Backgrounder for Paramedics and Emergency Medical Attendants (EMAs) Referral
The Minister’s Referral to the Health Professions Regulatory Advisory Council (HPRAC)

On June 28, 2007, the then Minister of Health and Long-Term Care asked HPRAC to “advise whether paramedics and emergency medical attendants should be regulated under the RHPA, and if so, what would be the appropriate scope of practice, controlled acts and titles authorized to the profession”. The current Minister has since advised HPRAC that timelines for the receipt of advice on the regulation of Paramedics/Emergency Medical Attendants has been revised to December 31, 2013.

The Purpose of the Backgrounder

The purpose of this backgrounder is to provide a brief overview of the profession. This includes a historical account of the profession and recent developments. It will also review the existing governance structures for the profession in Ontario.

A History of the Profession

- Emergency Medical Services (EMS) date back as far as Greek and Roman eras when injured soldiers in the battlefield were removed by horse and cart. The idea of ambulance service originated from the French Revolution when medical personnel were transported to field site to care for injured soldiers. For many years, the provision of EMS was little more than providing first aid treatment to injured victims before transporting them to hospitals.

- In the early 1900s, ambulance service operators had no means of revenue other than fees collected from patients they carried. Therefore, ambulance services were often linked to other business enterprises as a way to subsidize the service. Vehicles used to transport patients were often affiliated with the business enterprise such as delivery trucks, station wagon or a hearse.

- In the 1960’s there was a trend to formalized pre-hospital care.

- In the US, the paper, “Accidental Death and Disability: The Neglected Disease of Modern Society” presented data showing soldiers who were seriously wounded in battlefields during the Korean and Vietnam Wars had better survival rate than individuals who were seriously injured in motor vehicle accidents in the streets of America. The report helped push the development of minimum standards for ambulance attendant training, ambulance equipment and vehicle design in the US.

- In the 1950’s and early 1960s, Ontario’s ambulance services were coming under increased fire from media, public and medical profession. Abuses were evident as pressure to make ends meet meant some ambulance operators cut corners and subsidize the service with other commercial enterprise. This meant ambulance operators often had conflicting interest when asked to provide ambulance service. The training for

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ambulance operators was also questionable as there was evidence the staff did not have appropriate first aid training or was never offered any refresher courses for continuing competence.  

**Paramedics’ Evolving Practice**

- Events from September 11, 2001 and other disasters have highlighted the need for paramedics to be more fully integrated into areas of emergency response. It has also meant developing new training competency profile and best practices for paramedics who may be called into action in the event of national emergency disaster. (i.e. Chemical, Biological, Radiological, Nuclear and Explosives event).
- Medical innovation and emerging technologies have also placed increased pressure to expand the paramedic’s scope of practice. Such scope expansion has meant a need to advance paramedic training to meet an increasingly complex paramedic practice.
- Changes in procedures also included the manner in which the work of paramedics was overseen and managed. Medical control and oversight have moved from direct and immediate to pre-written protocols or standing orders. The paramedic typically seeks advice after the options in the standing orders have been exhausted.
- There are recent initiatives to diversify a paramedic’s role to include non-emergent community service to seniors and other vulnerable population. In their submission to the Federal Standing Committee on Health, the Emergency Medical Services Chiefs of Canada (EMSCC) reported examples of local community paramedicine programs in Canada and in other parts of the world that utilized paramedics in non-traditional roles to provide primary care and/or help vulnerable population access other community/social services.

**The Profession within Ontario**

- During the late 1960’s Dr. Norman McNally, the then director of Emergency Health Services Division within the Ministry of Health (MOH) was charged with developing an integrated system of ambulance services in Ontario. At the time, ambulance services in Ontario were provided through a mixture of private operators and a few isolated municipally run services; in total, there were 425 different ambulance service providers.
- Post 1960s and pre 2000’s Land Ambulance Restructuring period, the provincial MOH fully funded and directed the operational policies of the province’s ambulance service. The Emergency Health Service (EHS) branch within the MOH managed the ambulance service that comprised of approximately 160 ambulance services of which 10 were direct

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13 Personal communication with Dr. Anthony Campeau, Senior Manager of Operations, Emergency Health Services Branch
Ministry operations and the others a mix of hospital, municipal, private, and volunteer operations. When the Local Services Realignment initiative began ambulance service delivery transferred to municipalities.

