



**OPERATIONAL POLICIES  
AND  
PROCEDURES MANUAL**

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**PREAMBLE**

Paramedics certified with Sunnybrook and working with any of the affiliated Services will perform their duties pursuant to Sunnybrook and local Services Policies and Procedures.

The flowcharts contained in this document represent visual depiction of the policies and procedures that they follow. In cases when there are discrepancies between the policy and the flowchart, the policy takes precedence.

**SUNNYBROOK REGIONAL BASE HOSPITAL PROGRAM**

**SECTION 1**

**AVAILABILITY OF THE SUNNYBROOK REGIONAL BASE HOSPITAL PROGRAM POLICIES  
& PROCEDURES MANUAL**

This Sunnybrook Regional Base Hospital Program Operational Policies and Procedures Manual, applies to paramedics working in the affiliated Services, as per Appendix A.

All references to Level 2 (L2) Paramedics apply to Toronto Paramedic Services only.

Sunnybrook will make this Operational Policies and Procedures Manual available to the paramedics and internal and external stakeholders as a downloadable and printable document on our publically accessible website and on the Sunnybrook corporate website for internal users.

This manual will be reviewed annually and updated as necessary.

The existence of this manual renders all other policies and procedures of the Sunnybrook Base Hospital Program null and void, as per Appendix A.

## ACRONYMS

For the purposes of this manual the following acronyms apply:

<b>ACP</b>	means Advanced Care Paramedic;
<b>ACR or e-PCR</b>	means an Ambulance Call Report in paper (ACR) or electronic form (e-PCR);
<b>AEMCA</b>	means Advanced Emergency Medical Care Assistant;
<b>ALS Standards</b>	mean the Advanced Life Support Patient Care Standards;
<b>AW</b>	means Airway;
<b>BH</b>	means Base Hospital;
<b>BHP</b>	means Base Hospital Physician;
<b>BLS Standards</b>	mean the Basic Life Support Patient Care Standards;
<b>BVM</b>	means Bag Valve Mask;
<b>CACC</b>	means Central Ambulance Communication Centre;
<b>CCP</b>	means Critical Care Paramedic;
<b>CDSA</b>	means Controlled Drugs and Substances Act;
<b>CME</b>	means Continuing Medical Education approved by the Base Hospital;
<b>CMPA</b>	means Canadian Medical Protective Association;
<b>CPAP</b>	means Continuous Positive Airway Pressure;
<b>CPSO</b>	means the College of Physicians and Surgeons of Ontario;
<b>CQI</b>	means Continuous Quality Improvement;
<b>CTAS</b>	means Canadian Triage and Acuity Scale;
<b>CVAD</b>	means Central Venous Access Device;
<b>EHS</b>	means Emergency Health Services;
<b>EM</b>	means Emergency Medicine;
<b>EMS</b>	means Emergency Medical Services;
<b>ETT</b>	means Endotracheal Tube;
<b>IEP</b>	means Individual Education Plan;
<b>IO</b>	means Intraosseous;
<b>IV</b>	means Intravenous;
<b>KAT</b>	means Knowledge Assessment Tool;
<b>L2</b>	means Level 2 Paramedic;
<b>MC</b>	means Medical Council;
<b>MD</b>	means Medical Director;
<b>MDI</b>	means Metered Dose Inhaler;
<b>MOHLTC/Ministry</b>	means Ministry Of Health and Long Term Care;

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<b>MPSC</b>	means Manager of Professional Standards and Compliance;
<b>NOCP</b>	means Paramedic Association of Canada National Occupational Competency Profile for PCP/ACP & CCP;
<b>O<sub>2</sub></b>	means Oxygen;
<b>OBHG Exec</b>	means Ontario Base Hospital Group Executive Committee;
<b>OBHG MAC</b>	means Ontario Base Hospital Group Medical Advisory Committee; means Performance Agreement;
<b>PA</b>	
<b>PCP</b>	means Primary Care Paramedic;
<b>PCP AIV</b>	means Primary Care Paramedic Autonomous Intravenous;
<b>PDCA</b>	means Plan Do Check Act;
<b>PDF</b>	means Portable Document Format;
<b>PFF</b>	means Paramedic Feedback Form;
<b>PHIPA</b>	means the Personal Health Information Protection Act;
<b>PPE</b>	means Personal Protective Equipment;
<b>PPRC</b>	means Paramedic Practice Review Committee;
<b>PPT</b>	means Power Point Presentation;
<b>PRN</b>	means as needed;
<b>QI</b>	means Quality Improvement;
<b>RBH</b>	means Regional Base Hospital;
<b>REB</b>	means Research Ethics Board;
<b>RHPA</b>	means Regulated Health Professions Act;
<b>RTP</b>	means Return to Practice;
<b>SAP</b>	means Special Access Program;
<b>SGA</b>	means Supraglottic Airway;
<b>SOP</b>	means a Service Standardized Operating Procedure;
<b>TOC</b>	means Transfer of Care

