



London Health Sciences Centre

Southwest Ontario Regional Base Hospital Program

Policy & Procedure Manual

June 2021

Prepared By: Julie Oliveira, Planning & Support Specialist

Reviewed By: Susan Kriening, Regional Program Manager
Dr. Matthew Davis, Regional Medical Director

Approved By: Tina Oliveira, Director

TABLE OF CONTENTS

New Certification - Primary and Advanced Care Paramedic	1
Cross Certification	4
Consolidation	7
Auxiliary Medical Directives – PCP & ACP	10
Maintenance of Certification	13
Absence from Clinical Activity & Return to Practice	21
Remediation	25
Medical Directives	27
PCP/ACP Crew Configuration Division of Responsibilities	29
PCP vs PCP Expanded Scope Crew Configuration – Division of Responsibilities	31
Controlled and Expired Medications	33
Interacting with Healthcare Provider on a Call	35
Quality Assurance and Investigation	37
Field Rideouts with Paramedic Crews	41
Reporting Requirements to the Field Manager	43
Academic Certification – Primary or Advanced Care Paramedic	46
Academic Certification – Quality Assurance and Investigation Process	50

Procedure:	New Certification – Primary and Advanced Care Paramedic	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: April 2011

Original Effective Date: April 2011	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): Sept 2012, Nov 2013, April 2015, July 2018, June 2020	Revised Date(s): Sept 2012, Nov 2013, April 2015, July 2018, June 2020

This procedure details the process for providing new [Regional Base Hospital Program \(RBHP\) Medical Director authorization](#) to perform [controlled acts](#) and [advanced medical procedures](#) as a Primary Care [Paramedic \(PCP\)](#) or an Advanced Care [Paramedic \(ACP\)](#) as per Ontario Regulation 257/00, Part III, s. 8. (2)(c). [Paramedic](#) candidates with a conditional offer of employment or employed by an [Employer](#) are required to attain Base Hospital [certification](#) prior to performing patient care and/or [controlled acts](#) and/or other [advanced medical procedures](#) listed in the Advanced Life Support Patient Care Standards (ALS PCS), in accordance with O. Reg. 257/00. Once a candidate is successful, their new [certification](#) shall be portable amongst all eight (8) Ontario [Regional Base Hospital Program](#) jurisdictions providing the [Paramedic](#) has no outstanding patient care concerns and maintains their [certification](#) as defined in Appendix 6 – Certification Policy in the ALS PCS. Failure to comply with all aspects of this procedure may result in revocation of the [RBHP authorization](#) to perform [controlled acts](#) through [deactivation](#) and/or [decertification](#) at the discretion of the [Medical Director](#).

PROCEDURE

1. The [Employer](#) shall notify the [RBHP](#) at the earliest opportunity to confirm any new [Paramedics](#) being employed, and the earliest date they will be available for the [RBHP certification](#) (at least five business days advanced notice is requested).
2. The [Employer](#) shall provide written confirmation through the [RBHP](#) New Certification Form that the [Paramedic](#) meets all qualifications for employment as a [Paramedic](#) under Ontario Regulation 257/00, Part III.
3. If the [Paramedic](#) being employed is currently [certified](#) with another [Regional Base Hospital \(RBH\)](#) in Ontario, the Cross Certification Form must be completed, adhering to the [RBHP](#) Cross Certification Procedure.
4. The [Employer](#) and the [RBHP](#) shall determine a mutually agreeable schedule for [certification](#) of the new [Paramedic](#).
5. The [RBHP](#) shall provide any required pre-course materials to the [Employer](#) and the [Paramedic](#) once the training is confirmed. Materials may be in electronic or hard-copy format as determined by the [RBHP](#). Successful completion of all pre-course evaluations is required prior to attending the [RBHP](#) new [certification](#) training.
6. New [certification](#) for a [Paramedic](#) may include a review of, but not be limited to:
 - a. all core medical directives for the level the [Paramedic](#) is seeking [certification](#) and [authorization](#) for;
 - b. an introduction to the [RBHP](#) policies applicable to the [Paramedic](#) and an overview of the [RBHP](#) organization;
 - c. all auxiliary medical directives endorsed by the [Employer](#) for the level the [Paramedic](#) is seeking [certification](#) and [authorization](#) for;
 - d. [Medical Director](#) (or delegate) directed scenarios (i.e. simulation cases, oral cases); and
 - e. skills assessment.

7. New [certification](#) training is at the discretion of the [Medical Director](#) and may include a designated online component.
8. The [RBHP](#) shall notify the [Employer](#) of the results upon completion of the training and testing. Successful completion will result in the [RBHP Medical Director authorization](#) to perform the specified [advanced medical procedures](#) (including [controlled acts](#)) during the [consolidation](#) period. Unsuccessful completion will be discussed with the [Employer](#) and may result in the development of a [remediation](#) learning plan and future testing at the discretion of the [Medical Director](#).
9. Paramedics [authorized](#) to proceed to [consolidation](#) will be required to adhere to the [RBHP](#) Consolidation Procedure before full new [certification](#) is granted.
10. In accordance with the [RBHP's](#) Performance Agreement with the Ministry of Health (MOH), at least eighty percent of all calls completed by newly certified [Paramedics](#) must be audited for the first 180 days of employment. Any possible [variances](#) noted will be followed up utilizing the [RBHP](#) Quality Assurance (QA) Procedure.
13. Upon successful completion, the [Paramedic certification](#) date in the Paramedic Portal of Ontario (PPO) will be adjusted to January 31st of the following year.

DEFINITIONS

Advanced Medical Procedure

Medical procedures that are contained within the ALS PCS that are not controlled acts (e.g. 12-lead ECG, supraglottic airway insertion).

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Continuing Medical Education (CME)

Means a medical education program and confirmation of its successful completion as approved by the Regional Base Hospital Program (RBHP)

Consolidation

Means the process by which a condition is placed on a Paramedic's Certification restricting his or her practice to working with another Paramedic with the same or higher level of qualification (i.e. Certification)

Controlled Act

Means a Controlled Act as set out in subsection 27(2) of the Regulated Health Professions Act, 1991.

Deactivation

Means the temporary revocation, by the Medical Director, of a Paramedic's Certification.

Decertification

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

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

Remediation

Means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

[Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19](#)

Paramedic Portal of Ontario (www.paramedicportalontario.ca)

Procedure:	Cross Certification	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: June 2018

Original Effective Date: June 2018	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): June 2018, June 2019, June 2020	Revised Date(s): June 2018, June 2019

PURPOSE

To allow cross [certification](#) for core and auxiliary medical directives from another [Regional Base Hospital Program \(RBHP\)](#) in Ontario. Cross [certification](#) applies to [Paramedics](#) who are currently certified and in good standing with an [RBHP](#) in Ontario and have no unresolved patient care investigations in that [RBHP](#) and are seeking [certification](#) from the [RBHP](#).

POLICY

- 1.0 The Ministry of Health (MOH) Emergency Health Regulatory and Accountability Branch (EHRAB) publishes the Advanced Life Support Patient Care Standards (ALS PCS) with amendments from time to time. The Certification Standard is Appendix 6 of the ALS PCS and outlines definitions, processes and requirements of parties involved in the [certification](#) and [authorization](#) of Ontario [Paramedics](#). The ALS PCS Appendix 6 will serve as the policy as it relates to cross [certification](#).
- 2.0 The following requirements apply with respect to [Paramedics](#) who are already certified and who are seeking [certification](#) by a [Medical Director](#) in another [RBHP](#).
 - 2.1 The [Paramedic](#) shall be employed or retained by an [Employer](#) within the specified catchment area.
 - 2.2 The [Paramedic](#) shall complete a form provided by the [RBHP](#) that includes the following:
 - 2.2.1 a list of all [RBHPs](#) under which the [Paramedic](#) has received [certification](#) within the ten (10) year period immediately preceding the application;
 - 2.2.2 a declaration of the dates of all previous [deactivations](#) and/or [decertification's](#) that have occurred with the ten (10) year period immediately preceding the application;
 - 2.2.3 status of all current [certifications](#) from all [RBHPs](#); and
 - 2.2.4 written permission for the prospective [RBHP](#) to obtain information in writing from other physicians, other programs, etc. regarding the [Paramedic's](#) previous practice.
 - 2.3 The [Paramedic](#) shall successfully complete an orientation and training which may include an evaluation by the [RBHP](#) .[RBHP](#). An evaluation may include:
 - 2.3.1 an assessment of knowledge and skill;
 - 2.3.2 scenario evaluation; and
 - 2.3.3 oral interview or clinical evaluation with the [Medical Director](#) or designate.
 - 2.4 Upon meeting the above requirements for cross [certification](#), the [Medical Director](#) shall certify the [Paramedic](#).

PROCEDURE

- 3.0 The [Employer](#) will notify the [RBHP](#) through an online form at the earliest opportunity to confirm any [Paramedic](#) candidates who may be eligible for cross [certification](#), and the earliest date they will be available for orientation (at least ten [business days](#) advanced notice is requested).

- 4.0 If the [Paramedic](#) candidate being employed or retained by the [Employer](#) is currently certified with another [RBHP](#), a new certification form must be completed at least ten (10) days prior to any scheduled [certification](#) event.
- 5.0 Each application for cross [certification](#) will be reviewed by the [RBHP](#) who will perform a gap analysis based on the [Paramedic](#) candidate's current level of [certification](#) and the requested level of [certification](#) as it relates to auxiliary medical directives.
- 6.0 This may result in an individualized education plan that will be facilitated at a mutually agreed upon time between the [Employer](#) and the [RBHP](#). The [certification](#) requirements (if any), based on the gap analysis will be provided in writing to each [Paramedic](#) and [Employer](#) within ten (10) [business days](#) upon the receipt of the completed new certification form.
- 7.0 The [RBHP](#) will provide any required pre-course materials to each [Paramedic](#) candidate once the orientation is confirmed. Materials may be distributed in a format as determined by the [RBHP](#). Successful completion of all pre-course materials is required prior to attending the orientation day.
- 8.0 [RBHP](#) orientation may include:
 - 8.1 an introduction to the [RBHP](#) policies applicable to the [Paramedic](#) candidate (i.e. [certification](#), maintenance of [certification](#), quality assurance and audit process, [continuing medical education \(CME\)](#) and an overview of the [RBHP](#) organization);
 - 8.2 all auxiliary medical directives performed by [Paramedics](#) with their [Employer](#);
 - 8.3 [Medical Director](#) or delegate directed scenarios; and skills assessment.
- 9.0 The [RBHP](#) will notify the [Paramedic](#) candidate and [Employer](#) of the results in writing within three (3) [business days](#).
- 10.0 A [certification](#) and [authorization](#) document will be issued for the [Paramedic](#) and [Employer](#), which will include the [Paramedic](#) scope of practice and [certification](#) expiry date.

DEFINITIONS

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Business Day

Means any working day, Monday to Friday inclusive, excluding statutory and other holidays, namely: New Year's Day; Family Day; Good Friday; Easter Monday; Victoria Day; Canada Day; Civic Holiday; Labour Day; Thanksgiving Day; Remembrance Day; Christmas Day; Boxing Day and any other day on which the Province has elected to be closed for business.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Continuing Medical Education (CME)

Means a medical education program and confirmation of its successful completion as approved by the Regional Base Hospital Program (RBHP)

Deactivation

Means the temporary revocation, by the Medical Director, of a Paramedic's Certification;

Decertification

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

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Patient Care Concern

Means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

Procedure:	Consolidation	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: June 2018

Original Effective Date: June 2018	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): June 2018, June 2019, June 2020	Revised Date(s): June 2018, June 2019

PURPOSE

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

POLICY

The Ministry of Health (MOH) Emergency Health Regulatory and Accountability Branch (EHRAB) publishes the Advanced Life Support Patient Care Standards (ALS PCS) with amendments from time to time. The Certification Standard is Appendix 6 of the ALS PCS and outlines definitions, processes and requirements of parties involved in the [certification](#) and [authorization](#) of Ontario [Paramedics](#). The ALS PCS Appendix 6 will serve as the policy as it relates to [Consolidation](#).

The [Medical Director](#) shall require [consolidation](#) on all new [certifications](#). The [Medical Director](#) 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](#).

