



# National Occupational Competency Profile Variances for Manitoba Advanced Care Paramedics

September 1, 2021



**An Introduction:**

With the College of Paramedic of Manitoba becoming operational December 1, 2020, the Regulated Health Professions Acts (RHPA) and the College of Paramedics of Manitoba General Regulations became the defining documents for Paramedic Scope of Practice. While approved education programs have used the National Occupational Competency profile (NOCP 2011) as the foundation for required knowledge and demonstration of competency, the Reserved Acts of the General Regulations exceeds the NOCP’s in several areas, and the Provincial Medical Director has exceeded NOCP pharmacological responsibilities.

To ensure appropriate education for paramedic practitioners, variances have been identified and, in some NOCP’s, the performance environment has been changed to better ensure competent paramedic practice in Manitoba. As per the EQual Health Education Council Client Agreement:

The Council client and EQual™ acknowledge that the Council client’s provincial variances and educational guidance’s may be amended from time to time and upon agreement between the parties. (Page 2, section 4)

**Performance Environments**

The Performance Environment specifies the setting in which the paramedic must demonstrate proficiency. The following notations and definitions apply:

<b>Performance Environment</b>	<b>DEFINITION</b>
N	The competency is <i>not applicable</i> to the paramedic.
X	The paramedic should have a <i>basic awareness</i> of the subject matter of the competency. The paramedic must have been provided with or exposed to basic information on the subject, but evaluation is not required.
A	The paramedic must have demonstrated an <i>academic understanding</i> of the competency. Individual evaluation is required.
S	The paramedic must have demonstrated proficiency in a <i>simulated setting</i> . Individual evaluation of physical application skills is required, utilizing any of the following: <ul style="list-style-type: none"> <li>• practical scenario</li> <li>• skill station</li> <li>• mannequin</li> <li>• cadaver</li> <li>• live subject (human or non-human)</li> </ul> In Competency Areas 4 and 5, skills must be demonstrated on a human subject where legally and ethically acceptable.



Performance Environment	DEFINITION
C	<p>The paramedic must have demonstrated proficiency in a <i>clinical setting</i> with a patient. Individual evaluation of physical application skills is required. An acceptable clinical setting is any of the following:</p> <ul style="list-style-type: none"> <li>• hospital</li> <li>• health clinic</li> <li>• medical office</li> <li>• nursing home.</li> <li>• high fidelity simulation<sup>4</sup></li> </ul> <p>Alternate clinical settings must be appropriate to the Specific Competency being evaluated.</p>
P	<p>The paramedic must have demonstrated proficiency in a <i>field preceptorship</i> with a patient. Individual evaluation of physical application skills is required. An acceptable field preceptorship setting is a land or air paramedic service. Alternate field preceptorship settings must be appropriate to the Specific Competency being evaluated and may include high fidelity simulation.</p>

**NOCP variances for Manitoba Advanced Care Paramedic**

Reserved Act	NOCP Comp	Current Performance Environment	New Performance Environment and Expected Competencies and Sub-competencies
<p><b>3(d): Performing a procedure on tissue below the surface of a tooth.</b></p> <p>Emergency Tooth Reimplantation</p>	No NOCP	N/A	<p><b>A</b></p> <p>Explain indicators and rationale for emergency tooth reimplantation.</p> <p>Explain possible complications of tooth reimplantation.</p>
<p><b>4(c): removing a device beyond the pharynx.</b></p> <p>Maintenance of established internal esophageal probe.</p> <p>Maintenance of established nasogastric tube (non-gravity drain)</p>	No NOCP	N/A	<p><b>S</b></p> <p>Define Internal Esophageal Probe and Nasogastric (NG) tube monitoring.</p> <p>Explain indications and rationale for use of Internal Esophageal Probe and NG tubes.</p>



Reserved Act	NOCP Comp	Current Performance Environment	New Performance Environment and Expected Competencies and Sub- competencies
			<p>Explain the assessment and management of Internal Esophageal Probe and NG tubes</p> <p>Explain complications of Internal Esophageal Probe and NG tubes</p> <p>Perform routine management of patients with Internal Esophageal Probe and NG tubes (including removal)</p>
<p><b>4(c): removing a device beyond the pharynx.</b></p> <p>Orogastric tube (gravity drain) maintenance,</p> <p>Nasogastric tube maintenance (gravity drain)</p>	No NOCP	N/A	<p><b>S</b></p> <p>Define Orogastric (OG) and Nasogastric (NG) tube monitoring.</p> <p>Explain indications and rationale for use of OG and NG tubes</p> <p>Explain the assessment and management of OG and NG tubes</p> <p>Explain complications of OG and NG tubes</p> <p>Perform routine management of patients with OG and NG tubes (including removal)</p>
<p><b>5(e): Administering a substance by enteral instillation or parenteral instillation.</b></p> <p>Tube Maintenance of an NG tube</p> <p>Tube Maintenance of a PEG tube</p>	No NOCP	N/A	<p><b>S</b></p> <p>Define Percutaneous endoscopic gastric tube (PEG) and nasogastric (NG) tube.</p> <p>Explain indications and rationale for use of PEG and NG tubes</p>



