



College of Paramedics of Manitoba		
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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.

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.

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.

The Reserved Acts within a registrant's scope of Practice is normally limited/defined by the registrant's classification (EMR, PCP, PCP-IC, ACP, CCP).

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](#).

Note: "Transfer of Function" is a term used to describe the act of a physician extending her/his medical license over a paramedic which "transferred" the authority to allow the paramedic to perform procedures and/or administer medications. Now that paramedicine is self-regulated, "transfer of function" is no longer applicable to paramedicine in Manitoba.

DEFINITIONS

EMPLOYMENT AGREEMENT: An employment agreement includes work performed for an employer (Ex. Shared Health) on a full, part-time, casual, or volunteer basis. An employment agreement also includes work contracted to a provider as a self-employed practitioner and/or as a Health Professions Corporation employee.

SCOPE OF PRACTICE: A paramedic's Scope of Practice is defined by the Reserved Acts of the Regulated Health Professions Act, the Practice of Paramedicine Regulation and the College of Paramedics of Manitoba General Regulation. Each sub-register (EMR, PCP, PCP with notation of IC, ACP, CCP) has designated Reserved Acts. ***A registrant may only apply a Reserved Act while providing care under an employment agreement. (On duty)***

SCOPE OF WORK: Employers are responsible for identifying any specific skills within the Reserved Acts which may be performed by specific sub-register of paramedics in their employ and may limit specific skills performed by their paramedic employees. (Ex. A PCP may be limited to the scope of an EMR) ***A registrant may only apply the scope of work while providing care under an employment agreement. (On duty)***

ON DUTY: A registrant is considered on duty when providing care under an employment agreement. This includes registrants considered full time, part time, causal and volunteer. When a



paramedic responds to a situation and/or is required to provide care under an employment agreement, they are restricted to the scope of work as defined by that employer, regardless of what their scope of practice is.

OFF DUTY: A registrant is considered off duty if they are currently not providing care under an employment agreement. If a situation is encountered which requires the registrant to provide care while off duty, care should be provided in accordance with the [Good Samaritan Act](#). (For information on “off-duty” scope, see Practice Direction: [Providing Care While Off Duty](#))

DELEGATION

The definition of “Delegation” has changed dramatically now that paramedicine is self-regulated under the Regulated Health Professions Act (RHPA Delegation of a Reserved Act 6.1). Delegation is now a mechanism which can authorize a practitioner to perform an act that is not normally included in their scope of work or scope of practice however, **the act must still be within the overall scope of paramedic practice as defined in the College of Paramedics of Manitoba General Regulation (4.8, 4.9.(1))**. The practitioner is still responsible and accountable for their practice. Delegations “**can only be made in exigent (severe and/or urgent) circumstances, and delegations are made on a one-time basis, specific to the client situation and condition**”. The delegation mechanism is not meant to be used to augment a paramedic’s scope of practice on a regular and recurrent basis.

The College of Paramedics of Manitoba General Regulation allows for delegation between members of the Paramedic profession, **with the exception of Emergency Medical Responders (EMRs)**.

Delegation must always come from someone with a higher level of training and be within the Reserved Acts designated for Paramedics.

- 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

Registrants of the College of Paramedics of Manitoba cannot delegate to registrants who are off duty. Off-duty registrants cannot delegate. Delegations cannot be made to someone who is not a registrant of the College of Paramedics of Manitoba and in good standing (lay person).

Delegations can also be made to Paramedics by a member of another regulated health profession who is authorized to do so. Another regulated health professional, provided their legislation allows, may delegate to a CCP, ACP, PCP-IC or PCP **Questions for clarification should be directed to the College of Paramedics of Manitoba.**

Delegated Reserved Acts can include those outside a Paramedic’s normal Scope of Practice at the level indicated on their certificate of practice but must be within the overall Scope of



Practice of Paramedicine. A Paramedic cannot delegate a medication, and/or the route of administration of a medication.

Delegation of a Reserved Act can be made verbally or in writing.

Verbal: a verbal delegation of a Reserved Act can only be made in exigent (severe and/or urgent) circumstances (example: a critical patient requiring fluid resuscitation but IV access cannot be established) by an **Emergency Response Affiliated Physician or designate via an On-Line Medical Support resource available to paramedics, and/or a service's Medical Director.**

Note: In exigent circumstances, a paramedic at the scene of an incident may initially verbally delegate a Reserved Act to another paramedic (provided they are eligible), but the intent is that this "verbal" delegation would be "written" on the PCR when documentation is being completed, and therefore, should be considered a "written" delegation.

