Date:** August 2027

CROSS REFERENCES: Online Medical Control and Patch Failure (MC 100), Base Hospital Physician Designation, Orientation, and Privileging (MC 200), External Health-Care Professionals and Medical Authority on Scene (MC 300), Medication Incident and Reporting Guidelines (QM 400), Authorization, Delegation, and Use of Medical Directives (MC 500), and Controlled Act Incident Reporting and Follow-Up (QM 1000).

1. PURPOSE

To establish when NWRPCP medical direction and Paramedic authorization apply outside routine ambulance service operations, including off-duty assistance, independent or external practice, and special-event coverage.

2. POLICY STATEMENT

NWRPCP authorization to perform delegated controlled acts and apply approved medical directives applies only while a Paramedic is practicing within an Approved Medical-Direction Arrangement.

Current NWRPCP certification alone does not provide authority to perform delegated controlled acts or practice under NWRPCP medical direction while off duty, independently providing services, working or volunteering for a non-ASO organization, or participating in an event outside an Approved Medical-Direction Arrangement.

This policy does not prevent a Paramedic from providing reasonable bystander assistance, first aid, CPR, or other care that the individual is otherwise authorized or legally permitted to provide.

Paramedic practice outside routine ambulance service operations requires prior NWRPCP authorization where NWRPCP medical direction, medical directives, or delegated controlled-act authority are to apply.

3. SCOPE

This policy applies to all Paramedics certified through NWRPCP.

It applies to:

- Off-duty bystander assistance;
- Independent, volunteer, contract, or other patient-care work outside routine Ambulance Service Operator (ASO) operations;
- Special-event coverage provided within routine ASO operations;
- Dedicated ASO special-event coverage; and
- Patient-care services provided through an external or non-ASO organization where NWRPCP medical direction is proposed.

This policy establishes requirements related to NWRPCP medical direction and Paramedic authorization. It does not replace the responsibilities of an ASO, employer, contractor, or other organization for staffing, employment, insurance, contractual arrangements, vehicle requirements, equipment, medication supply, workplace health and safety, or other operational obligations.

4. DEFINITIONS

Approved Medical Direction Arrangement: an operational arrangement in which NWRPCP has expressly authorized Paramedic practice under its medical direction. This includes routine ambulance service operations, approved ASO special-event coverage, and an external service arrangement established through a formal written agreement that expressly provides for NWRPCP medical direction.

Controlled Act: an act identified in subsection 27(2) of the Regulated Health Professions Act, 1991, that may be performed by a Paramedic only when authorized in accordance with Ontario Regulation 257/00, applicable medical direction, and their current certification.

Dedicated ASO Event Coverage: special-event coverage provided by an ASO where a Paramedic crew, ambulance, or other clinical resource is assigned primarily or exclusively to the event and is not available for routine public ambulance response unless otherwise specified in the approved event plan.

Off-Duty Bystander Assistance: assistance provided by a Paramedic outside an Approved Medical-Direction Arrangement when the individual is not acting under NWRPCP medical direction.

Routine Ambulance Operations: patient-care activities performed by a Paramedic through an ASO under the usual operational, dispatch, medical-direction, documentation, and quality-management processes applicable to that service.

Special Event: a planned gathering, activity, or organized event for which Paramedic, ambulance, medical, or first-aid coverage is requested or arranged.

5. PROCEDURE

5.1 Off-Duty Bystander Assistance

An off-duty Paramedic who provides assistance as a bystander is not practicing under NWRPCP medical direction solely because they hold current NWRPCP certification.

NWRPCP authorization to perform delegated controlled acts or apply approved medical directives does not apply during off-duty bystander assistance.

A Paramedic may provide reasonable assistance within their personal competence and any authority otherwise available to them outside NWRPCP medical direction.

The Paramedic must not represent that they are acting under NWRPCP medical direction or that NWRPCP certification independently authorizes care provided in these circumstances.

Where an off-duty Paramedic becomes involved in an emergency, they should activate or support activation of the appropriate emergency response system and transfer care to responding emergency personnel as soon as appropriate.

Medications, controlled substances, equipment, or supplies obtained through an ASO or NWRPCP for authorized Paramedic practice must not be used for personal off-duty patient care unless otherwise expressly authorized.

5.2 Independent or Non-ASO Practice

A Paramedic providing patient-care services as an independent contractor, volunteer, employee of a non-ASO organization, or through an external agency is not practicing under NWRPCP medical direction solely by virtue of holding current NWRPCP certification.

NWRPCP authorization to perform delegated controlled acts or apply approved medical directives in a non-ASO setting applies only where a formal written agreement has been established through the applicable NWRPCP/TBRHSC approval process and expressly provides for NWRPCP medical direction.

In the absence of such an agreement, the Paramedic must not represent that NWRPCP certification provides medical direction, delegated controlled-act authority, or authorization to apply NWRPCP medical directives in that setting.

An external medical-direction agreement applies only to the organization, practice setting, scope of care, participating personnel, and period specified in the agreement. Authorization does not extend to other employers, organizations, contracts, events, or practice settings.

5.3 Special Events Within Routine ASO Operations

An ASO assignment to a special event does not require separate NWRPCP medical authorization where the assigned Paramedic crew or clinical resource continues to operate within routine ambulance service operations.

Routine NWRPCP authorization may continue where:

- Participating Paramedics are working in their authorized role with the ASO;
- The resource remains subject to the ASO's usual operational and dispatch processes;
- Usual equipment, medications, communications, documentation, medical-direction, and quality-management processes remain in place;
- The Paramedics practice within their current certification and authorized scope of practice; and
- The event does not require an expanded or altered scope of care.

The ASO will notify NWRPCP where an event assignment introduces a material change that may affect medical direction, Paramedic authorization, access to OMC, medications, equipment, documentation, communications, or other clinical requirements.

5.4 Dedicated ASO Event Coverage

Dedicated ASO Event Coverage requires NWRPCP approval before Paramedics provide patient care under NWRPCP medical direction at the event.

The ASO will submit a written request sufficiently in advance of the event to permit review and approval.

The request will identify, as applicable:

- The event name, date, location, duration, and anticipated attendance;
- The ASO responsible for the coverage;
- The participating Paramedics and their certification levels;
- The proposed scope of care and delegated controlled acts;
- Medications, equipment, supplies, and clinical resources;
- The OMC process;
- Communication, dispatch, escalation, transport, and receiving-facility arrangements;
- Patient-care documentation, incident reporting, medication reporting, and quality-management processes; and
- Confirmation that required ASO operational approvals are in place.

The PMD or designate may approve, deny, restrict, or impose conditions on the proposed medical-direction arrangement based on patient safety, Paramedic authorization, clinical readiness, OMC availability, quality-management requirements, or other relevant medical-direction considerations.

Written NWRPCP approval will identify the effective period, authorized Paramedics or certification levels, approved scope of care, and any applicable conditions or limitations.

Approval applies only to the event and arrangements specified and does not automatically extend to another event or future service arrangement.

5.5 Responsibilities during Approved Event Coverage

Paramedics participating in approved event coverage will practice within:

- Their current NWRPCP certification and authorization;
- The scope and conditions identified in the approved event plan;
- Applicable patient care standards and medical directives; and
- Applicable NWRPCP and ASO policies.

Required medications, equipment, documentation systems, communication methods, transport arrangements, and access to OMC identified in the approved event plan must be available while patient-care coverage is being provided.

Patient-care documentation, medication reporting, controlled-act reporting, incident reporting, and quality-management follow-up will occur in accordance with applicable NWRPCP and ASO requirements.

The ASO must notify NWRPCP as soon as reasonably possible of a material change that affects the approved medical-direction arrangement, including loss of required staffing, equipment, medications, communications, OMC, or transport capability.

NWRPCP may restrict, suspend, or withdraw its authorization where patient safety, Paramedic authorization, clinical readiness, or conditions of the approved event plan are no longer met.

5.6 Records

NWRPCP will retain records relating to special-event requests, medical-direction approvals, approved event plans, external medical-direction agreements, related correspondence, and quality-management activities in accordance with applicable TBRHSC records-retention requirements.

6. RELATED PRACTICES AND/OR LEGISLATION

Ambulance Act, R.S.O. 1990, c. A.19
Ontario Regulation 257/00
Regulated Health Professions Act, 1991

7. REFERENCES

Advanced Life Support Patient Care Standards, current version
Basic Life Support Patient Care Standards, current version

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	QM 100
Title: BLS Practice Concerns and Remediation	☐ **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:** August 2026 **Next Review:** August 2027

CROSS REFERENCES: Maintenance of Certification Criteria Policy (CERT-100) & Remediation (CERT-600).

1. PURPOSE

To establish a consistent, fair, and documented process for identifying, communicating, remediating, and closing concerns where a Paramedic's Basic Life Support (BLS) practice may not meet applicable patient care standards.

This policy is intended to support patient safety, professional development, quality improvement, and accountability while respecting the respective responsibilities of NWRPCP, the Ambulance Service Operator (ASO), and the Paramedic.

2. POLICY STATEMENT

All Paramedics are expected to provide patient care in accordance with the current Basic Life Support Patient Care Standards (BLS PCS), applicable Advanced Life Support Patient Care Standards (ALS PCS), authorized medical directives, and NWRPCP policies.

Where a BLS practice concern is identified, NWRPCP will respond in a timely, evidence-informed, and proportionate manner. The response may include feedback, additional assessment, remediation, monitoring, or communication with the ASO.

A BLS practice concern does not, in itself, constitute a finding of professional misconduct, negligence, or employment unsuitability. Findings and follow-up actions will be based on the information available through the applicable quality management, evaluation, or review process.

Where there is an immediate patient safety concern, NWRPCP will promptly notify the PMD and ASO and may recommend or implement interim measures within its authority pending further review.

3. SCOPE

This policy applies to Paramedics certified through NWRPCP, affiliated ASOs, and NWRPCP personnel involved in Maintenance of Certification (MOC), field evaluation, clinical audit, call review, complaint investigation, incident review, or other quality management activities.

This policy outlines the NWRPCP process for identifying and communicating BLS practice concerns. It does not replace the ASO's responsibilities related to employment, discipline, operational supervision, or return-to-work decisions.

3.1 Contracted BLS Quality Assurance Services

Where NWRPCP has entered into a memorandum of understanding (MOU) or other formal agreement with an ASO to conduct BLS clinical audits, this policy applies to the identification, communication, reporting, and follow-up of BLS practice concerns arising from those audits.

The applicable MOU will define the scope of audit activity, reporting requirements, responsibilities for remediation, information-sharing expectations, and any service-specific processes.

Depending on the terms of the applicable agreement, remediation of identified BLS practice concerns may be led by the ASO, NWRPCP, or jointly by both parties.

Nothing in this policy replaces the ASO's responsibilities for operational supervision, employment decisions, or discipline.

4. DEFINITIONS

Advanced Care Paramedic (ACP): as defined in subsection 8(2) of the Ambulance Act of Ontario Regulation 257/100

BLS Practice Concern: an action, omission, documentation deficiency, knowledge gap, or clinical performance concern that may not meet applicable BLS PCS requirements, related ALS PCS requirements, authorized medical directives, or NWRPCP policy.

Immediate Patient Safety Concern: a concern that creates, or may reasonably create, an immediate risk of patient harm if not addressed.

