

ALBERTA COLLEGE OF PARAMEDICS

Standards of Practice

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ABOUT STANDARDS OF PRACTICE

Purpose

As set out in the *Health Professions Act* (HPA), all regulated health professions are required to have Standards of Practice (Standards). Each profession's regulatory body/college must establish, maintain and enforce a set of Standards for their profession. The Alberta College of Paramedics' (College) Standards of Practice (Standards) are standards of professional behaviour required of all regulated paramedic professionals in Alberta as they practice to their scope of practice. These Standards provide direction to regulated members to follow in the course of their professional interactions with patients and the public. These Standards along with the Paramedics Profession Regulation, Code of Ethics and other legislation that applies to regulated members are part of the structure within which the College governs regulated members to serve and protect the public interest.

Structure

The Standards of Practice framework consists of four broad sections:

1.0 Professional Responsibility

Paramedic professionals of all three recognized designations – Advanced Care Paramedic, Primary Care Paramedic and Emergency Medical Responder must be registered with the College as a regulated member. As a regulated member of a healthcare profession in Alberta, paramedic professionals must adhere to strict levels of professionalism in their interactions with patients, public and healthcare colleagues.

2.0 Patient Relationship

Patients and paramedic professionals form a patient-provider relationship that must be respected and managed appropriately to ensure public safety and public trust is maintained. As a regulated member of a healthcare profession in Alberta, paramedic professionals are responsible for ensuring appropriate boundaries are established and that the patient-provider relationship is one of respect, trust and accountability.

3.0 Practice Management

Paramedic professionals practice in a variety of settings in both the public system and private spheres of business. Differences in practice settings do not mitigate the need for consistency in the management of paramedic practice. As a regulated member of a healthcare profession in Alberta, paramedic professionals must follow all prescribed methods for the management of their practice.

4.0 Clinical Practice

Paramedic professionals provide many levels and layers of care in the community – often in time-sensitive, critical situations that can have significant consequences to patients and their families. As a regulated member of a healthcare profession in Alberta, paramedic professionals are required to adhere to approved Standards that outline appropriate, approved clinical practice.

Development

The Standards of Practice (Standards) 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 *Health Professions Act* before being approved by the Council of the Alberta College of Paramedics.

Use

The Standards of Practice:

1. Outline the minimum standards of professional behaviour and practice expectations for all regulated members.
2. Guide regulated members in decision-making.
3. Inform the public and others about what they can expect from regulated members of the College.
4. Apply at all times to regulated members regardless of their role, practice area or practice setting.
5. Provides clarity regarding minimum expectations in the context of a complaint.
6. Support employers in decision-making and creation of protocols/policies/procedures/processes.

Any individual who has a concern about the conduct of a regulated member of the Alberta College of Paramedics may bring the matter to the attention of the Complaints Director, to be dealt with in accordance with the provisions of the *Health Professions Act*. Complaints alleging a breach of the Standards of Practice may also be initiated by the employer in accordance with their mandatory reporting obligations, or by the Complaints Director. Once a complaint is initiated, potential breaches of the Standards of Practice are addressed and enforced in accordance with Part 4 of the *Health Professions Act*.

Enforceability

The Standards of Practice set out the minimum standards in the provision of paramedic services and are binding on all regulated members of the paramedic profession. Each regulated member is required to understand and comply with these Standards of Practice, which are enforceable under the *Health Professions Act*.

Violations of the Standards of Practice may constitute unprofessional conduct. A regulated member alleged to have breached the Standards of Practice is subject to the investigations and complaints process as set out in Part 4 of the *Health Professions Act*, which may result in disciplinary action.

