Preamble

In the evolution of the Base Hospital system a balance between consistency and necessary variation in practice has been sought. Provincial Standing Orders, Paramedic Maintenance of Certification and Advanced Life Support Standards have been developed and implemented by Medical Advisory Committee consensus with Ministry of Health and Long-Term Care (MOHLTC) EHS Branch, and Upper Tiered Municipalities (UTM) support and approval. In addition, the College of Physicians and Surgeons of Ontario Controlled Acts Model (September 1999), acknowledges the Provincial Base Hospital Standard for Paramedic certification in the performance of Controlled Acts. The Controlled Acts model is the minimum standard for Base Hospital medical delegation to paramedics working for a certified Ontario Ambulance Service Provider.

With the transfer of responsibilities for Ambulance Service provision to municipalities, the requirement for an integrated, consistent and seamless system has become more apparent. For the Ontario EMS system to carry on these attributes, there is a need for Base Hospitals to provide a consistent approach in the certification, deactivation, reactivation and decertification of paramedics. It is hoped that by adopting a consistent approach, Base Hospitals and Upper Tier Municipalities will facilitate seamless, high-quality patient care provided by paramedics working for all ambulance services throughout the province, as well as streamline administrative processes for the benefit of paramedics and their employers.

Upon completion of a recognized Paramedic Training Program, a paramedic must obtain and maintain certification as per Regulation 257/00 made under the Ambulance Act R.S.O. 1990 as amended by the Services Improvement Act 1997. A person employed as a Paramedic shall be authorized by the Medical Director of a Base Hospital Program designated by the Ministry of Health and Long-Term Care (MOHLTC) to perform Controlled Acts as described in the Regulation.
Definitions and Clarification of Terms:

**Base Hospital:** a hospital that is designated as a Base Hospital by the Minister in accordance with clause 4(2) (d) of the Ambulance Act as amended by the Services Improvement Act 1997.

In this document, unless otherwise stated, the use of the following terms refers to ambulance personnel as defined by the Ambulance Act, as amended by the Services Improvement Act 1997 and Regulation 257/00 under the Ambulance Act:

- *Emergency Medical Attendant*
- *Primary Care Paramedic*
- *Advanced Care Paramedic*
- *Critical Care Paramedic*

**Emergency Medical Service (hereafter referred to as the “Employer”):** an ambulance service provider certified to provide this service as defined under the Ambulance Act.

**Hours of Service:** work normally defined as field assignments. Where a Paramedic has no clinical duties, but is a clinical educator/manager, working hours may be credited on the condition that at least once every 12 months the Paramedic is tested by the Base Hospital to ensure competency in the skills the paramedic has been certified to perform.

**Certification:** written approval to perform selected medical controlled acts under the license/registration of a Base Hospital medical director.

**Educational Certification:** permission granted by a local Base Hospital Medical Director to a paramedic applicant, to perform controlled acts in the presence of a certified paramedic or clinical supervisor (at the level applied) in the local EMS system, for the purposes of orientation and evaluation.

**Provisional Status:** authorization for a paramedic to perform Controlled Acts within his/her scope of practice but only in the company of another paramedic in good standing, who is certified to the same level or higher. This still authorizes the paramedic to perform Controlled Medical Acts. Subsequent to appropriate investigation and review by the Base Hospital of the
paramedic’s practice, a decision will be made to reinstate the paramedic to normal standing or to deactivate the paramedic. The length of this status will be at the discretion of the Medical Director.

**Deactivation:** the temporary suspension of selected certified paramedic privileges to perform controlled acts by the Base Hospital medical director for the purpose of conducting investigation and/or providing remediation. Deactivation will be used when a paramedic commits one or more acts of omission or commission that represent a public safety issue. Deactivation may occur for one or for more that one Controlled Acts, allowing the paramedic to practice, if feasible in other areas. The Employer shall immediately be notified of the deactivation and remediation plans.