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.

Primary Care Paramedic (PCP): as defined in subsection 8(1) of the Ambulance Act of Ontario Regulation 257/100

Remediation: a structured, educational, or evaluative process assigned by the RBHP to address a patient care concern or any knowledge, clinical, professional, or performance deficiencies identified.

Remediation Plan: a documented educational, evaluative, or clinical development process established by the NWRPCP to address identified concerns and support the achievement of defined objectives.

Substantiated Finding: a determination made following review of sufficient and reliable information that a concern occurred or that applicable standards, directives, policies, or professional expectations were not met.

5. PROCEDURE

A BLS practice concern may be identified through MOC activities, Paramedic Field Evaluations, clinical audit, Ambulance Call Evaluation (ACE), call review, complaint investigation, incident reporting, contracted BLS audit activities, or any other NWRPCP quality management process.

Upon identification of a potential BLS practice concern, NWRPCP will review the available information to determine whether further follow-up is required. The review may include consideration of the relevant patient care standards, documentation, available clinical information, assessment findings, and any additional information provided by the Paramedic or ASO.

Where a concern is identified during an educational activity or MOC event, corrective feedback may be provided at the time of the activity where appropriate. Any required follow-up, remediation, or reassessment will be documented and reported to the ASO in a timely manner.

When a BLS patient care variance is identified during a clinical audit, NWRPCP will provide notification through the ACE tool. The notification will include, where applicable:

- The relevant BLS PCS standard;
- A concise summary of the relevant findings or assessment concerns;

Where a concern results in a requirement that may affect a Paramedic's certification status, participation in MOC activities, or authorization to perform controlled acts or advanced medical procedures, NWRPCP will notify the Paramedic and ASO in writing within one (1) business day of the decision. Where the concern involves an immediate patient safety risk, the PMD and ASO will be notified as soon as reasonably possible, and NWRPCP may implement or recommend interim measures within its authority pending further review.

The ASO is responsible for operational supervision, employment decisions, discipline, and return-to-work decisions. Nothing in this policy replaces those responsibilities.

Unless otherwise specified in a formal agreement between NWRPCP and the ASO, the ASO will provide NWRPCP with a written remediation plan as soon as reasonably possible of notification of a substantiated BLS practice concern. The remediation plan will ideally identify:

- The actions being taken to address the concern;
- The individual(s) responsible for overseeing remediation;
- The anticipated completion date; and
- The method by which successful remediation will be confirmed.

NWRPCP may, in collaboration with the ASO, identify and coordinate appropriate remediation requirements, including additional education, clinical evaluation, reassessment, monitoring, or documentation before the quality management file is closed. Each party remains responsible for actions falling within its respective authority.

Where concerns are serious, recurrent, unresolved, or demonstrate a pattern of non-compliance with applicable standards, medical directives, or NWRPCP policies, NWRPCP may determine that additional remediation, monitoring, reassessment, or escalation is required. Where appropriate, these requirements will be coordinated with the ASO to support a consistent approach to remediation and ongoing practice.

The Paramedic will be provided an opportunity to submit relevant information or clarification before a final NWRPCP finding is made, except where immediate action is required to address a patient safety concern.

5.1 Contracted BLS Audit Agreements

Where NWRPCP has entered into a memorandum of understanding (MOU) or other formal agreement with an ASO to conduct BLS clinical audits, the applicable agreement will define the scope of audit activity, information-sharing requirements, reporting expectations, remediation responsibilities, and any service-specific processes.

When a BLS patient care variance is identified through a clinical audit, NWRPCP will provide notification through the ACE tool to the Paramedic or ASO, as established by the applicable agreement. The notification will include, where applicable:

- The relevant BLS PCS standard;
- A concise summary of the identified finding or patient care concern; and
- Any required education, follow-up, or recommended action.

NWRPCP will provide regular written reporting to ASOs participating in a formal BLS audit agreement. This may include monthly correspondence regarding identified concerns and quarterly aggregate reports outlining audit activity, trends, findings, and quality-improvement opportunities.

Where the applicable agreement assigns remediation responsibility to the ASO, NWRPCP will provide sufficient information to support follow-up, and the ASO will provide confirmation of the outcome or remediation completed in accordance with the established agreement.

Where the applicable agreement assigns remediation responsibility to NWRPCP, the Program will develop, implement, and document the required education, remediation, reassessment, or other follow-up. The ASO will be advised of the concern and outcome in accordance with the applicable agreement and information-sharing requirements.

Aggregate audit findings may be used to identify recurrent practice concerns, educational priorities, and quality-improvement opportunities. Individual Paramedic information will only be disclosed where required to support patient safety, remediation, certification oversight, or responsibilities established under the applicable agreement.

NWRPCP will retain records of audit findings, communications, remediation, reassessment, and outcomes in accordance with applicable Ministry of Health and hospital records-retention requirements.

6. RELATED PRACTICES AND/OR LEGISLATIONS

Ambulance Act (Ontario) and Ontario Regulation 257/00

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.

7. REFERENCES

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

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

Thunder Bay Regional Health Sciences Centre 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:** August 2026 **Next Review:** August 2027

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. PURPOSE

To establish a consistent, fair, timely, and documented process for receiving, assessing, routing, reviewing, and closing complaints related to paramedic patient care, professional conduct, or Northwest Region Prehospital Care Program (NWRPCP) services. This policy is intended to support patient safety, quality improvement, accountability, and respectful communication with complainants, while maintaining appropriate privacy and confidentiality protections.

2. POLICY STATEMENT

NWRPCP will receive and manage complaints within its mandate in a timely, impartial, and proportionate manner.

Complaints may relate to patient care, clinical decision-making, compliance with applicable patient care standards or medical directives, professional conduct, communication, or NWRPCP services.

Complaints will be reviewed and managed by the organization with the appropriate authority. NWRPCP will address concerns within its clinical governance, certification, and quality-management mandate. Ambulance Service Operator (ASO)s remain responsible for operational supervision, employment matters, discipline, and service-specific conduct processes.

A complaint does not, in itself, establish that a standard of care, policy, or professional expectation has been breached. Findings and follow-up actions will be based on the information available through the applicable review process.

3. DEFINITIONS

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

Complaint: an expression of dissatisfaction or concern regarding patient care, clinical decision-making, professional conduct, communication, or services provided by a Paramedic, Ambulance Service Operator, or NWRPCP.

Complainant: an individual or organization that submits a complaint.

Immediate Patient Safety Concern: a concern that creates, or may reasonably create, an immediate risk of patient harm if not addressed.

NWRPCP Review: an assessment undertaken by NWRPCP to determine whether concerns within its clinical governance, certification, medical oversight, or quality-management mandate require follow-up.

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.

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority.

Substantiated Finding: a determination made following review of sufficient and reliable information that a concern occurred or that applicable standards, directives, policies, or professional expectations were not met.

4. PROCEDURE

Complaints may be received verbally or in writing by NWRPCP. Complaints should include sufficient information to permit review, including the complainant's name and contact information, the date and location of the event, the involved service or Paramedic where known, and a description of the concern.

NWRPCP will document each complaint received and assign it to the appropriate NWRPCP representative for preliminary review.

Where contact information is available, NWRPCP will acknowledge receipt of the complaint within five (5) business days. The acknowledgement will advise the complainant that the concern is being reviewed, outline the next steps where appropriate, and identify any limits on the information that may be shared.

Anonymous complaints will be reviewed to the extent reasonably possible based on the information provided. NWRPCP will not be able to provide updates or a response where the complainant cannot be contacted.

Upon preliminary review, NWRPCP will determine whether the complaint falls within its mandate, should be referred to another organization, or requires a joint review.

Concerns related to Advanced Life Support Patient Care Standards (ALS PCS), authorized medical directives, clinical certification, controlled acts, or NWRPCP medical oversight will be reviewed by NWRPCP in consultation with the Program Medical Director (PMD) or designate, as appropriate.

Concerns related primarily to Basic Life Support Patient Care Standards (BLS PCS), Paramedic conduct, operational practice, employment matters, or service-specific policies will be referred to the involved ASO for review and follow-up.

Where a complaint includes both NWRPCP and ASO responsibilities, NWRPCP and the ASO may conduct a coordinated review. Each organization remains responsible for decisions within its respective mandate.

Where an immediate patient safety concern is identified, NWRPCP will promptly notify the PMD and the involved ASO. NWRPCP may recommend or implement interim measures within its authority pending further review.

NWRPCP may obtain and review relevant information necessary to assess the complaint, including patient care records, clinical documentation, call review materials, quality-assurance records, and information provided by the Paramedic, ASO, complainant, or other involved parties.

The Paramedic and ASO will be provided an opportunity to submit relevant information or clarification where the review may result in a finding, remediation requirement, certification-related action, or other follow-up within NWRPCP authority.

NWRPCP may refer a complaint to an existing quality-management process, including an Ambulance Call Evaluation (ACE), call review, or Paramedic Field Evaluation, where appropriate.

Where reporting to the Ministry of Health (MOH) is required by legislation, a formal agreement, or written Ministry direction, NWRPCP will complete reporting in accordance with the applicable requirement.

NWRPCP will provide the complainant with a response at the conclusion of the review, where contact information is available. The response will confirm that the concern was reviewed and that appropriate action was taken, where applicable. Specific information related to personnel, employment, discipline, certification, or patient records will only be disclosed where permitted by applicable privacy and legal requirements.

Where a review cannot be completed within thirty (30) business days, NWRPCP will provide the complainant with an update, where contact information is available.

Complaints concerning the Manager of NWRPCP will be referred to the Manager's supervisor or designate. Complaints concerning the PMD will be referred to the appropriate hospital medical leadership representative or designate. Any individual with an actual or perceived conflict of interest will not lead the review.

NWRPCP will retain complaint records, correspondence, review materials, findings, and related follow-up documentation in accordance with hospital records-retention requirements.

Information will be shared only with individuals or organizations who require it to carry out responsibilities related to patient safety, quality management, clinical governance, certification, employment, or complaint resolution.

5. RELATED PRACTICES AND/OR LEGISLATIONS

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

6. REFERENCES

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

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

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

Thunder Bay Regional Health Sciences Centre 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:** August 2026 **Next Review:** August 2027

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

1. PURPOSE

To establish expectations for certified Paramedics to receive, review, acknowledge, and respond to correspondence issued by the Northwest Region Prehospital Care Program (NWRPCP).

Timely response to NWRPCP correspondence is required to support patient safety, quality management, clinical review, certification oversight, and administrative processes.

2. POLICY STATEMENT

Paramedics certified through NWRPCP are responsible for reviewing and responding to NWRPCP correspondence within the timeframe identified in the communication.

Paramedics must maintain current contact information within the Learning Management System (LMS) and make reasonable efforts to regularly review their designated NWRPCP correspondence email account.

Correspondence may include, but is not limited to:

- Ambulance Call Evaluation (ACE) forms, emails, telephone messages, or other requests for information or clarification;
- Requests for supporting documentation, self-evaluation, or follow-up related to a quality management process;
- Requests to attend a meeting, call review, clinical debrief, or discussion with the Program Medical Director (PMD), designate, or Clinical Educator; and
- Notices related to certification, remediation, education, or administrative requirements.

Failure to respond to required correspondence within the stated timeframe may result in administrative deactivation in accordance with this policy.