- The *Ambulance Act, 1990* governs the ambulance service in Ontario, including people who provide the service. The Act sets out the responsibilities of the province (via EHS) in the administration and enforcement of the legislation governing ambulance service provision as well as the responsibilities of upper-tier municipalities and other delivery agents who operate the day-to-day ambulance service. (for a detail explanation of EHS responsibility refer to Appendix A)

### General Statistic about Ontario’s Emergency Medical Services

- Approximately 7217 practicing paramedics (includes all land and air paramedics and communications officers) as of November 1, 2012
- 60 certified land ambulance operators (mix of municipal, private, First Nation & volunteer) as of April 17, 2012
- 9 certified air ambulance operators (as of February 8, 2012)
- 22 land ambulance Central Ambulance Communication Centres which dispatch all calls in Ontario (includes 4 locally-based Ambulance Communications Services)
- 7 land ambulance base hospitals (as of October 16, 2012)
- MOHLTC funds a number of programs involved with operating an ambulance service. Details on how the Ministry funds ambulance service can be found in O.Reg 129/99. For example, MOHLTC cost-share 50% of the expense of land ambulance service with municipalities. However, MOHLTC covers (upon approval) 100% of the cost to run the following programs: base hospitals; dispatch, Central Ambulance Communication Centres & Ambulance Communications Services; ambulance service to First Nations communities; Territories without Municipal Organization; and the air ambulance program.

### Qualifications to become a Paramedic in Ontario:

- To work as a paramedic in Ontario, an individual must hold an Advanced Emergency Medical Care Assistant (AEMCA) certification. This is a pre-employment qualification attained by the successful completion of the MOHLTC’s exam for AEMCA. In order to qualify for writing the exam, an individual must successfully completes an approved paramedic training program or completes the Ontario Equivalency Process to determine eligibility.

- After the AEMCA certification, additional credentials can be attained via the base hospitals. There are 3 levels of in-service paramedic credentialing:

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14 Personal communication with Dr. Anthony Campeau, Senior Manager of Operations, Emergency Health Services Branch
16 *Ambulance Act, 1990*, Part III and Part IV.
17 A program approved by the Ministry of Training, Colleges and Universities.
i. Primary Care Paramedic (PCP),
ii. Advanced Care Paramedic (ACP) and
iii. Critical Care Paramedic (CCP).

These three levels of paramedics have distinct scope of practice with different number of controlled acts authorized by the base hospital medical director for the paramedic to perform. Additional training is generally required to attain these levels of credentials (for a detail description of their authorized controlled acts refer to Appendix B)

<table>
<thead>
<tr>
<th>Regulation of Paramedics in Ontario</th>
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<tbody>
<tr>
<td>- Currently, paramedics working in ambulance services are regulated under the Ambulance Act, 1990 and Regulation 257/00.</td>
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<tr>
<td>- Registration criteria, entry to practice requirements and standards of practice are set by the Emergency Health Services Branch of the Ministry of Health and Long-Term Care in collaboration with EMS Operators and base hospital medical directors.</td>
</tr>
<tr>
<td>- Authority for paramedics to perform controlled acts comes from delegation by Base Hospital physicians. Supervision of paramedic’s practice is generally self-directed and within guidelines and regulations provided by EMS services, base hospitals and MOHLTC.</td>
</tr>
<tr>
<td>- Base hospital’s medical director and other qualified emergency medical physicians are responsible for certifying and delegating to a paramedic the authority to perform controlled medical acts. A paramedic is assigned controlled acts based on the paramedic’s post-employment credentials (i.e. PCP, ACP, CCP) Base hospital physicians</td>
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19 Controlled acts are procedures listed in the Regulated Health Professions Act to have high element of risk if not performed correctly and by a competent practitioner.
20 According to the Federation of Health Regulatory Colleges of Ontario, delegation refers to the process whereby regulated health professional authorized to perform a controlled procedure under a health professions Act confers that authority to someone –regulated or unregulated – who is not so authorized. Refer to “An Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario” at http://mdguide.regulatedhealthprofessions.on.ca/orders/what/default.asp
are available on an as-needed basis to provide paramedics with advice and direction concerning challenging or unusual emergency medical situations. They also provide feedback to paramedics and participate in continuing medical quality assurance and patient care competency maintenance activities for paramedics.