*Deactivation may occur as a result of:*
- A critical life, limb or function threatening omission/commission in the delivery of one or more Controlled Acts.
- A major life, limb or function threatening omission/commission in the delivery of one or more Controlled Acts.
- Repeated major life, limb or function threatening omission/commissions in the delivery of one or more Controlled Acts.
- Failure to respond to Base Hospital requests for feedback or interviews regarding critical, major or minor acts of omission or commission in the delivery of Controlled Acts.
- Failure to successfully complete prescribed remediation for minor/major acts of omission/commission in the delivery of Controlled Acts within a reasonable period of time (2 weeks).
- Professional misconduct deemed by the Medical Director to be remediable (see Paramedic Conduct Directives).

If provisional certification or deactivation is contemplated, a plan for investigation or remediation should be put into place with specific time lines at the time of the action.

**Remediation:** a program based on individual needs that will be made available at the Base Hospital Medical Director’s discretion. Base Hospital training costs will be separately funded by EHS with prior written approval. This requires:
1. Time in clinical rotations or supplemental educational processes deemed necessary by the Medical Director.
2. Base Hospital recovery costs may be paid by the Paramedic in compliance with EHSB direction.

**Reactivation:** the reinstatement of the suspended privileges after a period of deactivation. A paramedic may be reactivated by the medical director at the time that such requirements for remediation have been met. The Employer shall immediately be notified.

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Decertification: the revocation, by the Medical Director, of a certified paramedic’s delegated privileges to perform controlled acts while in the employ of a certified ambulance service. Decertification will not occur unless the situation is first reviewed by a Paramedic Practice Review Committee. The Paramedic Practice Review Committee (PPRC) will review the details and reasons for a proposed decertification and make recommendations to the Medical Director. The Medical Director shall apply these recommendations to their decision of the paramedic’s certification status. It is understood that according to the CPSO guidelines for delegation that the Paramedic Practice Review Committee can not replace the Medical Director’s ultimate responsibility for the decision about the paramedic’s certification status.

Decertification may occur as a result of:
- Gross professional misconduct (see Paramedic Conduct Directives).
- Falsification of documentation.
- A critical omission/commission in the delivery of one or more Controlled Acts.
- Failure to successfully complete prescribed remediation within three (3) months of deactivation. This time may be reviewed for extenuating circumstances (eg: injury and/or WSIB)
- Repeated deactivations in similar clinical areas.

Note: Upon deactivation or decertification by one Base Hospital, the Paramedic has a professional duty to notify Medical Directors of all other Base Hospitals under which he/she is certified
Standards for Certification / Re-Certification

Each paramedic must have met the eligibility requirements for re-certification according to the following table:

### Annual Eligibility Criteria for Re-certification Land

<table>
<thead>
<tr>
<th>Land Program</th>
<th>SAED</th>
<th>Symptom Relief</th>
<th>Advanced Care Land Paramedic</th>
<th>Critical Care Land Paramedic</th>
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</thead>
<tbody>
<tr>
<td>Frequency of Re-certification</td>
<td>Once per year</td>
<td>Once per year</td>
<td>Once per year</td>
<td>Once per year</td>
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<tr>
<td>Field Hours (Scheduled Hours)</td>
<td>144</td>
<td>144</td>
<td>432, 288, 144 * (see next page)</td>
<td>432, 288, 144 * (see next page)</td>
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<td>Successful completion of paid Certification &amp; CME hours (annual)</td>
<td>4hrs-written &amp; skills evaluation</td>
<td>4hrs-written &amp; skills evaluation</td>
<td>24 hours CME including clinical &amp; didactic evaluation</td>
<td>96 hours CME including clinical &amp; didactic evaluation</td>
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<td>Evaluation</td>
<td>Skill review &amp; evaluation of theory and practical skills involved in the administration of Controlled Acts listed in Regulation 257/00 Schedules 1 and 2. note: if skills inventory verifies successful field completion to the satisfaction of the Medical Director this can be used in the evaluation process. May include case reviews satisfactory to the Medical Director.</td>
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* Field hours for Advanced and Critical Care Paramedic Certification determined as follows:

- 144 hours  \( \geq 5 \) years experience (or equivalent PT hours)
- 288 hours  \(< 5 \) years but \( \geq 2 \) years
- 432 hours  \(< 2 \) years

** Certification and Field Hours for part-time Critical Care Flight Paramedics vary from the above standard. Standards for part-time flight paramedics are included in the section entitled Critical Care Flight Paramedics Certification Standards (part-time).
Cross Certification Requirements

This applies to paramedics already certified by an Ontario Base Hospital who are seeking certification from another Base Hospital.