Administrative deactivation for failure to respond to correspondence is an administrative measure intended to ensure engagement with NWRPCP processes. It does not, on its own, constitute a final finding regarding patient care, professional conduct, or employment suitability.

3. DEFINITIONS

Administrative Deactivation: temporary removal of a Paramedic's active certification status due to failure to meet an administrative requirement, including failure to respond to required NWRPCP correspondence.

Ambulance Call Evaluation (ACE): a documented communication tool used by NWRPCP to request information, clarification, reflection, or follow-up related to a patient-care event or quality management concern.

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

Correspondence: any written or verbal communication issued by NWRPCP through the ACE tool, Learning Management System, email, telephone, or another documented communication method.

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.

4. PROCEDURE

4.1 ACE Correspondence Notifications

Unless otherwise identified in the correspondence, Paramedics will have fourteen (14) calendar days from the date of issue to acknowledge or respond to ACE correspondence.
The ACE correspondence process will include the following notification timeline:

- Day 0: Initial notice of correspondence issued to the Paramedic.
- Day 14: Reminder issued where the required acknowledgement or response has not been received.
- Day 21: Final notice issued advising that failure to respond by Day 28 may result in administrative deactivation.
- Day 28: NWRPCP may administratively deactivate the Paramedic where no response has been received and no approved extension is in place.

Before administrative deactivation occurs, NWRPCP will make reasonable efforts to confirm that the Paramedic's contact information is current and determine whether the Paramedic is unavailable due to an approved leave of absence or another reasonable circumstance.

Where a Paramedic is on an approved leave of absence, experiencing a verified technical issue, or has another reasonable barrier to responding, NWRPCP may extend the response deadline or place the correspondence requirement on hold.

Where administrative deactivation occurs, NWRPCP will notify the Paramedic and the applicable ASO in writing. The notification will identify the outstanding requirement and the steps required for reactivation.

Administrative reactivation may occur once the outstanding correspondence and any associated required follow-up have been completed to the satisfaction of NWRPCP.

4.2 Call Review Requests

The PMD or designate may request a meeting with a Paramedic at any time to obtain clarification, review a patient-care event, provide feedback, complete a call review, or address a certification, quality management, or patient-safety concern.

All call-review notifications will be issued through the ACE tool or another documented NWRPCP communication method.

The NWRPCP will coordinate call-review scheduling in consultation with PMD or delegate, taking into account the availability of the involved Paramedic, physician, and other required participants.

Meetings may occur in person, by telephone, or by videoconference.

Meetings will be recorded for accuracy or quality management purposes. The Paramedic will be advised before recording begins.

At the conclusion of a call review, the Paramedic will be required to complete the Post Call Review Self-Evaluation Form (FM-03), where applicable to the purpose of the review, within timeline specified.

Failure to attend a required meeting without reasonable explanation may result in administrative deactivation pending completion of the meeting.

4.3 Personal Contact Information

Paramedics are responsible for ensuring that their primary email address and contact information in the LMS are current and accurate.

NWRPCP will use the primary email address identified in the LMS, or another documented contact method, for the distribution of correspondence.

A Paramedic must update their LMS profile as soon as reasonably possible following a change in email address, telephone number, employment status, or other information that may affect NWRPCP communication.

NWRPCP is not responsible for missed, delayed, or undelivered correspondence resulting from inaccurate or outdated contact information provided by the Paramedic.

4.4 Documentation and Privacy

NWRPCP will document relevant correspondence, reminders, contact attempts, meeting outcomes, administrative deactivation decisions, and reactivation requirements.

Information will be shared with an ASO or other party only where reasonably necessary for patient safety, quality management, certification oversight, remediation, or another authorized purpose.

5. RELATED PRACTICES AND/OR LEGISLATIONS

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

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. REFERENCES

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

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

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

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	QM 400
Title: Medication Incident & Reporting Guidelines	☐ **Policy** ☐ **Procedure** ☒ **SOP**
Category: Quality Management **Dept/Prog/Service:** Northwest Region Prehospital Care Program	**Distribution:** NW Region Ambulance Operators & Paramedics, Base Hospital Physicians
Approved: Program Medical Director & Program Manager	**Approval Date:** Dec 2021 **Reviewed/Revised Date:** August 2026 **Next Review:** August 2027

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. PURPOSE

To establish a consistent process for identifying, managing, documenting, reporting, reviewing, and learning from medication incidents and near misses involving Paramedics certified through the Northwest Region Prehospital Care Program (NWRPCP).

This policy is intended to support patient safety, timely clinical follow-up, quality improvement, and medication-safety learning.

2. POLICY STATEMENT

Paramedics certified through NWRPCP must report actual medication incidents and near misses identified while providing patient care, participating in NWRPCP education activities, or handling medications in connection with their professional duties.

Where a medication incident is identified, the Paramedic's first priority is to assess the patient, provide or arrange appropriate care within their scope of practice, and take reasonable steps to prevent or mitigate patient harm.

Medication incidents will be reviewed in a timely and proportionate manner. Reporting an incident does not, on its own, establish fault, misconduct, negligence, or a breach of professional expectations.

This policy does not replace the Ambulance Service Operator's (ASO) responsibilities for operational reporting, medication inventory, controlled-substance accountability, workplace investigation, or reporting required by legislation, regulation, or service policy.

3. DEFINITIONS

Controlled Substance Discrepancy: an unexplained difference involving the quantity, handling, documentation, security, wastage, loss, theft, or administration of a controlled substance.

Medication: a drug, medicinal product, or substance used in the diagnosis, treatment, mitigation, prevention, or management of disease, injury, or symptoms.

Medication Incident: any preventable circumstance or event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of a healthcare professional. Medication incidents may involve prescribing or verbal orders, selection, preparation, labelling, packaging, storage, transport, administration, documentation, monitoring, education, or medication-use systems.

Medication Incident with Harm: a medication incident that results in patient harm, requires additional monitoring or treatment, contributes to an unanticipated change in patient condition, or creates a reasonable concern for patient safety.

Near Miss: a medication incident that did not reach the patient or was detected and corrected before causing patient harm.

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.

Self-Report Form: the designated NWRPCP electronic form used to report medication incidents and near misses.

4. PROCEDURE

4.1 Immediate Patient-Safety Actions

When a medication incident is identified during patient care, the Paramedic will immediately assess the patient and take appropriate action to prevent or mitigate harm within their scope of practice.

The Paramedic will obtain additional clinical support, consult the Base Hospital Physician (BHP) or other appropriate clinical resource, and notify the receiving facility where necessary to support ongoing patient care.

Relevant clinical information, including the medication involved, dose, route, time of administration, observed or anticipated effect, and actions taken, must be communicated during transfer of care where applicable.

Patient disclosure requirements will be managed in accordance with the applicable NWRPCP and hospital policies related to disclosure of harm and critical incidents.

4.2 Reporting Requirements

Medication incidents involving direct patient care must be reported using the NWRPCP Self-Report Form immediately following transfer of care or completion of the call. Where immediate reporting is not feasible, the report must be submitted before the end of the Paramedic's scheduled shift.

Medication incidents or near misses not involving direct patient care, including medication storage, labelling, packaging, supply, security, documentation, education, or training concerns, must be reported as soon as reasonably possible and no later than the end of the scheduled shift in which the event was identified.

Where a medication incident involves actual or potential patient harm, a serious clinical concern, a controlled substance discrepancy, suspected loss or theft, or an urgent medication-safety risk, the Paramedic must immediately notify the applicable ASO supervisor and follow the associated ASO medication or controlled-substance reporting process.

NWRPCP notification does not replace any reporting, documentation, reconciliation, loss-and-theft, or inventory-management requirements established by the ASO, hospital, Health Canada, or other applicable authority.

Where available, the Paramedic may contact an NWRPCP Clinical Educator or other designated NWRPCP contact for immediate guidance regarding reporting or follow-up requirements.

4.3 Clinical Documentation

Medication incidents involving patient care must be documented factually and contemporaneously in the Ambulance Call Report (ACR) in accordance with the current Ontario Ambulance Documentation Standards (OADS) and Ambulance Call Report Completion Manual.

Clinical documentation must include, where applicable, the medication involved, dose, route, time, relevant patient assessment findings, observed or anticipated effects, treatment provided, consultation obtained, and transfer-of-care communication.

The Self-Report Form does not replace required patient-care documentation in the ACR.

Medication incident information must not be communicated through unsecured email or personal messaging platforms.

4.4 NWRPCP Review and Follow-Up

A NWRPCP Clinical Educator or designate will review each medication incident report for completeness and determine whether further follow-up is required.

NWRPCP may contact the reporting Paramedic, involved ASO, or other relevant party to clarify the event or obtain additional information.

Based on the nature and severity of the event, NWRPCP may initiate or refer the matter to an applicable quality-management process, including a clinical audit, call review, patient-safety review, remediation process, or certification-related review.

NWRPCP will determine whether a Thunder Bay Regional Health Sciences Centre (TBRHSC) Safety Report, mandatory disclosure process, Ministry notification, or other reporting requirement applies in accordance with current hospital policy, legislation, regulation, and applicable agreements.

Where follow-up identifies education, remediation, system improvement, or other corrective action, NWRPCP will document the required actions, responsible parties, and method for confirming completion.

4.5 Quality Improvement and Record Retention

NWRPCP may review aggregate medication incident data to identify trends, recurring risks, education priorities, and medication-system improvement opportunities.

Medication incident reports, related correspondence, review records, and follow-up documentation will be retained in accordance with applicable Ministry of Health and TBRHSC records-retention requirements.

Information will be shared only with individuals or organizations who require it to support patient safety, quality management, certification oversight, medication accountability, remediation, or another authorized purpose.

5. RELATED PRACTICES AND/OR LEGISLATIONS

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

Health Canada Controlled Drugs and Substances Act (CDSA)

6. REFERENCES

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

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

Superior North EMS Narcotic & Controlled Substance Policies

NWRPCP Self Report

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	QM 500
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:** August 2026 **Next Review:** August 2027

1. PURPOSE

To establish a consistent process for conducting Paramedic Field Evaluations (PFE) within the Northwest Region Prehospital Care Program (NWRPCP).

PFEs are conducted to support patient safety, quality improvement, certification oversight, professional development, and the assessment of clinical practice in the operational environment.

PFEs may be conducted as part of routine quality management activities, following identified patient-care concerns, to assess completion of remediation, or at the request of the Program Medical Director (PMD) or designate.

2. POLICY STATEMENT

NWRPCP may conduct PFEs with Ambulance Service Operators (ASOs) within the Northwest Region in accordance with applicable legislation, patient care standards, certification requirements, and formal agreements.

PFEs will be conducted in a respectful, objective, and proportionate manner using the approved NWRPCP PFE Form or another approved evaluation tool.

PFEs are intended to assess the application of clinical knowledge, patient assessment, clinical decision-making, communication, documentation, professionalism, and compliance with applicable patient care standards and NWRPCP policies.

A PFE does not, on its own, constitute a finding of misconduct, negligence, or employment unsuitability. Where concerns are identified, NWRPCP will determine whether additional review, education, remediation, reassessment, or certification-related follow-up is required.

The ASO remains responsible for operational supervision, employment matters, workplace safety, discipline, and service-specific policies.