- The MOHLTC conducts quality assurance activities as it relates to ambulance services in Ontario. Specifically they:
  - certify and review air & land ambulance operators
  - Operate a peer based operational review program for base hospitals and Central Ambulance Communication Centres.
  - Audit paramedic call reports by base hospitals for compliance with legislated patient care standards and delegated medical acts
  - Operate an Investigation, Complaint and Regulatory Compliance program that is responsible for ensuring ambulance services comply with all provisions of the Ambulance Act, its regulations and standards.

**Current Request**

The Ontario Paramedic Association (OPA) is seeking self-regulation of the profession because of the growing need for the profession to accept its responsibility in providing health care services. According to the OPA the reasons for self-regulation are:

1. Better clarification of responsibility is needed regarding the controlled acts paramedics are delegated to perform.

2. Issues involving allegations of professional misconduct are currently resolved within a framework that does not include representation from the public or adequate deliberation by a group of peers.

3. Paramedics work in environments that are uncontrolled and must demonstrate good judgment and clinical sense to meet the needs of patients.

4. Supervision of the practice is generally self-directed within guidelines and regulations provided by EMS Services, Base Hospitals and the Ministry of Health & Long Term Care.

5. The Ambulance Act provides a level of safety to patients in Ontario but fails to recognize the evolution of paramedics as a unique entity outside the scope of that document.

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Appendix A: Responsibilities of MOHLTC’s Emergency Health Services Branch

Part II of the *Ambulance Act* sets out the responsibilities of the province in the administration and enforcement of the legislation governing ambulance service provision. They are to:

- establish standards for the management, operation and use of ambulance services;
- ensure compliance with those standards;
- certify ambulance services;
- provide credentialing of paramedics;
- designate Base Hospitals to support paramedic service delivery;
- inspect ambulance service operations; and
- investigate complaints

To achieve this mandate the EHS branch within the MOHLTC:

1. Oversee land ambulance services, as well as the communications centres responsible for dispatching those ambulance services;
2. Manage and regulate the land ambulance services provided by upper tier municipalities and District Social Services Administration Board, as well as providing administrative, operational, and technical support of ambulance services;
3. Establishes standards for the management, operation, and use of ambulance services and assuring compliance with those standards;
4. Maintains close working relationships:
   - with the municipalities and designated delivery agents responsible for the proper provision of land ambulance services;
   - with health care providers and facilities;
   - with ambulance communications centres, and
   - with other ministries and system stakeholders; and,
5. Monitor, inspect and evaluate ambulance services;
6. Investigate complaints respecting ambulance service delivery;
7. Administer the credentialing program for paramedics and or ambulance communications officer in Ontario;
8. Monitor changes in pre-hospital emergency patient care practices and technology;
9. Develop key practice standards and training programs for regional/municipal delivery;
10. Develop and provide core training programs in support of patient care standards delivery to each EMA/Paramedic on an annual basis;
11. Liaise with the Ontario Base Hospital Medical Advisory Committee to develop & maintain standards of patient care practice for paramedics; basic and advance life support provincial standards; and pre-hospital medical equipment standards;

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26 Base Hospitals provide paramedic oversight in the performing of controlled medical acts, the medical direction and quality monitoring of patient care provided by paramedics and continuing medical education. The host hospital of Base Hospital programs signs a performance agreement with the Ministry with clear, measurable indicators regarding the
12. Administer the Paramedic Equivalency Process to assess out of province trained paramedics and whether their experience and training meet Ontario’s qualifications for paramedic certification.

