


Title: Delegation of Controlled Medical Acts to Paramedics	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> SOP
Category: Medical Control Dept/Prog/Service: Base Hospital Program	Distribution: NW Region Ambulance Operators & Paramedics
Approved: Program Medical Director & Program Manager Signature: 	Approval Date: February 2006 Reviewed/Revised Date: May 2017

CROSS REFERENCES: Authorization for Use of Approved Medical Directives (QM-700); Controlled Act Incident Reporting Procedures (PANC-600)

1. PURPOSE

To define the actions of Paramedics certified to perform Controlled Medical Acts by the NW Region Base Hospital

2. POLICY STATEMENT

All approved Provincial Medical Directives are considered Controlled Medical Acts which may only be delegated by a Base Hospital Program Medical Director to a certified Paramedic. The certified Paramedic must ensure adherence to very specific requirements when certified to perform Controlled Medical Acts by the NW Region Base Hospital.

3. DEFINITIONS

- i. Controlled Act: as set out in subsection 27 (2) of the Regulated Health Professions Act, 1991
- ii. Paramedic: as defined in subsection 1(1) of the Ambulation Act Ontario Regulation 257/00
- iii. Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulation Act Ontario Regulation 257/00
- iv. Advanced Care Paramedics (ACP): defined in subsection 8 (2) of the Ambulation Act Ontario Regulation 257/00

4. PROCESS

- I. Only Paramedics certified by the Base Hospital Medical Director can perform Controlled Medical Acts.
- II. Certified Paramedics must only perform to their current level of training or scope of practice and will follow procedures as outlined in the MOH BLS and ALS Patient Care Standards.
- III. Adherence to, documentation of, and signing for, a Controlled Medical Act is the responsibility of the Paramedic who has performed the Controlled Medical Act.
- IV. Controlled Medical Acts may not be delegated by one Paramedic to another.

- V. The Consent to Treatment Act provides that the Health Practitioner proposing a treatment is responsible for ensuring informed consent is obtained from the patient prior to treatment, when possible:
- Provide the patient with all the information which a reasonable person needs in order to give informed consent for the procedure or medication, that is, explain the reasons for the procedure, medication, or medical directive, and the general risks and benefits, and answer all questions.
- VI. In making patient management decisions the Paramedic will use experience and good judgment to ensure the best interest of the patient is considered at all times.
- VII. The Base Hospital Physician ***must be contacted*** when indicated to do so in the Medical Directive.
- VIII. The Paramedic will assess and document the patient's condition (e.g. vitals, Hx, PQRST, and GCS, etc) before and after the initiation of a Controlled Medical Act or as otherwise indicated within the Medical Directive.
- IX. The cardiac monitor must be applied to any patient when a Controlled Medical Act is initiated (e.g. blood glucose check, ASA, EPI IM, etc.)
- X. The attending Paramedic is responsible to ensure an appropriate transfer of care is conducted as follows:
- the medically responsible person to whom you transfer care is deemed appropriate (equal level of care or higher) to monitor or continue the current level of care required or what is expected given the current illness or injuries of the patient. For example if an ACP intervention or medication has been instituted and it does not fall within the PCP scope of practice then the ACP must accompany the patient to ensure appropriate continuity of care;
 - a full patient report must be provided to the medically responsible person prior to transfer of care;
 - ensure complete ACR documentation of the transfer of care including signature of medically responsible person.

5. RELATED PRACTICES AND/OR LEGISLATIONS

- i. *Ambulance Act (Ontario) and Ontario Regulation 257/00 Schedules 1, 2 & 3*

6. REFERENCES

- i. *Current EHSB MOHLTC Basic Life Saving (BLS) & Advanced Life Saving (ALS) Patient Care Standards(PCS)*
- ii. *College of Physicians & Surgeons of Ontario (CPSO) Delegation of Control Acts*