



PRINCE EDWARD ISLAND
ÎLE-DU-PRINCE-ÉDOUARD

**EMERGENCY MEDICAL TECHNICIANS ACT
EMERGENCY MEDICAL TECHNICIANS
REGULATIONS**

PLEASE NOTE

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For more information concerning the history of these regulations, please see the *Table of Regulations* on the Prince Edward Island Government web site (www.princeedwardisland.ca).

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EMERGENCY MEDICAL TECHNICIANS ACT
Chapter E-6.11

EMERGENCY MEDICAL TECHNICIANS REGULATIONS

Pursuant to section 14 of the *Emergency Medical Technicians Act* R.S.P.E.I. 1988, Cap. E-6.11, Council made the following regulations:

INTERPRETATION

1. Act, defined

In these regulations, “**Act**” means the *Emergency Medical Technicians Act* R.S.P.E.I. 1988, Cap. E-6.11. (EC532/13)

EMT LICENSES

2. Requirements for license

- (1) An applicant shall meet the following requirements for a license:
- (a) successful completion of training, including both classroom and practical experience, given in a community college program, or a comparable program, in emergency medical services that is accredited, at the time of the applicant’s graduation, by the Canadian Medical Association;
 - (b) currency of knowledge and skills as indicated by one of the following:
 - (i) the applicant completed the training required by clause (a) within the two years preceding the date of the application,
 - (ii) the applicant
 - (A) practised emergency medical technology, within the two years preceding the date of the application, in relation to at least 20 patients who required emergency medical services, and
 - (B) met any continuing education requirements of the jurisdiction where the applicant was registered during that time,
 - (iii) the applicant successfully completed the continuing education requirements set out in section 4;

- (c) current, valid certification in cardiopulmonary resuscitation at the basic rescuer level in accordance with the standards adopted by the Heart and Stroke Foundation of Canada;
- (d) authorization to drive an ambulance, either under a valid Class 4 driver's license issued to the applicant pursuant to the *Highway Traffic Act* R.S.P.E.I. 1988, Cap. H-5, or an equivalent driver's license issued to the applicant in another jurisdiction; and
- (e) not more than 6 demerit points recorded on the applicant's driving record pursuant to the *Highway Traffic Act*, or equivalent legislation in another jurisdiction, in either of the 2 years preceding the application.

Other training qualifications

- (2) Notwithstanding clause (1)(a), where an applicant successfully completed training but does not meet the requirements of clause (1)(a), the Board may deem the applicant's training to meet the requirements of clause (1)(a) if
 - (a) the applicant provides to the Board an assessment of the training conducted by
 - (i) the Canadian Medical Association,
 - (ii) the provider of a training program in emergency medical services that has been accredited by the Canadian Medical Association, or
 - (iii) another body approved by the Board; and
 - (b) either
 - (i) the assessor concludes, based on the assessment, that the applicant's training is equivalent in scope, content and quality to a program referred to in clause (1)(a), or
 - (ii) the applicant successfully completes, in such manner as the Board may direct, such further training as the assessor concludes is necessary, based on the assessment, for the applicant's training to be equivalent in scope, content and quality to a program referred in clause (1)(a).

Reduction of demerit points

- (3) Notwithstanding clause (1)(e), where an applicant had more than 6 demerit points recorded on his or her driving record in either of the 2 years preceding the application, the applicant shall be deemed to meet the requirements of clause (1)(e) if
 - (a) the applicant has successfully completed the Canada Safety Council Defensive Driving Course; and
 - (b) the applicant's demerit points have been reduced to 6 or less.

Conditions on license

- (4) It is a condition on every license that the EMT who holds the license shall continue to meet the requirements described in clause (1)(d) and (e).

Driver's license changes

- (5) Where an EMT who holds a license no longer meets the requirements of clause (1)(d) or (e), the EMT shall forthwith notify the Board. (EC532/13)

3. Renewal of license

- (1) An applicant shall meet the following requirements for the renewal of a license:

- (a) currency of knowledge and skills as indicated by the practise of emergency medical technology, within the 2 years preceding the date of the application, in relation to at least 10 patients who require emergency medical services;
- (b) successful completion of the continuing education requirements set out in section 4;
- (c) the requirements of clauses 2(1)(c) to (e).

