

REGISTRANT & EMPLOYER RESPONSIBILITIES





About Practice Directions

The College of Paramedics of Manitoba (CPMB) has the legislated authority through the Regulated Health Professions Act (RHPA) to establish Council-approved practice directions.

Practice directions set out requirements related to specific aspects of the RHPA, regulations and paramedic practice. Practice Directions also explain, add, or guide paramedics with respect to the subject matter described in the regulation or any other matter relevant to the practice of paramedicine. Compliance with approved practice directions is required as described under section 86 of the RHPA.

Questions related to the information in the College practice directions or the application of the information can be directed in info@collegeparamb.ca.

This Practice Direction was approved by the Transitional Council of the College of Paramedics of Manitoba on September 23, 2020.



INTRODUCTION

The mandate of the College of Paramedics of Manitoba (the College) is to regulate the profession of paramedicine in the Province of Manitoba, through protection of the public interest. This is accomplished by fulfilling the legislated mandate and authority granted to the College, as part of the Regulated Health Professions Act (RHPA).

The College regulates paramedic practice in Manitoba by:

- Ensuring that paramedics registered with the College possess the knowledge, skill and judgment required to practice in Manitoba
- Approving paramedic education programs
- Setting the standards of paramedic practice
- Determining and monitoring the Program for Continuing Competency (PCC) to ensure that paramedics remain current in their practices
- Providing consultation and education to paramedics, employers, and the public
- Receiving and investigating complaints about paramedic practice and taking appropriate action with fairness and transparency

Paramedics and employers should be familiar with the Code of Ethics, Standards of Practice for Paramedicine, and Practice Directions which can be found on the College’s website at www.collegeparamb.ca

PARAMEDIC TITLES AND CLASSES

The College recognizes 4 different practice levels of paramedics. These are called “sub-registers” and are:

EMR - Emergency Medical Responder

PCP - Primary Care Paramedic*

ACP - Advanced Care Paramedic

CCP - Critical Care Paramedic

*A further addition to “PCP – Primary Care Paramedic” is the notation on a paramedic’s certificate of practice of “PCP-IC”, formerly called ICP or Intermediate Care Paramedic.

Paramedics with this notation have provided the College with proof of completion of additional training thus allowing PCP-IC to perform specified skills as specified in the table of reserved acts.



There are also five Membership Classes within each of the 4 sub-registers. They are:

Full

- A registrant who is eligible to be issued a certificate of practice
- Must participate in PCC

Provisional

- A registrant who is eligible to be issued a certificate of practice, in extenuating circumstances where workforce demands exceed the availability of qualified personnel, and before satisfying all conditions for Full registration.
- Must participate in PCC

Temporary

- A registrant who is eligible to be issued a certificate of practice for an authorized restricted purpose and a limited time period.
- No requirement to participate in PCC

Non-practicing

- A registrant who is not currently engaged in the practice of paramedicine but who intends to become engaged in the practice of paramedicine at a later date.
- Will Not be issued a certificate of practice
- Must participate in PCC

Retired

- A registrant who was in good standing while practicing and who does not intend to become engaged in the practice of paramedicine at a later date. No certificate of practice is issued
- No requirement to participate in PCC

Once a paramedic has registered with the College, it will be their responsibility to maintain the accuracy of the information provided in their portal. Paramedics can access their portal via the College website at any time to update their information.

LEGISLATION

The College of Paramedics of Manitoba is the 4th profession to become self-regulated under the *Regulated Health Professions Act*. This umbrella legislation will eventually legislate 22 health professions.

The RHPA, the *Practice of Paramedicine Regulation* and the *College of Paramedics of Manitoba General Regulation* provide the rules and processes for governance, registration, complaints, discipline, regulation and bylaw-making authority. It also specifies which reserved acts paramedics may perform.



RESERVED ACTS

Reserved Acts are activities that can pose a risk to client safety. Under the RHPA, there are 21 reserved acts, 9 of which are applicable to the practice of paramedicine.

As previously mentioned, the RHPA is umbrella legislation that will eventually apply to 22 different health professions. Therefore, paramedicine will share in the performance of some of the reserved acts with other professions. However, the scope of application and the depth and breadth of that application can vary amongst the professions authorized to perform the same reserved acts. Performance of skills within each Reserved Act will require interprofessional collaboration and may look different for each profession. Some skills within each reserved act may require the paramedic to obtain additional training.

To understand more about reserved acts, see the College of Paramedics of Manitoba General Regulation, and the practice direction document entitled Scope of Practice Document.