1. Eligibility for employment by a licensed Ontario Ambulance Service Provider under the Regulations of the Ambulance Act.

2. The paramedic shall complete a form which includes:
   a) Certification from all Ontario Base Hospitals over the last five (5) years.
   b) A declaration of deactivations within the last 3 years and all previous decertifications.
   c) Current certification status from all Base Hospitals under which the paramedic is certified.
   d) Permission for the prospective Base Hospital to obtain information from other Base Hospitals regarding paramedic performance and skills.

Upon successful completion of steps 1 and 2, the Ambulance Service Provider may issue a conditional offer of employment to the applicant.

3. Base Hospital Orientation / Evaluation – An orientation to Base Hospital policies, procedures and medical directives. This may include an interview/clinical evaluation with the medical director or delegate and should not exceed two (2) days in duration. It may also include (until April 1, 2003) an evaluation using written, scenario based, and oral examinations.

   Upon the Base Hospital review of documentation received and orientation, the medical director may recommend educational certification² pending completion of further clinical or field education.

4. Orientation to equipment, new skills and protocols. For Base Hospital certification purposes, this will generally not exceed four (4) shifts (minimum 32 hours duration) but may be extended by the Medical Director with agreement from the ambulance service provider.

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5. After completion of steps 1-4, the Base Hospital Medical Director will render a decision whether or not to certify the paramedic. The Base Hospital will notify the ambulance service provider.

1 It is anticipated that by April 1, 2003, a provincial process of yearly evaluation for maintenance of certification will be in place. Thereafter, it will not be necessary for each Base Hospital to separately evaluate a paramedic’s knowledge/skills if the paramedic is currently certified at the level (Primary, Advanced, Critical) applied for. Orientation to local directives, equipment and policies will still be completed.

2 “Educational Certification” is defined as the permission granted by a local Base Hospital Medical Director to a paramedic applicant, to perform controlled acts in the presence of a certified paramedic or clinical supervisor (at the level applied) in the local EMS system, for the purposes of orientation and evaluation.
New Certification Within Ontario

1. Eligibility for employment by a licensed Ontario Ambulance Service Provider under the Regulations of the Ambulance Act.
   a. A paramedic shall provide evidence of graduation from an MOHLTC-approved paramedic education program.
   b. If (a) is not applicable in the case of Advanced Care, the paramedic shall provide to the Base Hospital a detailed description of the Advanced Care Program completed, all course descriptions and evaluations and results of clinical and field placements, providing the Base Hospital has agreed to determine equivalency.

2. The paramedic will successfully complete the provincial examination for the appropriate level (if applicable).

3. The paramedic shall complete a form which includes:
   a. Education programs successfully completed (for example, Paramedic Program, Advanced Care Paramedic Program or equivalent).
   b. Experience and certification in all Emergency Medical services worked in over the last 5 years.
   c. History of deactivations within the last 3 years and all previous decertifications (or equivalent).
   d. Permission for the prospective Base Hospital to obtain information from previous medical directors and/or licensing authorities and employers regarding the applicant’s performance and skills.

   Upon successful completion of steps 1-4, the Ambulance Service Provider may issue a conditional offer of employment to the applicant.

4. Base Hospital Evaluation – This may include:
   a. Skills evaluation
   b. Scenario evaluation
   c. Oral interview or clinical evaluation with medical director or designate
d. Field evaluation

and should not exceed 3 days.

Upon successful completion of steps 1-4 and Base Hospital review of documentation, the medical director may recommend *educational certification* pending completion of prescribed clinical or field education.