Apply to renew before expiry

- (2) An application for the renewal of a license shall be made before the license expires.

Renewal with condition

- (3) Notwithstanding subsection (1), where an applicant does not meet one or more of the requirements for the renewal of a license, the Board may renew the license for a period of up to 12 months, on the condition that the EMT who holds the license shall, within the time period specified by the Board, meet those requirements.

Renewal of expired license

- (4) Notwithstanding subsection (2), the Board may accept an application for the renewal of a license from an applicant whose license expired not more than three years before the date of the application.

Conditions on license

- (5) Where the Board approves an application for the renewal of a license made by an applicant whose license expired less than a year before the date of the application, it is a condition of the license issued to the applicant that he or she shall, within 60 days of the date the license is issued,
 - (a) practise emergency medical technology in relation to at least 10 patients who require emergency medical services; and
 - (b) complete the continuing education requirements set out in section 4.

Idem

- (6) Where the Board approves an application for the renewal of a license made by an applicant whose license expired one to three years before the date of the application, it is a condition of the license issued to the applicant that he or she shall, within six months of the date the license is issued,
 - (a) complete at least 420 hours of supervised training approved by the Board at the license level he or she held prior to the expiry of the license;
 - (b) practise emergency medical technology in relation to at least 75 patients, at least 15 of whom require emergency medical services; and
 - (c) complete the continuing education requirements set out in section 4.

Extension of time to meet conditions

- (7) Notwithstanding subsections (5) and (6), where a licensee has commenced, but not completed, the requirements set out in subsection (5) or (6) within the time periods specified, the Board may extend the time period for the completion of the requirements by up to three months.

“supervised training”, defined

- (8) In subsection (6), “supervised training” means on-the-job training under the direct supervision of an EMT who is a licensee or who holds an equivalent license or registration in another province or territory. (EC532/13)

CONTINUING EDUCATION

4. Continuing education units required

- (1) An EMT who holds a license shall earn at least 20 continuing education units within each two-year period defined by the Board, subject to pro-ration.

Earning continuing education units

- (2) Subject to subsection (3), continuing education units may be earned as follows:
- (a) one continuing education unit per hour of attendance for the successful completion of a course, or a component of a course, approved by the Board;
 - (b) two continuing education units per hour of instruction for instructing a course approved by the Board;
 - (c) two continuing education units for acting as a preceptor to a student or another EMT for 1 to 3 months;
 - (d) four continuing education units for acting as a preceptor to a student or another EMT for more than 3 months.

Recertification courses

- (3) A maximum of 4 continuing education units may be earned for the successful completion, or teaching, of recertification courses in cardiopulmonary resuscitation and defibrillation.

Course subjects

- (4) The Board may approve a course in any of the following subject areas:
- (a) professional responsibilities;
 - (b) communication;
 - (c) health and safety;
 - (d) assessment and diagnostics;
 - (e) therapeutics;
 - (f) integration;
 - (g) transportation;
 - (h) health promotion and public safety.

Continuing education unit counts once

- (5) Each continuing education unit earned may only be counted towards the requirements in subsection (1) once.

Record

- (6) An EMT who holds a license shall keep a complete and accurate record of continuing education units earned and shall provide the record to the Board on request. (EC532/13)

SCOPE AND STANDARDS OF EMT PRACTICE

5. Levels of license

- (1) The levels of license are as follows:
- (a) EMT, Level I;
 - (b) EMT, Level II;



- (c) EMT, Level III.

Minimum competencies per level of license

- (2) The minimum competencies and scope of practice for each level of license pertaining to the areas of assessment and diagnostics, and therapeutics and integration, are set out in Schedule I.

Performance of competencies, subject to

- (3) The performance by an EMT of the competencies set out in Schedule I is subject to
 - (a) the level of license held by the EMT;
 - (b) any conditions on the license held by the EMT;
 - (c) additional procedures approved by the Board in accordance with subsection 7(5) of the Act; and
 - (d) the protocols established by the Ambulance Services Director under clause 3(2)(b) of the *Ambulance Services Act* R.S.P.E.I. 1988, Cap. A-10.01.