PROCEDURE

1. The [Medical Director](#) 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 [Medical Director](#), in consultation with the [Employer](#), shall determine the duration for the [consolidation](#). For newly [certified](#) and [authorized Paramedics](#), including [Paramedics](#) employed on a part time or casual basis, the number of hours for [consolidation](#) shall be a minimum of 36 hours for a Primary Care [Paramedic](#) (PCP) and a minimum of 168 hours for an Advanced Care [Paramedic](#) (ACP). The maximum time allowed for a [Paramedic](#) to complete [consolidation](#), without a specified exemption from the [Medical Director](#), is ninety (90) days following the [certification](#) event. Where the [consolidation](#) is related to a Patient Care Concern that has been identified, or as part of a customized [remediation](#) plan, the number of hours for [consolidation](#) shall be determined by the [Medical Director](#) 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.
2. The [Medical Director](#) shall provide notice of [consolidation](#) and the requirements thereof in writing to the [Paramedic](#) and [Employer](#) within two (2) [business days](#). Any changes to the [consolidation](#) by the [Medical Director](#) shall be communicated to the [Paramedic](#) and [Employer](#) immediately and any changes to the requirements thereof shall be provided in writing as soon as possible.

3. [Paramedics](#) in [consolidation](#) may practice to the level of their [certification](#) and [authorization](#) only when they are partnered with a [Paramedic](#) of the same or higher level of [certification](#) and [authorization](#) whom also has a minimum of six (6) months of full-time equivalent experience. The partner of the [Paramedic](#) in [consolidation](#) must be fully [certified](#) and [authorized](#) and in good standing with the [RBHP](#), and cannot have any clinical care concerns 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, e.g., an MCI, 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 his/her [certification](#) and [authorization](#). Following the completion of the call, the [Paramedic](#) in [consolidation](#) must immediately notify the [RBHP](#), through the self-report process, and provide details of the circumstances surrounding this event and the management of the patient in this situation.
4. Extensions to [consolidation](#) will be granted at the sole discretion of the [Medical Director](#), taking into consideration events such as but not limited to: vacation, injury, absences from work, identified clinical care concern(s). Extensions to [consolidation](#) are exceptions, and not an inherent right. In situations where an extension to [consolidation](#) has been granted, the [Paramedic](#) and the [Employer](#) will be notified in writing by the [Medical Director](#) within two (2) [business days](#) of this decision. Notification will include acceptance of the request for the extension and the length of time for this extension. If at any time the [Paramedic](#) has questions or concerns regarding their [consolidation](#), they may contact the [RBHP](#).
5. The [Employer](#) will submit that the [Paramedic](#) completed the required [consolidation](#) hours in writing, to the [Medical Director](#) or delegate within three (3) [business days](#) of completion of the last scheduled shift of the [Consolidation](#) period.
6. Where a [Paramedic](#) is employed with more than one [Employer](#) during [consolidation](#), the [Paramedic](#) will notify all respective [Employer](#) (s) and [Regional Base Hospital Program\(s\)](#) that they are in [consolidation](#) with and will submit their hours completed from each [Employer](#) towards their [consolidation](#) requirements.
7. The [Medical Director](#) will determine whether or not to remove the condition of [consolidation](#) on the [certification](#) and [authorization](#) of the [Paramedic](#). If the [Medical Director](#) deems that the [Paramedic](#) has completed the [consolidation](#) hours in a clinical patient care setting, the [Paramedic](#) and the [Employer](#) 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 [Medical Director](#) deem that the [Paramedic](#) has not met the requirements of [consolidation](#), the [Paramedic](#) and the [Employer](#) 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 [Employer](#) or [Paramedic](#).

DEFINITIONS

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Business Day

Means any working day, Monday to Friday inclusive, excluding statutory and other holidays, namely: New Year's Day; Family Day; Good Friday; Easter Monday; Victoria Day; Canada Day; Civic Holiday; Labour Day; Thanksgiving Day; Remembrance Day; Christmas Day; Boxing Day and any other day on which the Province has elected to be closed for business.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Consolidation

Means the process by which a condition is placed on a Paramedic's certification restricting his or her practice to working with another Paramedic with the same or higher level of qualification (i.e. Certification).

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Patient Care Concern

Means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

Remediation

Means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

[Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19](#)

Policy:	Auxiliary Medical Directives – Primary and Advanced Care Paramedics	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: May 2011

Original Effective Date: May 2011	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): May 2012, Jun 2013, Apr 2014, Aug 2016, June 2017, June 2018, June 2019, June 2020	Revised Date(s): Jun 2013, June 2017, June 2018, June 2019, June 2020

POLICY

In addition to the core medical directives, the Advanced Life Support Patient Care Standards (ALS PCS) provides a number of auxiliary medical directives for both Primary Care [Paramedics](#) (PCP) and Advanced Care [Paramedics](#) (ACP).

This policy details the utilization of auxiliary medical directives (both controlled and non-controlled acts). Delegation must be provided exclusively by the Regional [Medical Director](#).

This policy specifies the requirements of the [Employer](#), the [Regional Base Hospital Program \(RBHP\)](#) and the individual [Paramedic](#). Failure to comply with all aspects of this policy may result in revocation of the [RBHP authorization](#) to perform [controlled medical acts](#) and [advanced medical procedures](#) through [deactivation](#) and/or [decertification](#) at the discretion of the [Medical Director](#).

PROCEDURE

- 1.0 The [RBHP](#) will work collaboratively with the [Employer](#) to determine the need for [authorization](#) for the use of an auxiliary medical directives.
- 2.0 The [RBHP](#) will determine training and [certification](#) requirements for new auxiliary medical directives.
- 3.0 The training requirements (material, delivery, evaluation tools, etc.) will be established by the Medical Director and/or delegate and approved by the [Medical Director](#).
- 4.0 The [Employer](#) may elect to deliver the training using its own training staff when approved by the [Medical Director](#). In this situation, the [RBHP](#) maintains the right to audit the training program as required. In specified situations, the [RBHP](#) staff will be present to oversee formal evaluation (e.g. to proctor oral/written evaluations).
- 5.0 At the [Employer's](#) request, the [RBHP](#) staff will provide training on auxiliary medical directives based on a mutually agreeable schedule.
- 6.0 [Paramedics](#) must successfully complete all aspects of the approved training program in order to be [authorized](#) to perform the medical procedure.
- 7.0 When the [Employer](#) provides the training, complete records (course roster, evaluation results, etc.) will be provided to the [RBHP](#) within 5 business days.

- 8.0 Upon successful completion of the training and submission of course records, the [RBHP](#) will update the [Paramedic's certification](#) in the Paramedic Portal of Ontario (PPO) to reflect all auxiliary medical directives that the [Paramedic](#) is [authorized](#) to perform. The [Employer](#) and the [Paramedic](#) have access to the PPO and may choose to print a hard copy of the certificate or save an electronic copy to their file.
- 9.0 An implementation plan for the new auxiliary medical directive will be developed and agreed upon by the [Employer](#) and the [RBHP](#).
- 10.0 While it is understood that the [Employer](#) may not require all staff to be trained and [certified](#) in an auxiliary medical directive, [Paramedics](#) who are [certified](#) will be expected to perform (or at least attempt) these procedures in appropriate situations.

RECIPROCITY OF AUXILIARY DIRECTIVES

- 1.0 [Paramedics authorized](#) to perform an auxiliary medical directive may do so in all of the [RBHP](#) Paramedic Services in which they are employed provided the [Employer](#) has endorsed the use of that auxiliary medical directive. It is the expectation of the [RBHP](#) that all [Paramedics](#) use their complete skill set when indicated and appropriate for the greatest benefit of the patient.
- 2.0 Should a [Paramedic authorized](#) to perform an auxiliary medical directive that has been endorsed by their [Employer](#), leave the employment of that Paramedic Service and gain employment with another Paramedic Service where the auxiliary medical directive is not endorsed, the [Paramedic](#) does not remain [authorized](#) to perform the auxiliary medical directive. Should the [Paramedic](#) gain employment where the auxiliary medical directive is [authorized](#), or their current [Employer](#) now implements the use of that directive per the Certification Standard, the [Paramedic](#) would be expected to perform the auxiliary medical directive once [authorized](#) to do so.
- 3.0 The [RBHP](#) will honor reciprocity of auxiliary medical directive [certification](#) completed at other Ontario [Regional Base Hospital Programs](#).

DEFINITIONS

Advanced Medical Procedures

Medical procedures that are contained within the ALS PCS that are not controlled acts (e.g. 12-lead ECG, supraglottic airway insertion).

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Controlled Act

Means a Controlled Act as set out in subsection 27(2) of the Regulated Health Professions Act, 1991.

Deactivation

Means the temporary revocation, by the Medical Director, of a Paramedic's Certification.

Decertification

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

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOHLTC.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

[Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19](#)

Paramedic Portal of Ontario (www.paramedicportalontario.ca)

Procedure:	Maintenance of Certification	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: June 2021

Original Effective Date:	Last Review Date: June 2021	Last Revised Date:
	Reviewed Date(s):	Revised Date(s):

PURPOSE

This procedure details the process for providing maintenance of [certification](#) of [Regional Base Hospital Program \(RBHP\) Medical Director authorization](#) to perform [controlled acts](#) and [advanced medical procedures](#) as a Primary Care [Paramedic](#) (PCP) or an Advanced Care [Paramedic](#) (ACP) as per Ontario Regulation 257/00, Part III, s. 8. (2)(c). It is each [Paramedic's](#) responsibility to comply with the Certification Standard's maintenance of [certification](#) requirements. Failure to comply with all aspects of this procedure may result in revocation of the [RBHP authorization](#) to perform [controlled acts](#) through [deactivation](#) at the discretion of the [Medical Director](#) until the [Paramedic](#) has met the requirements. Any [Paramedic](#) who is not able to maintain [certification](#) will be required to undergo a return to clinical practice at the discretion of the [Medical Director](#).

POLICY

The Ministry of Health (MOH) Emergency Health Regulatory and Accountability Branch (EHRAB) publishes the Advanced Life Support Patient Care Standards (ALS PCS) with amendments from time to time. The Certification Standard is Appendix 6 of the ALS PCS and outlines definitions, processes and requirements of parties involved in the [certification](#) and [authorization](#) of Ontario [Paramedics](#). The ALS PCS Appendix 6 will serve as the policy as it relates to maintenance of [certification](#).

1. Annual Maintenance of Certification Requirements:

Table 1. Annual Maintenance of Certification requirements for Primary Care Paramedic (PCP) and Advanced Care Paramedic (ACP):

	PCP	ACP
Employment	Be employed or retained by an Employer under Regulation 257/00.	
Clinical Activity	<p>Shall not have an absence from providing patient care at their certified level that exceeds 90 consecutive days.</p> <p>Shall have a minimum 10 patients per year whose care required an assessment and management at the Paramedic's level of certification.</p>	
Annual CME (Minimum)	8 CME credits	24 CME credits
Annual Mandatory Educational Requirements	A minimum of 8 CME credits including written, skills, and scenario evaluation.	

Skills Maintenance Program	May be required when a Paramedic is unable to assess and manage the minimum of (10) patients per year, a demonstration of an alternate experience, as approved by the Medical Director may be utilized (see Appendix A) .
Demonstrated Competence	Demonstrated competence in the performance of controlled acts and advanced medical procedures and other advanced medical procedures , compliance with the ALS PCS, and the provision of patient care at the Paramedic's level of certification . Competency and compliance shall be determined by the Medical Director and may include chart audits, field evaluations and RBHP patch communication review.

PROCEDURE

1. 90 Days of Clinical Activity:

- 1.1 The [RBHP](#) will run data queries to identify [Paramedics](#) who have not provided patient care for greater than 90 days during the [certification](#) year. The [RBHP](#) will request confirmation from the [Employer](#) regarding the [Paramedic's](#) employment status. If the [Paramedic](#) is off work/on a leave or modified duties, the [Paramedic](#) will be administratively [deactivated](#).
- 1.2 The Local [Medical Director](#) will be notified of any [Paramedics](#) under their region who do not meet the 90 days of clinical activity criteria and are in active status. These [Paramedic](#) will be offered the opportunity to demonstrate alternate experiences to the provision of patient care (see Appendix 1). [Paramedics](#) will be encouraged to proactively complete alternate experiences when it is anticipated they will not be providing patient care for a 90-day period.

2. 10 Patient Contacts:

- 2.1 The [Paramedic](#) shall either:
 - 2.1.1 Provide patient care to a minimum of ten (10) patients per year whose care requires assessment and management at the [Paramedic's](#) level of [certification](#); OR
 - 2.1.2 Where a [Paramedic](#) is unable to assess and manage the minimum of ten (10) patients per year, demonstrate alternate experience, as approved by the [Medical Director](#), that may involve 1 or more of the following:
 - i. Other patient care activities;
 - ii. Additional CME;
 - iii. Simulated patient encounters; and
 - iv. Clinical placements.