Key Terms/Acronyms/Definitions

Alternate decision maker	A person who has the legal responsibility to make decisions for an individual who lacks the capacity to make personal decisions
Authorized prescriber	A regulated healthcare profession who is authorized by their regulations to prescribe medications
Bridging medication	A short-term supply of a medication prescribed to a patient by an authorized prescriber
College	The Alberta College of Paramedics
Conscientious Objection	Practitioners not providing certain treatments to their patients, based on reasons of morality or "conscience"
Health service	A service provided to a patient 1) to protect, promote or maintain their health, 2) to prevent illness, 3) to diagnose, treat or rehabilitate or 4) to take care of the health needs of the ill, disabled, injured or dying
HPA	Health Professions Act of Alberta
Patient	A person receiving or registered to receive a health service
Prescribe	Advise and authorize the use of a medicine or treatment for a patient
Regulated members	The regulated members of the Alberta College of Paramedics: Advanced Care Paramedics (ACP) Primary Care Paramedics (PCP) Emergency Medical Responders (EMR)
Standards	Standards of Practice for the Alberta College of Paramedics

1.0 PROFESSIONAL RESPONSIBILITY

Paramedic professionals of all three recognized designations – Advanced Care Paramedic (ACP), Primary Care Paramedic (PCP) and Emergency Medical Responder (EMR) who intend to provide professional services directly to the public, teach paramedic education or supervise regulated members must be registered with the College as a regulated member. As a regulated member of a healthcare profession in Alberta, paramedic professionals must adhere to strict levels of professionalism in their interactions with and the delivery of health care to patients.

1.1 General Responsibilities

The profession's governing legislation includes but is not limited to: *Health Professions Act*, *Paramedics Profession Regulation*, *Health Information Act*, *Occupational Health and Safety Act* and the *Personal Information Protection Act* (Alberta). The College's additional regulatory documents include: *Code of Ethics*, *Standards of Practice*, *Bylaws* and *College Policies*. Additionally, employers implement specific practice setting policies and procedures that are important to the safe delivery of care.

A regulated member must:

1. Maintain an active practice permit at a recognized designation level to practice.
2. Practice in accordance with all applicable legislation and regulatory documents.
3. Practice within the condition(s) and endorsement(s) placed on their practice permit.
4. Practice in accordance with employers' practice setting policies and procedures.

1.2 Conflict of Interest

A conflict of interest may arise where a reasonable person could believe that a regulated member's duty to act in the patient's best interests may be affected or influenced by other competing interests, including financial, non-financial, direct, or indirect transactions with patients or others.

When a conflict of interest may reasonably be understood to exist, a regulated member must:

1. Identify situations that could lead to or be interpreted as a conflict of interest.
2. Not engage in situations where a conflict of interest can be avoided.
3. Disclose to the patient any identified conflicts of interest and offer options to resolve the conflict where the conflict cannot be avoided.
4. Ensure the resolution of any real, potential or perceived conflicts of interest are in the best interest of the patient.

1.3 Duty to Report

A regulated member is expected to demonstrate professionalism by advocating on behalf of the patient and the paramedic profession by identifying and reporting concerns related to patient care to the appropriate regulatory body. In these circumstances:

1. Within the paramedic profession, a regulated member must report another regulated member to the College's Complaints Director when the first regulated member believes, on reasonable grounds, that the conduct of the second regulated member places patients at risk or could be considered unprofessional conduct.

2. Within the larger regulated healthcare environment, a regulated member must report another healthcare provider to the appropriate college's Complaints Director when the regulated member believes, on reasonable grounds, that the conduct of the other healthcare provider places patients at risk or could be considered unprofessional conduct.

1.4 Self-reporting

A regulated member is required to self-assess their own ability to provide patient care. Factors that may impact a regulated member's ability to provide care may include any physical, cognitive, psychological and/or emotional condition; new or updated criminal charges against them; a relationship with a patient. A regulated member must immediately self report to the Registrar the following:

1. Any relevant details including any physical, cognitive, psychological and/or emotional condition that may negatively impact the regulated member's work or is reasonably likely to negatively impact their work in the future.
2. A sexual relationship with a patient.
3. New or updated criminal charges brought against them.

1.5 Protected Professional Designation and Titles, and Endorsements

The recognized, and in-use, paramedic designation titles for paramedic professionals are:

- Advanced Care Paramedic (ACP)
- Primary Care Paramedic (PCP)
- Emergency Medical Responder (EMR)

Only Advanced Care Paramedics and Primary Care Paramedics who are regulated members of the College may also use the general title/term paramedic.

The additional designation/title of Critical Care Paramedic (CCP) is also recognized, but it is not in use at this time and no regulated member is permitted to use it.

Endorsements are used to indicate additional training or education a regulated member has successfully completed which enables them to provide additional restricted activities/healthcare interventions.