Minimum competencies for all EMTs

- (4) The minimum competencies for all EMTs who hold a license, pertaining to the following areas are set out in Schedule II:
 - (a) professional responsibilities;
 - (b) communication;
 - (c) health and safety;
 - (d) transportation;
 - (e) health promotion and public safety. (*EC532/13*)

MISCONDUCT

6. Misconduct

- (1) For the purposes of subclause 1(1)(i)(v) of the Act, the following conduct by an EMT is misconduct:
 - (a) purporting to have qualifications or expertise that the EMT does not have;
 - (b) attempting to deal with a patient's condition in a manner that is beyond the scope of the EMT's training;
 - (c) failing to comply with the directions of the medical advisor for an ambulance operation or the medical practitioner responsible for the patient's care;
 - (d) assigning another person, who is subject to the EMT's direction, responsibilities that are outside that other person's qualifications;
 - (e) failing to maintain the standards of practice for EMTs adopted or prescribed by these regulations;
 - (f) engaging in EMT practice while under the influence of drugs (prescription or non-prescription) or other substances that the EMT should know could have an adverse effect on the EMT's performance;
 - (g) abuse of, harassment of or offensive behaviour toward a patient;
 - (h) falsifying patient records or omitting, what is in the opinion of the Board, significant information respecting a patient or services provided or not provided to the patient;

- (i) disclosing information to unauthorized persons respecting the condition of a patient or services provided to a patient, except where necessary to provide emergency medical services or other health services to the patient; or
- (j) acting in conflict of interest, within the meaning of subsection (2).

Conflict of interest

- (2) Conflict of interest occurs in any situation where an EMT attempts to promote the private or personal interests of the EMT or another person that actually or apparently
 - (a) interfere with the objective exercise of the duties of the EMT; or
 - (b) interfere with patient or public safety. (EC532/13)

DISCLOSURE OF INFORMATION

7. Disclosure permitted and required

Where, following a hearing, the Board imposes a condition on, suspends, or revokes, the license of an EMT, the Board, with respect to the actions taken by the Board and the reasons therefore,

- (a) may post information on the website operated by the Board;
- (b) may inform
 - (i) the Minister, and
 - (ii) any other regulatory body that requests information respecting the disciplinary history of the EMT; and
- (c) shall inform
 - (i) the EMT's employer, and
 - (ii) any other person the Board considers necessary to prevent unauthorized practice by the EMT. (EC532/13)

MISCELLANEOUS

8. Fee

The fee for the issuance or renewal of a license is \$100, payable to the Minister of Finance, Energy and Municipal Affairs. (EC532/13)

9. Revocation

The Emergency Medical Services Regulations (EC472/00) are revoked. (EC532/13)



SCHEDULE I

MINIMUM COMPETENCIES AND SCOPE OF PRACTICE:

ASSESSMENT AND DIAGNOSTICS

THERAPEUTICS AND INTEGRATION

	EMT level
1. ASSESSMENT AND DIAGNOSTICS	
1.1 Conduct triage	
(a) rapidly assess a scene based on the principles of a triage system	All
(b) assume different roles in a mass casualty incident	All
(c) manage a mass casualty incident	All
1.2 Obtain patient history	
(a) obtain list of patient's allergies	All
(b) obtain list of patient's medications	All
(c) obtain chief complaint and/or incident history from patient, family members, and/or bystanders	All
(d) obtain information regarding patient's past medical history	All
(e) obtain information about patient's last oral intake	All
(f) obtain information regarding incident through accurate and complete scene assessment	All
1.3 Conduct complete physical assessment demonstrating appropriate use of inspection, palpation, percussion and auscultation, and interpret findings	
(a) conduct primary patient assessment and interpret findings	All
(b) conduct secondary patient assessment and interpret findings	All
(c) conduct cardiovascular system assessments and interpret findings	All
(d) conduct neurological system assessments and interpret findings	All
(e) conduct respiratory system assessments and interpret findings	All
(f) conduct obstetrical assessments and interpret findings	All
(g) conduct gastrointestinal system assessments and interpret findings	All
(h) conduct genitourinary system assessments and interpret findings	All
(i) conduct integumentary system assessments and interpret findings	All
(j) conduct musculoskeletal assessments and interpret findings	All
(k) conduct assessment of the immune system and interpret findings	All

