ALBERTA COLLEGE OF PARAMEDICS

STANDARDS OF PRACTICE

Revised and effective: March 2019 Adopted: September 2016

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INTRODUCTION

As set out in the *Health Professions Act* (HPA) in Alberta, all self-regulating health professions are required to have Standards of Practice (Standards). Each profession's regulatory body must establish, maintain and enforce a set of Standards for their profession.

The Alberta College of Paramedics (the College) is responsible for the establishment of such Standards for paramedics who practice in Alberta. The College Standards of Practice are standards of professional behaviour and conduct required of all practitioners in Alberta to ensure they interact safely and appropriately with patients and the public.

Standards are a part of the structure within which the College governs practitioners by providing direction to paramedics and regulating the practice of paramedicine.

Each paramedic, in their professional capacity, is required to understand and comply with these Standards, which are enforceable under the HPA and which will be referenced in complaints investigations and disciplinary proceedings where applicable. The College Standards of Practice continue to evolve with the paramedic profession in Alberta and may change from time-to-time.

New Standards and/or significant revisions will come into force after a period of consultation with members and others as set out in the HPA.

ENFORCEABILITY

The *Health Professions Act* includes a detailed definition of unprofessional conduct including contravention of the Act, the Code of Ethics and Standards of Practice. Any paramedic identified as noncompliant or in contravention is subject to the investigations and complaints process as set out in Part 4 of the *Health Professions Act*.

1.0 QUALITY ASSURANCE AND IMPROVEMENT

Adopted 09/2016, Effective 09/2016

Paramedics are accountable for ensuring that the performance of restricted activities occurs only within a system of quality assurance by:

1.1 Ensuring the practice of restricted activities occurs only as authorized in regulation and within a system of quality assurance and improvement.

1.2 Ensuring the quality assurance program provides for consultation with other health professionals regarding the practice of restricted activities.

1.3 Ensuring the quality assurance program is evidence-based and reflects best practice.

1.4 Ensuring the quality assurance program meets the minimum criteria of documented policy framework and restricted activities clinical guidelines, documented ongoing evaluation of evidence in relation to patient care outcomes and documented evaluation of practitioner proficiency.

1.5 Ensuring the quality assurance program provides for ongoing documented evaluation of practitioner adherence to program requirements.

1.6 Participating in ongoing review of restricted activities policy, guidelines and procedures to ensure patient safety.

1.7 Participating in a quality assurance program that ensures ongoing practitioner professional development.

2.0 CLINICAL AND TECHNICAL PROFICIENCY

Adopted 09/2016, Effective 09/2016

Paramedics demonstrate accountability for clinical and technical practice by:

2.1 Assessing the medical, psychological and social needs of the patient.
2.2 Being accountable for patient care including advice, assessment, treatment, working diagnosis and referral.
2.3 Continuously evaluating the ongoing management of patient care.
2.4 Being accountable for safe dispensing of Schedule 1 or Schedule 2 drugs as defined by the Pharmacy Drug Act to a patient when those drugs are relevant to care and/or required to be provided during the provision of care.
2.5 Applying understanding of foundational knowledge that includes chemical, biological, radiological and nuclear emergency scene management.
2.6 Ensuring an informed approach to patient access, assessment, treatment, treatment in place, treatment referral, extrication, immobilization and transportation.
2.7 Being knowledgeable about the effects, side effects, interactions and safe administration of medications in the provision of care.
2.8 Applying understanding of foundational knowledge that includes paramedicine, clinical science, humanities, leadership, management, health and social care models and public safety systems.
2.9 Utilizing evidence-based research to improve paramedicine practice.
2.10 Applying and evaluating knowledge developed through experience, clinical analysis and research findings.
2.11 Establishing and continuously developing critical and clinical judgment.
2.12 Ensuring ongoing development of knowledge through clinical, educational and technical research.
2.13 Exhibiting proficiency in technical and psychomotor skills.
2.14 Applying understanding of quality assurance and quality improvement theory and systems.
2.15 Maintaining currency in practice.
2.16 Ensuring best practices in infection control standards are maintained.

3.0 PROFESSIONALISM

Adopted 09/2016, Effective 09/2016

Paramedics demonstrate accountability for professional practice by:

3.1 Practising in accordance with the Code of Ethics, the Canadian Paramedic Profile and the College's Practice Statements.
3.2 Maintaining appropriate permits in order to practise.
3.3 Practising in accordance with practice setting policy and procedures.
3.4 Using clinical and professional judgement to ensure informed consent, informed refusal of care and informed referral of care.
3.5 Maintaining high standards of personal and professional conduct.
3.6 Reporting witnessed unsafe practice and/or professional misconduct to the appropriate agency.
3.7 Cooperating with any investigation or inquiry into professional conduct.
3.8 Being accountable as an individual paramedic to represent the profession.
3.9 Being accountable for the provision of care, advice provided and any failure to act.
3.10 Complying with health, safety and traffic legislation and workplace safety policies and procedures.
3.11 Being forthcoming with any errors committed.
3.12 Ensuring vehicles and equipment are maintained and in compliance with regulations.
3.13 Operating vehicles and equipment in a safe manner with appropriate education and ongoing proficiency.
3.14 Complying with emergency medical response and transport vehicle operations, required certifications and best practice.
3.15 Being accountable for maintaining professional proficiency and ongoing professional development.
3.16 Ensuring privacy and confidentiality of information.
3.17 Maintaining timely, accurate, legible and complete documentation of provision of care.
3.18 Correcting any documentation error in a timely and forthright manner.
3.19 Ensuring comments made in public and social media do not demean the profession of paramedicine, individuals within the profession and/or the College.
3.20 Demonstrating accountability and responsibility for provision of care by signature and title or initials as appropriate to each entry on the health or safety record.
3.21 Accessing and collecting health record information for purposes that are consistent with organizational policies and relevant legislation.