3. DEFINITIONS

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

Evaluator: an NWRPCP Clinical Educator, PMD, physician designate, or other individual authorized by NWRPCP to conduct a Field Evaluation.

Field Evaluation: a structured observation and assessment of a Paramedic's clinical practice, professional conduct, decision-making, communication, and documentation during operational duties.

Immediate Patient Safety Concern: a concern that creates, or may reasonably create, an immediate risk of patient harm if not promptly addressed.

Paramedic Field Evaluation (PFE) Form: the approved NWRPCP tool used to document observations, feedback, findings, and required follow-up arising from a Field Evaluation.

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority.

Remedial Field Evaluation: a Field Evaluation conducted to assess whether a Paramedic has successfully addressed previously identified learning, performance, or remediation requirements.

4. PROCEDURE

4.1 Initiation and Planning

A PFE may be initiated as part of routine quality management activity, a targeted quality review, a remediation plan, a certification-related process, or at the discretion of the PMD or designate.

PFEs will normally be arranged in advance with the ASO. The date, location, duration, evaluator, and participating Paramedic(s) will be confirmed before the evaluation.

Where a PFE is being conducted as part of a remediation, patient-safety, or certification process, NWRPCP may establish additional conditions or timelines appropriate to the purpose of the evaluation.

The ASO will notify the participating Paramedic(s) of the PFE unless an alternate process has been approved by the PMD or designate and is consistent with applicable agreements and workplace requirements.

Before the evaluation begins, the evaluator will explain the purpose, scope, anticipated duration, documentation process, and expected conduct of the PFE.

4.2 Occupational Health, Safety, and Operational Expectations

NWRPCP personnel conducting a PFE will comply with applicable occupational health and safety requirements, including the use of appropriate footwear, personal protective equipment, photo identification, and infection prevention and control measures.

The ASO will provide any required operational safety orientation, including local station procedures, vehicle safety expectations, communications practices, and relevant hazards.

The evaluator will act primarily as an observer and will not interfere with operational decision-making or patient care unless intervention is necessary to prevent or mitigate an immediate patient safety concern.

Where immediate intervention occurs, the evaluator will document the circumstances and notify the PMD or designate and the ASO as soon as reasonably possible.

Evaluators will maintain patient confidentiality and access patient information only to the extent necessary to conduct the PFE or related quality-management review.

4.3 Conduct of the Field Evaluation

The evaluator will use the approved NWRPCP PFE form or another approved evaluation tool.

The evaluation may include observation of patient assessment, clinical decision-making, treatment, communication, teamwork, scene management, documentation, equipment use, infection prevention and control, and professional conduct.

Where patient-care calls are observed, the evaluator may review the associated Ambulance Call Report (ACR) and any other documentation reasonably required to assess the care provided.

The evaluator will document factual observations, strengths, opportunities for improvement, and any concerns identified during the PFE.

The evaluator will provide feedback to the Paramedic(s) at the conclusion of the evaluation or as soon as reasonably possible afterward. Feedback should identify observed strengths, areas requiring improvement, and any required follow-up.

The Paramedic(s) will be provided an opportunity to provide comments or clarification on the PFE form.

The Paramedic(s) will sign the PFE form to acknowledge that the evaluation and feedback were reviewed. A signature does not indicate agreement with the findings.

4.4 Findings and Follow-Up

Where no significant concerns are identified, the PFE will be documented and closed.

Where opportunities for improvement are identified, NWRPCP may recommend or require additional education, coaching, documentation review, clinical monitoring, reassessment, or another quality-improvement activity.

Where the PFE identifies a potential patient-care, professional conduct, documentation, or certification concern, NWRPCP may initiate or refer the matter to the applicable quality-management, clinical audit, complaint, incident-reporting, remediation, or certification process.

Where an immediate patient safety concern is identified, NWRPCP will notify the PMD and ASO as soon as reasonably possible. Interim measures may be recommended or implemented within NWRPCP authority pending further review.

Where a PFE is completed as part of a remediation plan, the results will form part of the Paramedic's remediation file and will be considered in determining whether remediation requirements have been met.

4.5 Distribution, Privacy, and Records

NWRPCP will provide a copy of the completed PFE form to the participating Paramedic(s) and the applicable ASO.

PFE results will be shared with the PMD, physician designate, or other NWRPCP personnel where reasonably necessary for quality management, certification oversight, remediation, or patient safety.

Information will only be shared with the Ministry of Health (MOH) or another external organization where disclosure is required by legislation, a formal agreement, Ministry direction, or another authorized purpose.

NWRPCP will retain PFE forms, associated correspondence, and related follow-up documentation in accordance with MOH and hospital records-retention requirements.

5. RELATED PRACTICES AND/OR LEGISLATIONS

Ambulance Act (Ontario) and Ontario Regulation 257/00

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

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	QM 600
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:** August 2026 **Next Review:** August 2027

CROSS REFERENCES: Medication Incident and Reporting Guidelines (QM-400); 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. PURPOSE

To establish the requirements for authorization, procurement, storage, inventory control, administration, documentation, wastage, destruction, discrepancy management, reporting, auditing, and quality assurance of controlled substances used by Paramedics authorized through the Northwest Region Prehospital Care Program (NWRPCP).

This policy is intended to support patient safety, medication accountability, compliance with applicable legislation and federal exemptions, and consistent controlled-substance practices across participating Ambulance Service Operators (ASOs).

2. POLICY STATEMENT

Controlled substances may only be possessed, transported, stored, administered, wasted, returned, or destroyed by individuals authorized to do so under applicable legislation, federal exemptions, NWRPCP authorization, and ASO operational processes.

A Paramedic may administer a controlled substance only when they hold active NWRPCP certification, are authorized for the applicable directive, are practicing within their certified scope, and are supported by the required medication, equipment, documentation, and operational processes.

This policy does not independently authorize the administration of a controlled substance or expand a Paramedic's scope of practice. Authorization is limited to the controlled substances and medical directives identified in the Paramedic's current certification record.

Controlled-substance incidents, discrepancies, near misses, losses, thefts, and documentation concerns must be reported and reviewed in accordance with Ontario Ambulance Documentation Standards (OADS). Reporting does not, on its own, establish fault, misconduct, negligence, or employment unsuitability.

The Program Medical Director (PMD) retains responsibility for medical direction and authorization. The ASO and its Designated Administrator retain responsibility for operational controlled-substance processes, including procurement, storage, inventory control, reconciliation, and external reporting requirements.

3. SCOPE

This policy applies to:

- Paramedics authorized by NWRPCP to administer controlled substances;
- ASOs participating in controlled-substance programs under NWRPCP medical direction;

- Designated Administrators responsible for controlled substances within an ASO; and
- NWRPCP personnel involved in authorization, quality assurance, audit, incident review, or remediation.

4. DEFINITIONS

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

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

Controlled Substance: a medication authorized for paramedic use under the applicable federal class exemption and NWRPCP-approved medical directives.

Controlled Substance Discrepancy: an unexplained difference between the expected and actual quantity of controlled substances, or an inconsistency in documentation, storage, wastage, transfer, or inventory records.

Controlled Substance Record: the approved ASO or NWRPCP record used to document inventory, transfer, administration, return, wastage, destruction, or reconciliation of controlled substances. This record may be electronic or paper.

Designated Administrator: an ASO representative in a managerial position who is responsible for ordering, transporting, storing, and providing controlled substances to authorized Paramedics.

Loss: the unexplained physical disappearance of a controlled substance.

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.

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority, and who is ultimately responsible for the activities conducted by paramedics with respect to controlled substances.

Regional Base Hospital Program (RBHP): a base hospital program as defined in subsection 1(1) of the Ambulance Act 257/00.

Theft: the removal of a controlled substance without lawful authority or consent.

Unserviceable Stock: controlled substance stock that is expired, damaged, contaminated, compromised, or otherwise unsuitable for patient care.

Wastage: the disposal of a remaining quantity of a controlled substance following preparation or administration.

5. PROCEDURE

5.1 Authorization and Governance

The PMD will establish medical-direction requirements for controlled-substance use, including authorized medications, medical directives, required education, evaluation, and quality assurance processes.

An ASO may participate in a controlled-substance program only where it has a designated administrator, approved operational processes, secure storage, required equipment and documentation, and a process for inventory control and discrepancy management.

Paramedics must complete all required education, evaluation, and certification requirements before being authorized to administer controlled substances.

Controlled-substance authorization will be documented in the Paramedic's certification letter, electronic certification record, or another NWRPCP-approved record.

5.2 Procurement, Receipt, and Distribution

The Designated Administrator will obtain controlled substances from a hospital or community pharmacy in accordance with orders or prescriptions issued through the PMD-approved process.
The Designated Administrator will document the receipt, quantity, storage location, and distribution of controlled substances using an approved controlled-substance record.

Controlled substances may only be issued to authorized Paramedics and must be transferred using a documented chain-of-custody process.

Prescription or order requests must be submitted in accordance with the established NWRPCP and pharmacy process. Operational lead times may be maintained in an ASO.

5.3 Storage, Security, and Inventory Control

Controlled substances must be stored securely and protected from unauthorized access, diversion, damage, temperature extremes, and loss.

Paramedics and ASOs must maintain accountability for controlled substances in their possession, assigned vehicle, station, or storage location.

Inventory counts and reconciliation must occur at each required transfer of custody and at the intervals established by the ASO's approved controlled-substance policy.

Each inventory count must be documented promptly and accurately. Records must not be altered retrospectively without a clear explanation, date, and signature or electronic audit trail.

5.4 Administration and Patient-Care Documentation

A Paramedic may administer a controlled substance only in accordance with the applicable medical directive within the current Advanced Life Support Patient Care Standards (ALS PCS), and/or Base Hospital Physician (BHP) direction.

The Paramedic will document all controlled-substance administration in the Ambulance Call Report (ACR) and the applicable controlled-substance record.

Documentation must include, where applicable, the medication, concentration, dose, route, time, patient response, wastage, relevant consultation, and transfer-of-care information.

The controlled-substance record must be reconciled following administration, return, transfer, wastage, or destruction.

5.5 Wastage, Unserviceable Stock, and Destruction

Wastage of a controlled substance must be witnessed by another authorized Paramedic or regulated health-care professional, where available and appropriate.

The administering Paramedic and witness must document the medication, quantity wasted, date, time, reason for wastage on the approved controlled-substance record.

Where wastage occurs during patient care, the relevant details must also be documented in the ACR.

Unserviceable stock must be removed from operational use, secured, and returned to the Designated Administrator or pharmacy in accordance with the approved ASO process.

Controlled substances may only be destroyed in accordance with PMD direction, ASO procedure, pharmacy requirements, and applicable federal requirements.

5.6 Discrepancies, Loss, Theft, and Medication Incidents

A Paramedic who identifies a controlled-substance discrepancy, loss, theft, or suspected diversion must immediately secure the controlled substances and notify the Designated Administrator and applicable ASO supervisor.

A Paramedic who becomes aware of a loss or theft of controlled substances in their possession, assigned ambulance, or other assigned storage location must immediately report the matter to the Designated Administrator.

Controlled-substance discrepancies must be investigated promptly. Discrepancies cannot be resolved simply by adjusting inventory records; a documented explanation and reconciliation are required. All discrepancies and investigation findings must be reported to the NWRPCP program within 24 hours.