Written: This is the preferred method of receiving a delegation. In addition to those authorized to make verbal delegations, paramedics and other regulated health professional, provided their legislation allows, may delegate to a paramedic in writing. It is anticipated this will be the primary way delegations are made.

Delegations are made on a one-time basis, specific to the client situation and condition.

The delegation of a Reserved Act, either verbally or in writing, is not meant to extend or increase a paramedic's scope of work or practice permanently. Delegations are required to be renewed for each situation even if it involves the same client or circumstances that initiated the original need/request to delegate.

THE PROFESSIONAL MAKING DELEGATION

1. **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.**
 - Knowledge of Reserved Acts which Paramedics are permitted to perform is essential
 - Knowledge of the Paramedic's education and experience is essential
2. **Must be satisfied on reasonable grounds that it is safe and appropriate for the member accepting the delegation to perform the reserved act.**

An SBAR format should be used to determine if the delegated act is safe and appropriate:

- **Situation:** What are the circumstances the Paramedic is encountering that has initiated a request or need for the delegation of a Reserved Act?
- **Background:** What is the patient situation that would benefit from the delegation of a Reserved Act?
- **Assessment:** What assessments have been performed that would confirm the necessity of delegating a Reserved Act?



- **Recommendation:** Are there available alternatives to the delegation of the Reserved Act? What stipulations/directions need to be made for the delegated Reserved Act
- 3. **Must be readily available for consultation while the member accepting the delegation performs the Reserved Act.**
 - Reliable communication must be established to ensure the person delegating the Reserved Act can communicate during the performance of the Reserved Act.
 - If reliable communication is not possible (ex. Phone signal is lost or intermittent), the performance of the Reserved Act should be postponed until communication can be re-established.
- 4. **Must be legally permitted and competent to perform the reserved act being delegated**
 - Those delegating a Reserved Act must be themselves legally permitted to perform it and allowed to delegate to another professional through Regulatory legislation.
- 5. **Must be a registrant of the College of Paramedics of Manitoba and be "on-duty" or a registrant of another regulated health profession in Manitoba**
 - Those delegating a Reserved Act must be themselves a registrant in good standing with their respective regulatory body.

THE PARAMEDIC ACCEPTING THE DELEGATION

1. **Must hold a valid certificate of practice with the College of Paramedics of Manitoba with no restrictions and be "on-duty"**
2. **Must be competent to perform the Reserved Act**
 - The Registrant receiving the delegation must have and disclose the training and experience which allows them to feel they are competent to perform the Reserved Act being delegated
3. **Must be satisfied on reasonable grounds that it is safe and appropriate to perform the reserved act.**

An SBAR format should be used to determine if it is safe and appropriate:

- **Situation:** What are the circumstances I am encountering that has initiated a request or need for the delegation of a Reserved Act?
- **Background:** What is the patient situation that would benefit from the delegation of a Reserved Act?
- **Assessment:** What assessments have I performed that would confirm the necessity of delegating a Reserved Act?
- **Recommendation:** Are there available alternatives to the delegation of the Reserved Act? What stipulations/directions do I need to perform the Reserved Act safely? Do I have sound knowledge of the Reserved Act which is being delegated?



DOCUMENTATION

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.

Whether the delegation is receiving verbally or in writing, it must be included in/with the Patient Care Report. **A written delegation is required to be attached to the PCR, (as would be the case for an interfacility transfer/transport) or imbedded in the PCR documentation (as would be the case for paramedics at the scene of an incident).**

Documentation is required to include:

1. **Name of person to whom the delegation is made**
 - The name of the Paramedic, classification, and registration number
2. **Name of client to whom the delegation relates**
3. **The reason for the delegation**
 - This should include the SBAR information considered above
4. **The duration of the delegation**
 - Whether it is a one-time performance of the Reserved Act or repeated during the client paramedic relationship for that specific encounter. The date and time of the Delegation should be included.
5. **Conditions that the person making the delegation considered appropriate**
 - This should include the SBAR information and thorough relevant patient assessment findings
6. **Be signed (when delegation is written) by the person making the delegation and indicate the abbreviation of the member's title**
 - The person delegating should be clearly identified with a signature, their printed name, and their position/title
 - Where verbal delegations were required, the information above is required to be included except the signature

It is recommended that the person *making a verbal delegation* should document the information received and the delegation being made. Documentation should include:

1. **Name of person to whom the delegation is made**
 - The Paramedic, classification, and registration number
2. **Name of client to whom the delegation relates**
3. **The reason for the delegation**



- This should include the SBAR information considered above
4. **The duration of the delegation**
 - Whether it is a one-time performance of the Reserved Act or repeated during the client paramedic relationship for that specific encounter. The date and time of the Delegation should be included.
 5. **Conditions that the person making the delegation considered appropriate**
 - This should include the SBAR information and thorough relevant patient assessment findings

Case Example: (Verbal Delegation)

A Primary Care Paramedic responds to a patient who requires fluid resuscitation. The patient's hemodynamic state is such the Primary Care Paramedic cannot establish intravenous cannulation. On-line medical support is accessed.