**Accepted abbreviations:**

Refer to MOHLTC – ACR/e-PCR Documentation Standards

## DEFINITIONS

For the purposes of this manual the following definitions apply, exceptions are captured in the specific policies:

<b>ACR/e-PCR audits</b>	means reviews performed on the documentation completed by paramedics;
<b>ACR Manual</b>	means the Ambulance Call Report Completion Manual of the Emergency Health Services Branch of the Ministry, current version;
<b>Act</b>	means the Ambulance Act, Ontario Regulation 257/00 and any regulations thereunder, as amended or replaced from time to time;
<b>Adverse Event</b>	means an event which results in unintended harm to the patient and is related to the ALS Standards of care provided to the patient rather than to the patient's underlying medical condition;
<b>ALS Standards</b>	mean the Advanced Life Support Patient Care Standards of the Emergency Health Services Branch of the Ministry, consistent with the provincial medical directives recommended by the OBHG MAC and approved by the director of MOHLTC EHS Branch;
<b>Auditor</b>	means an individual who performs ACR/e-PCR audits;
<b>Authorization</b>	for the purpose of this document, the terms "authorization" and "certification" are deemed to be interchangeable;
<b>Base Hospital</b>	means a hospital, designated by the Minister to provide Base Hospital Program;
<b>Base Hospital Program</b>	has the meaning ascribed to it in the Ambulance Act;
<b>Base Hospital Physician</b>	means a physician with the authority to delegate to the certified paramedics within Sunnybrook;
<b>BLS Standards</b>	mean the Basic Life Support Patient Care Standards of the Emergency Health Services Branch of the Ministry;
<b>Case Review</b>	means a review performed by Sunnybrook related to patient care provided by



paramedic(s);

**Certification** means a written authorization to perform selected Medical Controlled Acts under the license/registration of a Base Hospital Medical Director;

**Clinical Audit** means a comparison of documented and/or recorded paramedic clinical practice to the ALS Standards and other clinical guidelines;

**Clinical Care Incident** means an act (plan, decision, choice, action or inaction) that when viewed in retrospect was not to standard and resulted in an actual or potential adverse event or a close call;

**Close Call** means an event with the potential for harm that did not result in harm, because it did not reach the patient due to timely intervention, or good fortune (sometimes called a near miss);

**CME Cycle** means preplanned CME timeframe, assigned for the purposes of the maintenance of certification;

**Compulsory CME** means prescribed educational activities that are mandatory for all paramedics to attend during the designated CME cycle;

**Controlled Act** has the meaning ascribed to it in the Regulated Health Professions Act;

**CPSO Policy** means the CPSO policy for the Delegation of Controlled Acts and Guidelines for teaching Controlled Acts under Section 28 of the Regulated Health Professions Act and under the Medicine Act;

**Cross-Certification** means a process, by which paramedics currently certified by an Ontario Regional Base Hospital seek certification from another Base Hospital;

**Curriculum Development Framework** means a standardized process for developing, designing and approving educational materials;

