Pan-Canadian Essential Regulatory Requirements

PERRs

CANADIAN PARAMEDIC COMPETENCE FRAMEWORK for the

Primary Care Paramedic

2023

COPR
Canadian Organization of Paramedic Regulators

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Organisation canadienne des régulateurs paramédicaux

Contents

4 The Canadian Paramedic Competence Framework

5 Navigating the Competencies

The Competencies

6 Professionalism

7 Patient- and Community-Centred Communication

9 Integrated Collaborative Health Care

11 Continuous Learning and Adapting to Evidence

13 Health of Professional

15 Advocacy for Health, Equity, and Justice

17 Leadership

18 Care Along a Health and Social Continuum

21 Appendix A

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CANADIAN PARAMEDIC COMPETENCE FRAMEWORK for the

Primary Care Paramedic

Competencies identify the knowledge, skills, and attitudes that paramedics are required to perform competently. They are a list of what the public and patients can expect from a registered paramedic to ensure safe, effective patient care.

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Primary Care Paramedics (PCP) have paramedic-specific education and provide context-specific, basic life support and patient care in a wide variety of settings. They collaborate with other health care providers. When appropriate, PCPs hand over care to other team members in a clinical setting or at transfer of care or discharge following assessment and treatment.

The Canadian Paramedic Competence Framework

The eight areas of competence that form the paramedic's expertise are based on the CanMEDS Physician Competency Diagram,[1] and are illustrated below.

A. Professionalism (**Professionalism**)
B. Patient- and Community-Centred Communication (**Communication**)
C. Integrated Collaborative Health Care (**Collaboration**)
D. Continuous Learning and Adapting to Evidence (**Learning and Adapting**)
E. Health of Professional (**Health**)
F. Advocacy for Health, Equity, and Justice (**Advocacy**)
G. Leadership (**Leadership**)
H. Care Along a Health and Social Continuum (**Care**)

Areas of Competence

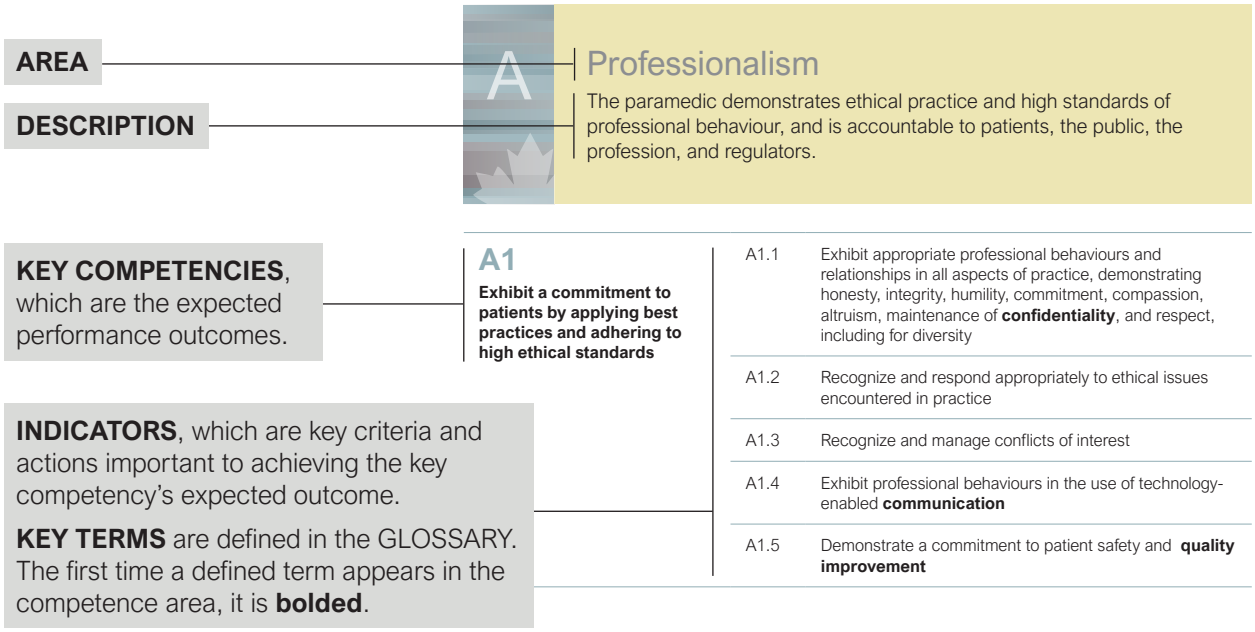
The overlapping colours in the centre of the diagram capture the complementary nature of the areas of competence, highlighting that a competent paramedic will continually draw from each of the areas, at times simultaneously.