Reserved Act	NOCP Comp	Current Performance Environment	New Performance Environment and Expected Competencies and Sub-competencies
			<p>Explain the assessment and management of PEG and NG tubes</p> <p>Explain complications of PEG and NG tubes</p> <p>Perform routine management of patients with PEG and NG tubes</p> <p>Perform enteral and parenteral installation of NG and PEG tube</p>
<p><b>9: Administering a vaccine by any method in accordance with provincial requirements if the vaccine is required as part of a communicable disease response or in a public health emergency.</b></p> <p>Vaccine Administration</p>	<p>No NOCP</p>	<p>N/A</p>	<p><b>A</b></p> <p><b>Immune System and how Vaccines Work</b> Discuss human immune system and how vaccines work</p> <p><b>Vaccine Preventable Diseases</b> Discuss the rationale and benefit of immunization as relevant to the practice setting</p> <p><b>Vaccine Development and Evaluation</b> Demonstrates knowledge about the main steps in vaccine deployment and evaluation</p> <p><b>Types of Immunizing Agents and their Composition</b> Demonstrates knowledge of the components and properties of immunizing agents as needed for safe and effective practice.</p> <p><b>Population Health</b> Discusses relevant principles of population health for improving immunization coverage rates.</p>



			<p><b>Communication</b> Demonstrates effective communication about immunization as relevant to the practice setting (s)</p> <p><b>Storage and Handling</b> Discusses Canadian guidelines regarding storage, handling, or transporting vaccines</p> <p><b>Administration</b> Describes the process of preparation and administration of immunization agents</p> <p><b>Adverse Events</b> Describes anticipation, identification and management of adverse events following immunization</p> <p><b>Documentation</b> Describes relevant information to each immunization encounter in accordance with national guidelines for immunization practices and jurisdictional health information processes</p> <p><b>Special Considerations</b> Identifies and describes response to the unique needs of certain population groups</p> <p><b>The Canadian System</b> Demonstrates an understanding of the immunization system in Canada and its impact on Paramedic practice</p> <p><b>Legal and Ethical Aspects</b> Describes the legal and ethics standards in all aspects of immunization practice</p>
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**Pharmacology Requirements** - Manitoba ACP's must receive advanced academic pharmacology education to ensure safe and competent administration of pharmacological agents listed below. The pharmacology education must be provided by:

- A qualified Canadian registered PCP/ACP possessing a relevant degree in science and/or education, and who is certified to administer the pharmacological agents
- Other registered Health Professionals with relevant education credentials (Physician, RN, RT, etc).

Pharmacologic agents to be administered by Manitoba ACP's and which are associated with pharmacology education enhancement include: ***(Please note: the list may change from time to time as new pharmacological agents are added/removed and education content should reflect current expectation)***

**Medications maintained through an established infusion device:** The following medications are currently listed as part of the ACP Paramedic Scope of Work and are found on the Shared Health website (<https://sharedhealthmb.ca/health-providers/ers/>) specifically in document P07 Maintenance of Established Medication Infusion (<https://sharedhealthmb.ca/health-providers/ers/clinical-procedures/>) ***These documents are subject to change/revision and should be monitored by education programs to ensure accuracy.***

**Medications maintained through an established infusion device:**

**Antibiotics, Benzodiazepines, Corticosteroids, Dextrose (> 25%), Diltiazem, Dobutamine, Dopamine, Epinephrine, Esmolol, Flumazenil, Glucagon, Heparin, Insulin, Labetolol, Magnesium sulfate, Mannitol, N-acetylcysteine, Naloxone, Nitroglycerin, Norepinephrine, Octreotide, Opioid analgesics, Oxytocin, Pantoprazole, Phenytoin, Propofol, Sodium nitroprusside, and IV solutions including Ringer's lactate solution, 0.9% (normal) saline solution, 0.45% (half normal) saline solution, 5% dextrose solution (D5W), 10% dextrose solution (D10W), Any standard combination of the above fluids (e.g. D5W / 0.45% saline solution)**

**Maximum rate of infusion = 250 ml / hr.,**

**Additives to IV solution:**

- **KCl** up to 40 mEq/l,
- **MgSO4** up to 1 gm/l,
- **Oxytocin** up to 40 units per liter