Medication incidents involving controlled substances must also be reported in accordance with Medication Incident and Reporting Guidelines (QM-400) policy.

The Designated Administrator is responsible for completing any external reporting required by Health Canada, law enforcement, the Ministry of Health (MOH), or another authority.

5.7 Quality Assurance and Audit

NWRPCP may conduct scheduled or triggered controlled-substance audits to assess compliance with authorization, documentation, inventory control, security, wastage, reconciliation, and reporting requirements.

The ASO will provide NWRPCP with controlled-substance records and supporting documentation as required for audit, quality assurance, or investigation.

ASO controlled substance policies shall outline a reporting schedule, record-submission requirement, or audit process, that agreement will apply provided it remains consistent with applicable legislation, federal requirements, and NWRPCP policy.

NWRPCP will communicate audit findings, required follow-up, and any remediation expectations to the applicable Paramedic, ASO and Emergency Health Regulatory and Accountability Branch (EHRAB).

5.8 Non-Compliance and Record Retention

Failure to comply with controlled-substance requirements may result in additional education, remediation, monitoring, restriction, suspension, deactivation, or revocation of controlled-substance authorization by the PMD.

Where immediate patient safety, public safety, or medication-security concerns exist, the PMD may impose interim restrictions pending review.

The ASO remains responsible for employment-related decisions, discipline, and operational action within its authority.

Controlled-substance records, audit records, discrepancy investigations, incident reports, and related correspondence must be retained for a minimum of two years or longer where required by hospital, ASO, pharmacy, legislative, or regulatory record-retention requirements.

6. RELATED PRACTICES AND/OR LEGISLATIONS

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

Health Canada Controlled Drugs and Substances Act (CDSA)

Schedules I, II, III, IV & V

Section 56 Class Exemption for Advanced Paramedics and Critical Care Paramedics in Ontario

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. REFERENCES

Superior North EMS
OD-68 Regulatory Policy for the Management and Accountability of Controlled Substances

Northwest EMS
LA-V-20 Narcotics and Controlled Substances

Naotkamegwanning First Nation Emergency Medical Services
5.32 Procuring of Controlled Substances Policy
5.33 Documenting Inventory and Daily Use
5.34 Controlled Drugs – Discrepancy
5.35 Storage and Securing Narcotics
5.36 Wastage of Narcotics and Controlled Substances
5.37 QA of Controlled Substances

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	QM 700
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:** August 2026 **Next Review:** August 2027

CROSS REFERENCES: Administration of Controlled Substances (QM 600); Medication Incident and Reporting (QM 400).

1. PURPOSE

To establish a consistent process for quality assurance, change notification, reconciliation, and follow-up related to medications, equipment, and supplies required to support patient care by Paramedics authorized through the Northwest Region Prehospital Care Program (NWRPCP).

This policy is intended to support patient safety, operational readiness, medication safety, compliance with applicable provincial standards, and the safe implementation of NWRPCP-approved medical directives.

2. POLICY STATEMENT

Ambulance Service Operators (ASO) are responsible for ensuring that medications, equipment, and supplies required for patient care are available, maintained, stored, replaced, and used in accordance with applicable provincial standards, manufacturer requirements, current Advanced Life Support Patient Care Standards (ALS PCS) medical directives, and local operational processes.

NWRPCP may conduct quality-assurance activities to verify that medications, equipment, and supplies supporting controlled acts, advanced medical procedures, and other authorized patient-care activities meet applicable requirements.

An ASO must notify NWRPCP before implementing a planned change, substitution, or removal involving a medication, equipment item, or supply that may affect patient care, medical-directive application, clinical documentation, training, certification, or patient safety.

Where an urgent shortage, recall, malfunction, or operational issue prevents advance notification, the ASO must notify NWRPCP as soon as reasonably possible and identify interim measures being taken to maintain patient-care readiness.

Equipment failures that occur during patient care or that may affect patient care must be promptly reported, removed from service where applicable, reviewed for patient impact, and managed through the ASO's equipment-maintenance process and NWRPCP's quality-management process.

This policy does not replace requirements related to controlled substances, which are governed by the Administration of Controlled Substances policy (QM 600) and applicable ASO controlled-substance procedures.

3. DEFINITIONS

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

Change in Supply: the addition, substitution, removal, shortage, recall, change in manufacturer, formulation, concentration, packaging, model, software, accessory, or other variation that may affect patient care or the use of an approved medical directive.

Equipment: a device, instrument, monitor, apparatus, or durable item used to assess, monitor, treat, move, protect, or otherwise provide patient care.

Medication: a drug, medicinal product, or substance used in the diagnosis, treatment, mitigation, prevention, or management of disease, injury, or symptoms.

Medication and Equipment Quality Assurance Review: an NWRPCP review of records, inventory information, equipment information, or operational processes to assess compliance with applicable standards and local requirements.

Operational Readiness: the availability, functionality, maintenance, storage, documentation, training, and support processes required for safe use of a medication, equipment item, or supply.

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority, and who is ultimately responsible for the activities conducted by paramedics with respect to controlled substances.

Supply: a disposable or consumable item required to support patient assessment, treatment, infection prevention and control, medication administration, or equipment function.

Symptom Relief Medication: a non-controlled medication authorized for use by Paramedics under the applicable NWRPCP medical directives.

Equipment Failure: an actual or suspected malfunction, breakdown, inaccuracy, loss of function, unexpected performance issue, or unavailability of required equipment that occurs during, immediately before, or immediately after patient care and may affect assessment, treatment, monitoring, documentation, transport, or patient safety.

4. PROCEDURE

4.1 Procurement of Medications

For the initial procurement or routine restocking of medications supplied under NWRPCP medical authorization, the ASO shall complete the applicable NWRPCP pre-filled prescription form and return it to the Program for review and verification.

The ASO shall confirm that the information contained on the prescription is accurate, including the medication quantities requested and the designated pharmacy.

Upon receipt, NWRPCP will review the prescription for completeness and accuracy. Once verified and authorized, NWRPCP will forward the prescription directly to the pharmacy selected by the ASO for dispensing.

Where additional information, clarification, or correction is required, the prescription will be returned to the ASO prior to authorization.

The ASO is responsible for coordinating medication pickup or delivery with the selected pharmacy and for ensuring that medications received are incorporated into its medication inventory and quality-assurance processes in accordance with this policy.

Requests for medications, quantities, or formulations outside established NWRPCP requirements are subject to review and approval by the PMD or delegate prior to authorization.

4.1 Change Notification and Pre-Implementation Review

The ASO must notify NWRPCP before implementing a planned change in medication, equipment, or supplies where the change may affect controlled acts, advanced medical procedures, symptom relief medication administration, patient assessment, patient monitoring, documentation, training, or patient safety.

Notification must include, where applicable:

- The current item and proposed replacement or change;
- The manufacturer, brand name, generic name, model, concentration, formulation, packaging, or catalogue number;
- The reason for the change;
- The anticipated implementation date;
- Any known operational, clinical, compatibility, documentation, training, or safety implications; and
- The proposed process for communicating the change to affected Paramedics.

NWRPCP may require further information, education, evaluation, simulation, documentation changes, or PMD approval before the change is implemented.

Where an unplanned shortage, recall, equipment failure, or other urgent issue affects operational readiness, the ASO must notify NWRPCP as soon as reasonably possible. The notification must identify the affected item, anticipated duration, patient-care impact, and interim mitigation measures.

The ASO must not implement a substitution or workaround that changes the intended application of a medical directive or creates a material patient-safety risk without PMD approval.

4.2 Medication Quality Assurance

Each ASO will provide NWRPCP with medication reconciliation information twice annually, or more frequently where requested by NWRPCP or required by a formal agreement.

Medication reconciliation information will be submitted for the periods of January to June and July to December, according to the schedule established by NWRPCP.

Medication reconciliation information must identify, at minimum:

- The ASO;
- The reporting period;
- The medication name, including generic name where available;
- Concentration, dosage form, and package size;
- Quantity received or procured; and
- The supplying pharmacy, distributor, or other source.

NWRPCP may request invoices, requisitions, medication inventory records, expiry-management records, or other supporting documentation to validate medication reconciliation information.

Where NWRPCP identifies a discrepancy, incomplete submission, potential medication-safety issue, or concern related to directive readiness, NWRPCP will notify the ASO in writing and may request clarification, corrective action, or additional documentation.

4.3 Equipment and Supply Quality Assurance

NWRPCP may request information, conduct an audit, or review equipment and supply readiness where necessary to support medical-direction oversight, implementation of a directive, patient safety, quality management, or investigation of a concern.

The ASO will provide reasonable access to relevant equipment, maintenance records, inventory records, service reports, training records, or other documentation required for the review.

Where a concern is identified, NWRPCP may require the ASO to submit a corrective-action plan identifying the issue, interim controls, responsible person, completion date, and method of confirming resolution.

Equipment and supplies that are expired, damaged, recalled, malfunctioning, incompatible, or otherwise unsuitable for patient care must be removed from operational use and managed in accordance with ASO procedures, manufacturer requirements, and applicable standards.

4.4 Communication, Documentation, and Follow-Up

NWRPCP will document quality-assurance reviews, identified concerns, communications, requested actions, and follow-up outcomes.

The ASO will notify NWRPCP in writing when requested corrective actions have been completed.

Where a change or concern affects Paramedic practice, NWRPCP may issue program communication, educational material, temporary conditions, or other guidance to support safe implementation.

Information will be shared only where reasonably necessary for patient safety, quality management, medical-direction oversight, remediation, or another authorized purpose.

Records will be retained in accordance with applicable Ministry of Health and hospital records-retention requirements.

4.5 Urgent Equipment Failure During Patient Care

An equipment failure during patient care, immediately before patient care, or immediately following patient care must be treated as a patient-safety event.

Where equipment fails or is suspected to have failed, the Paramedic will prioritize patient safety and continue care using available alternate equipment, procedures, or resources within their scope of practice and current patient care standards.

The affected equipment must be removed from service as soon as operationally feasible and must not be returned to service until assessed, repaired, replaced, or cleared through the ASO’s approved equipment-maintenance process.

The ASO will notify NWRPCP as soon as reasonably possible where the equipment failure:

- Occurred during active patient care;
- May have contributed to a delay, omission, or alteration in patient care;
- Involved ALS equipment, cardiac monitoring, defibrillation, medication delivery, airway management, oxygen delivery, vascular access, or other equipment required for controlled acts or medical directives;
- May have affected patient outcome; or
- Represents a recurring, high-risk, or system-level equipment concern.

The Paramedic or ASO will submit a Self Report Form that includes, where applicable:

- Call date, call number, and patient-care context;
- Equipment type, asset number, and identifying information;
- Description of the failure or suspected failure;
- Timing of the failure in relation to patient assessment or treatment;
- Actions taken to continue patient care;
- Whether patient care was delayed, modified, or interrupted;
- Whether alternate equipment was available or used;
- Whether the equipment was removed from service; and
- Any immediate follow-up completed by the ASO.

The ASO is responsible for arranging inspection, repair, replacement, biomedical assessment, or other technical review of failed equipment in accordance with its equipment-maintenance process.

The PMD or designate may review the patient-care documentation, equipment-failure report, and any technical findings to determine whether the equipment failure may have affected patient care, contributed to patient harm, or requires quality-management follow-up.