A regulated member must:

1. Use only the protected title for the designation at which they are registered with the College.
2. Portray and communicate their professional designation and title truthfully to patients, employers, other healthcare providers and stakeholders.
3. Use only the endorsements granted by the College and listed on the College's register.

1.6 Communication

A regulated member communicates professionally, respectfully, effectively and in a timely manner by:

1. Being truthful and factual in all respects.
2. Communicating in plain language, wherever practical, in all forms of communication (e.g., written, spoken, electronic).

3. Being respectful in every manner with patients, other regulated members, the College, healthcare providers and the public.
4. Being respectful about the role and expertise of other healthcare providers in the care of patients.
5. Sharing knowledge and expertise with other healthcare providers for the benefit of the patient.
6. Diligently following privacy legislation and confidentiality requirements.
7. Not promoting their own moral or religious beliefs when interacting with patients.
8. Ensuring comments made in public (including online and social media) about the profession of paramedicine, individuals within the profession and the College are factual and professional.

1.7 Collaboration

A regulated member works collaboratively to facilitate an integrated approach in the provision of quality care. A regulated member demonstrates a commitment to collaboration by:

1. Consulting with others and providing a smooth transfer of care when the patient's needs fall outside the regulated member's scope of practice/training/competency.
2. Communicating appropriately and sharing knowledge and expertise with others for the benefit of the patient.
3. Contributing actively with healthcare colleagues to facilitate an integrated approach to care.
4. Engaging relevant healthcare providers and the patient to prevent misunderstandings, manage differences and take positive action to mitigate/resolve any conflicts.
5. Seeking suitable assistance in provision of care and/or transportation of patient.

1.8 Conscientious Objection

A regulated member may conscientiously object to providing medically necessary care on the grounds that it conflicts with the regulated member's Charter freedom of conscience and religion. However, the regulated member must not withhold information about the existence of a medically necessary procedure or treatment.

1.9 Human Health Research

A regulated member conducting research in human health must, when applicable:

1. Comply with the *Health Information Act* including to submit a proposal for review by a research ethics board in the Province of Alberta.
2. Disclose any potential or actual conflicts of interest to the research ethics board.
3. Obtain approval from a research ethics board before commencing human health research and comply with the requirements of the research ethics board as it relates to initial and ongoing review of the study.
4. Ensure the welfare of any patient involved in the research study is the primary concern throughout the duration of the study.
5. Inform participants that the study has been reviewed by an ethics board and disclose relevant conditions imposed.

2.0 PATIENT RELATIONSHIP

Paramedic professionals form a provider-patient relationship from the first point of care that must be respected and managed appropriately to ensure public safety and public trust is maintained. As a regulated member of a healthcare profession in Alberta, paramedic professionals are responsible for ensuring appropriate boundaries are established and that the relationship is one of trust and accountability.

2.1 Privacy and Confidentiality

A regulated member upholds a patient's rights to privacy and confidentiality by:

1. Complying with all relevant privacy legislation.
2. Maintaining an environment and engage in practices that protect the privacy and confidentiality of patient information.
3. Accessing records, information and archival systems only as required for the provision of professional services.
4. Ensuring any risks to privacy and confidentiality of patient information involved in the transport of records from one location or medium to another are minimized.
5. Limiting information disclosed and the number of people informed while still fulfilling medical, legal and research obligations.
6. Not disclosing or using the name or identifying features of a patient unless the regulated member has obtained the patient's prior written consent to disclose or use the information for purposes unrelated to the patient's care, or unless otherwise required or permitted to do so by law.

2.2 Consent

Consent in paramedicine can be achieved by either informed or implied consent.

2.2.1 Informed Consent

Regulated members must communicate to and discuss with the patient the indications, risk of harm and contraindications of treatment (including medication) to enable the patient/alternate decision maker to be able to provide informed consent prior to treatment.

A regulated member must:

1. Disclose the nature of the proposed examination and give the patient/alternate decision maker the opportunity to ask questions.
2. Inform the patient/alternate decision maker of the assessment/diagnosis and proposed treatment.
3. Inform the patient/alternate decision maker of the benefits and any potential risks of the proposed treatment.
4. Address any questions the patient/alternate decision maker has about the assessment/diagnosis and proposed treatment and any risks.
5. Receive informed consent either written or verbally or allow the patient/alternate decision maker to refuse care by not providing consent.
6. Respect the patient/alternate decision maker's right to withdraw consent at any time.