Note – a patient contact is defined as the presence of the [Paramedic's](#) name on the ACR/ePCR.

- 2.2 The [RBHP](#) will run data queries to identify [Paramedics](#) who have not provided patient care to a minimum of ten (10) patient contacts during the [certification](#) year. This data query will be run mid-way through the [certification](#) year and near the end of the [certification](#) year and in each instance will be shared with the [Paramedic](#) and their [Employer if it is anticipated that the paramedic will not meet the requirements](#). The [RBHP](#) will request confirmation from the [Employer](#) regarding the [Paramedic's](#) employment status and pro-rate the number of patient contacts based on previous deactivations during the current year prior to notifying the [Paramedic](#) of their status. If the [Paramedic](#) has had any [deactivations](#), the number of patient contacts will be adjusted. Alternates to patient care experiences (see Appendix 1) can be completed by the [Paramedic](#) and submitted to the [RBHP](#) for consideration through the Paramedic Portal of Ontario (PPO).

3. Continuing Medical Education (CME)

- 3.1 [Paramedics](#) must complete the required [continuing medical education \(CME\)](#) points yearly requirements including at least one (1) evaluation per year at the appropriate level of [certification](#). The evaluation may include an assessment of knowledge and evaluation of skills; scenarios; and on-line learning and evaluation. All PCP's must achieve eight (8) [CME](#) points which are obtained through Annual Mandatory [CME](#). All ACPs must achieve a minimum of (24) [CME](#) points by December 31st of each calendar year. A minimum of eight (8) [CME](#) points will be obtained through annual mandatory [CME](#).

- 3.2 All [CME](#) requires approval from the [RBHP's Medical Director](#) of Education (or delegate). [CME](#) that is undertaken without preapproval may not be awarded points if it is deemed to not meet the objective of enhancing the clinical activity of the [Paramedic](#) at the [certification](#) level of the [Paramedic](#).
- 3.3 Approval will be granted only after determining:
 - 3.3.1 the relevancy to the [Paramedic's](#) scope of practice; and
 - 3.3.2 congruence with [RBHP's](#) learning objectives expectation.
- 3.4 [CME](#) activity must be completed by December 31st of each calendar year. Any [CME](#) activities taken after December 31st will be applied to the following [CME](#) cycle and will not be retroactively applied to the previous [CME](#) cycle.
- 3.5 The deadline for [CME](#) submission is December 31st of each calendar year. [Paramedics](#) must have received and submitted supporting documentation regarding any activity by this date. ACPs who fail to submit their required [CME](#) points by December 31st of each calendar year may be deactivated.
- 3.6 [Paramedics](#) working during their first year as an ACP are required to achieve a prorated number of points (2 [CME](#) points per month [certified](#) as an ACP) based on the remaining time in the yearly [CME](#) cycle in which they began their employment as an ACP.
- 3.7 [Paramedics](#) who are returning after clinical inactivity and have missed their Annual Mandatory [CME](#), will complete the Annual Mandatory [CME](#) (8 points PCP, a minimum of 8 points ACP) in addition to any other educational activities determined by the Local [Medical Director](#). The [Medical Director](#) of Education (or delegate) will determine additional [CME](#) that may be awarded for return to practice review day(s) on a case by case basis.
- 3.8 ACPs will require a prorated number of [CME](#) points (2 [CME](#) points per month [certified](#) as an ACP) based on the amount of time worked during and/or remaining time in the annual [CME](#) cycle.
- 3.9 After [CME](#) completion, [Paramedics](#) are required to submit proof of attendance/completion via the Paramedic Portal of Ontario (PPO).
- 3.10 [Paramedics](#) can obtain [CME](#) points through the options outlined in Appendix A.

DEFINITIONS

Advanced Medical Procedure

Medical procedures that are contained within the ALS PCS that are not controlled acts (e.g. 12-lead ECG, supraglottic airway insertion).

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Continuing Medical Education (CME)

Means a medical education program and confirmation of its successful completion as approved by the Regional Base Hospital Program (RBHP)

Controlled Act

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

Deactivation

Means the temporary revocation, by the Medical Director, of a Paramedic's Certification.

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOHLTC.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

[Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19](#)

Paramedic Portal of Ontario (www.paramedicportalontario.ca)

Maintenance of Certification & Continuing Medical Education

Event	Description	Patient Contacts in Lieu of	CME Points
BH Rounds/Webinar	Rounds will be scheduled throughout the year and topics will be posted at least 2 weeks prior to the scheduled date. CME points will be awarded upon completion of the live webinar. If you cannot watch live, the webinar will be made available on the SWORBHP website. Patient contacts will be applied once the webinar is viewed and the associated online quiz is successfully completed.	1 per event	1 per event
Presentation at Rounds/Webinar	Paramedics who wish to may present a relevant prehospital care topic. The presentation should not exceed 50 minutes. Upon approval from the Medical Director, paramedics will be paired with a SWORBHP team member who will assist with the development and presentation of the rounds/webinar.	Varies depending on content	8 per event
Non-BH Rounds/Webinar	<p>Rounds attended (either in-person or online) from a non-BH source can be submitted by paramedics in lieu of patient contact (i.e. Ontario Teleconference Network webcasts from Medical Rounds).</p> <p>Please note that the material and source must be applicable to the practice of paramedicine at the level of the paramedic.</p> <p>Supporting documentation will be required for approval, including a copy of the lecture, source, lecture length, and paragraph submitted to the Document Manager on PPO including:</p> <ul style="list-style-type: none"> ▪ What have they learned from the non-BH rounds? ▪ How will it change their practice as a paramedic? 	1 per hour (0.5 points will be awarded for events <40 minutes)*	1 per hour (0.5 points will be awarded for events <40 minutes)* Max 8/year
Mandatory BH Training	When the Base Hospital requires paramedics to be oriented to a new piece of equipment or procedure, they will receive points towards their CME obligation.	N/A	Mandatory 1/hour
Annual Mandatory CME (in-class portion)	Paramedics will attend a skills performance competency practice and evaluation day.	N/A	Mandatory 8

APPENDIX 1

<p>Annual Mandatory CME Precourse (ACP)</p>	<p>ACP Paramedics will complete an additional pre-course component prior to their in-class Mandatory CME day.</p>	<p>N/A</p>	<p>Mandatory 4</p>
<p>Operational Preceptorships</p>	<p>Paramedics will receive a maximum of 4, one time, CME points for taking a preceptor course (if available). Additional points will be applied if the paramedic chooses to precept more than once in a calendar year.</p> <p>Preceptor Course 4 points PCP Student 4 points (final month) ACP Student 4 points (usually 6 weeks up to 140 hours)</p>	<p>N/A</p>	<p>Max 8-12/year</p>
<p>Teaching</p>	<p>Paramedics will receive patient contacts to a maximum of 2 times per subject matter taught.</p> <ul style="list-style-type: none"> ▪ Teach Symptom Relief, defibrillation etc. for Base Hospital ▪ Teach ACLS, PHTLS etc. ▪ Teaching paramedic students at college 	<p>1 per event 3 per event 1 per event</p>	<p>Max 10/year</p>
<p>Self-Development</p>	<p>ACLS, PALS, NALS, APALS, PHTLS, ACP Program etc. (See list of preapproved courses)</p> <p>Paramedics will receive the appropriate patient contacts for self-development based on 1/hour.</p>	<p>1/hour</p>	<p>1/hour Max 16/course</p>
<p>Journal Study</p>	<p>Paramedics will be required to submit documentation on each article as: title, text/journal, author, and date of publication before patient contacts will be given. A brief synopsis of the article should be provided on the Document Manager in PPO.**</p> <ul style="list-style-type: none"> ▪ Prehospital Care Journal Articles ▪ Emergency Medicine Journal Articles ▪ Critical Care Journal Articles ▪ Landmark EMS/Emergency Medicine/Resuscitation article 	<p>1/reviewed article</p>	<p>Varies depending on content Max 3/year</p>
<p>Conference/Workshop/ Course Work/Presentation</p>	<p>Conference/Workshop/Course Work/Presentation must be applicable to the practice of paramedicine at the level of the paramedic.**</p> <p>Courses attended without prior approval can be submitted for individual consideration, but may not be awarded patient contacts based on content. Consideration will be given to the following:</p> <ul style="list-style-type: none"> ▪ Topic of presentation or agenda of workshops ▪ Description of how this activity will fit in with professional development in paramedicine <p>Patient contacts for this type of activity will be at the discretion of the Medical Director or delegate and assigned on an individual application basis. A report of material covered and points learned may be required</p>	<p>Varies depending on content</p>	<p>Varies depending on content Max 16</p>

APPENDIX 1

<p>Committee Participation</p>	<p>Application for patient contact consideration will include:</p> <ul style="list-style-type: none"> Goals of the committee, agenda/topic of discussion. There must be a component of patient care discussed as part of the committee meeting (ex. Joint Council, Local Base Hospital Utilization Committee) Description of how this activity will fit in with professional development in paramedicine <p>Patient contacts for this type of activity will be at the discretion of the Medical Director or delegate and assigned on an individual application basis.**</p>	<p>Varies depending on content/committee</p>	<p>Varies depending on content/committee</p> <p>Max 8/year</p>
<p>Clinical Settings</p>	<p>Paramedics may attend a variety of clinical settings: Emergency Department (in the presence of a BHP where possible), operating room (intubation skills), respiratory therapy, ICU, day surgery (IV skills). Specific goals and outcomes of the clinical experience (skills retention, disease A&P) as well as supervisor signature should be submitted.</p>	<p>1 patient contact per hour</p>	<p>1/hour Max 6/year/clinical setting</p>
<p>Research</p>	<p>Paramedics must apply via the Paramedic Portal of Ontario for consideration of research work. Paramedics may do so in advance or concurrently with research work. Research material must be ongoing and relevant to Paramedicine and published or translated into English.**</p>	<p>N/A</p>	<p>Per Case</p>
<p>Publication</p>	<p>Paramedics must apply via the Paramedic Portal of Ontario in advance of the publication. Work must be published in a recognized, professionally related Paramedicine/Prehospital Care journal.</p> <p>Application for CME point consideration will include specifics of journal article as well as information on the publication that article is being submitted to.**</p>	<p>N/A</p>	<p>Per Case</p>
<p>Base Hospital Investigation</p>	<p>Paramedic Leaders assisting and participating in base hospital ALS PCS investigation/remediation of another paramedic within their respective service.</p>	<p>1/investigation</p>	<p>N/A</p>
<p>Presentation</p>	<p>Paramedics may choose to get together and present topics of relevance to one another. This activity will be self-organized.</p> <p>Presentations must be relevant to Paramedicine/Prehospital Care. In order for this activity to be approved, the session(s) must be attended by a Base Hospital Physician or delegate.**</p>	<p>Per event</p>	<p>Per event</p>
<p>Community Paramedicine</p>	<p>Medics must apply via the Registry for consideration of CME credits for attendance or participation in any conference, workshop, course work, or presentation related to community paramedicine at least 2 weeks in advance of participation. Courses attended without prior approval can be submitted for individual consideration, but may not be awarded CME credits based on content. Consideration will be given to the following:</p>	<p>N/A</p>	<p>Per Case Max 2/year</p>

APPENDIX 1

<p>Professional Self Development</p>	<p>Courses, lectures or events aimed at professional self-development that have an impact on improving patient medical care. Sessions must be directed towards the field of prehospital care and taught by qualified personnel.</p> <p>Medics must apply via the Registry for consideration of CME credits for attendance or participation in any event related to professional self-development at least 2 weeks in advance of participation.**</p>	<p>N/A</p>	<p>Per Case Max 8/year</p>
<p>Other</p>	<p>Paramedics may apply via the Registry at least 2 weeks in advance for approval of a potential CME event. **</p>	<p>N/A</p>	<p>Per Case</p>

Procedure:	Absence from Clinical Activity & Return to Practice	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: June 2019

Original Effective Date: July 2011	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): May 2012, April 2014, June 2019, June 2020	Revised Date(s): September 2012, April 2014, June 2019, June 2020

PURPOSE

Upon new [certification](#) by the [Regional Base Hospital Program \(RBHP\)](#), a [Paramedic](#) must maintain clinical activity to remain [certified](#) with the [RBHP](#). [Paramedics](#) absent from clinical activity for a period of ninety (90) days are considered clinically inactive, and are administratively [deactivated](#). Extended absence from clinical activity can result from a variety of reasons, including (but not limited to) short/long term disability, parental leave, or any other approved leave granted by the [Employer](#).

