

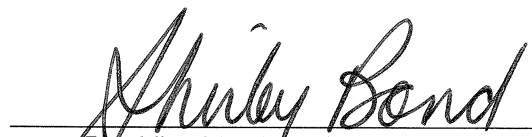
ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL

Order in Council No. --- 1211 , Approved and Ordered DEC -- 8 2004


Lieutenant Governor

Executive Council Chambers, Victoria

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that, effective January 1, 2005, the Emergency Medical Assistants Regulation, B.C. Reg. 260/91, is repealed and the attached regulation is made.


Minister of Health Services
Presiding Member of the Executive Council

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section: Health Emergency Act, s. 14

Other (specify): OIC 1181/91

EMERGENCY MEDICAL ASSISTANTS REGULATION

Interpretation

- 1 In this regulation:
 - “**Act**” means the *Health Emergency Act*;
 - “**ACP**” means the category specified in section 8 (1) as Advanced Care Paramedic;
 - “**category**” means a category specified in section 8 (1);
 - “**CCP**” means the category specified in section 8 (1) as Critical Care Paramedic;
 - “**EMA**” means emergency medical assistant;
 - “**EMR**” means the category specified in section 8 (1) as Emergency Medical Responder;
 - “**EMA FR**” means the category specified in section 8 (1) as Emergency Medical Assistant First Responder;
 - “**ITT**” means the category specified in section 8 (1) as Infant Transport Team;
 - “**licence**” means a licence issued or renewed in accordance with the Act, this regulation and the rules;
 - “**PCP**” means the category specified in section 8 (1) as Primary Care Paramedic;
 - “**register**” means the register of EMAs established and maintained under section 6 of the Act;
 - “**rules**” means the rules made under section 14 (5) of the Act;

Register

- 2 (1) The register must set out for each EMA the following:
 - (a) the EMA’s name, address, licence number and place of employment;

- (b) the category in which the EMA is licensed, and any endorsements on the licence under section 10;
 - (c) any terms, limits or conditions set or imposed by the board for the licence;
 - (d) a notation of each renewal, suspension, or revocation of the licence;
 - (e) any other information the board considers necessary or appropriate.
- (2) The register must include for each EMA a notation of anything done under section 7 (3) of the Act concerning the EMA before the coming into force of subsection (1) (d).
 - (3) An EMA must notify the board, in writing, of any change of name, address or place of employment within 30 days after the change, and the change must be entered in the register.
 - (4) If a licence expires or is suspended or revoked, the EMA must, within 48 hours after expiration or after being notified of the suspension or revocation, return the licence to the board.

Inspection of register

- 3 (1) The register and rules must be open to inspection at the office of the board by any person free of charge during regular business hours.
- (2) Despite subsection (1), the board may refuse access by a person to the register if it is reasonable to believe that
 - (a) the access could threaten the safety of an EMA, or
 - (b) the person seeking access is doing so for commercial purposes.
- (3) If access is refused under subsection (2), information appropriate in the circumstances concerning matters recorded in the registry may be disclosed, in lieu of access, to the person refused access.

Application for licence

- 4 A person not licensed as an EMA in a category may be licensed in the category if the person

- (a) applies, in the form and manner approved by the board, for a licence in the category,
- (b) provides evidence, satisfactory to the board, that the person
 - (i) has successfully completed the training program or programs recognized by the board for the category,
 - (ii) has passed the examinations approved by the board for the category, and
 - (iii) is of good character and fit to work as an EMA.

Applicants authorized to practise in a jurisdiction outside of British Columbia

- 5** (1) In this section,

“another jurisdiction” or **“other jurisdiction”** means a jurisdiction other than British Columbia;

“in good standing in that other jurisdiction” means that the applicant

- (a) is authorized to practise in that other jurisdiction without any conditions, sanctions or restrictions imposed on that practice as a result of determinations made from a review of any patient-care complaint,
- (b) is not the subject of an investigation, a pending hearing, a hearing underway or a pending determination or decision relating to any patient-care complaint, and
- (c) has not, for reasons of incompetence, incapacity or misconduct,
 - (i) resigned or otherwise voluntarily given up the applicant’s authorization to practise,
 - (ii) had terms or conditions placed on the applicant’s authorization to practise, or
 - (iii) had the applicant’s authorization to practise suspended or cancelled.