5. Consolidation / Field Evaluation
   a. This will include:
   b. Orientation to equipment, new skills and protocols.
   c. Evaluation by a Base Hospital – approved paramedic at the appropriate level.
   d. 100% Ambulance Call Report review by the Base Hospital.
   e. Continued clinical education/evaluation in areas identified as deficient.

   This consolidation/field evaluation will not exceed 600 hours.

6. After completion of steps 1-5 the Base Hospital Medical Director will render a decision whether or not to certify the paramedic. The Base Hospital will notify the ambulance service provider.

Reference: Base Hospital Standards
Maintenance of Certification

Maintenance of Certification requires that the Paramedic:

1. Be employed by a certified Employer under Regulation 257/00 and work as a Paramedic, and/or Paramedic Preceptor, **meet the annual eligibility requirements** (see pages 13-14), and work for a minimum of 144 hours in the previous 12 months in an emergency medical environment, **with an absence from clinical activity of no longer than 90 consecutive days**. If these criteria are not fulfilled, an evaluation **may** be initiated by the Medical Director to ensure competency in the skills the paramedic has been certified to perform. This will include, but not be limited to:

   a. A full assessment of work experience, or equivalent qualifications, in an emergency medical environment, by the Base Hospital.
   b. Documentation of practice of skills overseen by the Base Hospital.

2. Meets all Base Hospital administrative requirements including completion and submission of forms and successful completion of all Base Hospital Continuing Medical Education (CME) requirements. If a Paramedic is absent from CME, the Paramedic is responsible for contacting the Program Director to make arrangements to successfully complete the CME objectives, as approved by the Medical Director.

3. Demonstrates competency and adherence to standards, protocols and legislation associated with the performance of Controlled Acts and the provision of patient care at their level of certification. This will be determined through Base Hospital Continuous Quality Improvement (CQI) initiatives. They may include, but are not limited to:

   - Chart Audits
   - Peer Review
   - Rideouts
   - Dispatch/Base Hospital Physician Communication Review
   - Patch/Communication Review
   - Field Performance Evaluation
   - Successful Performance at CME
   - Review of Skills Inventory
If these requirements are not maintained, the Base Hospital Medical Director may deactivate or decertify (see Definitions and Clarification of Terms: p 2-4) the Paramedic. The employer will be notified and the employer and paramedic will be given written notice by the Base Hospital. Upon providing notification to the Employer, the Base Hospital will request that the Paramedic be notified that they should immediately contact the Base Hospital.

The Paramedic will not be authorized under the Ambulance Act to perform Controlled Acts while they are deactivated/desertified. The conditions for reactivation/recertification will be determined by the Base Hospital and will be completed within two weeks of notification, unless agreed to by the Employer and the Base Hospital. The conditions will be communicated in writing to the Paramedic.

4. Adhere to the Paramedic Conduct Directives. The Paramedic Conduct Directives will apply whenever paramedics participate in on-duty assignments or duties related to the certification processes endorsed by individual Base Hospital Programs. These Directives will be routinely evaluated and uniformly enforced by the employer and the Base Hospital.
Patient Care Deficiency Classifications

If a paramedic has performed a Controlled Act for which they have not been certified or performs a Controlled Act or any patient care below legislated standards, the Base Hospital response will be guided by the severity of the event(s) in accordance with the following descriptions:

Critical Omission/Commission:

A critical omission/commission is defined as the performance of Controlled Act(s) for which a paramedic has not been certified; or an action or lack of action by the paramedic that has a clear negative effect on patient morbidity with a potentially life, limb or function threatening outcome. If a critical omission/commission is identified or there is a repetition of major or a combination of major and minor omission/commissions the paramedic will be given written counselling and will be required to successfully complete remedial education, or a decertification process may be initiated.

Major Omission/Commission:

A major omission/commission is defined as an action or lack of action by the paramedic that has affected or held the potential to negatively affect patient morbidity; however, the outcome was not deemed to be life, limb or function threatening. If a major omission/commission is identified, or there is a repetition of minor omission/commissions, the paramedic will be given written counselling and may be required to complete remedial education. At the discretion of the Medical Director the paramedic may be deactivated.