1. Adapted from the CanMEDS Physician Competency Framework with permission of the Royal College of Physicians and Surgeons of Canada. Copyright © 2015.

Navigating the Competencies

Each area of competence contains the following information.



Appendix A contains an expanded list of foundational knowledge and minimum entry to practice skills for the Care Along a Health and Social Continuum competence area.

A NOTE REGARDING COMPETENCE

Competence is the level at which individual paramedics demonstrate their knowledge, skills, and attitudes to carry out safe, effective practice. Regulators, educators, examination and accreditation bodies, employers, paramedics, and members of the public look to competencies to define performance expectations.

"Minimal" or "essential" competence focuses on the usual day-to-day work that is expected to be accomplished by paramedics with the same designation (in the case of this document, the PCP). "Minimal" is often used to assess performance at entry to designation or to identify underperformance (for example, was the minimal performance level met?). "Essential" is a broader term that reflects the necessary performance throughout the professional's career, including at entry to designation. While "essential" and "minimal" are interchangeable in the context of this competence framework, the term "essential" is used.



Professionalism

The paramedic demonstrates ethical practice and high standards of professional behaviour, and is accountable to patients, the public, the profession, and regulators.

A1 Exhibit a commitment to patients by applying best practices and adhering to high ethical standards	A1.1	Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, altruism, maintenance of **confidentiality**, and respect, including for diversity
	A1.2	Recognize and respond appropriately to ethical issues encountered in practice
	A1.3	Recognize and manage conflicts of interest
	A1.4	Exhibit professional behaviours in the use of technology-enabled **communication**
	A1.5	Demonstrate a commitment to patient safety and **quality improvement**
A2 Demonstrate accountability and accept responsibility for the paramedic's own decisions and actions	A2.1	Demonstrate trustworthiness
	A2.2	Respond to and report unprofessional, unethical, or oppressive behaviour when observed and as required
	A2.3	Be accountable for all decisions made and actions taken in the course of practice
A3 Adhere to regulatory requirements, including practice standards and guidelines	A3.1	Respect the laws, practice standards, rules, and regulations that govern paramedicine
	A3.2	Work within the regulator-defined **scope of practice** and within the paramedic's **personal level of competence**
	A3.3	Obtain and maintain informed **consent** in a way that is appropriate for the practice context
	A3.4	Respect professional **boundaries**

B Patient- and Community-Centred Communication

The paramedic communicates with patients, their **families**, communities, and those in patients' **circle of care** to meet needs in an accessible, equitable, compassionate, safe, and effective way.

B1 Establish professional **therapeutic relationships** with patients, their families, and those in patients' circle of care	B1.1	Communicate using a **patient-centred** approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
	B1.2	Optimize the physical environment for patient comfort, dignity, **privacy**, engagement, and safety
	B1.3	Recognize when the values, biases, and perspectives of patients, their families, and other health care professionals may have an impact on the quality of care, and modify the patient approach accordingly
	B1.4	Enhance communication by recognizing and responding to patients' non-verbal behaviours
	B1.5	Manage disagreements and emotionally charged conversations using de-escalation techniques
	B1.6	Adapt to the unique needs and preferences of each patient and to their clinical condition and circumstances
B2 Gather and synthesize accurate, relevant information compassionately and respectfully, incorporating the perspectives of patients, their families, and those in patients' circle of care	B2.1	Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
	B2.2	Provide a clear structure for the patient and family to manage the flow of an entire patient encounter
	B2.3	Seek out and synthesize relevant information from other sources, including patients' families and circle of care, with patients' **consent**
B3 Share patient health care information and plans after obtaining the appropriate patient consent	B3.1	Share clear, accurate, and timely information and explanations, while checking for understanding from patients, families, and those in the circle of care
	B3.2	Disclose harmful patient safety incidents accurately and appropriately to patients, families, and those in the circle of care

B4 **Document** written and electronic information about the patient encounter to optimize team-wide clinical decision-making and patient safety	B4.1	Document clinical encounters in an accurate, complete, timely, and accessible manner and in compliance with clinical, regulatory, and legal requirements
	B4.2	Communicate effectively using written health records, electronic medical records, and other digital technologies
	B4.3	Share information with patients and others in a manner that respects patient privacy and **confidentiality** and enhances understanding
B5 Engage patients and their families in developing plans that reflect patients' perspectives, priorities, needs, and values	B5.1	Facilitate discussions with patients and families in a respectful, non-judgmental manner by providing **culturally safe care**
	B5.2	Assist patients and families to identify, access, and use information and communication technologies to support patients' care and manage their **health**
	B5.3	Use communication skills and strategies that help patients and families make informed decisions regarding patients' health

C Integrated Collaborative Health Care

The paramedic demonstrates effective interprofessional practice with paramedic colleagues, public safety personnel, and other care team members to provide and support integrated health and social services with and for patients across sectors and in diverse environments, settings, and geographies.