Return to practice (RTP) offers a [Paramedic](#) an opportunity to orientate to the clinical environment after a period of absence. RTP is required as per the current Ministry of Health (MOH), Advanced Life Support Patient Care Standards (ALS PCS), Appendix 6 and may include a [consolidation](#) phase as outlined within. This process will be initiated upon request by the [Employer](#).

POLICY

The MOH Emergency Health Regulatory and Accountability Branch (EHRAB) publishes the ALS PCS with amendments from time to time. The Certification Standard, Appendix 6 of the ALS PCS outlines definitions, processes and requirements of parties involved in the [certification](#) and [authorization](#) to perform medically delegated acts of Ontario [Paramedics](#). The ALS PCS Appendix 6 will serve as the policy as related to RTP.

PROCEDURE

1. The [Employer](#) will notify the [RBHP](#) in writing when a [Paramedic](#) is absent from clinical activity for a period of ninety (90) days by entering the date of the last shift worked by the [Paramedic](#) into the Paramedic Portal of Ontario (PPO). This can be completed in advance of the ninety (90) day mark if it is known the absence will extend that long, or once the ninety (90) day mark is reached.
2. At the ninety (90) day mark, the [RBHP](#) will confirm with the [Employer](#) that the [Paramedic](#) is still clinically inactive, and upon approval by the Local [Medical Director](#) or delegate, will administratively [deactivate](#) the [Paramedic](#) in the PPO. The [Employer](#) will notify the [RBHP](#) at the earliest time possible when the date for the [Paramedic](#) to RTP is confirmed (at least five [business days](#) advanced notice is requested).
3. The [Employer](#) and the [RBHP](#) will determine a mutually agreeable schedule for RTP training/[certification](#) for the [Paramedic](#).
4. The [RBHP](#) will provide any required pre-course materials to the [Paramedic](#) and the [Employer](#) once the training is confirmed. Materials may be in electronic or hard-copy format as determined by the [RBHP](#). Successful completion of all pre-course evaluations is required prior to attending the [RBHP](#) RTP training/evaluation day.
5. The [certification](#) requirement for all [Paramedics](#) returning to practice after an absence from clinical activity is based upon the duration of the absence, and is described in Table 1 Return to Practice Timelines and

Requirements. The format of the training may include online training, virtual and/or in person sessions depending on the length of absence from clinical activity, geography and the individual needs of the [Paramedic](#).

Table 1. Return to Practice Timelines and Requirements for Primary Care Paramedic (PCP) and Advanced Care Paramedic (ACP).

Absence from Clinical Activity	PCP	ACP
More than 90 days and less than 6 months	<ul style="list-style-type: none"> Up to one day for review of any missed Mandatory Continuing Medical Education (CME) and/or evaluation of all medical directives and skills (performed by a SWORBHP Prehospital Care Specialist or designate). 	<ul style="list-style-type: none"> Up to one day for review of any missed CME and/or evaluation of all medical directives and skills (performed by a SWORBHP Prehospital Care Specialist or designate).
6 months up to less than 36 months	<ul style="list-style-type: none"> Gap analysis to be performed by SWORBHP. Completion of missed mandatory CME. Additional requirements may be identified following a review and/or evaluation, which may include 12 hours of consolidation with a paramedic of equivalent or higher level of certification/authorization with a minimum of 6 months experience at the discretion of the RBHP Medical Director. Reference to the OBHG Consolidation procedure. 	<ul style="list-style-type: none"> Gap analysis to be performed by SWORBHP. Completion of missed mandatory CME. Additional requirements may be identified following a review and/or evaluation, which may include 24 hours of consolidation with a paramedic of equivalent or higher level of certification/authorization with a minimum of 6 months experience at the discretion of the RBHP Medical Director. Reference to the OBHG Consolidation procedure.
More than 36 months	<ul style="list-style-type: none"> The plan will be created based upon an individual needs' assessment after discussion with the Employer. The final decision on the RTP plan will be determined by the RBHP. Please also see 18-36 month requirements. 	<ul style="list-style-type: none"> The plan will be created based upon an individual needs' assessment after discussion with the Employer. The final decision on the RTP plan will be determined by the RBHP. Please also see 18-36 month requirements.

- In addition to the requirements outlined in Table 1, the [Paramedic](#) must successfully complete all mandatory education missed during the absence, e.g. Annual Mandatory [continuing medical education \(CME\)](#) requirements, introduction of new medical directives and/or skills.
- The [RBHP](#) will notify the [Employer](#) of the results of the review and evaluation for the [Paramedic](#) (successful or unsuccessful) upon completion of the training and testing. Successful completion will result in [Paramedic reactivation](#). Unsuccessful completion will result in the development of a remedial learning plan that will be shared with the [Employer](#) prior to its implementation.
- The [Paramedic certification](#) date in the PPO will be updated to reflect the initial [certification](#) training date with an expiry date of January 31 of the following year.

DEFINITIONS

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Business Day

Means any working day, Monday to Friday inclusive, excluding statutory and other holidays, namely: New Year's Day; Family Day; Good Friday; Easter Monday; Victoria Day; Canada Day; Civic Holiday; Labour Day; Thanksgiving Day; Remembrance Day; Christmas Day; Boxing Day and any other day on which the Province has elected to be closed for business.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Continuing Medical Education (CME)

Means a medical education program and confirmation of its successful completion as approved by the Regional Base Hospital Program (RBHP)

Consolidation

Means the process by which a condition is placed on a Paramedic's certification restricting his or her practice to working with another Paramedic with the same or higher level of qualification (i.e. Certification).

Deactivation

Means the temporary revocation, by the Medical Director, of a Paramedic's Certification.

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Patient Care Concern

Means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission.

Reactivation

Means the reinstatement of a Paramedic's Certification after a period of Deactivation.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

Remediation

Means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

[Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19](#)

Paramedic Portal of Ontario (www.paramedicportalontario.ca)

Procedure:	Remediation	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: June 2018

Original Effective Date: June 2018	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): June 2018, June 2019, April 2020	Revised Date(s): June 2018, June 2019

PURPOSE

[Remediation](#) may be required by a [Paramedic](#) because of a [patient care concern](#) or to address a concern related to [certification](#) or the maintenance of [certification](#). [Remediation](#) is a customized plan developed by the [Regional Base Hospital Program \(RBHP\)](#), designed to address the identified concerns with the [Paramedic](#). After successful completion of the [remediation](#) process, the [Paramedic](#) may practice independently at the qualified level of their [certification](#) and [authorization](#).

POLICY

The Ministry of Health (MOH) Emergency Health Regulatory and Accountability Branch (EHRAB) publishes the Advanced Life Support Patient Care Standards (ALS PCS) with amendments from time to time. The [Certification](#) Standard is Appendix 6 of the ALS PCS and outlines the definitions, processes and requirements of parties involved in the [certification](#) and [authorization](#) of Ontario [Paramedics](#). The ALS PCS Appendix 6 must serve as the policy as related to [remediation](#).

PROCEDURE

1.0 [Remediation](#) may be required as a result of:

- 1.1 [Deactivation](#);
- 1.2 Identification of an ALS PCS related [patient care concern](#) via:
 - 1.2.1 quality assurance activities;
 - 1.2.2 incident analyses/reviews/investigations;
 - 1.2.3 observation of clinical practice (e.g. CME performance, ride outs);
- 1.3 Failure to successfully complete the requirements for the maintenance of [certification](#);
- 1.4 At the discretion of the [Medical Director](#).

2.0 [Remediation](#) will include:

- 2.1 Identification of the concern related to knowledge, patient care or maintenance of [certification](#);
- 2.2 Determination of the goals and objectives based on the identified concerns;
- 2.3 Determination of the process to obtain the specified goals and objectives;
- 2.4 Consultation with the [Employer](#) and [Paramedic](#) to further develop the goals and objectives;
- 2.5 Determination of measures to demonstrate that the goals and objectives have been achieved;
- 2.6 The potential consequence(s) for failure to successfully complete the [remediation](#) as prescribed.

3.0 Written notification of a [remediation](#) will be provided to the [Paramedic](#) and the [Employer](#) as soon as possible after the concern is identified.

4.0 The completion of [remediation](#) should not normally exceed 90 days. Extensions to [remediation](#) will be granted at the sole discretion of the [Medical Director](#), taking into consideration events such as but not limited to: vacation, injury and absences from work. Extensions to [remediation](#) are exceptions, and not an inherent right. In situations where an extension to [remediation](#) has been granted, the [Paramedic](#) and the [Employer](#) will be notified in writing by the [Medical Director](#) within two (2) [business days](#) of this decision.

Notification will include acceptance of the request for the extension and the length of time for this extension. If at any time the [Paramedic](#) has questions or concerns regarding their [remediation](#), they may contact the [RBHP](#).

5.0 The [Medical Director](#) shall notify the [Employer](#) and [Paramedic](#) in writing within three (3) [business days](#) of either the [Paramedic's](#) successful completion of the process or of any further recommendations.

DEFINITIONS

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Business Day

Means any working day, Monday to Friday inclusive, excluding statutory and other holidays, namely: New Year's Day; Family Day; Good Friday; Easter Monday; Victoria Day; Canada Day; Civic Holiday; Labour Day; Thanksgiving Day; Remembrance Day; Christmas Day; Boxing Day and any other day on which the Province has elected to be closed for business.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Deactivation

Means the temporary revocation, by the Medical Director, of a Paramedic's Certification.

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Patient Care Concern

Means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOHLTC.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

Remediation

Means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

[Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19](#)

Policy:	Medical Directives	
Owner:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: May 2011

Original Effective Date: May 2011	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): May 2012, May 2014, November 2016, January 2017, June 2018, June 2019, June 2020	Revised Date(s): April 2015, November 2016, June 2018, June 2019, June 2020

POLICY

This policy outlines the procedures for initiation of medical directives and the process for establishment of the Base Hospital Patch (BHP) Physician contact when required.

PROCEDURE

1. In order to expedite patient management, medical directives have been developed which can be initiated by the [Paramedic](#) prior to the establishment of BHP Physician contact if required.
2. It must be clear that the existence of a medical directive does not in any way prohibit [Paramedic/RBH](#) Physician consultation whenever deemed appropriate by the [Paramedic](#).
3. The [Paramedic](#) will use his/her experience and judgment in making patient management decisions and will carry out procedures as defined by the [Regional Base Hospital Program \(RBHP\)](#).
4. The [Paramedic](#) will assess the patient's condition before and after the initiation of any medical directive. All patients will be appropriately monitored during this process.
5. [Paramedics](#) are encouraged to notify the [RBHP](#) if any variation of protocol occurs before the variation is identified through the chart audit process. This must be reported through one of the following:
 - Online SWORBHP IQEMS self-report form for Paramedic Services currently on the Interdev platform
 - Online SWORBHP Communication Form for Paramedic Services not currently on the IQEMS platform
 - Via our Self-Reporting Hotline at: 1-888-997-6718
6. In circumstances where a [Paramedic](#) establishes a patch and the verbal orders are not followed correctly, the [Paramedic](#) will clearly document on the Ambulance Call Report (ACR) why the orders were not followed and report the [variance](#) through one of the following:
 - Online SWORBHP IQEMS self-report form for Paramedic Services currently on the Interdev platform
 - Online SWORBHP Communication Form for Paramedic Services not currently on the IQEMS platform
 - Via our Self-Reporting Hotline at: 1-888-997-6718
 If the Paramedic feels that a secondary patch is required, they should complete one.
7. During inter-facility transport involving a patient under the care of a regulated health professional escort, the [Paramedic](#) shall follow the current Basic Life Support Patient Care Standard, and upon request, assist with patient care only to the level in which the [Paramedic](#) is [authorized](#).
8. During inter-facility transport involving a patient without a regulated health professional escort, paramedics may utilize the ALS PCS medical directives for unpredictable/unexpected or sudden changes in patient condition.

- a. If the patient is stable when leaving the sending facility, paramedics can use their ALS PCS medical directives for unpredictable/unexpected or sudden changes in patient conditions. As per the Patient Transport Standard, if the patient deteriorates and survival to the directed receiving facility is questionable, the paramedic will transport the patient to the closest or most appropriate hospital capable of providing medical care required by the patient. A patch to the Base Hospital Physician can occur to assist with decision making if required.
- b. If it is identified that a patient requires the care of another healthcare professional prior to the inter-facility transport beginning, this should be arranged and the appropriate escort be sent.
- c. The use of the ALS PCS should not be used in lieu of an appropriate health care professional being present during transport. These medical directives are to be used in circumstances of unexpected symptoms that occur during transport.