(l) conduct assessment of the endocrine system and interpret findings	All
(m) conduct assessment of the eyes, ears, nose and throat and interpret findings	All
(n) conduct multisystem assessment and interpret findings	All
(o) conduct neonatal assessments and interpret findings	All
(p) conduct psychiatric assessments and interpret findings	All
(q) conduct pediatric assessment and interpret findings	All
(r) conduct geriatric assessment and interpret findings	All
(s) conduct bariatric assessment and interpret findings	All
1.4 Assess vital signs	
(a) assess pulse	All
(b) assess respiration	All
(c) conduct non-invasive temperature monitoring	All
(d) measure blood pressure by auscultation	All
(e) measure blood pressure by palpation	All
(f) measure blood pressure with non-invasive blood pressure monitor	All
(g) assess skin condition	All
(h) assess pupils	All
(i) assess level of consciousness	All
1.5 Utilize diagnostic tests	
(a) conduct oximetry testing and interpret findings	All
(b) conduct end-tidal CO ₂ monitoring and interpret findings	II ¹ , III
(c) conduct glucometric testing and interpret findings	All
(d) conduct peripheral venipuncture	II, III
(e) obtain arterial blood samples via radial artery puncture	N/A
(f) obtain arterial blood samples via arterial line access	N/A
(g) conduct invasive core temperature monitoring and interpret findings	N/A
(h) conduct pulmonary artery catheter monitoring and interpret findings	N/A
(i) conduct central venous pressure monitoring and interpret findings	N/A
(j) conduct arterial line monitoring and interpret findings	N/A
(k) interpret lab and radiological data	III
(l) conduct 3-lead electrocardiogram (ECG) and interpret findings	All
(m) obtain and transmit 12-lead electrocardiogram	All
(n) interpret findings of 12-lead electrocardiogram	III
(o) conduct urinalysis by macroscopic method	III
2. THERAPEUTICS	
2.1 Maintain patency of upper airway and trachea	
(a) use manual maneuvers and positioning to maintain airway patency	All

¹ for confirmation of tracheal intubation placement (by colorimetric evaluation of end-tidal carbon dioxide).



(b) suction oropharynx	All
(c) suction beyond oropharynx	II, III
(d) use oropharyngeal airway	All
(e) use nasopharyngeal airway	All
(f) use airway devices not requiring visualization of vocal cords, and not introduced endotracheally	All
(g) use airway devices not requiring visualization of vocal cords, and introduced endotracheally	All
(h) use airway devices requiring visualization of vocal cords, and introduced endotracheally	II, III
(i) remove airway foreign bodies (AFB)	All
(j) remove foreign body by direct techniques	II, III
(k) conduct percutaneous needle cricothyroidotomy	III
(l) conduct surgical cricothyroidotomy	III
(m) rapid sequence intubation	N/A
2.2 Prepare oxygen delivery devices	
(a) recognize the indications for oxygen administration	All
(b) take appropriate safety precautions	All
(c) ensure adequacy of oxygen supply	All
(d) recognize different types of oxygen delivery systems	All
(e) use portable oxygen delivery systems	All
2.3 Deliver oxygen and administer manual ventilation	
(a) administer oxygen using nasal cannula	All
(b) administer oxygen using low concentration mask	All
(c) administer oxygen using controlled concentration mask	All
(d) administer oxygen using high concentration mask	All
(e) administer oxygen using pocket mask	All
2.4 Prepare mechanical ventilation equipment	
(a) provide oxygenation and ventilation using bag-valve-mask	All
(b) recognize indications for mechanical ventilation	III
(c) prepare mechanical ventilation equipment	III
(d) provide mechanical ventilation	III
2.5 Implement measures to maintain hemodynamic stability	
(a) conduct cardiopulmonary resuscitation (CPR)	All
(b) control external hemorrhage through use of direct pressure and patient positioning	All
(c) maintain peripheral IV access devices and infusions of crystalloid solutions without additives	All
(d) maintain central IV access devices and infusions	III ²
(e) conduct peripheral IV cannulation	All
(f) conduct intraosseous needle insertion	III
(g) use direct pressure infusion devices with intravenous infusions	III
(h) administer volume expanders (colloid and non-crystalloid)	III
(i) administer blood and blood products	III ³
(j) conduct automated and semiautomated external	