2.2.2 Implied Consent

A regulated member who attends a patient who is unconscious, unresponsive or otherwise unable to provide informed consent may reasonably determine implied consent exists if:

1. The patient was the one who called for emergency medical services but was unconscious, unresponsive or unable to provide informed consent upon the regulated member's arrival.
2. The patient was involved in a life-threatening accident or has had a life-threatening health event (such as a cardiac event) that rendered them unable to provide informed consent.

2.3 Disclosure of Harm

Appropriate disclosure of harm (an outcome that negatively affects the patient's health and/or quality of life) must be communicated to the patient. Disclosure of harm addresses the patient's immediate and future medical needs, the investigation (if required) of the circumstances that led to the patient suffering harm, and necessary steps to prevent recurrence of the harm if an untoward and avoidable event occurred.

1. If the regulated member is the only healthcare professional treating the patient, it is the regulated member's responsibility to disclose that information to the patient/alternate decision maker.
2. In a multi-provider setting, the regulated member must collaborate with other members of the team (in the hospital setting this will also include the administration) to identify the most suitable person(s) to disclose to the patient.
3. Disclosure must occur whether the harm is a result of a complication of care, an error or an adverse event, progression of disease and whether the harm was preventable.

2.4 Defining Patient-Provider Relationship

A patient:

1. 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.
2. Remains a patient
 - a. for six months from the date of service provided, where the healthcare service provided was a single interaction OR
 - b. for 12 months following the date of the last service provided, where services were provided in more than one interaction.
3. Is not the regulated member's spouse, person with whom the regulated member is in an interdependent relationship, or person with whom the regulated member has a current, pre-existing 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.

2.5 Professional Boundaries

Professional boundaries in patient care include the physical and emotional limits of the patient-provider relationship.

1. A regulated member must maintain professional boundaries with patients at all times and in any interaction, including but not limited to:
 - a. Providing adequate draping.
 - b. Allowing privacy while the patient is undressing or dressing.
 - c. Obtaining informed consent for intimate or sensitive examinations.
 - d. Using appropriate examination techniques when touching sensitive or personal areas of the body including, but not limited to, breasts, genitalia or anus.
2. The regulated member must always act in the patient's best interest and manage the boundaries within the patient-provider relationship.
3. Regulated members must also respect that each patient's boundaries may be unique to their experiences including culture, age, values and experiences with trauma.

2.6 Regulated Member-Subordinate (non-patient) Relationships

A regulated member-subordinate relationship may form when a regulated member holds an educational, employer or supervisory role. Subordinate includes employees, students, mentees and clinical trainees.

1. A regulated member must not:
 - a. Make sexual comments or gestures toward a subordinate.
 - b. Enter into a close personal or sexual relationship with a subordinate while responsible for mentoring, teaching, supervising or evaluating the subordinate.
 - c. Enter into any relationship with a subordinate that could create a conflict of interest or present as coercion while responsible for mentoring, teaching and/or evaluating the subordinate.
2. A regulated member who has a current/pre-existing close personal or sexual relationship with a subordinate must:
 - a. Notify the applicable clinical and academic leaders of the relationship.
 - b. Remove themselves from any role teaching or evaluating the subordinate.
 - c. Remove themselves from any discussion of the performance of the subordinate.
3. A regulated member who is uncertain about the potential for a boundary violation must consult with the College.

2.7 Sexual Abuse and Sexual Misconduct Involving a Patient

Sexual abuse and sexual misconduct are 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:

1. 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.
2. 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.
3. Is not the regulated member's spouse, person with whom the regulated member is in an interdependent relationship, or person with whom the regulated member has a current, pre-existing 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.

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.

3.0 PRACTICE MANAGEMENT

Paramedic practitioners practice in a variety of settings in both the public system and private spheres of business, which present differences in practice setting but does not mitigate the need for consistency in the management of paramedic practice. Regulated members must follow prescribed methods for the management of their practice.