C1 Maintain professional relationships with other paramedics, public safety personnel, and all care team members	C1.1	Respond appropriately to requests for help or advice
	C1.2	Accommodate requests from team members for assistance or advice in patient management within the **scope of practice** and ability of the paramedic and the team members
C2 Work effectively as part of a care team to provide **patient-centred care**	C2.1	Negotiate overlapping and shared responsibilities with fellow paramedics and the team in episodic and ongoing care
	C2.2	Optimize patient care through involving other care professionals and delegating appropriately
	C2.3	Coordinate the activities and interactions of multiple team members in complex situations or cases where the skills mix deems it appropriate
	C2.4	Solicit feedback and communicate effectively with the team to ensure appropriate care plan development and effective care
	C2.5	Engage in respectful, shared decision-making with team members
C3 Work with fellow paramedics, public safety colleagues, and other care team members to promote understanding, manage differences, and resolve conflicts that arise in the course of scene management, delivery of care, or other paramedic-related work	C3.1	Interact respectfully
	C3.2	Support a collaborative culture by promoting understanding, managing differences, and resolving conflicts

C4 Transfer patients, when appropriate, to another paramedic or care team member to facilitate continuity of safe, effective care	C4.1	Determine when care should be transferred to another paramedic or team member
	C4.2	Demonstrate safe handover of care, using both oral and written **communication**, during a patient transition to a different team member, setting, or stage of care

D Continuous Learning and Adapting to Evidence

The paramedic engages in professional development and scholarship, maintains **competence**, and uses **evidence-based practice** with peers, colleagues, and students to benefit patients, partners, communities, and the profession.

D1 Educate students, the public, and colleagues, including other health care professionals	D1.1	Recognize the influence of role-modelling, mentorship, and the formal and informal curricula
	D1.2	Promote a safe learning environment
	D1.3	Ensure that patient safety is maintained when learners are involved
	D1.4	Lead a learning activity (such as case review, coaching, or debriefing)
	D1.5	Employ psychologically safe approaches to timely feedback to enhance learning and performance
	D1.6	Assess learners and teachers, and evaluate programs in an educationally appropriate manner
D2 Apply evidence-based practice	D2.1	Identify, select, and navigate pre-approved resources
	D2.2	Provide feedback to systems when practice guidelines do not reflect best practice
	D2.3	Integrate evidence into decision-making

D3 Engage in **continuing competence** through ongoing learning and professional development	D3.1	Stay aware of economic, educational, environmental, regulatory, social, and technological effects on practice
	D3.2	Identify opportunities for learning and improvement by regularly reflecting on and assessing the paramedic's own performance using various internal and external data sources
	D3.3	Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
	D3.4	Engage in learning to continuously improve personal practice
	D3.5	Maintain continuing competence to meet patient and practice needs

E Health of Professional

The paramedic manages personal, professional, and contextual dimensions of **competence** that support personal safety and wellness.

E1 Understand the role of the paramedic's **health** within the evolving profession of paramedicine	E1.1	Describe the ways that paramedics can remain healthy throughout their career
	E1.2	Recognize the impact on paramedic health of the sociocultural factors of the patients and communities with whom the paramedic works
	E1.3	Recognize the impact on paramedic health of the organizational and operational factors in the paramedic's work setting
	E1.4	Describe the ways that paramedics can adapt their practice and remain healthy as they meet the evolving needs of patients and communities
E2 Describe the influences and challenges that may affect the paramedic's ability to perform throughout their career	E2.1	Understand the ways in which people's individual experiences and sociocultural identities may influence their responses and coping mechanisms
	E2.2	Articulate the differences between common stressors (for example, potentially psychological traumatic events, **occupational stress injury**, and chronic stress)
	E2.3	Describe the ways in which operational and organizational factors affect health
	E2.4	Describe the ways in which both personal and systemic factors influence resilience
E3 Demonstrate a commitment to personal health and well-being through integration of experiences and self-reflective practices that contribute to safe, effective patient care	E3.1	Monitor personal health and well-being
	E3.2	Recognize and act on warning signs of personal ill health
	E3.3	Remove themselves from practice if unwell or unable to self-regulate or cope effectively