DEFINITIONS

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Paramedic

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

Variance

For the purposes of ACR audits, a variance is defined as an unexpected difference in practice when compared to a defined standard. These are not necessarily errors, but each needs to be reviewed to determine its real or potential impact on patient care. In the Sunnybrook system an “A” variance represents a lesser variation that has little or no potential for adversely affecting patient outcomes, a “B” variance has a moderate potential for adversely affecting patient outcomes, and a “C” variance has a high potential for adversely affecting patient outcomes. All cases where a variance was discovered must be reviewed by the Paramedic Practice Manager (PPM). Following this review, the PPM may request an explanation from the paramedics where the reason for the variance was not reasonably evident. If the response does not provide clarity, the Medical Director may then become involved in the investigation. However in the majority of cases paramedic feedback provides the information necessary to satisfy any concerns and the case is closed.

REFERENCES

[Basic Life Support Patient Care Standards Version 3.3](#)

Emergency Health Services Branch Ministry of Health, January 11, 2021

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

Policy:	PCP/ACP Crew Configuration – Division of Responsibilities	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: May 2011

Original Effective Date: May 2011	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): June 2016, January 2017, June 2018, June 2019, June 2020	Revised Date(s): June 2016, January 2017, June 2018, June 2019, June 2021

POLICY

This policy details the procedures for establishing division of responsibilities for both Primary Care [Paramedics](#) (PCP) and Advanced Care [Paramedics](#) (ACP) in a PCP/ACP crew configuration.

PROCEDURE

1. **In a PCP/ACP crew configuration:**
 - a. A PCP is accountable for patient care within his/her [authorized](#) scope of practice as [certified](#) by the Regional [Medical Director](#) of the [Regional Base Hospital Program](#) (RBHP).
 - b. An ACP is accountable for patient care within his/her [authorized](#) scope of practice as [certified](#) by the Regional [Medical Director](#) of the [RBHP](#).
2. **In a PCP/ACP crew configuration**, the PCP may attend with any patient:
 - a. who, at the point of transport, does not require the initiation of treatment beyond the PCP scope of practice; or
 - b. who, prior to transport, has not received treatment beyond the PCP scope of practice; or
 - c. who is improving after receiving treatment included in the PCP scope of practice; or
 - d. when treatment beyond the PCP scope of practice is not anticipated.
3. The ACP **MUST** attend any patient when the patient has received, requires, or is anticipated to require an intervention or treatment beyond the PCP scope of practice.
4. **ACP crew transferring care to a PCP crew:** An ACP crew will not perform ACP medical directives and then transfer patient care to a PCP crew for transportation to hospital unless there are extenuating circumstances. These must be reported through one of the following:
 - Online SWORBHP IQEMS self-report form for Paramedic Services currently on the Interdev platform
 - Online SWORBHP Communication Form for Paramedic Services not currently on the IQEMS platform
 - Via our Self-Reporting Hotline at: 1-888-997-6718
5. In cases where an ACP is attending, transfer of care to a PCP crew can occur in hospital offload delay as long as treatment beyond the PCP scope of practice has not occurred.

DEFINITIONS

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Paramedic

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

Policy:	PCP vs PCP Expanded Scope Crew Configuration – Division of Responsibilities	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: May 2011

Original Effective Date: January 2014	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): April 2015, June 2016, November 2016, January 2017, June 2018, June 2019, June 2020	Revised Date(s): April 2015, November 2016, January 2017, June 2018, June 2019, June 2020

POLICY

This policy details the procedures for establishing division of responsibilities for Primary Care [Paramedics](#) (PCP) in a PCP vs PCP expanded scope (i.e. IV [certified](#)), combined crew configuration on scene.

PROCEDURE

1.0 In a PCP vs PCP expanded scope combined crew configuration:

- 1.1. A PCP is accountable for patient care within their scope of practice as certified by the Regional [Medical Director](#) of the [Regional Base Hospital Program \(RBHP\)](#).
- 1.2. A PCP with expanded scope and [certified](#) in auxiliary medical directives is accountable for patient care within their [authorized](#) scope of practice as [certified](#) by the Regional [Medical Director](#) of the [RBHP](#).

2.0 In a combined crew configuration on scene, the PCP may attend to any patient:

- 2.1. who, at the point of transport, does not require the initiation of treatment beyond the PCP scope of practice; or
- 2.2. who, prior to transport, has not received treatment beyond the PCP scope of practice; or
- 2.3. who is improving after receiving treatment included in the PCP scope of practice; or
- 2.4. situations where treatment beyond the PCP scope of practice is not anticipated.

3.0 The PCP with expanded scope and [certified](#) in auxiliary medical directives **MUST** attend any patient when the patient has received, requires, or is anticipated to require an intervention or treatment requiring the expanded scope of the auxiliary medical directives.

4.0 The PCP with expanded scope and [certified](#) in auxiliary directives transferring care to a PCP:

- 4.1. The PCP with expanded scope and [certified](#) in auxiliary directives will not perform auxiliary medical directives of expanded scope and then transfer patient care to a PCP crew for transportation to hospital unless there are extenuating circumstances. These must be reported through one of the following:
 - Online SWORBHP IQEMS self-report form for Paramedic Services currently on the Interdev platform
 - Online SWORBHP Communication Form for Paramedic Services not currently on the IQEMS platform
 - Via our Self-Reporting Hotline at: 1-888-997-6718
- 4.2. In cases where an PCP with expanded scope and [certified](#) in auxiliary directives is attending, transfer of care to a PCP crew can occur in hospital offload delay as long as treatment beyond the PCP scope of practice has not occurred.

- 5.0 If there is doubt whether the patient would benefit from an expanded scope medical directive and the [Paramedics](#) on scene disagree as to the level of care required in the best interest of patient care, then a Base Hospital Patch (BHP) to the Patch Physician should be initiated. In these patch situations, both [Paramedics](#) will report the incident through one of the reporting systems identified in 4.0. It is expected that [Paramedics](#) will work as a team in offering the best care to our patients and these patches will be the exception rather than the norm.

DEFINITIONS

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Paramedic

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

Policy:	Controlled and Expired Medications	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: April 2011

Original Effective Date: April 2011	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): May 2012, March 2014, May 2015, July 2016, June 2017, June 2018, June 2019, June 2020	Revised Date(s): Sept 2012, May 2015, July 2016, June 2017, June 2018, June 2019

POLICY

This policy details the mechanism for accountability and compliance with the *Controlled Drugs and Substances Act*.

PROCEDURE

1.0 CONTROLLED SUBSTANCE

- 1.1. The controlled substances in the Southwest Ontario are: diazepam, midazolam, fentanyl, ketamine and morphine.
- 1.2. The Regional [Medical Director](#) delegates to Advanced Care [Paramedics](#) (ACP) through medical directives that permit administration of controlled substances to patients.
- 1.3. The [Employer](#), whose staff members hold and transport controlled substances, is required to designate an individual as a Designated Administrator. The Designated Administrator is responsible for compliance with the *Controlled Drugs and Substances Act*.
- 1.4. When the controlled substance inventory requires replenishment, the Designated Administrator will provide the prescribing [Medical Director](#) with a summary that accounts for controlled substance use since the previous prescription. The summary should identify the current inventory and account for all use, waste and disposal through supporting documentation (i.e. daily check sheets, controlled substance inventories and disposal/waste records). The prescribing [Medical Director](#) will issue a prescription for controlled substances (provided there is sufficient evidence that the *Controlled Drugs and Substances Act* requirements are satisfied), to a hospital or community pharmacy with which the [Employer](#) is affiliated.
- 1.5. [Paramedics](#) must follow the local process approved by the prescribing [Medical Director](#) to properly document daily inventory, use and waste. The approved inventory control and validation process must address the maintenance of security of controlled substances through locked storage, and the use of signatures (with witnesses) to validate each step in the chain of use. [Paramedics](#) disposing of waste (controlled substance that is expired, contaminated, damaged or any residual controlled substance remaining after administration from a multi-dose vial, or reconstituted from concentrated form) will follow the local process approved by the prescribing [Medical Director](#) and enforced by the Designated Administrator.
- 1.6. The prescribing [Medical Director](#) may request supporting documentation regarding controlled substances from the [Employer](#) when required as part of an investigation into adverse outcomes secondary to controlled substance use, deviations from medical directive or evidence of controlled substance procedural deviations. If the [Employer](#) has concerns about potential misappropriation of controlled substances they are to inform the [Medical Director](#) immediately.
- 1.7. Any missing controlled substance will be reported immediately to the prescribing [Medical Director](#) and if necessary to Health Canada (as required under the *Controlled Drugs and Substances Act*).

- 1.8. When a controlled substance vial is opened, the Ambulance Call Report (ACR) documentation must contain, in addition to standard documentation elements:
 - 1.8.1. name of the patient the medication was administered to;
 - 1.8.2. dose and route administered; and
 - 1.8.3. name and signature of the [Paramedic](#) responsible; and
 - 1.8.4. if applicable, the name of the Base Hospital Patch (BHP) Physician giving the order.

2.0 EXPIRED MEDICATION

- 2.1 Expired medications include any medications administered as per the associated medical directive (including controlled substances).
- 2.2 Medications must be checked regularly and rotated in order to ensure efficient use to prevent use of expired medications, and/or to avoid unnecessary disposal.
- 2.3 The [Employer/Paramedic](#) is responsible for ensuring that the following procedures are adhered to:
 - 2.3.1 [Paramedics](#) should follow their [Employer's](#) process to ensure medication checks, medication stock, and stock rotation comply with public safety requirements;
 - 2.3.2 Medications are not to be used past the documented expiry date unless written approval from Medical Director is received;
 - 2.3.3 Medications with only a month and year expiry date can be used until the last day of the applicable month; and
 - 2.3.4 Expired medications will be properly disposed of as per the [Employer's](#) policy.

DEFINITIONS

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

REFERENCES

Controlled Drugs and Substances Act; Subsection 56(1) Class Exemption for Primary Care Paramedics, Advanced Care Paramedics and Critical Care Paramedics in Ontario
Narcotic Control Regulations, Subsection 8(1)
Benzodiazepines and Other Targeted Substances Regulations, Subsection 2(1)

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

EMS MDS v 1.1 Data Dictionary

Policy:	Interacting with Healthcare Provider on a Call	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: September 2017

Original Effective Date: September 2017	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): June 2018, June 2019, June 2020	Revised Date(s): June 2018, June 2019

PURPOSE

To outline the actions that must be taken by a [Paramedic](#), when a healthcare provider is offering to assist on scene or en-route to the hospital.

POLICY

This policy is intended to address those situations that fall outside the Medical Directives of the Advanced Life Support Patient Care Standards (ALS PCS), as they relate to the *Comprehensive Care* and *Responsibility of Care* sections of the ALS PCS or the Basic Life Support Patient Care Standards (BLS PCS) when involving interactions with non-Paramedic healthcare providers.

PROCEDURE

The following guidelines are to be applied when a [Paramedic](#) crew encounters a healthcare provider (initial responder), who has begun patient care prior to the arrival of the [Paramedic](#) crew. This may include, but is not limited to: Physicians, Nurses, Midwives, Respiratory Therapists, Physician Assistants and Third-party [Paramedics](#).

1. [Paramedics](#) will attempt to determine the [authorized](#) level of [certification](#) of the healthcare provider and regulatory designation, if applicable.
2. The [Paramedics](#) will assume patient care if the healthcare provider is delivering a level of medical care that is below or comparable to that provided by the transporting [Paramedics](#).
3. Where a healthcare provider is rendering care beyond the scope of the transporting paramedics, the healthcare provider may continue care with the assistance of the transporting [Paramedics](#); however the [Paramedics](#) may only treat a patient within their [authorized](#) level of [certification](#) using medical directives approved by the [Regional Base Hospital Program \(RBHP\)](#). Under no circumstances are [Paramedics](#) to treat a patient outside their medical directives or provide care ordered by the on-scene physician or other healthcare provider.
4. Transfer of care will need to be determined on a case-by-case basis according to the level of medical care required. The level of medical care will be identified by the sophistication of the medical equipment or treatment that the healthcare provider is using on a particular call.
5. If the patient requires ongoing care during transport, which was initiated by the healthcare provider, and falls outside the scope of practice of that [Paramedic](#), a healthcare provider capable of providing that level of care should accompany the patient.
6. The healthcare provider should continue care using all available equipment and supplies to deliver care to the patient during transport. The [Paramedic](#) will ride in the back of the ambulance during transport with the attending healthcare provider and assist in care within the [Paramedic's authorized](#) level of [certification](#).