**Days** Means Base Hospital business days (i.e., Monday to Friday);

<b>Deactivation</b>	means temporary suspension of selected certified paramedic privileges to perform Controlled Acts by the Base Hospital Medical Director for the purpose of performing remediation;
<b>Decertification</b>	means revocation of a certified paramedic's delegated privileges to perform Controlled Acts;
<b>Documentation Standards</b>	mean the Ambulance Service Documentation Standards of the Emergency Health Services Branch of the Ministry;
<b>Equipment Standards</b>	mean the Provincial Equipment Standards for Ontario Ambulance Services for use of Ontario Land and Air Ambulance Services published by the Ministry of Health Emergency Health Services Branch;
<b>Feedback</b>	means a written form of communication between Sunnybrook and paramedics for events that have been identified, requiring further clarification;
<b>Filter</b>	means an algorithm that compares documented data points with accepted standards and guidelines;
<b>Gap Analysis</b>	means evaluating paramedic's previous authorized level of certification with the requested authorized level of certification;
<b>Harm</b>	means an outcome that negatively affects the patient's health and/or quality of life;
<b>Host Hospital</b>	means Sunnybrook Health Sciences Centre;
<b>Incident</b>	means an irregularity in a paramedic's clinical care within his/her designated authorized level of certification, relating to the ALS Standards and other clinical guidelines;
<b>Level 2 Paramedic</b>	means an employer job classification specific to Toronto Paramedic Services that is comparable to PCP Autonomous IV, with an enhanced authorized level of certification;

<b>Mandatory Patch Point</b>	means a required and predetermined verbal authorization point within a specific medical directive;
<b>Medical Council</b>	means the Medical Council of Sunnybrook;
<b>Medical Delegation</b>	means a mechanism that allows a physician who is authorized to perform a controlled act to confer that authority to another person (whether regulated or unregulated), who is not independently authorized to perform the act;
<b>Medical Director</b>	means a physician appointed by the Host Hospital, through Sunnybrook as a Medical Director of the Base Hospital Program;
<b>MOHLTC ACP Examination Occurrence</b>	means the examination authorized under part III of reg. 257/00 for the purpose of this document, the terms “incident” and “occurrence” are deemed to be interchangeable;
<b>Paramedic</b>	has the meaning ascribed to it under the Ambulance Act and refers to those paramedics employed by a Service affiliated with Sunnybrook;
<b>Paramedic Guide</b>	means a reference document that includes the ALS Standards and other clinical practice guidelines;
<b>Paramedic Practice Overview</b>	means an individual report outlining paramedic clinical activities, as per the ALS Standards;
<b>Paramedic Service</b>	(herein after referred to as the “Service”) means an Ambulance Service provider certified to provide this service, as defined under the Ambulance Act;
<b>Patch</b>	means a recorded voice to voice communication between a paramedic and a BHP, which may result in further medical direction;
<b>Patch Failure</b>	means an inability of paramedic or communication officer to contact BHP;
<b>Patient</b>	has the meaning ascribed to it in Ontario Regulation 257/00 under the

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	Ambulance Act;
<b>PCP Autonomous IV Practitioner</b>	means a paramedic who has successfully completed the provincially-endorsed IV education and training program and been delegated the autonomous IV scope, as prescribed in the ALS Standards by a Sunnybrook Medical Director;
<b>Performance Agreement</b>	means an agreement with the MOHLTC for the provision of the operation of a Base Hospital Program, as per the Ambulance Act;
<b>Reactivation</b>	means reinstatement of suspended privileges after a period of deactivation;
<b>Receiving Facility</b>	means a healthcare institution designated as a hospital, as defined by Regulation 964 of the Public Hospitals Act;
<b>Regional Base Hospital</b>	means a hospital that is designated by the Minister in accordance with section 4(2) of the Ambulance Act, as amended by the Services Improvement Act;
<b>Remediation</b>	means an educational plan a paramedic is required to complete, following an audit, investigation, deactivation, or evaluation of clinical practice/knowledge;
<b>Self-Report</b>	means a written notification from a paramedic to Sunnybrook describing an incident, occurrence, or other matter that affected or had the potential to affect the patient;
<b>Service</b>	refers to Paramedic Service;
<b>Service Agreement</b>	means an agreement with an Upper-Tier Municipality (UTM) or a Designated Delivery Agent (DDA);
<b>Special Access Drugs</b>	means medications available under the SAP, which are unavailable for sale in Canada. This access is limited to patients with serious or life-threatening conditions on a compassionate or emergency basis, when conventional therapies have failed, are unsuitable, or are unavailable;
<b>Special Access Program</b>	considers requests from practitioners for access to non-marketed medications for treatment, diagnosis, or prevention of serious or life-threatening conditions, when

conventional therapies have been considered and ruled out, have failed, are unsuitable, and/or unavailable. The regulatory authority supporting the program is discretionary and a decision to authorize or deny a request is made on a case-by-case basis by taking into consideration the nature of the medical emergency, the availability of marketed alternatives and the information provided in support of the request regarding the use, safety and efficacy of the medication;