² for maintenance of an existing infusion

³ for maintenance of an existing infusion

SCHEDULE I

defibrillation	All
(k) conduct manual defibrillation	III
(l) conduct cardioversion	III
(m) conduct transcutaneous pacing	III
(n) maintain transvenous pacing	III
(o) maintain intra-aortic balloon pumps	N/A
(p) provide routine care for patient with urinary catheter	All
(q) provide routine care for patient with ostomy drainage system	All
(r) provide routine care for patient with non-catheter urinary drainage system	All
(s) monitor chest tubes	III
(t) conduct needle thoracostomy	III
(u) conduct oral and nasogastric tube insertion	III
(v) conduct urinary catheterization	III
2.6 Provide basic care for soft tissue injuries	
(a) treat soft tissue injuries	All
(b) treat burn	All
(c) treat eye injury	All
(d) treat penetration wound	All
(e) treat local cold injury	All
(f) provide routine wound care	All
2.7 Immobilize actual and suspected fractures	
(a) immobilize suspected fractures involving appendicular skeleton	All
(b) immobilize suspected fractures involving axial skeleton	All
(c) reduce fractures and dislocations	III
2.8 Administer medications	
(a) administer the following medications:	
(i) Acetaminophen (Tylenol)	All
(ii) Acetylsalicylic Acid (ASA)	All
(iii) Adenosine	III
(iv) Amiodarone	II, III
(v) Atropine	III
(vi) Bicarb (Sodium Bicarbonate)	II ⁴ , III
(vii) Calcium Chloride (CaCL ₂)	III
(viii) Dextrose 5% in water (D5W)	All
(ix) Dextrose 50%	All
(x) Diazepam (Valium)	II ⁵ , III
(xi) Dimenhydrinate (Gravol)	All
(xii) Diphenhydramine (Benadryl)	All
(xiii) Dopamine	III
(xiv) Epinephrine (Adrenaline)	All ⁶
(xv) Fentanyl II, III	II, III
(xvi) Furosemide (Lasix)	III
(xvii) Glucagon	All

⁴ to cardiac arrest patient

⁵ for seizures or sedation post ETI

⁶ All – for anaphylaxis; II & III – for cardiac arrest for near death asthma patients



(xviii) Heparin	II, III
(xix) Ipratropium (Atrovent)	All
(xx) Ketorolac (Toradol)	II, III
(xxi) Lidocaine (Xylocaine)	II, III
(xxii) Magnesium Sulphate	III
(xxiii) Metoclopramide	III
(xxiv) Midazolam (Versed)	II, III
(xxv) Morphine	II, III
(xxvi) Naloxone (Narcan)	All
(xxvii) Nitroglycerin (N/G)	All ⁷
(xxviii) Oxygen	All
(xxix) Oxytocin (Syntocinon)	II, III
(xxx) Salbutamol (Ventolin)	All
(xxxi) Thiamine	III
(xxxii) Topical Anaesthetic Eye Drops (Tetracaine)	All
(a.1) administer the following medications on the order of a medical practitioner:	
(i) Atropine	II
(ii) Clopidogrel (Plavix)	III
(iii) Enoxaparin (Lovenox)	III
(iv) Haloperidol (Haldol)	III
(v) Hydromorphone (Dilaudid)	III
(vi) Ketorolac (Toradol)	I
(vii) Methotrimeprazine (Nozinan)	III
(viii) Scopolamine	III
(ix) Tenecteplase (TNK)	III
(x) Tranexamic Acid	III
(b) administer the following medications during the transport of a patient between health facilities, on the order of a medical practitioner:	
(i) Antibiotics	All
(ii) Pantoprazole	II, III
(iii) Peripheral Parenteral Nutrition (PPN) and Total Parenteral Nutrition (TPN)	All
(iv) Potassium Chloride	All ⁸
(v) Sandostatin	II, III
(c) administer medications other than those listed in clause (b) during the transport of a patient between health facilities, on the order of a medical practitioner	III
(d) recognize principles of pharmacology as applied to the medications listed under clause (a) and (b)	All
(e) follow safe process for responsible medication administration	All
(f) administer medications via subcutaneous route	All
(g) administer medications via intramuscular route	All
(h) administer medications via intravenous route	All
(i) administer medications via intraosseous route	III
(j) administer medications via endotracheal route	II, III
(k) administer medications via sublingual route	All
(l) administer medications via buccal route	All