E4 Engage in activities and behaviours that support and maintain personal physical and mental health throughout the paramedic's career	E4.1	Maintain personal health and well-being through daily health habits and regular health monitoring with the paramedic's primary care provider
	E4.2	Employ healthy coping mechanisms for dealing with and discharging stress
	E4.3	Develop and regularly access personal and professional support systems
E5 Support the health and well-being of fellow paramedics and other care team members	E5.1	Recognize others' need for assistance, including warning signs of ill health
	E5.2	Offer non-judgmental assistance to help colleagues seeking support

F

Advocacy for Health, Equity, and Justice

The paramedic demonstrates patient and systems advocacy for health, equity, and justice throughout the health care system, with a particular focus on those traditionally underserved, and contributes to addressing both social injustice and health inequities.

F1

Respond to patients' health needs by advocating with and for them

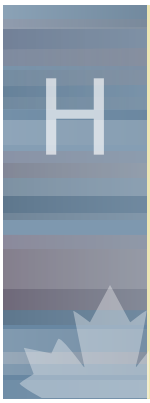
F1.1	Contribute to making a practice environment that provides **culturally safe care** for equity-deserving groups (an environment that is **inclusive**—for example, not **ableist**, **ageist**, **racist**, or **sexist**)
F1.2	Practise self-awareness to minimize personal bias, cognitive bias, and inequitable behaviour–based factors, such as **gender identity** and **sexual orientation**, which affect social position and power
F1.3	Demonstrate respect and humility when engaging with patients, and integrate their understanding of health, well-being, and healing into the care provided
F1.4	Work with patients to address **determinants of health** that affect them and their access to needed health services or resources (such as a lack of literacy, insufficient social supports, or unhealthy work conditions and environment)
F1.5	Incorporate health promotion into care provided to patients and their families
F1.6	Work with patients and their families to advocate for equity-based opportunities to manage or mitigate personal, social, economic, and environmental determinants of patient health (such as a lack of literacy, insufficient social supports, or unhealthy work conditions and environment)

F2 Understand the intersectionality of inequity, accessibility, and health and its impact on individual and population health, and give appropriate consideration to equity in any care	F2.1	Identify the ongoing effects of **structural racism**, including the impact of colonization and settlement on health and health services for Black, Indigenous, and People of Colour
	F2.2	Use a **trauma**-informed approach to care
	F2.3	Adjust and accommodate care to promote equitable health outcomes given the effects of systemic and historical factors on people, groups, and their health status
	F2.4	Challenge biases and social structures that privilege or marginalize people and communities
F3 Respond to the needs of patients, communities, and populations by advocating with and for them for system-level change in a socially accountable manner	F3.1	Respond to the social, structural, political, and ecological determinants of health and well-being
	F3.2	Work to reduce the effects of the unequal distribution of power and resources on the delivery of paramedic services
	F3.3	Work toward **reconciliation** by identifying, addressing, preventing, and eliminating Indigenous-specific racism
	F3.4	Support the factors that promote health, well-being, and system-level change in a socially accountable manner

G Leadership

The paramedic provides situational leadership and manages systems for paramedic practice to meet patients' needs using health care resources, technologies, quality indicators, improvement practices, and evidence to determine the services and distribution pathways required.

G1 Serve as a role model for practitioners entering the field	G1.1	Demonstrate helping behaviours, and facilitate integration of new paramedics
	G1.2	Motivate colleagues to strive for excellence
G2 Demonstrate critical thinking and problem identification at incident scenes and in other practice settings of paramedicine	G2.1	Assume incident command when first at incident scene
	G2.2	Recognize the need for additional resources
	G2.3	Assign responsibilities to others
	G2.4	Demonstrate confidence in scene management and situational awareness
G3 Contribute to the management and improvement of paramedic practice in teams, organizations, and systems	G3.1	Support improvement initiatives at work
	G3.2	Support a culture that promotes practice improvement and patient safety
	G3.3	Identify opportunities for practice improvement



Care Along a Health and Social Continuum

The paramedic provides safe and effective health care along a health and social continuum, across practice settings, within the paramedic's scope, and within regulatory practice standards to determine the most appropriate health and social care pathways that meet patients' needs and improve outcomes.