1. **The Primary Care Paramedic identifies themselves to the on-line medical support person (Physician or designate):**

I am John Doe, Primary Care Paramedic, registration (license) number 0099
2. **The Primary Care Paramedic provides information regarding the situation using the SBAR format:**

My patient is a 57-year-old male found outside (+34C) with an altered level of consciousness. The patient was last seen 3 hours ago when they left their house to feed the horses. Glasgow Coma Scale = 11, vital signs, physical assessment findings, etc. Intravenous Cannulation to address hypotension secondary to dehydration attempted unsuccessfully, and I am requesting Intraosseous device insertion as a delegation of a Reserved Act.
3. **The Primary Care Paramedic provides information regarding their training/education:**

I have completed the first year of an Advanced Care Paramedic program which included Intraosseous device insertion.

The person making the delegation

1. **Identifies themselves and their credentials to the paramedic:**

I am Dr. Jane Smith
2. **Ensures they have the identity of the paramedic including:**

I confirm you are John Doe, Primary Care Paramedic, registration (license) number – 0099. You are currently on-duty and a registrant in good standing with the College of Paramedics of Manitoba
3. **Ensures they have the relevant information, and it is safe to perform the reserved act:**



The patient is a 57-year-old male found outside with an altered level of consciousness (+34C). The patient was last seen 3 hours ago when they left their house to feed the horses. Glasgow Coma Scale = 11, vital signs, physical assessment findings, etc. Intravenous Cannulation to address hypotension secondary to dehydration attempted unsuccessfully, and you are requesting Intraosseous device insertion as a delegation of a Reserved Act.

4. Ensures they have the information to determine if the paramedic is competent to perform the delegation:

You have completed the first year of an Advanced Care Paramedic program which included Intraosseous device insertion.

5. Issues the care map delegation and remains available for consultation while the delegated act is performed:

Proceed with the IO insertion and an initial bolus of Normal Saline. I will stay on the phone while you complete the IO insertion. I can also be contacted immediately if further consultation is required.

6. Is a registrant of another self-regulated profession legally permitted to perform the reserved act being delegated?

- A physician is permitted to delegate under legislation.

The Primary Care Paramedic receives the delegation and completes the Intraosseous device insertion and follows **any additional direction related to it that is received**.

The Primary Care Paramedic documents the following on the Patient Care Report:

- The name of the person providing the delegation
- The assessment (SBAR) necessitating the request for a delegation
- The stipulations/directions provided
- The delegated act

The person authorizing the delegation documents the delegation in the approved manner (ePCR, etc.):

- The name, classification and registration number of the person receiving the delegation
- The name of the client (if possible)
- The assessment (SBAR) necessitating the request for a delegation
- Any stipulations/directions provided (ex. a maximum fluid administration)

Case Example: (Written Delegation)

A Primary Care Paramedic – Intermediate Care paramedic (PCP-IC) is assigned to an inter-facility transfer of a patient who is to have a procedure performed at a hospital 3 hours away, and then transported back to the originating facility. While receiving the patient report from the sending



facility, it is revealed the 80-year-old patient may be required to receive a medication - Fentanyl - for pain management at the discretion of the paramedic. The PCP-IC recognizes the single dose of Fentanyl (Intravenous) prescribed for this patient (150mcg) exceeds that allowed by the Shared Health Care Medication Standing Order MO3.2 (single dose maximum 100mcg). There is a discussion with the prescribing physician prior to departing the facility.

1. The Intermediate Care Paramedic identifies themselves to the prescribing physician:

I am John Doe, Intermediate Care Paramedic, registration (license) number 0099

2. The Intermediate Care Paramedic provides information regarding the situation using the SBAR format

You have requested Ms. Jones – an 80-year-old patient - to be transported from Alpha Hospital to Delta Hospital for a minor surgical procedure. The time I will care for her will exceed 6 hours. She has been prescribed Fentanyl 150mcg Intravenous PRN. This exceeds the 100mcg single dose maximum under the Standing Order for paramedics. I am requesting a written delegation to exceed the 100mcg single dose administration of Fentanyl PRN to Ms. Jones while she is in my care. Please be advised, under the Standing Order for fentanyl, the cumulative maximum of 200mcg per hour.