⁷ All – for chest pain; II & III – CHF/Pulmonary Edema

⁸ up to 40 mEq/litre

(m) administer medications via topical route	II, III
(n) administer medications via oral route	All
(o) administer medications via rectal route	II, III
(p) administer medications via inhalation	All
(q) administer medications via intranasal route	All
3. INTEGRATION	
3.1 Use differential diagnosis skills, decision-making skills and psychomotor skills in providing care to patients	
(a) provide care to patient experiencing illness or injury primarily involving the cardiovascular system	All
(b) provide care to patient experiencing illness or injury primarily involving the neurological system	All
(c) provide care to patient experiencing illness or injury primarily involving the respiratory system	All
(d) provide care to patient experiencing illness or injury primarily involving the genitourinary or reproductive system	All
(e) provide care to patient experiencing illness or injury primarily involving the gastrointestinal system	All
(f) provide care to patient experiencing illness or injury primarily involving the integumentary system	All
(g) provide care to patient experiencing illness or injury primarily involving the musculoskeletal system	All
(h) provide care to patient experiencing illness or injury primarily involving the immunologic system	All
(i) provide care to patient experiencing illness or injury primarily involving the endocrine system	All
(j) provide care to patient experiencing illness or injury primarily involving the eyes, ears, nose or throat	All
(k) provide care to patient experiencing toxicologic syndromes	All
(l) provide care to patient experiencing non-urgent problem	All
(m) provide care to palliative patient	All
(n) provide care to patient experiencing signs and symptoms due to exposure to adverse environments	All
(o) provide care to trauma patient	All
(p) provide care to psychiatric patient	All
(q) provide care to obstetrical patient	All
3.2 Provide care to meet needs of unique patient groups	
(a) provide care for neonatal patient	All
(b) provide care for pediatric patient	All
(c) provide care for geriatric patient	All
(d) provide care for physically impaired patient	All
(e) provide care for mentally impaired patient	All
(f) provide care for bariatric patient	All
3.3 Conduct ongoing assessments and provide care	
(a) conduct ongoing assessments based on patient presentation and interpret findings	All
(b) re-direct priorities based on assessment findings	All

(EC532/13/ 133/15)



SCHEDULE II

MINIMUM COMPETENCIES:

**PROFESSIONAL RESPONSIBILITIES, COMMUNICATION, HEALTH AND SAFETY,
TRANSPORTATION, AND HEALTH PROMOTION AND PUBLIC SAFETY**

1. PROFESSIONAL RESPONSIBILITIES
1.1 Function as a professional
(a) maintain patient dignity at all times
(b) reflect professionalism through use of appropriate language
(c) dress appropriately and maintain personal hygiene
(d) maintain appropriate personal interaction with patients
(e) maintain patient confidentiality
(f) participate in quality assurance and enhancement programs
(g) use community support agencies as appropriate
(h) promote awareness of EMS system and EMT profession
(i) participate in professional association
(j) behave ethically
(k) function as a patient advocate
1.2 Participate in continuing education and professional development
(a) develop personal plan for continuing professional development
(b) self-evaluate and set goals for improvement in relation to professional practice
(c) interpret evidence in medical literature and assess relevance to professional practice
(d) make presentations
1.3 Possess an understanding of the medico-legal aspects of the profession
(a) comply with scope of practice
(b) recognize patient rights and their implications for the role of the provider
(c) include all pertinent and required information on patient call reports
1.4 Recognize, function within and comply with relevant provincial and federal legislation, policies and procedures
1.5 Function effectively in a team environment
(a) work collaboratively with a partner
(b) accept and deliver constructive feedback
(c) work collaboratively with other emergency response agencies
(d) work collaboratively with other members of health care team
1.6 Make decisions effectively
(a) employ reasonable and prudent judgment
(b) practise effective problem-solving
(c) delegate tasks appropriately
1.7 Manage scenes with actual or potential forensic implications
(a) collaborate with law enforcement agencies in the management of crime scenes
(b) comply with ethical and legal reporting requirements of situations of abuse