H1

Work within the regulator-defined **scope of practice** for their designation, within regulatory practice standards and guidelines, and within their **personal level of competence**

H1.1	Demonstrate a commitment to high-quality, **evidence-based** patient care
H1.2	Integrate all roles into the paramedic's practice of paramedicine
H1.3	Apply knowledge of the clinical and biomedical sciences relevant to the paramedic's designation
H1.4	Prioritize clinical management and logistics based on patient **consent**, **assessment** findings, concurrent illness severity, and ongoing reassessments of patient condition
H1.5	Perform clinical assessments to appropriately determine and manage patient condition
H1.6	Recognize and manage emergency, urgent, and routine situations in an appropriate, timely, and professional manner
H1.7	Recognize and manage critically ill patients to the best of the paramedic's ability and scope, including using additional resources, higher levels of care, and prompt **transfer of care**
H1.8	Triage and set appropriate care priorities when managing environments with single or multiple patients

H2 Perform **patient-centred**, context-specific clinical assessments and implement patient care plans based on effective clinical decision-making and the regulator-defined scope of practice for their designation, within regulatory practice standards and guidelines, and within their personal level of competence	H2.1	Perform timely, accurate, and complete physical and mental health assessments of patients as indicated by patient presentation and allowed by patient environment
	H2.2	Perform timely and focused clinical reassessments to facilitate and monitor patient condition and treatment effectiveness
	H2.3	Gather patient history in a thorough, timely, and focused manner, and effectively integrate into clinical management and decision-making
	H2.4	Develop differential and presumptive **diagnoses**, including likely pathology and less common serious or life-threatening conditions, in as timely a manner as allowed given patient presentation and environmental conditions
	H2.5	Select evidence-based and clinically appropriate assessment methods with patients and their **families**, when possible, in a resource-effective and ethical manner
	H2.6	Interpret relevant assessments and diagnostic and laboratory tests, and integrate results appropriately into care plans
	H2.7	Use sound clinical reasoning and judgment to establish patient-centred care plans, using the clinical and diagnostic information available at the time
	H2.8	Establish **goals of care** in collaboration with patients and their families, which may include declining **interventions**, slowing disease progression, treating symptoms, achieving a cure, improving function, and providing palliative care
H3 Establish plans for ongoing care, follow-up, referral, education, and transfer of care to other care team members	H3.1	Develop or continue care plans for patients, including implementing appropriate interventions, procedures, and therapies
	H3.2	Apply knowledge of the indications, contraindications, methods, and potential complications of the therapeutic and investigative procedures employed in paramedicine
	H3.3	Obtain and **document** informed consent, explaining the risks and benefits of and the rationale for a proposed intervention, procedure, or therapy when feasible
	H3.4	Prepare patients for transfer of care or **discharge**
	H3.5	Ensure effective information-sharing

H4 Provide accurate oral and written transfer of care to other care team members or discharge within the defined scope of practice for the paramedic's designation, individual competence, and employment or practice setting	H4.1	Develop the discharge or transition of care plans
	H4.2	Prepare patients for transfer of care or discharge
	H4.3	Ensure effective information-sharing

Appendix A

Expanded List of Foundational Knowledge and Minimal Entry to Practice Skills for **Care Along a Health and Social Continuum** (Care)

The expanded list was developed in an effort to create a pan-Canadian reference that is reflective of the expected knowledge, skills, concepts, approaches, and strategies for each designation. As with most professions, there will be unique circumstances and exceptions in scopes of practice that apply to one or more jurisdictions and designations. Transparency of differences and similarities is key to pan-Canadian collaboration and compliance with the guidelines of the Canadian Free Trade Agreement, Chapter 7. Jurisdictional differences are recorded by COPR in a separate document.

Foundational Knowledge

Foundational knowledge is common across designations, but varies in terms of depth and breadth. PCPs provide context-specific, basic life support and patient care in a wide variety of settings.