7. Any occurrence where a [Paramedic](#) finds that the healthcare provider should have attended to the patient during transport but refuses to do so, a [Paramedic](#) may contact a BHP Physician to consult on the potential risks of continuing care by alternate mean while initiating transport. When a healthcare provider refuses to continue care to the hospital, [Paramedics](#) will assume and continue patient care according to their [authorized](#) level of [certification](#).
8. [Paramedics](#) must document clinical care provided to the patient and the credentials of the healthcare provider in detail on the Ambulance Call Report (ACR). Should the healthcare provider care or management of the patient be in contradiction with the approved [BLS PCS](#) or [ALS PCS](#), the [Paramedic](#) will contact the BHP Physician for guidance before assuming full control of the situation.
9. If a healthcare provider arrives after the [Paramedic](#) crew, and the patient requires care beyond the scope of the [Paramedic's](#) level of [certification](#), care of the patient may be assumed by the healthcare provider as long as the healthcare provider has the equipment and skills necessary to provide the required care. The [Paramedic](#) crew should act in a supportive role during transportation according to their [authorized](#) level of [certification](#), if the healthcare provider assumes care and accompanies the patient during transport to the receiving facility.
10. In the event of disagreement between the healthcare provider and the [Paramedic](#), the [Paramedic](#) should contact the BHP Physician and/or their Supervisor.

DEFINITIONS

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Paramedic

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

[Basic Life Support Patient Care Standards Version 3.3](#)

Emergency Health Services Branch Ministry of Health, January 11, 2021

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

Ambulance Call Report Completion Manual

Ambulance Service Documentation Standard

Policy:	Quality Assurance and Investigation	
Policy Owner:	Regional Medical Director, Regional Program Manager	
Department:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: June 2018

Original Effective Date: June 2018	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): June 2018, June 2019, June 2020	Revised Date(s): June 2018, June 2019, June 2020

POLICY

The purpose of this policy is to outline the objective quality assurance (QA) and investigation processes related to [Paramedics certified](#) by the [Regional Base Hospital Program \(RBHP\)](#) to perform [controlled acts](#) and [advanced medical procedures](#) while ensuring compliance with the College of Physicians and Surgeons of Ontario (CPSO) delegation policy and the [RBHP's](#) Performance Agreement with the Ministry of Health (MOH).

[Paramedics](#) are [certified](#) by the Regional [Medical Director](#) to perform [controlled acts](#). The Regional [Medical Director](#) (or delegate) is required to perform QA on each [controlled acts](#) and [advanced medical procedures](#). Where a clinically significant [variance](#) from a medical directive is noted, the case may enter the call review process, where evidence is gathered related to each event to inform the [remediation](#) and/or system improvement process. The [RBHP](#) utilizes a Just Culture approach for all QA reviews in an effort to ensure optimal patient safety and improvement of prehospital and transport medicine systems.

PROCEDURE

1.0 QUALITY ASSURANCE CALL REVIEW PROCEDURE

- 1.1. The [Employer](#) shall ensure that each [Paramedic certified](#) to perform [controlled acts](#) and all other parties involved in the call including, but not limited to, EM Residents, Medical Students and [Paramedic](#) Students, are identified on the Ambulance Call Report (ACR).
- 1.2. The [Employer](#) will ensure that each [Paramedic](#) has a valid work email address.
- 1.3. Each [controlled act](#) and advanced medical procedure is subjected to audit using an electronic algorithm and/or human review.
- 1.4. A call review can occur as a result of:
 - 1.4.1. A possible omission or commission as identified through the electronic auditing process;
 - 1.4.2. Receipt of an inquiry. This may include but not limited to the SWORBHP Self-Reporting Line; the SWORBHP Communication Form; the SWORBHP IQEMS Self-Report Form, which may include a self-report of an actual or potential [variance](#); an [Employer](#) or patient inquiry or complaint; a patch failure; or the identification of excellent performance (*ie.* "good job");
 - 1.4.3. A [RBHP](#) staff member being made aware of a case or observation during a field audit or ride out;
 - 1.4.4. Any other means by which the [RBHP](#) is made aware of the need to conduct a QA Call Review.
- 1.5. When a possible [variance](#) has been identified, an inquiry will be sent via email to the [Paramedic](#) and to the [Employer](#). Instructions on responding to the feedback request will be outlined within the email.
- 1.6. When the [Paramedic](#) fails to respond to the inquiry, a request for response will be sent on Day 15 and Day 31. If a response has not been received by Day 45, the [RBHP](#) QA Coordinator will contact the associated [Employer](#) to rule out [Paramedic](#) inactivity and/or technical issues. The Local [Medical Director](#) has the option and may clinically [deactivate](#) the [Paramedic](#).

- 1.7. Each [Employer](#) has chosen one of two options that the [RBHP](#) will adhere to when a response has not been received:
 - 1.7.1. **Option #1:**
The [RBHP](#) would contact and work through the [Employer](#) to obtain a response from the [Paramedic](#) in question.
 - 1.7.2. **Option #2:**
The [Employer](#) provides the [RBHP](#) with the authority to contact and work with the [Paramedic](#) directly (via phone or in person) to obtain feedback without notifying the [Employer](#).
- 1.8. After the response to the inquiry is received and the matter has been reviewed and closed, a final level of [variance](#) may be assigned.
- 1.9. Upon completion of the Call Review Process the Local [Medical Director](#), in collaboration with the [RBHP](#) Prehospital Care Specialist (PHCS), will provide a response to the [Paramedic](#) providing closure for all [major](#) or [critical variances](#) of a delegated medical act or advanced medical procedure
- 1.10. with a summary of the findings to the [Paramedic](#).
- 1.11. [Paramedics](#) and their [Employer](#) will receive semi-annual reports summarizing their clinical activities and audit findings (reports will include all findings regardless of [variance](#) level).
- 1.12. In the event of repeat individual or regional [variance](#) trends, the [RBHP](#) will work with both the [Paramedics](#) and the [Employer](#) through multiple avenues to provide clarification and/or assistance.

2.0 INVESTIGATION PROCEDURE

- 2.1. Where it is identified that there could be a clinically significant [variance](#) from the Advanced Life Support Patient Care Standards (ALS PCS), or there is a self-report of a potentially clinical significant [variance](#), or an [Employer](#), patient, coroner, Ministry, or third party complaint, the call will enter the investigation process, which will include a review by the PHCS and Local [Medical Director](#). The [Paramedic](#) will be asked to provide further information. The [Employer](#) will be involved in all correspondence between the [RBHP](#) and the [Paramedic](#).
- 2.2. Where possible, a collaborative approach between the [RBHP](#), the [Paramedic\(s\)](#) and the [Employer](#) will occur.
- 2.3. Further information may be required which could include, but not be limited to, the online medical control log, patch tape, or a statement from the partner and/or other care providers.
- 2.4. In cases where there are educational needs arising from the investigation, an educational plan will be developed by the [RBHP](#), approved by the Local [Medical Director](#) and communicated to the [Employer](#).
- 2.5. Upon completion of the investigation, the PHCS, in collaboration with the Local [Medical Director](#) will issue a closure letter with a summary of the findings to the [Paramedic](#) and [Employer](#).
- 2.6. **Deactivation:**
 - 2.6.1. May result when the Local [Medical Director](#) believes a temporary interruption in the [Paramedic's certification](#) to perform [controlled acts](#) is warranted (e.g. patient safety concerns, to allow for further investigation, repeated [minor variances](#) from the [ALS PCS](#), failure to respond to an inquiry, requirement for specific [remediation](#), etc.).
 - 2.6.2. In the event of a temporary interruption in the [Paramedic's certification](#) to perform [controlled acts \(deactivation\)](#), the [Paramedic](#) and [Employer](#) will be notified in writing of the [deactivation](#) and [reactivation](#).
 - 2.6.3. The [Paramedic's certification](#) to perform [controlled acts](#) will be revoked immediately after the [RBHP](#) has been notified by the [Employer](#) that there is a change in the [Paramedic's](#) employment.
 - 2.6.4. If a clinical [deactivation](#) occurs, all [Paramedic Services](#) in all [Regional Base Hospital Programs](#) that the [Paramedic](#) is employed in will be notified.

- 2.7. When the Regional [Medical Director](#) believes permanent removal of the [Paramedic's certification](#) to perform [controlled acts](#) is warranted (e.g. serious breach of the ALS PCS, repeated breaches of the ALS PCS, or loss of [Medical Director's](#) confidence/trust in the [Paramedic's](#) capacity for delegation, etc.), the [Paramedic's certification](#) will be revoked and the [Paramedic Practice Review Committee \(PPRC\)](#) initiated.

DEFINITIONS

Advanced Medical Procedure

Medical procedures that are contained within the ALS PCS that are not controlled acts (e.g. 12-lead ECG, supraglottic airway insertion).

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Controlled Act

Means a Controlled Act as set out in subsection 27(2) of the Regulated Health Professions Act, 1991.

Critical Omission or Commission

Means the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS that a Paramedic is not authorized to perform; or an action or lack of action, including the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS, by the Paramedic that has negatively affected or has the potential to negatively affect patient morbidity or mortality, with a potentially life, limb or function threatening outcome.

Deactivation

Means the temporary revocation, by the Medical Director of a Paramedic's Certification.

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Minor Omission or Commission

Means an action or lack of action, including the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS, by the Paramedic that may have negatively affected patient care in a way that would delay care to the patient or lengthen the patient's recovery period, but has not negatively affected patient morbidity.

Major Omission or Commission

Means an action, or lack of action, including the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS, by the Paramedic that has negatively affected or has the potential to negatively affect patient morbidity without a potentially life, limb or function threatening outcome.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Paramedic Practice Review Committee (PPRC)

Is a committee that performs an independent, external advisory role, providing information and expert opinion to the Medical Director on issues related to Paramedic practice when the Medical Director is considering decertification of a Paramedic.

Reactivation

Means the reinstatement of a Paramedic's Certification after a period of Deactivation.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

Remediation

Means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification.

Variance

For the purposes of ACR audits, a variance is defined as an unexpected difference in practice when compared to a defined standard. These are not necessarily errors, but each needs to be reviewed to determine its real or potential impact on patient care. In the Sunnybrook system an “A” variance represents a lesser variation that has little or no potential for adversely affecting patient outcomes, a “B” variance has a moderate potential for adversely affecting patient outcomes, and a “C” variance has a high potential for adversely affecting patient outcomes. All cases where a variance was discovered must be reviewed by the Paramedic Practice Manager (PPM). Following this review, the PPM may request an explanation from the paramedics where the reason for the variance was not reasonably evident. If the response does not provide clarity, the Medical Director may then become involved in the investigation. However in the majority of cases paramedic feedback provides the information necessary to satisfy any concerns and the case is closed.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

College of Physicians and Surgeons of Ontario Delegation Policy (cpso.on.ca)

Policy:	Field Ride Outs with Paramedic Crews	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: May 2011

Original Effective Date: May 2011	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): May 2012, April 2014, August 2016, April 2017, June 2018, June 2019, June 2020	Revised Date(s): September 2012, April 2017, June 2018, June 2019, June 2020

POLICY

Emergency Medicine (EM) Residents are expected to participate in Field Ride Outs with [Paramedic](#) Crews as part of their training. Medical Students may elect to complete a [Regional Base Hospital Program \(RBHP\)](#) elective and participate in ride outs. The [RBHP Medical Directors](#) should have the opportunity to participate in ride outs as part of their [continuing medical education \(CME\)](#)/experience. A ride out consists of spending time with [Paramedics](#) and/or Supervisors to observe their daily work, provide evaluation of patient care practices and to provide teaching around observed cases/medical directives and medical aspects of the practice of paramedicine.