SCHEDULE II

2. COMMUNICATION
2.1 Practise effective oral and written communication skills
(a) deliver an organized, accurate and relevant report using telecommunication devices
(b) deliver an organized, accurate and relevant verbal report
(c) deliver an organized, accurate and relevant patient history
(d) provide information to patients about their situation and how they will be cared for
(e) interact effectively with patients, relatives and bystanders who are in stressful situations
(f) speak in language appropriate to the listener
(g) use appropriate terminology
2.2 Practise effective written communication skills
(a) record organized, accurate and relevant patient information
(b) prepare professional correspondence
2.3 Practise effective non-verbal communication skills
(a) employ effective non-verbal behaviour
(b) practise active listening techniques
(c) establish trust and rapport with patients and colleagues
(d) recognize and react appropriately to non-verbal behaviours
2.4 Practise effective interpersonal relations
(a) treat others with respect
(b) employ empathy and compassion while providing care
(c) recognize and react appropriately to persons exhibiting emotional reactions
(d) act in a confident manner
(e) act assertively as required
(f) employ diplomacy, tact and discretion
(g) employ conflict resolution skills
3. HEALTH AND SAFETY
3.1 Maintain good physical and mental health
(a) maintain balance in personal lifestyle
(b) develop and maintain an appropriate support system
(c) manage personal stress
(d) practise effective strategies to improve physical and mental health related to career
(e) exhibit physical strength and fitness consistent with the requirements of professional practice
3.2 Practise safe lifting and moving techniques
(a) practise safe biomechanics
(b) transfer patient from various positions using applicable equipment and techniques
(c) transfer patient using emergency evacuation techniques
(d) secure patient safely to applicable equipment
(e) lift patient and stretcher in and out of ambulance with partner
3.3 Create and maintain a safe work environment
(a) assess scene for safety
(b) address potential occupational hazards
(c) conduct basic extrication
(d) exhibit defusing and self-protection behaviours appropriate for use with patients and bystanders
(e) conduct procedures and operations consistent with WHMIS and hazardous materials management requirements

(f) practise infection control precautions
(g) clean and disinfect equipment
(h) clean and disinfect work environment
4. TRANSPORTATION
4.1 Prepare ambulance for service
(a) conduct vehicle maintenance and safety check
(b) recognize conditions requiring removal of vehicle from service
(c) utilize all vehicle equipment and vehicle devices within ambulance
4.2 Drive ambulance or similar type of vehicle
(a) use defensive driving techniques
(b) use safe emergency driving techniques
(c) drive in a manner that ensures patient comfort and a safe environment for passengers
4.3 Transfer patient to air ambulance
(a) create safe landing zone for rotary-wing aircraft
(b) safely approach stationary rotary-wing aircraft
(c) safely approach stationary fixed-wing aircraft
4.4 Transport patient in air ambulance
(a) prepare patient for air medical transport
(b) recognize the stressors of flight on patient, crew and equipment and the implications for patient care
5. HEALTH PROMOTION & PUBLIC SAFETY
5.1 Integrate professional practice into community care.
(a) participate in health promotion activities and initiatives.
(b) participate in injury prevention and public safety activities and initiatives.
(c) work collaboratively with other members of the health care community.
(d) utilize community support agencies as appropriate.
5.2 Contribute to public safety through collaboration with other emergency response agencies.
(a) work collaboratively with other response agencies.
(b) work within an incident management system (IMS).
5.3 Participate in the management of chemical, biological, radiological/ nuclear, explosive (CBRNE) incident.
(a) recognize indicators of agent exposure.
(b) possess knowledge of personal protective equipment (PPE)
(c) perform CBRNE scene size-up.
(d) conduct triage at CBRNE incident.
(e) conduct decontamination procedures.
(f) provide care to patients involved in CBRNE incident.

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