GENERAL CONTENT

1 Medical, paramedic, pharmacological terminology

Vocabulary, acronyms, abbreviations

2 Human anatomy, neuroanatomy, and physiology applied to all body systems across the lifespan, including pregnancy and aging (includes terminology, structures, and function of all systems)

Neuroanatomical development and terminology

Respiratory

- Defence mechanisms, mechanics of respiration
- Pulmonary circulation, gas transport/exchange, control of ventilation
- Breath sounds, breathing patterns, lung volumes, oxygen saturation

Cardiovascular

- Mechanical function of the heart, hemodynamics, coronary, cerebral and peripheral circulation, fluid dynamics
- Normal heart rate, blood pressure, heart sounds
- Blood pressure regulation
- Electrical activity of the heart

Gastrointestinal

- Food breakdown and motility through the gastrointestinal (GI) tract
- Digestion; secretion of enzymes, hormones, and other substances to aid digestion, biochemistry of the digestive tract
- Absorption; nutrient uptake into the circulatory and lymph systems
- Elimination of waste

Hepatobiliary

- Synthesis of bile, lipid metabolism
- Production of proteins, cholesterol, glycogen
- Vitamin and mineral storage
- Metabolizing drugs, blood detoxification

Genitourinary

- Blood filtration and kidney function
- Elimination of waste

Reproductive

- Sexual differentiation and puberty
- Fertility and sexual function
- Sexually transmitted infections

Gynecological/obstetric

- Menstrual cycle, fertilization
- Infertility
- Pregnancy and postpartum
  - Fetal development
  - Labour and delivery
  - Lactation
  - Endocrinology of pregnancy
  - Postpartum changes

Integumentary

- Characteristics of skin, hair, nails, glands
- Skin functions: protection, regulation, healing, sensations

Endocrine

- Hormone mechanisms of action
- Metabolism
- Growth and development
- Regulation of sleep, blood pressure, emotions, and mood

Neurological

- Central and peripheral nervous systems
- Cranial nerve functions
- Neuro-physiological development
- Nervous system responses to injury
- Neurotransmission, muscle tone, motor function, sensory/normal processing, sensorimotor integration, nerve conduction testing

Musculoskeletal

- Posture, balance, coordination, agility, dexterity
- Mobility – gait, locomotion
- Bone structure/physiology
- Muscle structure/physiology
- Connective tissue structure/physiology

Hematologic

- Blood components and their functions
- Coagulation
- Fetal hematology: transitions between labour, delivery

Immunologic

- Typical immune responses

Ear-eye-nose-throat (EENT) systems

- Hearing, balance, and the vestibular system
- Nasopharynx function; air filtration, voice production
- Passage of air, food, liquid
- Vision, pupillary response

3 Cognition

Arousal, attention, orientation, emotion, processing, registration of information

Retention, memory, recall

Communication, verbal/non-verbal, processing, verbalizing, language proficiency

Perception, decision-making as it relates to autonomy, disclosure, consent

4 Pathology/Pathophysiology

Microbiology, infections: viral, bacterial, fungal

Impact of pathologies on physiology, structure, and function

Common pathological processes and mechanisms

Diseases, illnesses, injuries, causes

- Respiratory
- Cardiovascular
- Gastrointestinal
- Hepatobiliary
- Genitourinary
- Reproductive
- Gynecological/obstetric
- Integumentary
- Endocrine
- Neurological
- Musculoskeletal
- Hematologic
- Immunologic
- Ears-eyes-nose-throat systems

Psychiatric, behavioural, and mental health disorders, substance use and addictions

5 Pharmacology

Paramedic role

Medication sources, drug classifications, names (e.g., chemical, generic, trade, official)

Mechanisms of entry, absorption, site of action, metabolism, elimination

Factors affecting absorption, distribution, elimination

Dosage calculation for desired effect, formulations; dosage parameters – related to patient presentation

Interactions

- Drug/drug
- Drug/food
- Drug/condition

Medical conditions and indications, relative and absolute contraindications, side effects, dosage parameters, and safe administration process for medication

Relevant medication reference data

Signs, symptoms, and side effects of iatrogenic and non-iatrogenic overdose

Relationship of medication, dosage, and frequency to patient

The “rights” of medication administration

Administration routes, associated approved medications and substances; characteristics of injection sites (see 32. Administer medications using specific routes)

Patient and supply preparation, quantity measurement

Procedures related to medication administration errors

6	Unique characteristics and their impact on care needs of patients who are equity-deserving, traditionally marginalized, racialized, or underserved
	Identity and intersectional factors: gender, age, ethnicity, race, Indigenous identity, religion, gender and sexual identity, abilities, function
	Impact on physical, emotional, and social development
	Care needs specific to stages of life, relating to individual's age, developmental stage, and life circumstances
	Palliative, end of life care, medical assistance in dying
	Healthy behaviours, disease prevention, harm reduction, quality of life
	Environmental factors impacting health
	Impact of social determinants of health (e.g., employment, social inclusion, education)