ADDITIONAL TRAINING

Additional training means a course, program of study, training or other structured process that meets approved criteria and the purpose of which is to provide a member with the competency to perform a reserved act. (College of Paramedics of Manitoba General Regulation s 1.2)

Further, “A member may perform **only those reserved acts** as set out in the table in the schedule or delegated to the member in accordance with this Part, and only if the member has a valid certificate of practice and any **additional training** that is required.” (College of Paramedics of Manitoba General Regulation s 4.2.3)

In essence, paramedics may only perform reserved acts within their sub-register level according to the Reserved Act Schedule found in the College of Paramedics of Manitoba

General Regulation. If a reserved act on this schedule states “with additional training”, the individual paramedic **MUST** have successfully completed the approved additional training for that reserved act. If the paramedic has not successfully completed the approved additional training, s/he is not authorized to perform that reserved act.

The College, the employer, and the paramedic have responsibilities with regard to additional training:

The College----ensures that additional training for skills within the reserved acts meets the approved criteria for training. The College Council must approve the additional training requirements.

The Employer---provides additional training/education to paramedics based on the College requirements.

The Paramedic---ensures completion of the necessary training/education to perform the skill within the reserved act.



Additionally, the EMPLOYER must maintain current records of Paramedics who have successfully completed required additional training/education for the purposes of performing specific skills within the reserved acts. The College may ask the employer to provide this record at any time.

IDENTIFYING RESERVED ACTS—SCOPE OF WORK

Employers are responsible for identifying any specific skills within the reserved acts which may be performed by paramedics in their employ. Employers may limit specific skills performed by their paramedic employees. Although a Sub-register of paramedic may be authorized by the Regulation to perform a specific skill, the employer may restrict the use of that skill while the paramedic is working for that employer. A paramedic may work for more than one employer, and it would be the responsibility of the paramedic to know what skills each employer allows.

All employer policies, procedures, care maps and directions related to the practice of paramedicine must align with College standards.

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Paramedics must have the appropriate, knowledge, skill and judgement to perform skills within the reserved acts. Paramedics are encouraged to maintain their own record of the training they have successfully completed to perform a skill. This record should include the date the training was completed. Before performing a skill within a reserved act, the paramedic should consider:

- Does this skill apply to the practice of paramedicine?
- Does this skill require a standing order, or additional education and training?
- Do I have the knowledge, skill, and judgement to perform this skill?
- Do my employer policies support me to perform the skill at this time?
- Do I know how the *Code of Ethics* and the *Practice Expectations for Paramedics* apply to this skill?

CLINICAL DECISION TOOLS

Employers will be required to provide clinical decision tools (which may be in the form of care maps) for paramedics in their employ. These clinical decision tools (CDT) should reflect the sub-register of paramedic able to perform the skill . CDT should be and be available to paramedics during the performance of their duties. CDTs must comply with *The College of Paramedics of Manitoba General Regulation*.

Medication Administration

All medications administered by paramedics must be supported by a Standing Order stating:

- The sub-register of paramedic who may administer the medication
- The route(s) of administration
- The dosage and frequency of administration for each medication



The standing order may be used in conjunction with a medication administration protocol that describes the indications for administration, contraindications for administration, side effects of the medication, and any special monitoring requirements after the medication is administered.

All medications administered must be charted according to employer policies.

Delegation

The *College of Paramedics of Manitoba General Regulation* allows for delegation between members of the profession, with the exception of emergency medical responders (EMRs). Delegations can also take place from a member of another regulated health professional.

- A CCP may delegate to an ACP, PCP-IC, or PCP
- An ACP may delegate to a PCP-IC or PCP
- A PCP-IC may delegate to a PCP
- Another regulated health professional may delegate to a CCP, ACP, PCP-IC or PCP
- Delegation cannot be made to EMR's
- Delegations are made on a one-time basis, specific to the client situation and condition

The professional **making the delegation** must be:

- Satisfied on reasonable grounds that the member accepting the delegation is legally permitted and competent to perform the reserved act that is being delegated
- Satisfied on reasonable grounds that it is safe and appropriate for the member accepting the delegation to perform the reserved act
- Readily available for consultation while the member accepting the delegation performs the reserved act.
- Legally permitted and competent to perform the reserved act being delegated
- A registrant of the College or a registrant of another regulated health profession in Manitoba

The paramedic **accepting the delegation** must:

- Hold a valid certificate of practice
- Be competent to perform the reserved act
- Be satisfied on reasonable grounds that it is safe and appropriate to perform the reserved act.

Preferably, the professional making the delegation will make it in writing, however in exigent circumstances, a delegation can be made verbally, via on-line medical support/consultation. The intent of permitting delegations as described above is to enhance the care that a client may require immediately. Its purpose is to allow for timely interventions required for appropriate client care.