3. The Intermediate Care Paramedic provides information regarding their training/education and scope of work:

Fentanyl IV is within my scope of work as an Intermediate Care Paramedic.

The person making the delegation:

1. Confirms their identity and credentials to the paramedic:

I am Dr. Jane Smith

2. Confirms the identity of the paramedic:

I confirm you are John Doe, Intermediate Care Paramedic, registration (license) number – 0099

3. Ensures they have the relevant information, and it is safe to perform the delegation:

Ms. Jones may require Fentanyl IV PRN during the interfacility transport, and I have prescribed 150mcg IV PRN. You are limited to 100mcg Fentanyl IV single dose, and 200mcg Fentanyl IV cumulative maximum per hour.

4. Ensures they have the information to determine if the paramedic is competent to perform the delegation:

Fentanyl IV is within your scope of work as an Intermediate Care Paramedic. You are requesting a delegation to exceed your scope of work and administer 150mcg Fentanyl IV PRN to Ms. Jones while she is in your care on this 6+ hour IFT



5. Issues the written delegation and remains available for consultation while the delegated act is performed:

Administer 150mcg Fentanyl IV PRN to Ms. Jones with a cumulative maximum of 250mcg per hour. My cell phone number is 204-867-5309 should you need to contact me while Ms. Jones is under your care.

6. Is a registrant of another self-regulated profession and legally permitted to issue the written delegation:

Dr. Jane Smith is Ms. Jones' physician and is legally permitted to prescribe Fentanyl.

The Intermediate Care Paramedic receives the written delegation and follows the direction that is received.

The Intermediate Care Paramedic documents the following on the Patient Care Report:

- The name of the person providing the delegation
- The assessment (SBAR) necessitating the request for a delegation
- The stipulations/directions provided
- The delegation

The person providing the written delegation provides a document to be attached to the Patient Care Report which includes:

- The name, classification and registration number of the person receiving the delegation
- The name of the client/patient
- The assessment (SBAR) necessitating the request for a delegation
- Any stipulations/directions provided (ex. 150mcg Fentanyl IV PRN to Ms. Jones with a cumulative maximum of 250mcg per hour. My cell phone number is 204-867-5309)

Please see: Practice Direction: Interfacility Transport for more information/requirements for Paramedics providing care on an Interfacility Transport (under development).

Additional Case Examples:

1. You are an on-duty PCP-IC and are dispatched to a multi-car MVA. You recognize one of the volunteer firefighters on scene as someone who is also employed as a Primary Care Paramedic (PCP), and they are well known to you.

Question:

Can the PCP-IC delegate intravenous cannulation to the firefighter who is also a PCP?



NO. In this circumstance the PCP is off duty from their employment as a PCP. They are instead fulfilling the role of and being deployed as a firefighter and not as a PCP. Their scope of work is limited to their work agreement (scope of work) as a responding firefighter, so they can provide those skills as a firefighter and nothing more. If Standard First Aid is included in the scope of work, then the firefighter (who must have current certification) can only provide that level of care (Note: see Practice Direction: [Providing Care While Off Duty](#))

2. You are an on-duty PCP-IC and are paged to attend a medical emergency. A volunteer Medical First Response (MFR) Service is also on scene, and you recognize one of the personnel is someone who is also employed as a Primary Care Paramedic (PCP). The MFR Service provides care within the Emergency Medical Responder scope of practice. (i.e., the Medical First Responder's scope of work is EMR)

Question: Can the PCP-IC delegate to the Medical First Responder who is also a PCP, a task which is outside the scope of practice of an EMR?

NO. The Medical First Responder cannot accept a delegation because they are currently providing care within the EMR scope of practice as a Medical First Responder.

3. You are an Advanced Care Paramedic working with a Primary Care Paramedic. Both of you work within the full scope of practice for your sub-registration. You respond to the scene of a patient who has been assaulted. After the patient is assessed to have a fractured nose, they are secured in the ambulance. The Primary Care Paramedic assumes responsibility for patient care while the Advanced Care Paramedic assumes the responsibility for vehicle operation. During transport the patient begins to have a seizure. The standing order for Midazolam allows the Primary Care Paramedic to administer Midazolam intranasally, but intranasal medication administration is not possible due to the patient's facial trauma

Question: Can the Advanced Care Paramedic delegate the intravenous administration of Midazolam to the Primary Care Paramedic?

NO. A Paramedic cannot delegate a medication, and/or the route of administration of a medication. This would require a delegation from a physician or a professional authorized to delegate medication. In this situation, a delegation would not be justified as there are no exigent circumstances motivating the request for delegation. The appropriate action for the Advanced Care Paramedic would be to stop the ambulance and assume the responsibility for the care of the patient.