CONTENT SPECIFIC TO PARAMEDICINE

7	General topics in paramedicine
	Paramedic's role, scope of practice
	Clinical presentations
	Assessment and intervention approaches used in paramedicine
	Interconnections and interactions between systems, interventions, and patient clinical presentations
	Management of ill and injured persons
	Adverse events (e.g., failure to perform an intervention that is within the standard of care could trigger an adverse event, such as permanent impairment or death)
	Factors influencing outcomes (e.g., environment, self-care practices, toxicology, mechanisms of injury)
	Therapeutic methods (indications, contraindications, precautions, potential complications)
	Adjust to changes in patient, environmental, or situational presentation
	Principles of resuscitation, including extracorporeal membrane oxygenation (ECMO), left ventricular assist device (LVAD)
	Goals of care, care and discharge planning, continuum of care

8 Infection prevention and control

Common routes for transmission of disease and infection
Routine practices and additional precautions for preventing the transmission of infection; safe handling procedures; vaccinations
Limitations of current infection control and prevention techniques; areas of failure and appropriate responses
Proper sequencing for precautions
Use of personal protective equipment
Equipment, supplies, and work areas requiring cleaning or disinfection
Cleaning and disinfection methods and techniques
Disposal of sharps and contaminated supplies
Aseptic and sterile techniques
Adaptations for non-sterile environments

9 Point-of-care and diagnostic test results[2]

Basic understanding of technique and function, including quality assurance and limitations
Common findings
Basic interpretation (e.g., differentiation between normal and abnormal results, implications)
Point-of-care testing: • Urinalysis • Phlebotomy draw
Diagnostic tests: • Bloodwork (arterial/venous blood gases) • Diagnostic imaging (radiographs, computerized tomography) • Electrocardiogram • Ultrasound

2. According to jurisdictional scopes of practice (e.g., ultrasound for ACP and CCP in Alberta; for CCP in Manitoba, Newfoundland and Labrador, and Saskatchewan)

EMERGENCY PREPAREDNESS AND MANAGEMENT

10 Disaster response (e.g., natural occurrences, terrorism)

- Triage, movement coordination system
- Systems support requirements
- Response to changing dynamics of situation
- Psychological impact on community resources and first responders

11 Patient management following chemical, biological, radiological, nuclear, and explosives (CBRNE) incidents

- Organic compounds and their hazards
- Fundamental biochemical reactions
- Basic cellular physiology, energy production, and the manufacture of biomolecules
- Predicted effects of hazardous materials on body systems, including potential target organs
- Potential acute or chronic medical sequelae that may result from single or recurring exposures to hazardous materials
- Workplace Hazardous Materials Information System (WHMIS) and Materials Safety Data Sheets (MSDS)/Safety Data Sheets (SDS)
- Emergency Response Guidebook (Transport Canada)
- CBRNE agents
- Signs and symptoms of agent exposure
- Potential dissemination devices
- Importance, levels, and limitations of personal protective equipment
- Safety procedures, precautions
- Avoidance of agents and hazards
- Defining inner and outer perimeters
- Principles of CBRNE triage

Need for and control of human decontamination
Chemical countermeasures

12	**Patient management following environmental emergency (e.g., heat exhaustion, cold injury, barotrauma)**
	Causes
	Signs and symptoms of exposure
	Treatment of patients following exposure

13	**Unique needs of neonatal, pediatric, geriatric, bariatric patients, and patients with different abilities, mental health, addictions, and/or psychiatric conditions**
	Developmental parameters, effects on lifespan, abilities, etc.
	Anatomical and physiological differences
	Modifications in approaches to assessment, treatment, communication, use of equipment

Minimum Entry to Practice Skills

ASSESSMENT AND DIAGNOSTICS

14 Continually assess the practice environment

- Conduct point of care risk assessment
- Maintain situational awareness
- Maintain safety
- Secure additional resources

15 Obtain patient and incident history

- Primary complaint and/or incident history from patient, family members, and/or bystanders
- List of medications (prescribed, over the counter, recreational, natural/herbal), and patient adherence
- Allergies, including to medications
- Medical history
- Last oral intake, bowel movement, menstrual cycle
- Integrate above information into assessment

16 Conduct complete physical assessment

- Determine immediate threats to life
- Further assess based on patient presentation, including level of distress, pain
- Conduct in-depth assessment of systems and patient as appropriate
- Adapt assessment techniques according to patient presentation
- Infer clinical impressions