3.1 Patient Health Record Access and Content

Patient health records provide key information to other healthcare providers about assessments and interventions provided by a regulated member prior to transferring care of a patient. These records are critical in ensuring appropriate, timely continuity of care and preventing and minimizing adverse events.

1. A regulated member must maintain timely, accurate, legible and complete documentation of provision of care.
2. A regulated member accessing patient health records must:
 - a. Only access and collect patient health record information for purposes that are consistent with organizational policies and relevant legislation.
3. A regulated member who provides assessment, advice and/or treatment to a patient must:
 - a. Document the encounter in a patient health record (paper or electronic)
 - b. Ensure the patient health record is:
 - i. An accurate and complete reflection of the patient encounter to facilitate continuity in patient care,
 - ii. Legible and in English,
 - iii. Compliant with relevant legislation and employer policies/expectations; and
 - iv. Completed as soon as reasonable.
4. A regulated member must ensure patient health records for each patient encounter include:
 - a. Date/time, presenting concern, relevant findings, assessment and plan, treatment provided, outcomes and transfer of care when indicated.
 - b. Any interactions with other databases, clinical information systems, patient health record keeping systems (e.g., [Alberta Electronic Health Record](#) (Netcare)).
 - c. The regulated member's signature and title.
5. A regulated member must only amend or correct a patient health record in accordance with all legislation, relevant employer policies and procedures, and through an initialed and dated addendum or tracked change.

3.2 Patient Record Management and Retention

When a regulated member is required to assume responsibility for the proper management of patient health care records, the regulated member must:

1. Ensure a patient record is compliant with all relevant legislation.
2. (When acting as a custodian) have policies and procedures in place in accordance with the *Health Information Act*.

3.3 Supervision of Restricted Activities

Restricted activities granted to regulated members for the purposes of this Standard are listed in the Paramedics Profession Regulation.

A regulated member who consents to supervise may supervise another regulated member or students of the paramedic profession or other healthcare professions who are performing restricted activities within their scope of practice, training and/or authorization by their regulatory college.

1. A regulated member who supervises a person performing a restricted activity must:
 - a. be personally:
 - i. Competent to perform the restricted activity,
 - ii. Authorized to perform the restricted activity without supervision,
 - iii. Authorized under the regulation to supervise the restricted activity,
 - iv. Satisfied with the knowledge, skill and judgment of the supervised person performing the restricted activity; and
 - v. Responsible for the restricted activity performed by the supervised person.
 - b. Ensure it is safe and appropriate for the supervised person to perform the restricted activity on the patient.
 - c. Obtain the patient's (or patient's alternate decision maker's) informed consent for the restricted activity to be performed under supervision unless consent is not possible because of emergency.
 - d. Provide a level of supervision commensurate with the skills and abilities of the person performing the restricted activity and the risk of harm to the patient.
 - e. Be physically present and remain readily available for consultation while the supervised member is performing the restricted activity and for an appropriate follow-up period.
 - f. Ensure the person performing the restricted activity is clearly identified in the patient's record.
 - g. Ensure the equipment and resources used to perform the restricted activity are safe and appropriate.

3.4 Advertising

An advertisement is any message (spoken, text or image-based), in any medium, about a regulated member and/or a clinic, group, product or service with which a regulated member is associated, the content of which is controlled directly or indirectly by a regulated member.

1. A regulated member who is responsible for an advertisement must ensure the information provided:
 - a. Conforms to the *Code of Ethics*.
 - b. Contains factual and relevant information about the nature of the practice.
 - c. Includes the practice designation as identified on the member's practice permit issued by the College.
 - d. Is accurate, clear and explicitly states all pertinent details of an offer, with disclaimers as prominent as other aspects of the message.
 - e. Is supported by evidence that is readily available to the public.
 - f. Is compatible with the best interests of the public and upholds the reputation of the profession.
 - g. Is not false, incomplete, misleading or deceptive.

- h. Does not include claims, representations, endorsements or testimonials regarding the service or business.
 - i. Does not create unreasonable expectations of beneficial treatment such as guarantees or warranties about results.
 - j. Does not encourage the indiscriminate or unnecessary use of health services.
2. A regulated member must promptly comply with direction from the Registrar to:
 - a. Substantiate any advertising claim or representation.
 - b. Confirm whether a specific advertisement is made by or on behalf of the regulated member.
 - c. Change or stop using any advertising message(s) that the Registrar deems in violation of any part of this Standard or the *Code of Ethics*.
3. A regulated member must not disclose the name or identifying features of a patient unless the regulated member has obtained the patient's prior written consent to use the information for advertising purposes.

