



Central East Prehospital Care Program

Title: Authorization to Use Medical Directives

Number: 6.1

Category: 6.0 Medical Direction

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Written By: J. Harris

Approved By: Dr. P. Moran

Issue Date: June 2010

Review Date: May 2016, Sept 2018

Paramedics certified by the Central East Prehospital Care Program are authorized to use the provincially approved medical directives as per the current ALS PCS specific to their level of certification.

Paramedics may be authorized in one or more auxiliary medical directives as outlined in the current ALS PCS specific to their level of certification.

Patching:

The current version of the ALS PCS contains a number of mandatory patch points. It is a requirement of the paramedic to contact their online medical control for approval to proceed, prior to the performance of the act(s). The paramedic is responsible for ensuring, regardless of the patch order, for not exceeding their scope of practice.

It is acknowledged by the Medical Director of CEPCP that there will be occasions where a paramedic is not able to utilize the medical directives under ideal circumstances. An option available to the paramedic is to contact the Base Hospital Physician for direction in unusual circumstances. In all of these circumstances the paramedic must document the unusual nature of the event and the rationale for decisions made.



Title: Authorization for Use of Medical Directives
During Off Load Delay Situations

Number: 6.2

Category: 6.0 Medical Direction

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Written By: J. Harris

Approved By: Dr. P. Moran

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In cases where a patient requires additional or ongoing treatment during an off load delay the following procedure is to be followed:

1. On arrival at the receiving facility the paramedic will provide a report to the Triage or Charge Nurse.
2. If the Hospital staff indicate that there will be an off load delay, a Paramedic must remain with the patient until transfer of care is completed.
3. If the patient requires additional or ongoing treatment the Paramedic will:
 - a. Continue to follow the general standards of care as outlined in the current BLS Patient Care Standards.
 - b. Notify the Hospital staff and inform them of the need for the provision of a Controlled act within the current ALS PCS. Documentation of this notification is required on the ACR/ePCR.
4. If the Hospital staff are unable to take over primary responsibility and provide the required care for the patient in a timely manner, the paramedic is authorized to provide care as appropriate under the current ALS PCS specific to their level of certification.
5. Step 3 and 4 is to be repeated each time a controlled act is required.
6. Document on the ePCR/ACR all care rendered during off load delay and when the transfer of care occurred.



Title: Physician On Scene

Number: 6.3

Category: 6.0 Medical Direction

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Written By: J. Harris

Approved By: Dr. P. Moran

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A physician is “a duly qualified medical practitioner who is licensed to practice medicine in Ontario”.

If approached by a physician wishing to direct the medical care at a scene, the paramedic will advise the physician that paramedics may only treat the patient using the provincially approved medical directives. Paramedics will only initiate controlled acts which they are certified to perform under the authority of the Regional Medical Director and/or orders that are received directly from a Base Hospital Physician within the paramedic’s level of certification.

The paramedic should endeavor to confirm that the physician is licensed to practice medicine in Ontario preferably with appropriate documentation verifying they are a medical practitioner within the province of Ontario.

The paramedic will confirm that the physician is willing to assume responsibility for the care of the patient and that the physician is willing to accompany the patient in the ambulance to the hospital.

If the above criterion has been met the paramedic may assist the physician in the use of equipment and patient care provided the paramedic does not practice outside of their level of certification.

Paramedics may not accept delegation from an on scene physician. A paramedic may offer to place an on scene physician in contact with a Base Hospital physician if required for clarification of this policy.



Title: Transfer of Care Between Paramedics

Number: 6.4

Category: 6.0 Medical Direction

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Written By: A. Benson

Approved By: Dr. P. Moran

Issue Date: June 2010

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Purpose:

To describe the procedure involved when the continuing care of a patient may be transferred from a paramedic who holds a higher level of certification to a paramedic with a lower level of certification.

The paramedic with the highest level of certification retains responsibility for the patient as the Most Responsible Practitioner (MRP), regardless of which paramedic attends in the back of the ambulance en-route to hospital.

