


Title: Controlled Act Incident Reporting Procedures	<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> Procedure	<input type="checkbox"/> SOP
Category: PCP & ACP Non-Clinical Dept/Prog/Service: Base Hospital Program	Distribution: NW Region Ambulance Operators & Paramedics		
Approved: Program Medical Director	Approval Date:		October 2006
Signature: 	Reviewed/Revised Date:		May 2017

1. PURPOSE

The purpose of this policy is to provide direction to Paramedic for/when reporting of patient care errors involving Controlled Medical Acts.

2. POLICY STATEMENT

Base Hospital strongly encourages all paramedics to SELF REPORT any known or suspected Controlled Medical Act event, such as a deviation in Medical Directive, as well as any other patient care related event to the Program Medical Director immediately. When the paramedic is/becomes aware that a Controlled Medical Act event or a deviation in a Medical Directive or patient care related event, has or may have occurred it is expected that the responsible paramedic(s) will SELF REPORT the event to the Base Hospital Medical Director immediately following recognition of the event.

3. DEFINITIONS

- i. Controlled Act: as set out in subsection 27 (2) of the Regulated Health Professions Act, 1991
- ii. Controlled Act Incident: is defined as a deviation from the Medical Directive that define the circumstances under which Paramedics are authorized to perform as per the List of Controlled Acts in Schedule I, II and III from the Ambulance Act, Ontario Reg. 257/00, and the current Ministry of Health Emergency Health Services Branch (MOHLTC-EHSB) Advanced Life Support Patient Care Standards (ALS PCS)
- iii. Paramedic: as defined in subsection 1(1) of the Ambulation Act Ontario Regulation 257/0)
- iv. Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulation Act Ontario Regulation 257/00
- v. Advanced Care Paramedics (ACP): defined in subsection 8 (2) of the Ambulation Act Ontario Regulation 257/00

SCHEDULE 1

LIST OF CONTROLLED ACTS THAT MAY BE PERFORMED BY A PRIMARY CARE PARAMEDIC

Item	Controlled Acts
1.	Administration of glucagon, oral glucose, nitroglycerin, epinephrine, salbutamol and ASA (80mg form).
2.	Semi-automated external cardiac defibrillation.

SCHEDULE 2
**LIST OF CONTROLLED ACTS THAT MAY BE PERFORMED BY AN ADVANCED CARE
PARAMEDIC OR, IF AUTHORIZED, A PRIMARY CARE PARAMEDIC**

Item	Controlled Acts
1.	Administration of the drugs referred to in item 1 of Schedule 1, in addition to any other drug approved by the Director on the recommendation of one or more medical directors of base hospital programs.
2.	Semi-automated external cardiac defibrillation.
3.	Peripheral intravenous therapy.
4.	Endotracheal intubation.
5.	Non-automated external cardiac defibrillation and monitoring.

SCHEDULE 3
**LIST OF CONTROLLED ACTS THAT MAY BE PERFORMED BY A CRITICAL CARE
PARAMEDIC OR, IF AUTHORIZED, AN ADVANCED CARE PARAMEDIC**

Item	Controlled Acts
1.	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.
2.	The controlled acts referred to in items 2 to 5 of Schedule 2.
3.	Non-automated external cardiac defibrillation, electrical cardioversion and pacing.
4.	Maintenance and monitoring of arterial and central venous catheters.
5.	Gastric intubation and suction.
6.	Ventilation (mechanical) and setting of ventilatory parameters.
7.	Lab blood value interpretation.
8.	Management of chest tubes and chest drainage systems.
9.	Chest x-ray interpretation.
10.	Urinary catheter insertion.
11.	Intravenous blood product administration.
12.	Doppler flow monitor use.
13.	Revoked: O. Reg. 386/01, s. 4.
14.	Use of infusion pumps.
15.	Other advanced airway techniques, e.g. needle thoracostomy, cricothyroidotomy.

4. PROCEDURE

The responsible paramedic(s) will:

- i. Contact the Base Hospital to SELF REPORT the patient care event as soon as the event has been realized or thought to have occurred
- ii. Complete the Base Hospital Event Report and fax it to the Base Hospital office along with the appropriate ACR and other supporting documents by end of the day/shift
- iii. Notify their employer; if appropriate (follow EMS policy)

When a paramedic is not aware that a Controlled Medical Act event, deviation in a Medical Directive or patient care related event has occurred; such that the event is later recognized through the Base Hospital's call audit process, Base Hospital will contact the responsible paramedic(s) for information and reports.

The responsible paramedic(s) will:

- i. Be contacted by Base Hospital for a verbal report
- ii. Complete the Base Hospital Event Report and fax it to the Base Hospital office along with the appropriate ACR and other supporting documents by end of the day/shift
- iii. Notify their employer; if appropriate (follow EMS policy).

A call review meeting with the Program Medical Director or designate will be required in most cases with the involved paramedic(s) following a report of a Controlled Act event and/ or deviation in Medical Directive. This meeting time will be used to review the call events and reports, ask questions, clarify expectations in practice, determine need for process improvement or policy revision, education, and outline next steps.

Outcome following a report and follow up related to a Controlled Act event or deviation in a Medical Directive will be guided by the Advanced Life Support Patient Care Standards (ALS PCS) Maintenance of Certification policy, and Base Hospital policy, and, as approved by the Program Medical Director.

5. RELATED PRACTICES AND/OR LEGISLATIONS

- i. *Ambulance Act (Ontario) and Ontario Regulation 257/00*
- ii. *Emergency Health Services Branch (EHSB), Ontario Ministry of Health and Long-term care (MOHLTC) and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement (PA), 2008*

6. REFERENCES

- i. *Current EHSB MOHLTC Basic Life Saving (BLS) & Advanced Life Saving (ALS) Patient Care Standards(PCS)*