- (2) A person who

- (a) is not an EMA,

- (b) applies to the registrar, in the form and manner approved by the board, for a licence in a category, and
- (c) provides evidence, satisfactory to the board, that the person
 - (i) has an authorization in another jurisdiction to practise that is, in the opinion of the board, equivalent an authorization to practise as an EMA in the category,
 - (ii) is in good standing in that other jurisdiction, and
 - (iii) is of good character and fit to work as an EMA,may be licensed as an EMA in the category.
- (3) If subsection (2) would apply to a person except for the fact that the board does not consider the qualifications, examinations or training required for the applicant's authorization to practise in the other jurisdiction are equivalent to those required in British Columbia for the category of licence sought, the board
 - (a) may require the applicant, before the application is approved and a licence is issued, to successfully complete the examinations or training programs that the board considers necessary or appropriate, and
 - (b) in choosing examinations or training programs for the purpose of paragraph (a), must only cover matters for which the examinations or training of the other jurisdiction are not considered by the board to be equivalent to those required in British Columbia for the category.

Short term licence for non-students

- 6 (1) In this section, “**applicant**” means an applicant for a licence for a category
- (a) under section 4 who has successfully completed the training programs recognized by the board for the category, or
 - (b) under section 5.
- (2) The board may issue a licence for the category to an applicant for a period of up to 30 days if the board is of the opinion that the applicant,

although not currently qualified, is likely to qualify to be licensed under section 4 or 5 in that category within the near future.

- (3) The board may extend the term of a licence issued under subsection (2) for a period of up to 30 days on 1 or more occasions, provided that the total period of the licence does not exceed 180 days, if the board is of the opinion that the applicant under section 4 or 5 is likely to qualify to be licensed in the category within the near future.
- (4) If the board acts under subsection (2) or (3), it may defer the decision to act or not act under section 4 or 5 during the term of the licence issued under subsection (2).
- (5) Section 5 (3) (b) applies to examinations or training programs that the board requires an applicant under section 5 to take as a term or condition of a licence issued under subsection (2) to the applicant.

Short term licence for students

- 7 (1) In this section, “**applicant**” means an applicant for a licence for a category under section 4 who has not completed the training programs for the category.
- (2) The board may issue a licence for a category to an applicant for a period of up to a year if the board is of the opinion that the applicant, although not currently qualified, is likely to qualify to be licensed under section 4 or 5 in the category within the period.
- (3) The board may extend the term of a licence issued under subsection (2) for a period of up to 180 days on 1 or more occasions, provided that the total period of the licence does not exceed 2 years, if the board is of the opinion that the applicant under section 4 or 5 is likely to qualify to be licensed in the category within the period of the extension.
- (4) If the board acts under subsection (2) or (3), it may defer the decision to act or not act under section 4 or 5 during the term of the licence issued under subsection (2).

Categories of licence

- 8** (1) An EMA may only be licensed in one of the following categories at a time:
- (a) Emergency Medical Assistant First Responder;
 - (b) Emergency Medical Responder;
 - (c) Primary Care Paramedic;
 - (d) Advanced Care Paramedic;
 - (e) Critical Care Paramedic;
 - (f) Infant Transport Team.
- (2) An EMA in the course of practising the profession may perform only
- (a) the services specified in Schedule 1 for the category in which the EMA is licensed, or
 - (b) a service in respect of which the EMA's licence is endorsed under section 10.

Term of a licence

- 9** Subject to sections 6 and 7
- (a) a licence in the category of EMR, PCP, ACP, CCP or ITT expires 5 years after the date it was issued, and
 - (b) a licence in the category of EMA FR expires 3 years after the date it was issued.