Procedure

Prior to considering transferring the care of a patient from one paramedic to another, the paramedics should have a discussion which includes the following:

- a) The appropriateness of the transfer of care to the other paramedic;
 - a. Where the patient is hemodynamically stable, or
 - b. Where the patient's ongoing care does not/will not exceed the PCP's scope of practice, or
 - c. In the setting of a Multiple Casualty situation where the paramedic with the higher level of certification is required to perform advanced skills on more than one patient, and
- b) Both paramedics agree with the transfer of care; and
- c) What actions should take place if a change in patient condition occurs.

In the event of a negative change in patient condition, the Base Hospital should be notified by the paramedics involved as soon as possible following the call.

Notes

Each Paramedic is responsible for the ACR/ePCR documentation of procedures they have performed. Where circumstances prevent this from occurring, all procedures must still be recorded on the final ACR/ePCR with a note of explanation in the remarks section.



Title: Automated Non-Invasive Blood Pressure
Monitoring

Number: 6.5

Category: 6.0 Medical Direction

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Written By: J. Harris

Approved By: Dr. P. Moran

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A manual BP must be auscultated or palpated (when factors prohibit auscultation) as the first assessment of blood pressure in all situations:

Once it has been confirmed that the automated non-invasive blood pressure (NIBP) accurately reflects the manual blood pressure, the paramedic may continue blood pressure monitoring using the automated NIBP. However, if there is a significant change in patient condition or vital signs, a manual blood pressure must again be obtained to confirm the accuracy of the automated NIBP.

Documentation:

Any time a blood pressure is obtained using the automated NIBP monitor, "NIBP" must be documented on the ePCR/ACR next to the obtained value.



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Title: Controlled substances
Category: 6.0 Medical Direction
Written By: A. Benson
Issue Date: August 2017

Number: 6.6
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Approved By: Dr. P. Moran
Review Date: August 2017, Sept 2018

Purpose: This policy details the mechanism for accountability and compliance with the Controlled Drugs and Substances Act (CDSA) and Section 56 Class Exemption for Advanced care Paramedics and Critical Care Paramedics in Ontario.

Procedure:

- 1 Advanced Care Paramedics receive medical delegation through written medical directives from the Regional Base Hospital Medical Director or by verbal order from a Base Hospital Physician.
- 2 The service operator is responsible for identifying a Designated Administrator who will maintain compliance with the CDSA and the section 56 exemption.
- 3 The Designated Administrator is responsible for supplying a quality assurance report to the Base hospital on the usage and stock of controlled substances within the service on at least a quarterly basis.
- 4 When additional stock is required, the Designated Administrator will notify the Base Hospital Medical Director who will issue a prescription for the justified amount(s) to the service operator affiliated pharmacy on record.
- 5 Advanced Care Paramedics will follow their Designated Administrator's process for documenting daily inventory counts, usage and waste. If required to document a Physician name as part of a usage record, the patch physician name should be noted for a verbal order or CEPCP medical director's name if the administration is part of a written medical directive.
- 6 Advanced Care Paramedics must take all necessary steps to ensure the security of the controlled substances on their person or in their ambulance. In the event controlled substances are missing, CEPCP and the BH medical director will be notified as soon as possible.



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- 7 The Base Hospital Medical Director may audit the service operator's process and records as required to satisfy the issuance of a prescription outlined in #4 above.
- 8 In the event a medication is unserviceable (expired, damaged or contaminated), the medication should be removed from service by the Advanced Care Paramedic and the Designated Administrator or their designate should destroy the medication by opening the container (if required), the contents wasted into a sharps container and the container disposed of in the sharps container as well. The documentation of the event should follow that outlined in #5.
- 9 In the event there is residual medication in a container after patient care is completed, the Advanced Care Paramedic should waste the residual amount in front of a witness into a sharps container. The documentation of the wastage should follow that outlined in #5.

References:

Controlled Drugs and Substances Act
Section 56 Exemption for Advanced Care Paramedics and Critical Care Paramedics in Ontario
ALS-PCS version 4.3 July 17, 2017