PROCEDURE

1. Medical Learners (i.e. medical students, residents and fellows) must contact the Local [Medical Director](#) or the [Medical Director](#) of Education to request a ride out. The appropriate [Medical Director](#) will approve and schedule the ride out in cooperation with the [Employer](#).
2. All Medical Learners participating in a ride out must complete the safety briefing and orientation provided by the [Employer](#).
3. All Medical Learners must sign a release and indemnity from the appropriate [Employer](#), which will be kept on record by the [Employer](#) for future ride outs. This form may require renewing and is at the discretion of the [Employer](#).
4. All ride outs must be scheduled through the [Employer](#) with notification to the [RBHP](#). At least two weeks' notice must be given to ensure sufficient time is available to schedule a ride out.
5. Ride outs may occur 24/7 with any of the [Employers](#) within the [RBHP](#). Ride outs must be approved by the Chief/Manager of the [Employer](#) or their designate.
6. Medical Learners are responsible for their own transportation to and from the [Paramedic](#) station.
7. A ride out may take place with a [Paramedic](#) Crew or a [Paramedic](#) Supervisor.
8. Upon approval of the [Paramedic](#) Chief/Manager or designate, the Medical Learner may switch ambulances or supervisor units during a ride out.
9. A hospital identification badge must be worn clearly identifying the Medical Learner.
10. Dress should be conservative (preferably blue or gray) and appropriate to the weather. CSA approved steel toe/sole) footwear must be worn. It is the responsibility of the Medical Learner to have in their possession for use all personal protective equipment (PPE), such as but not limited to, CSA safety helmet, safety

goggles/glasses, CSA Z96-09 safety vest or jacket which is identifiable as a [RBHP](#) observer, N95 respirator or documentation of completed fit test for the respirator supplies by the [Employer](#) and any other items required by the [Employer](#) at the time of the ride out. The [Employer](#) and/or the Local [Medical Director](#) must ensure that the Medical Learner has been advised to refer to the [Employer's](#) policy for Health and Safety guidelines regarding ride outs.

11. During a ride out, the Medical Learner is under the overall supervision of the [Employer's](#) personnel. To maximize safety, the Medical Learner must follow any directions given to him/her from the [Paramedic](#) Crew, Supervisor, Chief/Manager or designate.
12. A ride out is primarily observational. Any direct care provided by an EM Resident or Fellow must be documented on the Ambulance Call Report (ACR) and signed by the EM Resident or Fellow.
13. Medical Students should not provide any direct patient care during the ride out except under exceptional circumstances. Any direct care by a Medical Student must be documented on the ACR and signed by the Medical Student.
14. EM Residents cannot delegate as [RBHP](#) Physicians to a [Paramedic](#) until completion of their Base Hospital Rotation.
15. If the EM Resident has not completed their [RBHP](#) Rotation, [Paramedics](#) must patch to the [RBHP](#) Physician according to the usual procedure.
16. Medical Students cannot delegate to a [Paramedic](#).
17. During a call, a [RBHP](#) Medical Director may delegate to a [Paramedic](#) according to the scope of practice of the Paramedic. Alternatively, during a ride out the [Medical Director](#) may request that the [Paramedic](#) patch to the [RBHP](#) according to usual procedure. Any medical procedures the Physician delegates to a [Paramedic](#) must be documented in the ACR.

DEFINITIONS

Continuing Medical Education (CME)

Means a medical education program and confirmation of its successful completion as approved by the Regional Base Hospital Program (RBHP)

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Paramedic

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

Policy:	Reporting Requirements to Senior Field Manager	
Policy Owner:	Regional Medical Director, Regional Program Manager	
Department:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: June 2018

Original Effective Date: June 2018	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): June 2018, June 2019, June 2020	Revised Date(s): June 2018, June 2019, June 2020

POLICY

To outline the reporting requirements of the [Regional Base Hospital Program \(RBHP\)](#) to the Senior Field Manager in accordance with the [RBHP](#) Performance Agreement (PA).

- The most responsible staff member of [RBHP](#) will ensure that the [Senior Field Manager](#) (or designate) of the Ministry of Health (MOH), Emergency Health Program Management & Delivery Branch (EHPMDB), receives the required information outlined in the [RBHP](#) PA.
- Acceptable forms of notification may include carbon copies or scans of letters, emails, reports, the Southwest Ontario [RBHP](#) public website (www.lhsc.on.ca/bhp) and/or minutes of meetings where the [Senior Field Manager](#) (or designate) is a sitting member.
- As outlined in the [RBHP](#) PA, the [RBHP](#) shall provide to the MOH any other information or report relating to the status and manner of operation of the [RBHP](#) and any other matter relating to the [RBHP](#) PA that is not otherwise provided for in the [RBHP](#) PA or that may be required in writing by the Director from time to time.

PROCEDURE

1. The following information will be provided to the [Senior Field Manager](#) (or designate) by the most responsible [RBHP](#) staff member (or designate) in an acceptable form of notification and in accordance with the [RBHP](#) PA referenced below;
 - 1.1. **[RBHP](#) human resources inventory:**
 - 1.1.1. shall be provided within ninety (90) days of the end of the fiscal year,
 - 1.1.2. in accordance with the [RBHP](#) PA Appendix C 1.0.
 - 1.2. **[RBHP](#) policies and procedures:**
 - 1.2.1. shall be readily accessible,
 - 1.2.2. in accordance with the [RBHP](#) PA Appendix C 3.0.
 - 1.3. **Reports and/or copies of media coverage pertaining to the [RBHP](#):**
 - 1.3.1. shall be provided in accordance with the [RBHP](#) PA Appendix C 7.0.
 - 1.4. **Proposed operational budget:**
 - 1.4.1. shall be provided in accordance with the [RBHP](#) PA Appendix F.
 - 1.5. **In-year expenditure report:**
 - 1.5.1. shall be provided in accordance with the [RBHP](#) PA Appendix G.
 - 1.6. **Year-end financial reports, including audited financial statements:**
 - 1.6.1. shall be provided in accordance with the [RBHP](#) PA Appendix H.

- 1.7. **The [RBHP Annual Report](#):**
 - 1.7.1. shall be provided within ninety (90) days of the end of the fiscal year and,
 - 1.7.2. shall include a written summary of information gathered under the [RBHP](#) PA Appendix I and as set out in the [RBHP](#) PA 10.1.

- 1.8. **Incident reports of patch delays or failures that are reported to or discovered by the [RBHP](#):**
 - 1.8.1. shall be provided within 48 hours of the event,
 - 1.8.2. in accordance with the [RBHP](#) PA Appendix L Bullet 9.

- 1.9. **Unauthorized use or disclosure of confidential information:**
 - 1.9.1. shall be provided immediately,
 - 1.9.2. as outlined in the [RBHP](#) PA 8.0 – 8.19 and,
 - 1.9.3. in accordance with the [RBHP](#) PA 8.7 and,
 - 1.9.4. in accordance with the London Health Sciences Centre Confidentiality Policy

- 1.10. **The existence of any circumstances that could arise or that have arisen in which a staff member's private or personal interest gives rise to an actual, potential or perceived conflict of interest:**
 - 1.10.1. shall be provided immediately,
 - 1.10.2. as outlined in the [RBHP](#) PA 9.0 – 9.6 and,
 - 1.10.3. in accordance with the [RBHP](#) PA 9.5 and,
 - 1.10.4. in accordance with the London Health Sciences Centre Standards [for Business Conduct Policy](#).

- 1.11. **Sale, lease or otherwise dispose of any assets provided by the MOH or purchased with grant funds:**
 - 1.11.1. the [RBHP](#) shall receive prior written consent,
 - 1.11.2. in accordance with the [RBHP](#) PA 11.1.

- 1.12. **Change in [Paramedic certification](#) ([reactivation](#), [deactivation](#), [decertification](#), recertification):**
 - 1.12.1. as soon as possible,
 - 1.12.2. in accordance with the [RBHP](#) PA Appendix 6.

DEFINITIONS

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Deactivation

Means the temporary revocation, by the Medical Director, of a Paramedic's Certification.

Decertification

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

Reactivation

Means the reinstatement of a Paramedic's Certification after a period of Deactivation.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

Senior Field Manager

Means a person who holds that position within the EHSB of the MOH, and for the purposes of this Standard a reference to the term means the relevant Senior Field Manager responsible for the applicable RBHP.

REFERENCES

[London Health Sciences Centre Confidentiality Policy](#)

[London Health Sciences Centre Standards for Business Conduct Policy](#)

Regional Base Hospital (RBH) Performance Agreement (PA)

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

Policy:	Academic Certification – Primary or Advanced Care Paramedic	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: January 2016

Original Effective Date: January 2016	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): Sept 2012, Nov 2013, April 2015, June 2017, June 2018, June 2019, April 2020	Revised Date(s): Sept 2012, Nov 2013, April 2015, June 2017, June 2018, June 2019, April 2020

POLICY

This policy details the procedures for providing the [Regional Base Hospital Program \(RBHP\) Medical Director authorization](#) to perform [controlled acts](#) and [advanced medical procedures](#) a Primary Care [Paramedic \(PCP\)](#) Student or as an Advanced Care [Paramedic \(ACP\)](#) Student as per Ontario Regulation 257/00, Part III, s. 8. (2)(c), and Part VI, s. 14 (2). These procedures specify the requirements for the [Employer](#), the [Paramedic](#) Student, the [College](#) and [RBHP](#). Failure to comply with all aspects of this policy may result in the denial of [authorization](#) to perform [controlled acts](#) and [advanced medical procedures](#) at the discretion of the [Medical Director](#).

This policy allows Ontario [Paramedic](#) Students from [Colleges](#) both affiliated (through a signed Service Agreement) and not affiliated with [RBHP](#), the opportunity to practice [advanced medical procedures](#) (including [controlled acts](#)) in a supervised setting, allowing them to gain experience in performing these acts in a protected clinical environment. The objective is to facilitate the college with educating/training [Paramedic](#) Students by exposing them to Provincial Medical Directives, and familiarity in performing [advanced medical procedures](#) (including [controlled acts](#)) as part of preparing the [Paramedic](#) Student for clinical practice.

A [College](#) in Ontario affiliated with the [RBHP](#) through a signed Service Agreement will share accountability with the [RBHP](#) for developing the appropriate curriculum and delivering [certification](#) training. In addition, training aimed at remediating variance(s) or promoting change in practice will be delivered by the [RBHP](#) or the [College](#) as agreed upon by both parties.

PROCEDURE

1. The [College](#) will notify the [RBHP](#) at the earliest opportunity to confirm any new [Paramedic](#) Students requiring [certification](#), and the earliest date they will be available for the [RBHP certification](#) (at least two weeks advanced notice is requested).
2. The [College](#) will provide written confirmation that the [Paramedic](#) Student meets all qualifications for final preceptorship.
3. The [College](#) (or [Employer](#) for [Paramedic](#) Students from non-affiliated [Colleges](#)) and the [RBHP](#) will determine a mutually agreeable schedule for [Paramedic](#) Student [certification](#).
4. The [College](#) will provide e-mail address(es) of [College](#) contacts/supervisors who they designate to be copied on all communication from the [RBHP](#) to the [Paramedic](#) Students.
5. The College will ensure that each [Paramedic](#) Student will give permission to the [College](#) to provide the [RBHP](#) with a current e-mail address and student number (or unique identifier to be used by the [Employer](#)) prior to field placement.
6. The [College](#) will notify the [RBHP](#) within one business day of any changes to the [Paramedic](#) Student's academic enrollment or [Paramedic](#) Student's status that may affect his/her [certification](#).

7. The [RBHP](#) will notify the [Paramedic](#) Student, [College](#) and [Employer](#) within one business day of any changes to the [Paramedic](#) Student's [certification](#) to perform [controlled acts](#) arising from the training, [remediation](#) training or Call Review process.
8. If indicated, the [RBHP](#) will guide (via the College) and/or provide any required pre-course materials to the [Paramedic](#) Student once the training is confirmed. Materials may be in electronic or hard-copy format as determined by the [RBHP](#). Successful completion of all pre-course evaluations is required prior to attending any of the [RBHP](#) training/testing.
9. **If training is indicated**, the [RBHP certification](#) for a [Paramedic](#) Student will include:
 - a. PCP or ACP core medical directives
 - b. Introduction to the [RBHP](#) policies applicable to the [Paramedic](#) Student ([certification](#), [deactivation](#), audit process), and an overview of the [RBHP](#)
 - c. Applicable auxiliary medical directives
 - d. [Medical Director](#) (or delegate) directed scenarios (i.e. simulation cases, oral cases)
 - e. Skills assessment
 - f. [Certification](#) fees may be applied to either the [College](#) or the [Paramedic](#) Student as determined by the [RBHP](#).
10. ACP Students will be evaluated by the [Medical Director](#) and a recommendation for academic [certification](#) will be made based upon a clinical scenario GRS assessment and/or oral case scenarios with a Medical Director.
11. The [RBHP](#) will notify the [College/Employer](#) of the results upon completion of the training and testing. Successful completion will result in [authorization](#) from the [RBHP Medical Director](#) to perform the specified [advanced medical procedures](#) (including [controlled acts](#)) while under the direct supervision of an approved preceptor. Unsuccessful completion will result in the development of a [remediation](#) learning plan that will be developed by the [College](#) and approved by the [RBHP](#) prior to its implementation.
12. The academic [certification](#) will expire at the end of the preceptorship (normally four months).
13. **For all Paramedic Students in preceptorship**
 - a. Where a [variance](#) from Advanced Life Support Patient Care Standards (ALS PCS) has been identified through the Ambulance Call Report (ACR) audit process, complaints or self-reports, it will be reviewed by the [Medical Director](#) according to the academic [certification](#) - Quality Assurance (QA) and Investigation Policy.
 - b. The [Medical Director](#), at his/her discretion, will discuss the case with the [Paramedic](#) Student and College Program Coordinator to provide investigation outcomes. In the event that the [Paramedic](#) Student's [certification](#) is revoked, the preceptorship period may be adjusted by the [Medical Director](#).
 - c. Academic certification allows an ACP student to practice under the direct supervision of a qualified ACP preceptor while performing the controlled acts. This authorization can only be utilized at the applicable service and is dependent upon remaining in good standing as a student with the paramedic program. Until successful completion of the provincial ACP exam, the ACP student is not eligible to practice Schedule 3 Acts as listed in the Ontario Regulation 257/100.
14. Where a [certified Paramedic](#) Student gains employment within the [RBHP](#) area within one year of his/her academic [certification](#) expiration date, but has been absent from clinical activity for ninety (90) days or greater, he/she will be required to attend training/education/evaluation as outlined in the Absence from Clinical Activity policy.