4.0 PEDAGOGICAL PRACTICE

Adopted 09/2016, Effective 09/2016

Paramedics demonstrate informed practice by:

4.1 Providing professional preceptorship, mentorship, leadership and supervision to students and colleagues.
4.2 Providing appropriate direct supervision and remaining accountable for the delegated aspects of the provision of care.
4.3 Ensuring patient safety when considering the knowledge and ability of the learner and colleagues when delegating provision of care.
4.4 Being accountable for documentation and communications completed by students under supervision to ensure accuracy, clarity and timeliness.
4.5 Ensuring that performance of restricted activities as authorized in regulation is evaluated on an ongoing basis.
4.6 Being accountable for knowledge translation for the purposes of improved practice.
4.7 Developing and maintaining professional relationships that improve interprofessional collaborative learning and practice.
4.8 Cooperatively sharing knowledge and expertise that contributes to the improvement and advancement of the profession.
4.9 Reducing disruptions that may lead to error in practice.
4.10 Seeking opportunities to teach and be taught.
4.11 Utilizing communications technology and/or other technology in the provision of care, in the education of others, for the assessment of records, for the monitoring of care and to enable collaborative practice.

5.0 CONTINUOUS PRACTICE IMPROVEMENT

Adopted 09/2016, Effective 09/2016

Paramedics continuously improve practice by:

5.1 Accepting responsibility to be informed to make appropriate decisions for professional practice.
5.2 Appropriately questioning and revising policy and procedures that may be inconsistent with informed and safe practice.
5.3 Being accountable for accuracy, relevancy and interpretation of evidence derived from research, guidelines, policies, consensus statements, expert opinion and quality improvements.
5.4 Fostering and participating in professional communities of practice.
5.5 Being accountable for knowledge of quality assurance and improvement science, communications and organization behaviour in order to create environments where ongoing improvements can occur.
5.6 Preventing or minimizing adverse events through identification, reporting and monitoring.
5.7 Seeking suitable assistance in provision of care and/or transportation of patient.
5.8 Incorporating risk management strategies to ensure safe practice.
5.9 Responding to human and system factors in practice to minimize medication errors and unsafe practice.
5.10 Engaging in continuous self-evaluation and improvement.
5.11 Ensuring appropriate etiquette when using communication technologies.
5.12 Being accountable for the requirements of continuing competency and professional development programs.

6.0 HEALTH AND SOCIAL ADVOCACY

Adopted 09/2016, Effective 09/2016

Paramedics improve health systems, social systems and public safety by:

6.1 Providing health education and promotion, health awareness and injury and disease prevention.

6.2 Guiding, directing and seeking feedback from stakeholders in the planning, delivery and evaluation of the provision of health and public safety to ensure safe practice.

6.3 Incorporating appropriate evidence for quality and safety improvements in health care and public safety.

6.4 Supporting the patient to learn and access appropriate health and social care in order to meet social determinants of health.

6.5 Supporting and engaging in health care and public safety research that supports improvements in achieving health and social determinants of care.

6.6 Measuring quality and ongoing improvements of safe care through ongoing supervision, coordination, monitoring and evaluation of the provision of health and social services.

6.7 Participating in the development, maintenance and improvement of system-wide approaches that ensure safe medication dispensing, medication administration and medication inventory management.

6.8 Identifying and reporting of practice errors related to restricted activities.

6.9 Directing and participating in changes to improve administrative, operational and educational practice in paramedicine.

6.10 Directing and participating in regular review of policies and procedures related to administrative, operational and educational paramedicine practice.

6.11 Being accountable for the paramedic-patient relationship as the foundation for paramedic practice across all populations, cultures, settings and contexts as focused on the needs of the patient.

7.0 TEAMWORK

Adopted 09/2016, Effective 09/2016

Paramedics demonstrate collaboration and cooperation by:

7.1 Informing other regulated health care providers and patients of any conditions, restrictions or limitations for practice as relevant to the immediate event.

7.2 Ensuring any referral or alternate care plan or release of care by a paramedic to another regulated health care professional is communicated and consulted upon by the patient, family and provider.

7.3 Being accountable for professional and personal actions that have implications for the patient, colleagues and the public.

7.4 Developing and maintaining professional relationship boundaries in all aspects of provision of care with others.

7.5 Collaborating with others to develop and improve measurements of provision of safe care in relation to ongoing review of patient outcomes.