Endorsement of other skills

- 10** If an EMA provides evidence, satisfactory to the board, that the EMA has passed the examinations approved by the board for the purposes of this section, the board may endorse a licence to permit the EMA to perform a service specified in Schedule 2 for the category of licence in which the EMA is licensed.

Condition of licence

- 11 The board must include as a term and condition for each licence that the EMA must comply with the Act, this regulation and the Code of Ethics set out in Schedule 3.

EMA board member

- 12 For the purpose of section 6 of the Act, the EMA to be appointed to the board must be selected by the bargaining agent, as defined in section 1 of the *Labour Relations Code*, for EMAs.

Duration of a licence issued under B.C. Reg. 260/91

- 13 The term of a licence issued under B.C. Reg. 260/91, except in the EMA FR category, ends on the earlier of
- (a) the date specified in the licence as the end of its term, or
 - (b) January 1, 2007.

State of Washington emergency medical assistants

- 14 (1) The board may issue a licence collectively recognizing as emergency medical assistants all persons certified under chapter 18.71 and 18.73 of the Revised Code of Washington of Washington State, one of the United States of America, to provide the emergency health services described in this section.
- (2) The emergency health services to be authorized by a licence under subsection (1) are restricted to emergency health services that the persons referred to in subsection (1)
- (a) are authorized to provide in the State of Washington,
 - (b) provide under the supervision and control required by the terms of their certification in the State of Washington, and
 - (c) provide in British Columbia while transporting patients from the United States of America to medical facilities in British Columbia or the United States of America.

- (3) The other provisions of this regulation do not apply to persons covered by a licence under this section.

SCHEDULE 1

SERVICES - LICENCE CATEGORY

EMA FR

- scene assessment;
- assessment of level of consciousness, skin colour and temperature, pulse, and respiration;
- rapid body survey to identify and attend to any life threatening injuries followed by a secondary assessment consisting of a physical examination, medical and incident history, and vital signs;
- cardiopulmonary resuscitation;
- basic wound and fracture management;
- maintenance of airways and ventilation.

EMR

- all services specified in this Schedule for the category of EMA FR;
- occupational first aid;
- lifting/loading, extrication/evacuation and transportation;
- cervical collar application and spinal immobilization on a long spine board;
- blood pressure assessment by auscultation and palpation;
- emergency childbirth;
- emergency fracture management/immobilization;
- oropharyngeal airway suctioning;
- oxygen administration and equipment;
- ventilation using pocket mask and bag/valve/mask devices;
- administration of semi-automatic or automatic external defibrillator;
- soft tissue injury treatment.

PCP

- all services specified in this Schedule and Schedule 2 for the category of EMR
- use and interpretation of a glucometer;
- chest auscultation;
- administration of the following oral, sublingual, subcutaneous, inhaled, intramuscular or nebulized medications:
 - narcotic antagonist

- bronchodilator
- anti-histaminic
- sympathomimetic agent
- platelet inhibitors

ACP

- all services specified in this Schedule and Schedule 2 for the category of PCP;
- electrocardiogram rhythm interpretation, cardioversion, external pacing and manual defibrillation;
- initiation and maintenance of intraosseous needle cannulation;
- nasopharyngeal airway;
- maintenance of intravenous routes using intermittent infusion devices, including IV pumps;
- initiation of external jugular vein cannulation;
- cricothyrotomy and needle thoracentesis;
- gastric intubation and suction;
- maintenance of intravenous lines with medications;
- insertion and maintenance of advanced airway devices which do not require laryngoscopy;
- use and interpretation of end tidal CO2 monitoring devices;
- administration of colloid and non-crystalloid volume expanders;
- administration of the following intravenous, oral, nebulized, endotracheal, intraosseous, intramuscular and rectal medications:
 - anti-arrhythmic
 - electrolyte – calcium therapy
 - diuretic
 - anti-coagulant
 - narcotic
 - anti-pyretic
 - anti-cholinergic
 - sedative
 - anti-emetic – anti-nauseant
 - histamine antagonist
 - anti-convulsant
 - alkalizer.