For SWORBHP Affiliated College Programs

1. The College and the [RBHP](#) will collaborate on developing and reviewing training programs in support of [certification](#) to perform [controlled acts](#).
2. The [Medical Director](#) will approve all training curricula related to training programs for [controlled acts](#).

3. The [RBHP](#) staff will monitor/observe initial [certification](#) education delivered by College faculty to ensure compliance with the [ALS PCS](#). College faculty may attend an [RBHP](#) “train-the trainer session” or other approved method of training to facilitate program delivery.
4. The College will provide the [RBHP](#) with a list of candidates who have successfully advanced and who are seeking entry to preceptorship along with names of their ACP/PCP preceptors. Arrangement of shifts and mentors is the responsibility of the Paramedic Service/[College](#). The [RBHP](#) is responsible for medical directive QA and [certification](#).
5. The [Medical Director](#) (or delegate) will evaluate each candidate for academic [certification](#) and approve [authorization](#) to perform [controlled acts](#) and [advanced medical procedures](#).

DEFINITIONS

Advanced Medical Procedure

Medical procedures that are contained within the ALS PCS that are not controlled acts (e.g. 12-lead ECG, supraglottic airway insertion).

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

College

An educational institution approved by the Director, Emergency Health Services Branch, Ministry of Health for the purpose of Ontario Regulation 257/00, s. 7 (3)(a), or s. 7 (4)(a).

Controlled Act

Means a Controlled Act as set out in subsection 27(2) of the Regulated Health Professions Act, 1991.

Deactivation

Means the temporary revocation, by the Medical Director, of a Paramedic's Certification.

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Remediation

Means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOH.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020

[Ontario Regulation \(O.Reg.\) 257/00](#)

SWORBHP Academic Certification - Quality Assurance and Investigation Procedure

Policy:	Academic Certification: Quality Assurance and Investigation Process	
Owner of Policy:	Regional Medical Director, Regional Program Manager	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Approval By:	Director, Emergency Services & Base Hospital	Approval Date: January 2016

Original Effective Date: January 2016	Last Review Date: June 2021	Last Revised Date: June 2021
	Reviewed Date(s): June 2017, June 2018, June 2019, June 2020	Revised Date(s): June 2017, June 2018, June 2019, June 2020

POLICY

The purpose of this policy is to outline the objective quality assurance (QA) and investigation processes related to Paramedic Students [certified](#) by the [Regional Base Hospital Program \(RBHP\)](#) to perform [controlled acts](#) and [advanced medical procedures](#) aimed at improving patient safety through system modification and [Paramedic Student](#) accountability while ensuring compliance with College of Physicians and Surgeons of Ontario (CPSO) delegation policy.

[Paramedic](#) Students enrolled in a Paramedic Program delivered at a [College](#) in Ontario may be [certified](#) by the Regional [Medical Director](#), Local [Medical Director](#), [Medical Director](#) of Education (or delegate) to perform [controlled acts](#) and [advanced medical procedures](#) to augment the learning experience for preparation of clinical placement. QA must occur on [controlled acts](#) and [advanced medical procedures](#) performed by a delegate. Where [variance](#) from the Advanced Life Support Patient Care Standards (ALS PCS) is noted, the case enters the QA Call Review Process, where evidence is gathered related to each event to inform the [remediation](#) or system improvement process.

PROCEDURE

1.0 QUALITY ASSURANCE CALL REVIEW PROCEDURE

- 1.1. The [College](#) and/or [Employer](#) will ensure that each [Paramedic](#) Student performing [controlled acts](#) is identified on the Ambulance Call Report (ACR). In cases where the ACR is electronic, the [Employer](#) will be required to use a unique identifier for the [Paramedic](#) Student in its software program. Unique identifiers for each [Paramedic](#) Student will be documented on the ACR and communicated to the [RBHP](#) so that the [Paramedic](#) Student can be easily identified.
- 1.2. The [College](#) will ensure that each [Paramedic](#) Student has a valid email address.
- 1.3. The [College](#) will provide e-mail address(es) of [College](#) contacts/supervisors who they designate to be copied on all communication from the [RBHP](#) to the [Paramedic](#) Students.
- 1.4. The designated [College](#) contact will be notified any time the [RBHP](#) communicates with their [Paramedic](#) Student in connection to the inquiry process.

Each [controlled act](#) and [advanced medical procedure](#) is subjected to audit using computer algorithm and/or human review. In cases where the [Paramedic](#) Student was present, it will be determined through the Preceptor and/or Partner whether the [Paramedic](#) Student was involved in the care that may have contributed to a variation from the [ALS PCS](#).

- 1.5. A call review can occur as a result of:
 - 1.5.1. A possible omission or commission as identified through the electronic auditing process;
 - 1.5.2. Receipt of an inquiry to the SWORBHP Self-Reporting Line, the SWORBHP Communication Form or the SWORBHP IQEMS Self-Report Form, which may include a self-report of an actual or

- potential [variance](#), an [Employer](#) or customer inquiry or complaint, a patch failure or the identification of excellent performance (*i.e.* “good job”);
- 1.5.3. A [RBHP](#) staff member being made aware of a case or observation during a field audit or ride out;
 - 1.5.4. Any other means by which the [RBHP](#) is made aware of the need to conduct a QA Call Review.
- 1.6. When a possible variance has been identified, an inquiry will be sent to the [Paramedic](#) Student and to the designated [College](#) contact. Instructions on responding to the feedback request will be outlined within the email. The [Paramedic](#) Student will only be contacted if it is determined through the call review that the [Paramedic](#) Student’s actions may have contributed to the [variance](#) from the [ALS PCS](#). If this is the case, the [Paramedic](#) Student will be entered into the call review process.
 - 1.7. If, after one week, the [Paramedic](#) Student has not yet provided written or verbal response to a request by the [RBHP](#) for more information, the [Paramedic](#) Student’s [certification](#) to perform [controlled acts](#) may be [deactivated](#) pending completion of the call review.
 - 1.8. After the response to the inquiry is received the Prehospital Care Specialist (PHCS) and [Medical Director](#) will meet to determine next steps. If no further follow is required, a final level of [variance](#) will be assigned accordingly.
 - 1.9. Upon completion of the QA Call Review Process, the PHCS, in collaboration with the [Medical Director](#) will issue a closure response for all [major](#) or [critical variances](#) with a summary of the findings to the [Paramedic](#) and [Employer](#), and when relevant to the [Paramedic](#) Student and College.

2.0 INVESTIGATION PROCEDURE

- 2.1. Where it is identified that there is a clinically significant [variance](#) from the [ALS PCS](#), the call will enter the investigation process which will include a review by the PHCS and [Medical Director](#). The [Paramedic](#) Student will be asked to provide further information. The [College](#) will be involved in correspondence between the [RBHP](#) and the [Paramedic](#) Student.
- 2.2. Where possible, a collaborative approach between the [RBHP](#), the [Paramedic](#) Student and the [College](#) will occur.
- 2.3. Further information may be required which could include, but not limited to, the online medical control log, patch tape, or a statement from the preceptor and partner and/or other care providers.
- 2.4. Upon completion of the investigation, the PHCS, in collaboration with the [Medical Director](#) will issue a closure response for all major or critical variances with a summary of the findings to the [Paramedic](#) and Employer, and when relevant to the [Paramedic](#) Student and College.
- 2.5. The [College](#) will facilitate access to the [Paramedic](#) Student for the purpose of the investigation (to obtain verbal or written statements or other evidence as required).
- 2.6. In cases where there are educational needs arising from the investigation, the [College](#) will be notified and will provide the [RBHP](#) with the follow up educational plan for approval. An educational plan will be coordinated and/or developed by the [RBHP](#) team and approved by the [Medical Director](#).
- 2.7. Upon completion of the investigation, the [Medical Director](#) will issue an investigation report to the [Paramedic](#) Student and [College](#) where the [Paramedic](#) Student’s care is central to the investigation, but not in cases where the [Paramedic](#) Student is a witness to the event. As [College](#) documents are accessible to the public through the senate appeals process, specific patient information or identifiers and any patient chart information will not be included; rather, a summary of findings will be shared to enable proper QA, [remediation](#), education, [College](#) action and [Paramedic](#) Student’s [College](#) appeals. The [Medical Director](#) will send a closure letter to the [College](#) contact for dissemination to the [Paramedic](#) Student.

2.8. Deactivation:

- 2.8.1. May result when the [Medical Director](#) believes a temporary interruption in the [Paramedic Student's certification](#) to perform [advanced medical procedures](#) warranted (e.g. [patient care concerns](#), to allow for further investigation, repeated minor [variances](#) from the ALS PCS, failure to respond to an inquiry etc.).
- 2.8.2. In the event of a temporary interruption in the [Paramedic Student's certification](#) to perform [advanced medical procedures](#) ([deactivation](#)), the [Paramedic Student](#) and the [College](#) will be notified in writing of the [deactivation](#) and [reactivation](#).
- 2.8.3. The Student's [certification](#) to perform [advanced medical procedures](#) will be revoked immediately after the [RBHP](#) has been notified by the [College](#) that there is a change in the [Paramedic Student's](#) academic enrollment.
- 2.8.4. When the [Medical Director](#) believes permanent removal of the [Paramedic Student's](#) academic [certification](#) to perform [advanced medical procedures](#) is warranted (e.g. serious breach of the ALS PCS, repeated breaches of ALS PCS, or loss of [Medical Director's](#) confidence/trust in the [Paramedic Student's](#) capacity for delegation, etc.), the [Paramedic Student's](#) academic [certification](#) will be revoked.

DEFINITIONS

Advanced Medical Procedure

Medical procedures that are contained within the ALS PCS that are not controlled acts (e.g. 12-lead ECG, supraglottic airway insertion).

Authorization

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

College

An educational institution approved by the Director, Emergency Health Services Branch, Ministry of Health for the purpose of Ontario Regulation 257/00, s. 7 (3)(a), or s. 7 (4)(a).

Controlled Act

Means a Controlled Act as set out in subsection 27(2) of the Regulated Health Professions Act, 1991.

Deactivation

Means the temporary revocation, by the Medical Director, of a Paramedic's Certification.

Decertification

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

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Patient Care Concern

Means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOHLTC.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

Remediation

Means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification.

Variance

For the purposes of ACR audits, a variance is defined as an unexpected difference in practice when compared to a defined standard. These are not necessarily errors, but each needs to be reviewed to determine its real or potential impact on patient care. In the Sunnybrook system an “A” variance represents a lesser variation that has little or no potential for adversely affecting patient outcomes, a “B” variance has a moderate potential for adversely affecting patient outcomes, and a “C” variance has a high potential for adversely affecting patient outcomes. All cases where a variance was discovered must be reviewed by the Paramedic Practice Manager (PPM). Following this review, the PPM may request an explanation from the paramedics where the reason for the variance was not reasonably evident. If the response does not provide clarity, the Medical Director may then become involved in the investigation. However in the majority of cases paramedic feedback provides the information necessary to satisfy any concerns and the case is closed.

REFERENCES

[Advanced Life Support Patient Care Standards Version 4.8](#)

Emergency Health Services Branch Ministry of Health, November 23, 2020