However the delegation is made, it must be documented on the Patient Care Report. Documentation should include:

- Name of person to whom the delegation is made

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- Name of client to whom the delegation relates
 - The reason for the delegation
 - The duration of the delegation,
 - Conditions that the person making the delegation considered appropriate
 - Be signed by the person making the delegation and indicate the abbreviation of the member's title,

DOCUMENTATION

Patient Care Reports (PCR), either written manually or via ePCR, are a record of pertinent findings, observations, care provided, and response to treatments for an individual client. The

PCR will become a part of the client's permanent file, and may be reviewed for future care planning, legal considerations, quality assurance and program improvement initiatives, billing, research, and education.

It is a legal requirement that the paramedic record be complete and accurate and contain all relevant information.

The paramedic will complete the patient care report, and any other documentation required by employer policy, immediately after patient hand off. A copy, either electronic or printed, will be left with the receiving facility prior to paramedic departure from that facility.

Any documentation provided by a facility to be transported with the client will be included with the patient care report and left with the health care professional assuming care for the client, or stored in a manner consistent with employer policy.

The paramedic will ensure that all information contained on the PCR is accurate, legible, complete, concise, and legible.

The patient care report and the information it contains is protected by the Personal Health Information Act.

The paramedic must ensure that the information is protected from inadvertent disclosure by securely storing the PCR at all times according to employer policy. Any breach must be reported to the employer as soon as it has been discovered.

The paramedic must also maintain confidentiality by ensuring discussion of the client's health information is done in the context of client care and not in the public forum.

The paramedic shall keep the following standards in mind:

- Document must be legible
- Appropriate professional abbreviations and acronyms will be used
- Errors noted with a single strike-through and initialed
- Must be written in an organized manner
- Blank spaces are lined out.
- A completed document includes Signature, Sub-register, Date and Time

All persons signing the PCR verify that the information contained within is complete and accurate.



INTERPROFESSIONAL COLLABORATIVE PRACTICE

Collaboration in health care occurs when multiple providers from different professions provide comprehensive services by working with people, their support networks, care providers and communities to deliver the highest quality of care across all settings. This partnership between a client and a team of health-care providers is a participatory, collaborative, and coordinated approach to shared decision-making around health and social issues.

According to *the College of Paramedics of Manitoba General Regulation 5.3 (a-g)*, a paramedic providing health care for a client must:

- Work collaboratively and cooperatively with clients or their representative, families and other health care providers in providing for the health care of the client and communicate effectively and appropriately with them
- Ensure that they understand their role and the roles of the other health care providers
- Explain to the client or their representative the member's role and responsibilities
- Comply with collaborative care policies, protocols or procedures in place where the member and other health care providers are providing for the health care of the client
- Give the member's name, when requested, to the client, their representative and any other person involved in the client's care
- Treat other health care providers with respect
- Recognize the skill, knowledge, judgement and roles of others involved in the client's care.

PROFESSIONAL CONDUCT

The College measures a paramedic's practice against what would be expected from a competent paramedic within the same sub-register, with similar practice background and experience. **Practice expectations, reserved acts, standards of care, and the code of ethics** provide a guide by which to determine if the paramedic is demonstrating, not demonstrating, or not competently demonstrating standards, ethical values and competencies.

EMPLOYER DUTY TO REPORT

Section 168 (1) (a) and (b) of the RHPA, indicate if an employer suspends or terminates the employment or engagement of a member for misconduct, incompetence or incapacity, the employer must promptly notify the College Council (via the Executive Director). The member must also receive a copy of the correspondence sent to the member. The College considers a period of 72 hours as prompt notification. The Employer Duty to Report form can be downloaded from the College website.

A copy of the Employer Duty to Report form can be found [here](#).



DUTY TO REPORT

This section will provide guidance to paramedics and their employers about their **legal obligations** under the *Regulated Health Professions Act* (RHPA) to report paramedic conduct to the College.

It is important for paramedics to understand when to report, what to report, and to know what is required of them legally and ethically.

The following sets out the legal responsibility of a *paramedic member* of the College.

The RHPA, Section 138(1) states:

“A member who reasonably believes that another member of the same Regulated health profession:

(a) Is unfit to practice, incompetent or unethical; or

(b) Suffers from a mental or physical disorder or illness that may affect his or her fitness to practice, and continues to practice despite having been counselled not to;

Must disclose that belief to the registrar, along with the name of the other member and particulars of the suspected disorder, illness, lack of fitness to practice, incompetency or unethical behaviour.”

A paramedic who discloses information in accordance with the RHPA, Section 138(2):

“is not subject to any liability as a result, unless it is established that the disclosure was made maliciously.”