4.0 CLINICAL PRACTICE

Paramedic professionals provide care in many different practice settings in the community – often in time-sensitive, critical situations that can have significant consequences to patients. As a regulated member of a healthcare profession in Alberta, paramedic professionals are required to adhere to approved Standards that outline appropriate, approved clinical practice.

Paramedics demonstrate accountability for clinical practice by:

1. Assessing the medical, psychological and social needs of the patient.
2. Being accountable for patient care including advice, assessment, treatment, working diagnosis and referral.
3. Continuously evaluating the ongoing management of patient care.

4.1 Restricted Activities

The regulation authorizes regulated members to perform restricted activities as defined in *Government Organization Act*. Several restricted activities are considered common practice restricted activities as they are taught in entry-to-practice EMR, PCP and ACP education programs. Specific restricted activities for the profession are authorized through the Paramedic Professions Regulation.

When performing any restricted activity, a regulated member must:

1. Only perform restricted activities that are authorized by the profession's regulation and in accordance with the profession's Standards of Practice.
2. Only perform restricted activities they are educated, trained and competent to perform, appropriate to their clinical practice area, and the procedure being performed.
3. Practice within the College's approved scope of practice for their designation.
4. Practice within the restrictive condition(s) placed on their practice permit.
5. Practice in accordance with practice setting (organization/employer) policies and procedures (vehicle operation, equipment use).

4.1.1 Ultrasound

Advanced Care Paramedics are the only regulated members of the College who are authorized to apply non-ionizing radiation in ultrasound imaging. The paramedic role in performing ultrasound imaging consists of performing point-of-care testing or focused assessment with sonography in trauma.

An Advanced Care Paramedic may perform ultrasound imaging provided they have submitted proof of College approved training and secured an endorsement on their practice permit to perform ultrasound.

1. An Advanced Care Paramedic must carry out care in collaboration with employer approved protocols and in consultation with other regulated healthcare professionals, where appropriate.
2. Advanced Care Paramedics must not apply non-ionizing radiation in ultrasound imaging for the purpose of fetal assessment.

4.1.2 Administer a Vaccine

Advanced Care Paramedics are the only regulated members of the College who are authorized to administer any vaccine, providing the Advanced Care Paramedic has received approved education and training, and in which they possess the required knowledge, skills and judgement.

A Primary Care Paramedic may administer a seasonal influenza vaccine provided they have submitted proof of College approved training and secured an endorsement on their practice permit to administer a vaccine. Considerations will be made for vaccines specifically designed to address a public health emergency in consultation with the Chief Medical Officer of Health, or by an order issued by the CMOH.

A regulated member must ensure the patient is fit/eligible for the vaccine being administered. When administering a vaccine, a regulated member must:

1. Obtain informed consent from the patient/patient's alternate decision maker.
2. Ensure the patient is at least five years old.
3. Be satisfied that legislative and regulatory requirements related to the storage, handling and transporting of vaccines (e.g., cold chain) have been followed.
4. Document the administration in the patient record in accordance with immunization legislation and regulation.
5. Conduct appropriate follow up monitoring.
6. Manage and report adverse events.
7. Provide relevant information to other regulated healthcare professionals and provincial health agencies as appropriate.
8. Report refusals of vaccination as defined in regulation.

4.1.3 Fractures

All regulated members are authorized to set or reset fractures of the bone for the purposes of alignment and immobilization (splinting for extrication and transportation).

Despite being enabled by the regulation, no regulated member is currently authorized to perform the restricted activity of setting or resetting a fracture of a bone for the purposes of long-term immobilization (casting).

4.1.4 Dispensing Bridging Medication

Advanced Care Paramedics are the only designation regulated by the College who are permitted to dispense medication at this time (despite the regulation that also authorizes Primary Care Paramedics).

The College expects all Advanced Care Paramedics who engage in the restricted activity of dispensing medications do so in accordance with the Standards of Practice and Code of Ethics, as well as ensuring that they are practicing in accordance with their employer's practice setting policies and procedures.