NWRPCP may request additional information, initiate clinical audit or call review, provide education, recommend corrective action, or identify system-level opportunities for improvement.

Equipment failures involving actual or potential patient harm, controlled acts, medication administration, cardiac monitoring, defibrillation, airway management, or other high-risk care must be escalated to the PMD or designate.

All documentation related to the equipment failure, patient-care review, biomedical findings, and corrective actions will be retained in accordance with applicable Ministry of Health, NWRPCP, and hospital records-retention requirements.

5. RELATED PRACTICES AND/OR LEGISLATIONS

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

Health Canada Controlled Drugs and Substances Act (CDSA)

6. REFERENCES

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

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

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

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	QM 800
Title: Patient Management Pending 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:** August 2026 **Next Review:** August 2027

1. PURPOSE

To establish expectations for ongoing Paramedic patient management while awaiting transfer of care at a receiving hospital.

This policy is intended to support continuity of care, timely escalation of clinical deterioration, clear communication, and accurate documentation until responsibility for patient care has been accepted by the receiving facility.

2. POLICY STATEMENT

Paramedics remain responsible for ongoing patient assessment, monitoring, treatment, communication, and documentation until transfer of care has occurred in accordance with the receiving hospital's established process.

Patient safety and clinical need take priority over administrative, operational, or physical-capacity considerations, including bed availability.

While awaiting transfer of care, Paramedics must continue to provide care within their certified scope of practice and in accordance with the current Basic Life Support Patient Care Standards, Advanced Life Support Patient Care Standards, authorized medical directives, and NWRPCP policies.

Paramedics must promptly escalate any actual or suspected deterioration, failure to respond to treatment, or need for care beyond their authorized scope to the appropriate receiving Emergency Department clinician.

Transfer of care must involve clear communication of the patient's condition, care provided, outstanding concerns, and any change in clinical status since the initial handover.

3. DEFINITIONS

Ambulance Call Report (ACR): the patient care record completed in accordance with the current Ontario Ambulance Documentation Standards and Ambulance Call Report Completion Manual.

Clinical Deterioration: an actual or suspected worsening in a patient's clinical condition, including changes in vital signs, level of consciousness, respiratory status, cardiovascular status, pain, neurological status, or response to treatment.

Ongoing Paramedic Care: patient assessment, monitoring, treatment, reassessment, communication, and documentation provided by Paramedics before transfer of care is completed.

Receiving Clinician: a regulated health-care professional at the receiving facility who is authorized to accept or coordinate patient care.

Transfer of Care: the point at which responsibility for the patient's ongoing care has been accepted by an appropriate receiving health-care professional in accordance with the receiving hospital's established process.

4. PROCEDURE

4.1 Arrival and Initial Handover

Upon arrival at the receiving hospital, the Paramedic will provide an initial verbal handover to the appropriate receiving Emergency Department clinician in accordance with local hospital process.

The initial handover must include, where applicable:

- The patient's presenting complaint and relevant history;
- Pertinent assessment findings and vital signs;
- Treatments, medications, procedures, and controlled acts provided;
- The patient's response to treatment;
- Identified risks, outstanding concerns, or anticipated clinical needs; and
- Any change in patient condition occurring during transport or upon arrival.

An initial handover does not, by itself, constitute transfer of care unless responsibility for the patient has been accepted by the receiving facility in accordance with its established process.

4.2 Ongoing Patient Management Prior to Transfer of Care

Until transfer of care is completed, the Paramedic will continue to monitor, reassess, and provide patient care as clinically indicated.

Paramedics may continue to perform authorized controlled acts and advanced medical procedures while awaiting transfer of care, provided the intervention is clinically indicated and performed in accordance with the applicable medical directive, scope of practice, and certification requirements.

Paramedics must not delay clinically indicated reassessment, treatment, or escalation solely because the patient is awaiting a bed, stretcher space, or formal transfer of care.

Where the patient's condition remains stable, the Paramedic will continue care and provide relevant updates to the receiving Emergency Department team as required.

4.3 Clinical Deterioration or Unresolved Patient-Care Needs

Where a patient deteriorates, fails to respond as expected to treatment, reaches the limits of an applicable medical directive, or requires care beyond the Paramedic's scope of practice, the Paramedic must immediately notify the appropriate receiving Emergency Department clinician.

The Paramedic should communicate the nature of the concern, relevant assessment findings, treatment provided, patient response, and need for urgent assessment or direction.

Where the patient requires urgent medical assessment, the Paramedic will use the receiving hospital's established escalation process and directly notify the most appropriate available Emergency Department clinician, which may include the assigned nurse, charge nurse, physician, or another designated clinician.

If immediate intervention is required to prevent or mitigate patient harm, the Paramedic will continue to provide care within their authorized scope while Emergency Department assistance is being obtained.

Where additional medical direction is required under the ALS PCS or NWRPCP policy, the Paramedic will seek medical direction through the applicable process.

4.4 Transfer of Care

Transfer of care is complete when the receiving facility has accepted responsibility for the patient and the Paramedic has completed the required verbal and written handover.

At the time of transfer of care, the Paramedic will communicate any care provided after the initial handover, including changes in condition, repeat assessments, medications, procedures, and outstanding concerns.

Following transfer of care, Paramedics may assist with patient care at the request of the receiving clinical team, provided the assistance is within their scope of practice, certification, and operational requirements.

Physical placement of a patient on a hospital stretcher, in a waiting area, or within an Emergency Department treatment space does not independently establish transfer of care unless responsibility has been accepted by the receiving facility and verbal and/or written handover has been received by the most responsible clinician.

4.5 Documentation

The Paramedic will document all patient care provided while at the receiving hospital in the ACR.

Documentation must be in accordance with the current Ontario Ambulance Documentation Standards (OADS) and Basic Life Support Patient Care Standards (BLS PCS).

The Paramedic will obtain receiving acknowledgement or signature where required by the applicable ACR system, OADS, or receiving hospital process.

Where receiving acknowledgement or signature cannot be obtained, the Paramedic will document the circumstances and the name and designation of the receiving clinician who accepted care or received the handover.

5. RELATED PRACTICES AND/OR LEGISLATIONS

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

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. REFERENCES

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

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

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

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	QM 900
Title: Professional Conduct, Identification, and Appearance Requirements	☐ **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:** August 2026 **Next Review Date:** August 2027

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

1. PURPOSE

To establish expectations for professional conduct, identification, attire, personal appearance, scent awareness, and safety while Paramedics participate in Northwest Region Prehospital Care Program (NWRPCP) continuing medical education, Maintenance of Certification activities, simulation, or approved clinical placements.

These requirements are intended to support patient safety, infection prevention and control, occupational health and safety, respectful learning environments, and the professional representation of Paramedics, their Ambulance Service Operator, and NWRPCP.

2. POLICY STATEMENT

Paramedics attending NWRPCP CME, Maintenance of Certification activities, simulation, or clinical placements must conduct themselves in a respectful, professional, and safe manner.

Paramedics must comply with applicable NWRPCP requirements and, when participating in a clinical placement or activity at Thunder Bay Regional Health Sciences Centre, all applicable hospital policies related to identification, professional conduct, occupational health and safety, infection prevention and control, and personal appearance.

Attire and personal appearance must be clean, safe, appropriate to the activity, and compatible with infection prevention and control requirements, use of required personal protective equipment, and safe patient care.

NWRPCP will consider reasonable accommodation requests related to religious, cultural, medical, disability, or other protected human-rights grounds in accordance with applicable hospital and legislative requirements.

Failure to comply with this policy may affect a Paramedic's ability to participate in the scheduled activity and may require corrective action, rescheduling, or other follow-up.

3. DEFINITIONS

Appropriate Attire: clothing and footwear that are clean, safe, suitable for the learning or clinical environment, permit safe use of required personal protective equipment, and comply with the requirements of the host organization.

Clinical Placement: an approved learning activity occurring in a hospital, clinical, or other patient-care environment.

Continuing Medical Education (CME): education activities required or approved by NWRPCP to support certification, professional development, or maintenance of competency.

Maintenance of Certification (MOC): the process through which Paramedics meet NWRPCP requirements to maintain active certification.

NWRPCP Activity: any CME, MOC, simulation, clinical placement, assessment, meeting, or other educational or quality-management activity organized, approved, or facilitated by NWRPCP.

Personal Protective Equipment (PPE): equipment or clothing worn to reduce exposure to occupational, infectious, chemical, physical, or other hazards.

4. PROCEDURE

4.1 Professional Conduct

Paramedics attending NWRPCP activities must conduct themselves in a respectful, professional, and collaborative manner.

Paramedics must comply with instructions related to safety, confidentiality, infection prevention and control, use of equipment, patient privacy, and the learning environment.

Behaviour that creates a safety risk, disrupts the learning environment, compromises patient privacy, or is inconsistent with applicable hospital, ASO, or NWRPCP conduct expectations may be addressed immediately by the facilitator, Clinical Educator, PMD, designate, or host organization.

4.2 Identification

Paramedics attending a clinical placement at a hospital in the Northwest region must wear the identification required by the hospital and ensure it is visible to staff, patients, and visitors, unless an alternate process has been approved by the host department.

Identification requirements for NWRPCP CME, MOC, or simulation activities will be communicated in advance where applicable.

4.3 Attire and Footwear

Paramedics attending a clinical placement must wear attire that complies with applicable TBRHSC policies and the requirements of the host clinical area.

Paramedics attending NWRPCP CME, MOC, or simulation activities must wear attire appropriate to the activity. Where the activity involves patient movement, equipment handling, simulation, or other physical tasks, closed-toe footwear and attire that permits safe participation are required.

Safety footwear or other protective footwear must be worn where required by the host organization, occupational health and safety requirements, or the nature of the activity.

Clothing, accessories, or personal items that create a safety risk, interfere with PPE, restrict safe movement, or create an infection prevention and control concern are not permitted.

4.4 Personal Appearance and Scent Awareness

Hair, facial hair, and personal appearance must be maintained in a manner that supports hygiene, safe patient care, infection prevention and control, and the effective use of required PPE.

Where facial hair affects the seal or safe use of respiratory protection, the Paramedic must comply with the applicable respiratory protection and fit-testing requirements.

Jewelry and accessories must not create a risk of injury, contamination, equipment interference, or infection prevention and control concern.

Paramedics must avoid the use of scented products, including perfume, cologne, fragranced lotions, and hairspray, during clinical placements and NWRPCP activities where scent-sensitive individuals may be present.

4.5 Non-Compliance

Where a concern related to attire, identification, conduct, safety, or personal appearance is identified, NWRPCP or the host organization will advise the Paramedic of the concern and, where safe and practical, provide an opportunity to correct it.

A Paramedic may be removed from, or asked not to participate in, an activity where the concern cannot be promptly corrected or presents a safety, infection prevention and control, patient-care, or professional conduct risk.

Where non-compliance results in missed mandatory learning, assessment, or clinical-placement time, NWRPCP may require the Paramedic to complete the activity at a later date.

Recurrent or serious concerns may be referred to the applicable NWRPCP quality-management, certification, or conduct process, and may also be communicated to the Paramedic's ASO where reasonably necessary.