Minor Omission/Commission:

A minor omission/commission is defined as an action or lack of action by the paramedic that did not have any direct effect on patient morbidity; however, may have negatively affected patient care in a way that would delay care to the patient or lengthen the patient’s recovery period. If a minor omission/commission is identified, the paramedic will be given verbal counselling and/or written counselling via the Ambulance Call Review Process.
Paramedic Practice Review Committee (PPRC) Terms of Reference

The Paramedic Practice Review Committee (PPRC) will function in an external advisory role to the affected Base Hospital on issues on Paramedic professional practice when the Base Hospital is pursuing decertification of a Paramedic.

Committee Purpose:
To provide information and expert opinion to the affected Medical Director of the Base Hospital on events that involve paramedic practice and behaviour that may result in decertification of the Paramedic.

Committee Structure:

Chairperson

The (Ontario Base Hospital Group (OBHG) Chair (unless he/she is part of the affected Base Hospital, in which case the MAC Chair) shall appoint the Chairperson of the committee. The Chairperson will be a Program Manager from a Base Hospital Program other than the one requesting the review.

Membership

The PPRC will consist of members who are not part of the affected Base Hospital. Requirements for a PPRC quorum are:
- 1 Program Manager (Chair)
- 1 Medical Director
- 2 Peer Paramedics (ACP peers for ACP reviews, PCP Peers for PCP reviews)

The Chairperson will select the Medical Director, and the affected Paramedic and affected Base Hospital will each select a Peer Paramedic for each review.
Selection of Peer Paramedics

Peer Paramedic PPRC members must not have any operational relationship with the affected Base Hospital and may not fall under the medical direction of the affected Medical Director. A group of paramedics from all regions in Ontario will be selected to be potential Peer Paramedic committee members. Qualifications include:

- current certification by an Ontario Base Hospital
- continuous employment as a paramedic in Ontario for the preceding 12 months
- nomination by at least 2 peer paramedics and acceptance by the local Base Hospital Medical Director
- successful completion of an orientation to relevant legislation surrounding delegation of Controlled Acts in Ontario

Review Process

An ad hoc PPRC will be struck when the Base Hospital is pursuing decertification of the Paramedic. The committee will:

1.1 Receive and review all relevant documentation from the affected Base Hospital program and Paramedic. Relevant documentation from the Base Hospital should include a history of the Paramedic's performance over the past 2 (two) years including a summary of call audits. These must be distributed to the PPRC Committee members, the Base Hospital Medical Director and the Paramedic at least 72 hours before the meeting.

1.2 In person or via teleconference, independently interview both the affected Base Hospital program Medical Director and the Paramedic. The affected Base Hospital Medical Director and the Paramedic will present a verbal summary of their findings followed by questions from the PPRC.

1.3 Answer the following questions:
   1.3.1 Was patient care compromised at any time?
   1.3.2 If no, did the potential for patient care compromise exist at any time?
   1.3.3 Were the Paramedic's conduct and actions reasonable and justifiable? based on the Paramedic's education and experience?

1.4 Provide recommendations, and their rationale, relating to the Paramedic's certification status to the affected Base Hospital Medical Director in writing through the Chairperson of the Committee within 48 hours of the review. These recommendations will include any other remedial actions, if appropriate.

1.5 All meetings will be recorded and stored with the documentation by the affected Base Hospital for a period of 7 (seven) years.
1.6 The affected Base Hospital Medical Director is ultimately responsible for a decision to decertify the Paramedic but must consider the recommendations and justification of the PPRC in making a final decision.

**Funding:**
Peer Paramedics participating will be funded by the host site at $200.00/day plus travel, accommodation and meal expenses at the current MOHLTC-approved rates. The Program Manager/Co-coordinator and the Medical Director from the outside Base Hospital will be funded by their Base Hospital, with EHS Branch approval.