CCP

- all services specified in this Schedule and Schedule 2 for the category of ACP.

ITT

- all services specified in this Schedule and Schedule 2 for the category of PCP;

- pediatric and neonatal electrocardiogram interpretation and manual defibrillation;
- intraosseous therapy;
- administration of the following intravenous, oral, nebulized, endotracheal, intraosseous, intramuscular and rectal medications:
 - anti-arrhythmic
 - bronchodilator
 - anti-pyretic
 - anti-cholinergic
 - anti-hypoglycemic agent
 - sedative – anti-epileptic
 - anti-emetic – anti-nauseant
 - histamine antagonist
 - anti-convulsant
 - alkalizer;
- maintenance of intravenous routes using intermittent infusion devices;
- mechanical ventilation;
- maintenance and monitoring of arterial and central venous catheters;
- gastric intubation and suction;
- management of chest tubes and chest drainage systems;
- intravenous blood product administration;
- use of incubators for thermoregulation;
- administration of drug therapy on the direct order of a medical practitioner who is designated by an employer as a Transport Advisor.

SCHEDULE 2

SERVICES – LICENCE ENDORSEMENT

EMA FR

- use of airway management techniques including oropharyngeal airways, oral suction devices and oxygen-supplemented mask devices to assist ventilation;
- use of an automatic or semi-automatic external defibrillator;
- cervical collar application and spinal immobilization on a long spine board;
- administration of oxygen;
- administration of oral glucose.

EMR

- maintenance of intravenous lines without medications or blood products while transporting persons between health facilities;
- use and interpretation of a pulse oximeter;
- administration of the following oral, sublingual or inhaled medications:
 - anti-anginal
 - anti-hypoglycemic agent
 - analgesia

PCP

- initiation of peripheral intravenous lines;
- administration of the following intravenous fluids and medications:
 - anti-hypoglycemic agent,
 - isotonic crystalloid solutions, or
 - vitamin B1;
- endotracheal intubation.

ACP

- mechanical ventilation;
- administration of drug therapy on the direct order of a medical practitioner who is designated by an employer as a Transport Advisor;
- urinary catheterization;
- arterial line management and central venous pressure monitoring;
- infusion of blood products;
- point of care testing using capillary, venous or arterial sampling;
- collect arterial and venous blood samples;
- interpret laboratory and radiologic data;
- perform and interpret 12 lead electrocardiograph;
- chest tube management;
- central line management;
- management of parenteral feeding lines and equipment;
- provide trans-venous pacing.

SCHEDULE 3

CODE OF ETHICS

The purpose of this code of ethics is to provide general principles of ethical conduct to guide emergency medical assistants in meeting their duties to the public and to the profession.

EMERGENCY MEDICAL ASSISTANTS SHALL:

- (1) Consider, above all, the well-being of the patient in the exercise of their duties and responsibilities.
- (2) Develop and maintain working relationships with other health professions and associations to ensure that patients receive the best possible emergency health care.
- (3) Protect and maintain the patient's safety and dignity, regardless of the patient's race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex or sexual orientation.
- (4) Preserve the confidence of patient information consistent with the duty to act at all times for the patient's well-being.
- (5) Not engage in any illegal or unethical conduct nor act in a manner that conflicts with the best interests of the profession.
- (6) Report any incompetent, illegal, or unethical conduct by colleagues or other health care personnel to the appropriate authorities.
- (7) Carry out professional responsibilities with integrity and in accordance with the highest standards of professional competence.
- (8) Strive to improve the professional competence of colleagues serving under their direction.
- (9) Assume responsibility for personal and professional development, and maintain professional standards through training and peer mentoring.
- (10) Strive to encourage and merit the respect and trust of the public for members of the profession.
- (11) Refrain from impugning the professional reputation of a colleague or any other health care provider.
- (12) Promote and encourage compliance with the spirit of these standards within the profession.