17 Determine mental health status

- Assess patient's capacity to consent to care decisions
- Consider risk and cognitive factors
- Recognize substance use, addictions, mental health and psychiatric conditions in patients

18 Assess vital signs and interpret findings

Pulse (rate, rhythm, quality)

Respiration (rate, effort, depth, symmetry)

Non-invasive temperature monitoring

Blood pressure

- Auscultation
- Palpation
- Non-invasive blood pressure monitoring

Skin condition (temperature, colour, moisture, turgor)

Pupils (size, symmetry, reactivity)

Level of consciousness: Alert, Voice, Pain, Unresponsive (AVPU), Glasgow Coma Scale (GCS)

19 Utilize diagnostic tests and/or interpret findings, using:

Pulse oximetry

End-tidal carbon dioxide (EtCO2) monitoring

Glucometric testing

Peripheral venipuncture

Electrocardiogram (ECG) monitoring

Urinalysis

20 Integrate laboratory findings/diagnostic imaging results into patient care

Radiological data

Computerized tomography (CT) scan

Ultrasound

Arterial blood gas (ABG), venous blood gas (VBG)

THERAPEUTICS

21 Maintain patency of upper airway and trachea

- Use manual maneuvers and positioning to maintain airway patency
- Suction oropharynx
- Suction beyond oropharynx
- Utilize oropharyngeal airway
- Utilize nasopharyngeal airway
- Utilize supraglottic airway devices
- Remove airway foreign bodies by direct techniques
- Remove airway foreign bodies by indirect techniques
- Perform tracheostomy reinsertion

22 Administer oxygen

- Determine purpose, indications, potential complications, and safety issues
- Select and prepare device
- Ensure safe handling
- Perform adjustments and necessary troubleshooting
- Identify replacement needs

23 Use oxygen delivery systems

- Nasal canula
- Low concentration mask
- Increase/decrease oxygen concentration
- High concentration mask

24	**Administer ventilation (in the context of 25 and 26 below)**
	Determine purpose, indications, potential complications, and safety issues
	Select ventilation system type
	Ensure safe handling
	Perform adjustments and necessary troubleshooting
	Identify replacement needs

25	**Administer manual positive pressure ventilation (i.e., bag valve device)**
	Provide oxygenation and ventilation using manual positive pressure devices
	Rate, rhythm, volume, compliance
	Positive end expiratory pressure
	One- or two-person application
	Continuous positive airway pressure (CPAP)
	Bilevel positive airway pressure (BIPAP)
	High flow nasal cannula therapy (HFNCT)
	Positive End Expiratory Pressure (PEEP), manometry
	Pulse oximetry
	Capnography, EtCO2

26	**This section does not apply to the Primary Care Paramedic. See other designations for more information.**

27	**Hemodynamic stability**
27A	***FLUID AND RESUSCITATION***
	Conduct cardiopulmonary resuscitation (CPR), including mechanical
	Maintain peripheral intravenous (IV) access devices and infusions of crystalloid solutions without additives
	Conduct peripheral IV cannulation
	Conduct intraosseous needle insertion

	Administer crystalloid solutions
	Utilize direct pressure infusion devices with IV infusions
	Monitor an infusion of blood and/or blood products
	Conduct automated external defibrillation
	Conduct manual defibrillation
	Adapt care in the presence of a LVAD
27B	***HEMORRHAGE CONTROL***
	Control external hemorrhage
	Tourniquets and hemostatic dressings
	Pelvic binding

28	**Provide routine care**
	Urinary catheters
	Ostomy drainage systems
	Non-catheter urinary drainage systems
	Monitor chest tubes
	Tissue and minor wound care
	Wound closing

29	**Provide care for fractures**
	Immobilize actual and suspected fractures involving appendicular skeleton as appropriate
	Immobilize or stabilize actual and suspected fractures involving axial skeleton, as appropriate.
	Reduce fractures

30	**Provide care for dislocations**
	Stabilize actual and suspected dislocations

31 Patient handling and movement

- Assess patient risk profile
- Prepare practice environment appropriate to patient presentation and characteristics
- Prepare patient for transfer (positioning, safety, stability, precautions, protection from the elements)
- Accompany patient during transfer
- Transfer patient to higher level of care when warranted

32 Administer medications and substances using the following routes:

- Buccal
- Endotracheal
- Inhalation, not including oxygen
- Intramuscular
- Intranasal
- Intraosseous
- Intravenous
- Oral
- Subcutaneous
- Sublingual
- Topical

Notes

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Canadian Organization of Paramedic Regulators

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