5. RELATED PRACTICES AND/OR LEGISLATIONS

6. REFERENCES

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	QM 1000
Title: Controlled Act Incident Reporting and Follow-Up	☐ **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:** August 2026 **Next Review:** August 2027

1. PURPOSE

To establish a consistent process for identifying, managing, documenting, reporting, reviewing, and following up on actual or suspected incidents involving controlled acts performed by Paramedics certified through the Northwest Region Prehospital Care Program (NWRPCP).

This policy is intended to support patient safety, timely clinical follow-up, transparent reporting, quality improvement, and compliance with applicable legislation, patient care standards, medical directives, and certification requirements.

2. POLICY STATEMENT

Paramedics must promptly report any actual or suspected controlled act incident, regardless of whether patient harm occurred.

The Paramedic's first priority following identification of a controlled act incident is to assess the patient, provide or arrange appropriate care, and take reasonable steps within their scope of practice to prevent or mitigate harm.

Reporting a controlled act incident does not, on its own, establish fault, misconduct, negligence, or a breach of professional expectations. Findings and follow-up actions will be based on the information available through the applicable review process.

This policy does not replace Ambulance Service Operator responsibilities related to operational reporting, employment matters, discipline, workplace investigation, or reporting required by legislation, regulation, or local service policy.

Medication incidents involving a controlled act must also be reported in accordance with QM 400 Medication Incident and Reporting Guidelines.

3. DEFINITIONS

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

Controlled Act: an act identified in subsection 27(2) of the Regulated Health Professions Act, 1991, which a Paramedic may perform only when authorized in accordance with Ontario Regulation 257/00, applicable medical direction, and their current certification status.

Controlled Act Incident: an actual or suspected event involving the performance, attempted performance, omission, documentation, delegation, or authorization of a controlled act that may not comply with applicable legislation, patient care standards, medical directives, certification conditions, or NWRPCP policy.

Immediate Patient Safety Concern: a concern that creates, or may reasonably create, an immediate risk of patient harm if not promptly addressed.

Near Miss: a medication incident that did not reach the patient or was detected and corrected before causing patient harm.

Program Medical Director (PMD): a physician designated by a Regional Base Hospital as the local lead medical authority, and who is ultimately responsible for the activities conducted by paramedics with respect to controlled substances.

Self-Report Form: the designated NWRPCP electronic form used to report medication incidents and near misses.

4. PROCEDURE

4.1 Immediate Patient-Care Actions

When a controlled act incident is identified during patient care, the Paramedic will immediately reassess the patient and provide appropriate care within their scope of practice.

Where additional assessment, treatment, or medical direction is required, the Paramedic will consult the appropriate Base Hospital Physician, receiving physician, or other clinical resource in accordance with applicable patient care standards and NWRPCP processes.

The Paramedic will communicate relevant information during transfer of care, including the controlled act involved, the nature of the concern, actions taken, and the patient's clinical response.

Patient disclosure requirements will be managed in accordance with applicable hospital and NWRPCP policies.

4.2 Reporting Requirements

A Paramedic who identifies or reasonably suspects a controlled act incident must notify NWRPCP as soon as reasonably possible.

Where the incident involves actual or potential patient harm, a serious clinical concern, an unauthorized controlled act, a significant deviation from a medical directive, or an immediate patient safety concern, the Paramedic must notify NWRPCP by telephone as soon as reasonably possible following completion of urgent patient-care responsibilities.

The Paramedic must submit the NWRPCP Self-Report Form and any supporting documentation before the end of their scheduled shift unless an alternate timeline is approved by NWRPCP.

Supporting documentation may include the Ambulance Call Report, relevant clinical records, Base Hospital Physician patch documentation, medication records, monitor data, or other information required to support review.

The Paramedic must notify the applicable ASO in accordance with local ASO reporting requirements.

Where a controlled act incident is identified through clinical audit, call review, complaint investigation, or another quality-management process, NWRPCP may request a Self-Report Form, supporting documentation, or clarification from the involved Paramedic.

4.3 Documentation

Controlled act incidents involving patient care must be documented factually and contemporaneously in the Ambulance Call Report in accordance with the Ontario Ambulance Documentation Standards.

Documentation must include, where applicable, the controlled act performed or omitted, relevant assessment findings, actions taken, consultation obtained, patient response, transfer-of-care communication, and any required follow-up.

The Self-Report Form does not replace required patient-care documentation in the Ambulance Call Report.

4.4 NWRPCP Review and Follow-Up

NWRPCP will review each controlled act incident report to determine whether further information, clinical review, education, remediation, monitoring, certification-related action, or system improvement is required.

NWRPCP may contact the reporting Paramedic, ASO, Base Hospital Physician, receiving facility, or other relevant party to obtain clarification or additional information.

Where the incident identifies an immediate patient safety concern, the PMD may recommend or implement interim restrictions, suspension, or deactivation within NWRPCP authority pending further review.

The Paramedic will be provided an opportunity to provide relevant information or clarification before a final finding is made, except where immediate action is required to address a patient safety concern.

A call review meeting with the PMD, designate, and/or Clinical Educator may be required where necessary to clarify events, provide feedback, identify remediation, determine whether process improvement is required, or establish next steps.

Where follow-up identifies education, remediation, reassessment, or monitoring requirements, NWRPCP will document the required actions, responsible parties, timelines, and method for confirming completion.

Outcomes will be managed in accordance with applicable NWRPCP quality-management, certification, remediation, and correspondence policies.

4.5 Documentation, Privacy, and Quality Improvement

NWRPCP will retain controlled act incident reports, supporting documentation, review records, correspondence, and follow-up materials in accordance with hospital records-retention requirements.

Information will be shared only where reasonably necessary for patient safety, quality management, certification oversight, remediation, legal reporting, or another authorized purpose.

NWRPCP may review aggregate controlled act incident data to identify trends, education priorities, process issues, and system-improvement opportunities.

5. RELATED PRACTICES AND/OR LEGISLATIONS

Ambulance Act (Ontario) and Ontario Regulation 257/00

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. REFERENCES

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

Thunder Bay Regional Health Sciences Centre Policies, Procedures, Standard Operating Practices	QM 1100
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:** August 2026 **Next Review Date:** August 2027

CROSS REFERENCES: Maintenance of Certification (CERT-200)

1. PURPOSE

To establish a standardized, risk-based process for the receipt, screening, clinical audit, follow-up, and quality improvement review of Ambulance Call Reports (ACRs) and electronic Ambulance Call Reports (eACRs) within the Northwest Region Prehospital Care Program (NWRPCP).

The clinical audit process is intended to support patient safety, medical direction, certification oversight, professional development, identification of system issues, and continuous quality improvement.

2. POLICY STATEMENT

NWRPCP will conduct clinical audits of available ACRs and eACRs in accordance with applicable legislation, patient care standards, formal agreements, and PMD-approved audit criteria.

Clinical audits may be initiated through electronic screening, mandatory review criteria, random selection, targeted audit activity, complaint investigation, incident reporting, quality management activity, or at the discretion of the Program Medical Director (PMD) or designate.

Electronic filters identify records for potential review. A filter result, documentation variance, or high-acuity flag does not, by itself, establish that patient care, documentation, policy, or professional expectations were not met.

Clinical audits will be completed in a fair, timely, objective, and documented manner. Where concerns are identified, follow-up will be proportionate to the nature, severity, recurrence, and patient-safety implications of the concern.

Clinical audit findings will be used to support individual learning, remediation where required, program planning, education development, quality improvement, and identification of systemic or operational issues.

Where NWRPCP has entered into a formal BLS audit agreement with an Ambulance Service Operator (ASO), the applicable memorandum of understanding will define the scope of audit activity, reporting requirements, information-sharing expectations, and responsibilities for remediation, as referenced in policy QM-100.

3. SCOPE

This policy applies to all certified Paramedics whose patient interaction results in an ACR or eACR that is available to NWRPCP for clinical audit.

This policy applies to NWRPCP personnel, physicians, reviewers, and ASOs involved in clinical audit, quality management, remediation, certification oversight, or associated reporting.

This policy does not replace ASO responsibilities related to operational supervision, employment matters, discipline, workplace investigation, or service-specific quality assurance processes.

4. DEFINITIONS

Ambulance Call Evaluation (ACE): a documented communication tool used by NWRPCP to request information, clarification, reflection, or follow-up related to a patient-care event or quality management concern.

Clinical Audit: a structured review of an ACR, eACR, and other relevant information to assess patient care, documentation, clinical decision-making, compliance with applicable standards, and opportunities for quality improvement.

Electronic Screening: the use of defined electronic criteria or filters to identify ACRs or eACRs for potential clinical audit.

High-Acuity Case: a patient-care event identified through PMD-approved audit criteria as requiring review because of clinical risk, complexity, severity, or potential patient-safety implications.

Level 1 Review: an initial clinical audit completed by an authorized NWRPCP reviewer using approved audit criteria and documentation tools.

Level 2 Review: an escalated review completed by the PMD, physician designate, or other authorized reviewer where additional clinical interpretation, patient-safety review, certification consideration, or further investigation is required.

Substantiated Finding: a determination made following review of sufficient and reliable information that a concern occurred or that applicable standards, directives, policies, or professional expectations were not met.

Variance: a potential difference between the care, documentation, or process identified during review and the requirements of applicable patient care standards, medical directives, legislation, policy, or approved practice expectations.

5. PROCEDURE

5.1 Record Receipt and Electronic Screening

NWRPCP will receive ACRs and eACRs from ASOs in accordance with applicable data-sharing arrangements, formal agreements, and operational processes.

Records may undergo electronic screening and manual review using PMD-approved audit criteria.

Electronic screening criteria will be reviewed periodically and may be revised to reflect changes in patient care standards, medical directives, audit findings, program priorities, or identified quality risks.

5.2 Triage and Follow-Up Pathways

Clinical variances, documentation concerns, patient-care concerns, incident reports, audit findings, and other quality-management concerns will be triaged through the NWRPCP clinical audit and quality-management process.

Based on the nature, severity, frequency, and patient-safety significance of the concern, NWRPCP may:

- Close the review with no further action;
- Provide education, clarification, or feedback;

- Initiate an Ambulance Call Evaluation;
- Request a call review or additional documentation;
- Notify or engage the applicable ASO;
- Require remediation, reassessment, or field evaluation; or
- Refer the matter for certification review where indicated.

The selected follow-up pathway will be proportionate to the concern identified and will be documented in the applicable quality-management record.

5.3 Audit Selection Criteria

The PMD will approve clinical audit criteria at least annually.

Mandatory audit categories may include:

- Cardiac arrest cases;
- Controlled-substance administration;
- CPAP application;
- All ALS-level patient-care calls completed by newly certified Paramedics during their initial six-month certification period;
- High-acuity, high-risk, or clinically complex calls identified through electronic screening or quality management processes; and
- Other call types identified by the PMD, based on clinical trends, education priorities, incident review, complaint investigation, or patient-safety concerns.

NWRPCP may also conduct random audits, targeted audits, or focused audits to assess documentation quality, directive compliance, emerging clinical issues, or the effectiveness of education and system improvements.

5.3 Level 1 Clinical Audit

An authorized NWRPCP reviewer will complete the Level 1 audit using the approved audit tool, applicable patient care standards, medical directives, documentation standards, and NWRPCP policies.

The reviewer will document relevant strengths, opportunities for improvement, potential variances, and any required follow-up.