7.6 Taking appropriate measures to ensure prevention of infection between patients, providers and the public.

7.7 Communicating appropriately and sharing knowledge and expertise with others for the benefit of the patient.

7.8 Limiting information disclosed and the number of people informed while still fulfilling medical, legal and research obligations.

7.9 Informing and discussing with the patient the indications, risk of harm and contraindications of medication and care when safe to do so.

7.10 Developing and maintaining effective listening, feedback and communication capabilities to respectfully and effectively communicate with others.

7.11 Developing and maintaining the capability to recognize, manage and resolve conflict in practice.

8.0 SEXUAL ABUSE AND SEXUAL MISCONDUCT INVOLVING A PATIENT

Adopted 03/2019, Effective 04/2019

Sexual abuse and sexual misconduct is a serious breach of the trust between a regulated member and their patient. An imbalance of power exists in a relationship between a regulated member who provides healthcare services to a patient. Sexual abuse and sexual misconduct exploits the power imbalance between a regulated member and their patient.

Sexual abuse includes threatened, attempted or actual conduct of a sexual nature, including sexual intercourse, touching and masturbation.

Sexual misconduct is any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse.

For the purpose of this Standard, a patient:

- becomes a patient upon the first instance of receiving a healthcare service (including but not limited to assessment, diagnosis, provision of treatment) by a regulated member
- remains a patient ○ for six months from the date of service provided, where the healthcare service provided was a single interaction
  OR ○ for 12 months following the date of the last service provided, where services were provided in more than one interaction
- is not the regulated member's spouse, person with whom the regulated member is in an interdependent relationship[1] , or person with whom the regulated member has a current, preexisting sexual relationship at the time the regulated member provides healthcare services to them

Exception: This Standard of Practice does not preclude a regulated member from providing emergency healthcare services to their spouse, person with whom they are in an interdependent relationship or person with whom they have a pre-existing sexual relationship. Emergency healthcare services are the assessment, stabilization, treatment and transportation services dispatched in response to a request for emergency health services.

Regulated members must maintain professional boundaries in all interactions with patients and must not sexualize any interaction with a patient through conduct as outlined in, but not limited to, the following behaviours.

[1] As defined by Alberta's *Adult Interdependent Relationships Act*

Sexual Misconduct

Sexual misconduct as defined in the *Health Professions Act*, "means any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse."

Behaviours or activities that constitute sexual misconduct when occurring between a regulated member and a patient include but are not limited to:

- inappropriate sexualized comments about the patient, for example: Making sexual comments about a patient's body, clothing or undergarments
- comments of a sexual nature about weight, body shape, size or figure
- making sexual or a sexually demeaning comments about a patient's sexual orientation, gender expression or gender identity
- requesting irrelevant information such as sexual likes or dislikes
- socializing with a patient in the context of initiating an intimate relationship
- initiation of, or involvement in, conversation regarding sexual problems, preferences, experiences, habits or fantasies that would not be deemed medically relevant to the presenting condition or concern
- offensive, risqué jokes, innuendos, taunting or kidding about sex or gender-specific traits
- suggestive or insulting sounds such as whistling or kissing sounds
- pseudo-medical advice with sexual overtones
- staged whispers or mimicking of a sexual nature about things, such as the way a person walks, talks or sits

Sexual Abuse

Sexual abuse as defined in the *Health Professions Act* "means the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:

i. Sexual intercourse between a regulated member and a patient of that regulated member; ii. Genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient of that regulated member;
iii. Masturbation of a regulated member by, or in the presence of, a patient or that regulated member;
iv. Masturbation of a regulated member's patient by that regulated member;
v. Encouraging a regulated member's patient to masturbate in the presence of that regulated member;
vi. Touching of a sexual nature of a client's genitals, anus, breasts or buttocks by a regulated member."

Exception
Sexual nature does not include any conduct, behaviour or remarks that are appropriate to the service provided.

Romantic or Sexually Intimate Conduct
Romantic or sexually intimate conduct between a regulated member and a patient is never appropriate during the course of active, ongoing or recent treatment of a patient. A sexual relationship between a regulated member and a patient (as defined in this Standard) must never happen.

A relationship between a regulated member and a person who is no longer a patient may occur only once the person is no longer a patient (as defined in this Standard).

Before beginning a romantic or sexually intimate relationship with a person who is no longer a patient, the regulated member must consider and determine:

1. If the regulated member provided healthcare services as a single interaction or more than one interaction

AND

2. If the regulated member provided healthcare services once, has six months passed since the treatment was provided?

OR

3. If the regulated member provided healthcare services more than once, has 12 months passed since the date the last service was provided?

Conduct involving a former patient may still be subject to the regular complaints process.

Responding to a Patient's Advances
All regulated members have a professional obligation to put an immediate stop to a patient's sexual advances. Regulated members must not return or engage in a patient's advances in any way.

Penalties and Sanctions
A member found guilty of unprofessional conduct by a Hearing Tribunal will face:

- Suspension of a practice permit and other possible sanctions for sexual misconduct toward a patient
- Cancellation of a practice permit and other possible sanctions with no ability to reapply or be reinstated for sexual abuse of a patient