A Paramedic is an advocate for clients and inaction may have serious consequences if issues or concerns regarding paramedic conduct and practice are not addressed. Tools that can assist a paramedic in determining how to address issues or concerns about another paramedic’s conduct or practice include the *Code of Ethics* of the College.

It can be difficult to decide whether to report a paramedic to the College. Therefore, these steps should be taken before informing the College:

- Gather the facts;
- Seek relevant information from the individual(s) involved
- Consult appropriately with others
- Share concerns with supervisors and managers, and
- Speaking directly with the paramedic involved.

Concerns regarding paramedic competence or compliance can be identified from these documents:

- Observed behaviors
- occurrence reports
- critical incident reports
- patient safety data and reporting
- PCRs



The employer is responsible to investigate any concerns identified and report them to the College.

The employer has the right to restrict an employee's activities, to supervise the job-performance of a paramedic, and to remediate or discipline any infraction to policy or protocol. This will often be done while the employee is represented by their union.

Where the employee is unable or unwilling to correct the misconduct after the employer has initiated remedial and/or disciplinary measures, the employer may elect to report the conduct to the College. The College will process the employer's complaint as it does any other complaint received.

Not all physical or mental health conditions or disorders need to be or should be reported to the College; only those that place the public at risk. Some reportable examples that might place public at risk if the paramedic continues to practice include:

- Practicing while intoxicated; or
- An impairment (health issue) such as an acute mental health crisis; or
- A health condition that affects the paramedics ability to provide safe and competent care.

While protection of the public is the primary mandate of the College, respect for the dignity and privacy of the paramedic is an important consideration. Appropriate treatment and health monitoring may be put into place if warranted.

In some circumstances it is appropriate to speak directly to the paramedic. A discussion with the paramedic may resolve the matter. If there is concern about speaking directly to the paramedic involved:

1. Talk with the supervisor
2. Consult with resources in the workplace; and/or
3. Consult with the College.

It is always possible to contact College staff to obtain clarification about the situation or to determine if it is necessary to make a formal report. Making an inquiry does not automatically result in a formal report.



DUTY TO COMPLY WITH AN INVESTIGATION

A member who becomes the subject of an investigation by the Complaints Investigation Committee has the right to be informed of the investigation (*RHPA 97(1)(b)*), must receive a copy of the report and has the right to make a written submission under subsection 102(2) (*RHPA 101(2)*).

Any person, including the investigated member, must cooperate fully with the investigator as outlined in the RHPA 99(1)(a-f) Powers of an investigator:

- Enter and inspect any premises or place where the investigated member practices or has practiced the regulated health profession;
- Inspect, observe or audit the investigated member's practice;
- Examine any equipment, materials or any other thing used by the investigated member;
- Require the investigated member to respond to the complaint in writing;
- Require any person to answer any questions, or provide any information, that the investigator considers relevant to the investigation; and
- Require any person to give the investigator any record, substance or thing that the investigator considers relevant to the investigation and in the person's possession under his or her control

The RHPA also specifies that:

- if a person fails to produce items or answer questions or provide information, the College may apply for a court order. (*RHPA 100(1)*)
- Failure to produce records, etc. is professional misconduct (*RHPA 100(2)*)

FIND A PARAMEDIC

The public have a right to confirm that paramedics who have provided care are registered in good standing with the College. Employers have a responsibility to verify that the paramedics they employ have a valid certificate of practice with the College.

Employers can check the status of a paramedic anytime using "Find a Paramedic" on the College website at <https://www.collegeparamb.ca/>. This easy-to-use tool is updated in real-time, confirms whether or not a paramedic is eligible to practice in Manitoba, and allows employers to determine the practice status of paramedics employed. This information is public as required under the RHPA, s 28(3)

Verification requests are processed in real-time based on information contained in the registrant database. A short processing delay may occur between the time an individual applies to the College, until approval is granted and the information is entered into the register.



QUALITY PRACTICE CONSULTANTS

The College Quality Practice Consultants are knowledgeable in many areas of paramedic practice. Some of the ways we support paramedics in practice are:

- Providing advice and education to paramedics, employers and the public regarding paramedic practice issues.
- Consulting with paramedics and employers on projects related to paramedic practice.
- Developing resources to support paramedics and employers.
- Participating in provincial, national and international initiatives related to paramedic practice issues.
- Providing education to paramedics about the Program for Continuing Competency to ensure they meet the annual requirements.
- Working on projects related to paramedic practice.
- Conducting presentations to paramedics, employers and the public.
- Answering questions about paramedic practice in the following areas:
 - Scope of Practice
 - Standards of Practice
 - Practice Expectations
 - Code of Ethics
 - Professional Practice
 - Interprofessional Collaborative Practice
 - Delegations