A Level 1 review may result in one or more of the following actions:

- Audit closure with no further action;
- Feedback, education, or documentation guidance;
- Referral to an ASO for BLS-related follow-up in accordance with QM 100 and any applicable memorandum of understanding; or
- Escalation to Level 2 review.

A potential variance identified during a Level 1 review will not be considered a substantiated finding until the available information has been reviewed and the Paramedic has had an opportunity to provide clarification where appropriate.

5.4 Level 2 Review and Case Review

A Level 2 review may be initiated where a concern involves actual or potential patient harm, a serious or recurrent variance, a controlled act, a medication incident, a high-risk clinical decision, a possible certification concern, or another matter requiring physician review.

The PMD or designate may request additional documentation, monitor data, information from the ASO, or clarification from involved Paramedics or other relevant parties.

The PMD or designate may require a case review meeting to clarify events, provide feedback, establish remediation requirements, identify system issues, or determine next steps.

A Level 2 review may result in:

- Closure with no further action;
- Education, coaching, or documented practice expectations;
- Remediation, reassessment, monitoring, or field evaluation;
- Referral to another NWRPCP quality-management process;
- Recommendation of ASO follow-up within the ASO's authority; or
- Restriction, suspension, deactivation, or other certification-related action within the authority of the PMD and in accordance with applicable NWRPCP policy.

Where immediate patient-safety concerns are identified, the PMD may implement interim certification restrictions or deactivation pending completion of review.

5.5 ACE Follow-Up and Paramedic Response

Where clarification, reflection, supporting documentation, or additional information is required, NWRPCP will issue an ACE to the involved Paramedic(s).

ACE correspondence, response timelines, reminders, administrative deactivation, and reactivation requirements will be managed in accordance with QM 300 Paramedic Correspondence Responsibilities.

The assigned reviewer will review the Paramedic(s) response and determine whether the audit may be closed, requires additional follow-up, or should be escalated to the PMD or delegate.

5.6 BLS Audit Agreements and Service Reporting

Where NWRPCP conducts formalized BLS clinical audits under a memorandum of understanding with an ASO, the applicable agreement will govern service-specific audit scope, reporting frequency, information sharing, and remediation responsibilities.

NWRPCP will provide participating ASOs with regular written reporting in accordance with the applicable agreement. Reporting may include monthly correspondence regarding identified concerns and quarterly aggregate reports outlining audit activity, trends, findings, and quality-improvement opportunities.

Where the ASO is responsible for remediation, NWRPCP will provide sufficient information to support follow-up, including the applicable standard, audit finding, and recommended action.

Where NWRPCP is responsible for remediation, NWRPCP will develop, implement, and document the remediation process and advise the ASO of the required follow-up and final outcome, subject to applicable privacy and information-sharing requirements.

5.7 Continuous Quality Improvement

NWRPCP will review aggregate clinical audit data to identify recurring issues, patient-safety risks, education priorities, documentation trends, and opportunities for system improvement.

Aggregate findings may be used to inform CME development, practice bulletins, medical directive implementation, policy revision, quality-improvement initiatives, and stakeholder communication.

NWRPCP will periodically review audit processes, electronic filters, reviewer consistency, and audit outcomes to support reliability, fairness, and continuous improvement.

5.8 Documentation, Privacy, and Records

NWRPCP will retain clinical audit records, ACE correspondence, reviewer notes, case-review documentation, remediation plans, and outcomes in accordance with the Ministry of Health and hospital records-retention requirements.

Information will be shared only where reasonably necessary for patient safety, quality management, certification oversight, remediation, legal reporting, or another authorized purpose.

Aggregate reporting will not identify individual Paramedics unless disclosure is necessary for patient safety, remediation, certification oversight, or another authorized purpose.

6. REFERENCES

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

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

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

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

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 1200
Title: Prehospital Research Participation and Implementation	☐ **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:** August 2026 **Next Review Date:** August 2027

CROSS REFERENCES: Administration of Controlled Substances (*QM 700)*

1. PURPOSE

To establish the requirements for Northwest Region Prehospital Care Program (NWRPCP) participation in prehospital research activities.

This policy is intended to ensure that research involving Paramedics, patients, patient information, clinical interventions, medications, equipment, or operational processes is planned, approved, implemented, monitored, and closed in a manner that protects participants, supports patient safety, and complies with applicable ethical, legal, regulatory, privacy, and organizational requirements.

2. POLICY STATEMENT

NWRPCP may participate in research that is scientifically sound, ethically approved, operationally feasible, and consistent with the program's mandate, patient-safety responsibilities, and medical-direction framework.

Research activities must not begin until all approvals, agreements, authorizations, and operational-readiness requirements applicable to the specific project have been obtained.

Research participation does not independently authorize Paramedics to perform a controlled act, administer a medication, use equipment, alter patient-care processes, or provide care outside their current certification, scope of practice, medical directives, and approved research protocol.

Research activities must be conducted in accordance with the approved protocol, ethics approval, consent process or approved consent waiver, privacy requirements, data-management plan, and any sponsor, institutional, Ministry, or regulatory requirements.

Research findings, procedures, equipment, medications, or interventions must not be adopted into routine clinical practice solely because a study has concluded or received ethics approval. Any transition to routine practice requires separate NWRPCP medical, operational, educational, and governance approval, as well as any applicable provincial or regulatory authorization.

3. SCOPE

This policy applies to all prehospital research activities in which NWRPCP, its Program Medical Director, staff, certified Paramedics, participating Ambulance Service Operators, or affiliated partners are involved.

This policy applies to research involving, or potentially affecting:

- Patient care, clinical interventions, medical directives, controlled acts, medications, equipment, or clinical documentation;
- Paramedics, patients, substitute decision-makers, patient information, or operational data;
- Education, simulation, clinical practice, quality improvement activities that meet the definition of research, or implementation of new clinical processes; and

- Research conducted by NWRPCP or research led by an external investigator that requires NWRPCP participation, Paramedic involvement, access to NWRPCP records, or involvement of a regional Ambulance Service Operator.

This policy does not apply to routine quality assurance, clinical audit, program evaluation, or quality-improvement activities unless the activity is determined to constitute research by the applicable Research Ethics Board, hospital research office, or another authorized body.

4. DEFINITIONS

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

Operational Readiness: confirmation that required education, equipment, medications, supplies, documentation, communications, data systems, privacy safeguards, staffing, and escalation processes are in place before research activities begin.

Principal Investigator: the individual responsible for the scientific and ethical conduct of the research project in accordance with the approved protocol and applicable requirements.

Protocol Deviation: a departure from an approved research protocol, study procedure, consent process, or other research requirement.

Research: an undertaking intended to extend knowledge through a disciplined inquiry or systematic investigation.

Research Ethics Board (REB): an independent body responsible for reviewing the ethical acceptability of research involving human participants.

Research Participant: an individual whose data, biological material, care, or participation is included in a research project.

Research Protocol: the approved document describing the research question, objectives, design, eligibility criteria, interventions, consent process, data collection, analysis, monitoring, and reporting requirements.

Research-Related Adverse Event: an unfavourable medical occurrence, safety concern, or unintended outcome occurring during a research project that may be related to a study intervention, procedure, or participation.

5. PROCEDURE

5.1 Initial Review and Feasibility Assessment

A proposed research project must be submitted to NWRPCP for preliminary review before NWRPCP commits to participation.

The preliminary review will consider, as applicable:

- The research question, protocol, anticipated benefits, and foreseeable risks;
- The impact on patient care, Paramedic practice, medical directives, certification, equipment, medications, documentation, and operational processes;
- Participant eligibility, consent requirements, privacy considerations, and data-sharing requirements;
- Required education, assessment, supervision, and competency validation;

- ASO participation, staffing implications, operational feasibility, and service agreements;
- Funding, resource requirements, and indemnification or insurance arrangements where applicable; and
- The requirements for monitoring, adverse-event reporting, protocol-deviation reporting, and project closeout.

NWRPCP may decline participation where the project is not aligned with program priorities, cannot be implemented safely, lacks required approvals, or creates unacceptable patient-care, operational, ethical, privacy, or resource concerns.

5.2 Required Approvals and Agreements

Research activities must not begin until the project has received all approvals applicable to the specific study.

Required approvals may include, where applicable:

- Approval from an appropriately constituted Research Ethics Board;
- Approval from TBRHSC research administration, privacy, legal, and operational leadership;
- Approval from the PMD and NWRPCP leadership;
- Approval or support from participating ASOs;
- Authorization from the Ontario Ministry of Health or another provincial authority;
- Health Canada authorization for regulated clinical trials or investigational use of drugs, medical devices, or other health products; and
- A written research agreement, data-sharing agreement, or memorandum of understanding defining the responsibilities of participating organizations.

NWRPCP will retain documentation confirming applicable approvals before research activities begin.

5.3 Implementation and Paramedic Participation

Before participating in a research project, Paramedics must complete all project-specific education, competency assessment, and documentation requirements identified in the approved protocol and implementation plan.

NWRPCP will maintain records of required training, assessment, authorization, and participation for Paramedics involved in the research project.

Research interventions may only be performed by Paramedics who are eligible, trained, authorized, and scheduled to participate in the study.

Participating Paramedics must follow the approved protocol, applicable patient-care standards, medical directives, documentation requirements, and any project-specific safety or escalation procedures.

Where a research protocol conflicts with an immediate patient-care need, the Paramedic must prioritize patient safety and provide clinically indicated care within their authorized scope of practice. The event must be documented and reported in accordance with the protocol and applicable NWRPCP policies.

5.4 Consent, Privacy, and Data Management

Research participants must be enrolled in accordance with the approved consent process or approved consent waiver.

Patient information and research data will be collected, accessed, used, stored, disclosed, and retained only as permitted by the approved protocol, ethics approval, privacy requirements, and applicable agreements.

Research data must be stored securely and accessed only by authorized individuals.

Paramedics must not use personal devices, personal email, or unapproved communication platforms to collect, store, transmit, or discuss identifiable research information.

5.5 Safety Events, Protocol Deviations, and Incident Reporting

Research-related adverse events, patient-safety concerns, protocol deviations, medication incidents, controlled-act incidents, equipment concerns, and privacy breaches must be reported immediately through the applicable NWRPCP, ASO, hospital, sponsor, and research-protocol processes.

NWRPCP may suspend or modify local participation in a research project where an immediate patient-safety, ethical, operational, privacy, or protocol-compliance concern is identified.

Any decision to suspend, resume, amend, or terminate local participation must be communicated to the appropriate research team, ASO, PMD, and other parties identified in the approved research agreement or protocol.

5.6 Monitoring, Closeout, and Transition to Practice

NWRPCP will participate in monitoring, reporting, audit, and quality-assurance activities required by the approved protocol, Research Ethics Board, sponsor, or applicable agreement.

At project completion, NWRPCP will ensure that study medications, equipment, data, training materials, and documentation are managed in accordance with the protocol, ethics approval, sponsor requirements, and applicable records-retention requirements.

Research-related practices will cease at the end of the approved study period unless an extension, amendment, or other authorization has been approved.

A proposal to adopt a research intervention into routine practice must undergo separate review and approval through the NWRPCP medical-direction, operational-readiness, education, policy, and governance processes.

6. REFERENCES

Advanced Life Support Patient Care Standards Section 7, Ministry of Health and Long Term Care ‘ Emergency Health Regulatory and Accountability Branch

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