



College of Paramedics of Manitoba		
Practice Direction Name: Community Paramedicine Programs & Practice	PD Number: PD-14	Total # of Pages: 4
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### MANDATE

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](http://www.collegeparamb.ca).

### LEGISLATION

The College of Paramedics of Manitoba is the 4<sup>th</sup> profession to become self-regulated under the *Regulated Health Professions Act (RHPA)*.

The RHPA, the *Practice of Paramedicine Regulation* and the *College of Paramedics of Manitoba General Regulation* also specify which reserved acts paramedics may perform.

### RESERVED ACTS

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

Paramedicine will share in the performance of some of the Reserved Acts with other professions, however, 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 a 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 - Scope of Practice*

## PURPOSE

This Practice Direction will broadly define the purpose, function, and principles of community paramedicine programs and practice.

### Community Paramedicine Programs

The objective of the practice of community paramedicine and community paramedicine programs in general, is to restore capacity within the Emergency Medical System (EMS) as a whole, to mitigate systemic pressures caused by frequent users of the EMS system for non-life/limb threatening complaints, and to decrease the number of requests for primary EMS service. Community Paramedicine potentially improves patient care and the client's health care system experience and the general health of communities **but are not meant to replace or compete with existing services and resources.**

Community paramedicine is the collaboration of Emergency Medical Services and community organizations such as primary health care providers, home care services, social service agencies and other allied health agencies to create innovative initiatives to improve the level of health care within the community. The goal of Community Paramedicine is to identify gaps in current service provision and work with community partners to bridge those gaps.

By striving to meet the objective of community paramedicine programs and practice, the entire health care system is supported. Some benefits derived from community paramedicine will be seen in:

- decreased requests for primary EMS service
- decreased ED visits
- increased care for those who frequently use the EMS system and health care system
- increased feelings of satisfaction by patients
- more timely follow-up care in the community avoiding unnecessary use of ambulatory care clinics
- referrals for at-risk individuals without associated ED use
- increased collaboration between health professions
- augmenting the transition plan from hospital discharge to community resources

A community paramedic program will work with multiple allied health agencies and professions to create initiatives to improve the level of healthcare within the community.



## Fundamentals of Community Paramedicine Programs and Practice

A Community Paramedicine Program will be effective if it integrates principles that align with other health care programs already in place. A community paramedic program may serve as an adjunct to other programs, as an “extension” of those programs, and as eyes and ears to health care professionals in those other programs.

Community paramedics may perform a variety of assessments, treatments, and functions that support individual patient care and provides important information that will inform other programs. Documentation and reporting to the other programs, and collaboration regarding specific care plans for individuals is imperative. Examples of other programs or professionals that may interact with the community paramedic include but are not limited to:

- Home Care
- Public Health
- Mental Health/Community Outreach Programs and organizations
- Palliative Care
- Primary care clinics
- Diagnostic Services
- Community Social Service Agencies
- Social Workers
- Physicians/Physician Assistants
- Nurse Practitioners/Registered Nurses
- Occupational Therapy/Physical Therapy

A well thought out and planned community paramedicine program will work to fill gaps within the existing health care system by improving accessibility to resources that the client may otherwise attempt to access through primary EMS calls and visits to the emergency departments.

Documentation systems/software would follow the same principles as discussed in the Documentation Practice Direction and should comply with employer expectations. Documentation systems/software practices should be cognizant of the community paramedicine program’s association with other healthcare programs and allow for a seamless transfer of patient information across disciplines, as well as align with the Personal Health Information Act.

Paramedics who choose to work as community paramedics must understand that their role will continue to utilize their communication skills, clinical judgment, and application of clinical skills without the traditional emergency response role. They will work in collaboration with existing services and may identify and bridge gaps in the health care system while providing patient-centered care. ([Interprofessional Collaborative Care Practice Direction](#))

Paramedics working in a community paramedic program may be required to take additional training specified by the community paramedic program they are employed with. Examples of some additional training that may be required are wound care, phlebotomy, documentation, addictions training, mental health training etc. ([Additional Training for Reserved Acts Practice Direction](#)) Each



paramedic is required to remain within their scope of practice as defined by the College of Paramedics *General Regulation*.

All Community Paramedicine Programs must include oversight by a medical director knowledgeable on the role and functions of a Community Paramedicine program.

Community Paramedicine Programs and practice is relatively new in the evolution of the profession of paramedicine in Manitoba. Those who chose to practice as community paramedics can anticipate changes in practice as programs expand provincially. In addition, some paramedic educators in Manitoba are developing specific community paramedicine courses. It is and will always be the responsibility of the paramedic to ensure that their participation aligns with their scope of practice at their paramedic practice level on their certificate of practice; that any delegations made or accepted follow CPMB standards and the practice direction on [Delegation of Reserved Acts](#); that additional training is received where required, and that the community paramedicine program in their workplace aligns with the principles of this practice direction.

### **Other Considerations**

- Paramedics who are considering establishing a community paramedic business should contact CPMB to discuss self-employed practice under the RHPA.
- Community Paramedicine Programs should contact the License & Compliance Branch of Manitoba Health regarding any potential licensing requirements.
- Community Paramedicine Programs should contact Shared Health ERS regarding any potential requirements for a Service Purchase Agreement.
- This Practice Direction is subject to revisions and updates as the specialty of Community Paramedicine evolves.

Questions about practicing in a community paramedicine role in Manitoba can be sent to [info@collegeparamb.ca](mailto:info@collegeparamb.ca).