For the purposes of this Standard, dispensing is limited to the purpose of bridging medication delivery in specific circumstances to provide flexibility to meet immediate patient needs.

1. A regulated member must not prescribe, sell or provide for sale medications.

2. Advanced Care Paramedics who are engaging in the practice of dispensing for the purposes of bridging medication must have successfully completed a College approved training program and demonstrate competency in this restricted activity.
3. Advanced Care Paramedics who are authorized to dispense will have the “*Dispense for the Purposes of Bridging Medication*” endorsement on their practice permit.
4. Dispensing within the context of paramedic practice is limited to the purpose of bridging medication delivery in specific circumstances to provide flexibility to ensure patients receive timely access to medication.
5. Dispensing must only occur in the case of an existing prescription for a patient who is already under the care of another healthcare professional who is authorized to prescribe (e.g., physicians, dentists, nurse practitioners, psychiatrist, pharmacist).
6. Dispensing must be carried out in compliance with employer approved protocols and in consultation with the original prescribing healthcare professional, when possible.
7. Medications authorized for dispensing are limited to Schedule 1 drug or Schedule 2 drugs within the meaning of the *Pharmacy and Drug Act* and those authorized through an exemption under the *Controlled Drugs and Substances Act*.
8. Medications dispensed for the purposes of bridging may only be provided for up to a 72-hour supply, unless explicitly stated or requested differently by the original prescriber.
9. When dispensing a medication, Advanced Care Paramedics must:
 - a) Verify the identity of the patient.
 - b) Consider the appropriateness of the medication for the patient.
 - c) Ensure employer dispensing policies and procedures are followed.
 - d) Ensure medications are dispensed in a child-proof container, except where inappropriate for the patient.
 - e) Correctly label the medication package by including:
 - i. patient name,
 - ii. medication name, dosage, concentration and route,
 - iii. prescriber’s name and designation,
 - iv. directions for use,
 - v. quantity dispensed,
 - vi. date dispensed,
 - vii. drug identification number, if appropriate
 - viii. Advanced Care Paramedic’s initials and Advanced Care Paramedic’s employer name and phone number; and
 - ix. expiry date, when appropriate.
 - f) Document the dispensing in the patient record including the name and dosage of the medication and the quantity dispensed.
 - g) Inform and educate the patient and/or caregivers about the medication being dispensed, including appropriate storage, handling, usage, dosage and route.

4.2 Infection Prevention and Control

A regulated member will demonstrate adherence to all appropriate infection prevention and control measures by:

1. Utilizing best practices in infection prevention and control, in compliance with all relevant legislation, regulations, College documents and employer policies/guidelines.

2. Utilize routine practices (including universal precautions, hand hygiene, use of personal protective equipment) to reduce occurrence of infection.

4.3 Transfer of Care

A regulated member transferring full or partial responsibility for a patient's care to another healthcare provider(s) must:

1. Provide to the receiving healthcare provider(s) a timely, written summary that includes the following information:
 - a. Identification of the roles and responsibilities of the regulated member and other healthcare providers involved in patient's care up to the point of transfer
 - b. Pertinent clinical information
 - c. ECG or other test results
 - d. Treatment plans and recommendations for follow-up care
2. Communicate clearly to the patient the roles and responsibilities of the regulated member and other healthcare providers involved in the patient's next steps for care.
3. Ensure any referral or alternate care plan or release of care by a paramedic to another regulated healthcare professional is communicated to the patient, family and receiving healthcare provider.

4.4 Quality Assurance and Improvement

The purpose of quality assurance and improvement is to ensure the regulated member has the opportunity to evolve their practice to a standard excellence. Through evaluation and analysis of the performance of restricted activities, the regulated member will be able to identify strengths and weakness within their practice and tailor continuing competence activities accordingly.

Regardless of practice setting, the participation in a quality assurance and improvement system plays a key role in ensuring the regulated member's ability to perform all aspects of patient care, including restricted activities.

Wherever available, regulated members must participate in their employer's quality assurance and improvement programs.

Regulated members must actively contribute to the College's system of quality assurance and improvement by ensuring the practice of restricted activities occurs only as authorized in regulation and according to these Standards of Practice.