EHS Branch Complaints Investigations fills the following functions:\(^27\)

- Director of EHS can appoint investigators to investigate complaints received by the branch regarding ambulance service. The duty of the investigator is to determine if there were any contraventions of the *Ambulance Act*, its regulations or the standards.
- EHS does not conduct investigations into matters covered under other provincial or federal legislation or determine cause of injury or death or actions of other allied agencies such as fire and police.
- Investigation is initiated when a written complaint has been submitted to the Manager of Investigation Services.
- Nature of complaints that will initiate investigation: any incident related to land or air ambulance services or ambulance communications services in Ontario, where they have reason to believe that the activities of paramedics, ambulance communications officers or other ambulance or communication service staff may be in contravention of the Act, regulations or standards.\(^27\)
- Investigation conclusions often result in operational and procedural changes in order to improve delivery of service to the public.

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Appendix B: Differences between the Credential levels for Paramedics and EMA in Ontario

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<thead>
<tr>
<th>Emergency Medical Attendant (EMA)</th>
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<tbody>
<tr>
<td>A person employed by or a volunteer in an ambulance service who has successfully completed an approved ambulance and emergency care program or has experience and qualifications approved by the Director of EHS; and has successfully completed the AEMCA certification exam.</td>
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</tbody>
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<thead>
<tr>
<th>Primary Care Paramedic (PCP)</th>
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<tbody>
<tr>
<td>An individual who has met the qualifications for AEMCA, met the general qualifications as set out in section 6(1) of O.Reg 257/00 and has been authorized by the medical director of a base hospital to perform the following controlled acts:</td>
</tr>
<tr>
<td>- Administration of glucagon, oral glucose, nitroglycerin, epinephrine, salbutamol and ASA (80mg form).</td>
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<tr>
<td>- Semi-automated external cardiac defibrillation.</td>
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</tbody>
</table>

A PCP can respond to both emergency and non-emergency calls to:  |
| - Conduct patient assessments |
| - Provide basic airway management |
| - Administer oxygen by demand, by bag-valve-mask or basic mechanical ventilation |
| - Perform CPR |
| - Provide basic trauma care (e.g. spinal & wound care, limb immobilization/ traction) |
| - Administer symptom relief medication and perform semi-automated external defibrillation. |

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<tr>
<th>Advanced Care Paramedic (ACP)</th>
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<tbody>
<tr>
<td>An individual who has successfully completed an approved ACP training program and passed the ACP exam. In addition to the responsibilities of a PCP, an ACP may be authorized by medical director of a base hospital to perform the following controlled acts:</td>
</tr>
<tr>
<td>- Administration of glucagon, oral glucose, nitroglycerin, epinephrine, salbutamol and ASA (80mg form), in addition to any other drug approved by the Director on the recommendation of one or more medical directors of base hospital programs.</td>
</tr>
<tr>
<td>- Semi-automated external cardiac defibrillation.</td>
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<tr>
<td>- Peripheral intravenous therapy.</td>
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<tr>
<td>- Endotracheal intubation.</td>
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<tr>
<td>- Non-automated external cardiac defibrillation and monitoring.</td>
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<tr>
<th>Critical Care Paramedic (CCP)</th>
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<tbody>
<tr>
<td>An individual who is a qualified ACP and who has successfully completed an approved CCP training program and passed the CCP exam. The individual will be authorized by the medical director of a base hospital to perform the following controlled acts:</td>
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28 O.Reg 257/00, Schedule 1  
30 O.Reg 257/00, Schedule 2  
31 O.Reg 257/00, Schedule 3
- Administration of any drug that an advanced care paramedic may administer under item 1 of Schedule 2, in addition to any other drug approved by the Director on the recommendation of one or more medical directors of base hospital programs.
- The controlled acts authorized to an ACP.
- Non-automated external cardiac defibrillation, electrical cardioversion and pacing.
- Maintenance and monitoring of arterial and central venous catheters
- Gastric intubation and suction.
- Ventilation (mechanical) and setting of ventilatory parameters.
- Lab blood value interpretation.
- Management of chest tubes and chest drainage systems.
- Chest x-ray interpretation.
- Urinary catheter insertion.
- Intravenous blood product administration.
- Doppler flow monitor use.
- Use of infusion pumps.
- Other advanced airway techniques, e.g. needle thoracostomy, cricothyroidotomy.