**Special Event** means a preplanned gathering with potentially large numbers, which falls outside of normal or routine nature of EMS delivery;

**Special Operations Medical Director** means a Base Hospital Physician who is responsible for delegation of Controlled Acts as defined in the RHPA to Special Operations Paramedics;

**Special Operations Paramedic** means a paramedic who has been designated by the Service to serve as a participant on a Special Operations Team; and who has met the requirements of Sunnybrook for initial and ongoing certification in the use of specified auxiliary medical directives; and who is deployed as part of the team;

**Special Operations Team** means a group of paramedics designated by the Service to respond to certain types of incidents and with specialized training and equipment appropriate to manage those incidents. Special Operations Teams may include, but are not limited to: Heavy Urban Search and Rescue, Chemical/ Biological/ Radiological/ Nuclear/ Explosives/ Hazardous Materials, Public Safety Unit, Tactical Emergency Medical Support, Marine Unit, and Bike Unit teams;

**Sunnybrook** means Sunnybrook Regional Base Hospital;

**Supplementary CME** means continuing medical education that supplements compulsory CME to meet the requirements for the maintenance of certification;

**Variance** means a difference in practice when compared to the ALS Standards that is not necessarily an error;

In the Sunnybrook system an:

- **A variance:** represents a lesser variation that has little or no potential for adversely affecting patient outcomes;

- ***B variance:*** has a moderate potential for adversely affecting patient outcomes;
- ***C variance:*** has a high potential for adversely affecting patient outcomes;

**Voluntary Change of Certification** means revocation of privileges to perform certain Controlled Acts due to a request of the Service and paramedic to a lower level of certification.

## **ROLES & RESPONSIBILITIES**

### **PURPOSE:**

Sunnybrook is a Base Hospital Program that has been designated as such by the MOHLTC to assist and work with the MOHLTC to monitor and ensure quality of ambulance based prehospital patient care.

### **REFERENCE DOCUMENTS:**

Sunnybrook Health Sciences Centre and Regional Base Hospital Performance Agreement

### **RESPONSIBILITIES OF THE REGIONAL BASE HOSPITAL:**

Sunnybrook provides medical direction, advice, paramedic certification, continual medical education and QA/CQI to ambulance based prehospital emergency healthcare providers within a broad based, multidisciplinary, emergency health services system in a specified geographical area.

Sunnybrook acts as a resource center and facilitator to assist the MOHLTC in ensuring that ambulance based prehospital care and transportation meets the ALS Standards set out in the Regulations.

Sunnybrook also functions in an advisory capacity to the MOHLTC on matters relating to ambulance based prehospital care.

Sunnybrook continues to support and work cooperatively with the MOHLTC towards the accomplishment of the MOHLTC objectives.

## **MISSION, VISION AND VALUES**

### **OUR MISSION:**

We care for our patients and their families when it matters most. In partnership with the University of Toronto, Sunnybrook leads by discovery, innovation, teaching, and learning.

### **OUR VISION:**

Sunnybrook invents the future of healthcare.

### **VALUES:**

**Excellence:** We will exceed the expectations of our patients and their families by anticipating their needs, improving access to care, and ensuring the quality and safety of care.

**Collaboration:** We value partnering with others to achieve our mission and vision.

**Accountability:** My decisions impact the lives of others. I will assume responsibility for the commitments I make to our colleagues, patients, health care partners and communities. I am the face of Sunnybrook and my actions will improve the hospital.

**Respect:** There is strength in our differences. By embracing how we are each unique and how every person's perspective is of value, Sunnybrook can be a leader in health care.

**Engagement:** We are all active members of the Sunnybrook team and therefore integral to the hospital's success. By engaging others and being invested in our work, we all contribute to achieving our mission and vision.



### **REFERENCE DOCUMENTS**

*All referenced documents refer to the most current versions, as these documents may be amended from time to time.*

ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;

AMBULANCE ACT, R.S.O.;

AMBULANCE ACT, ONTARIO REGULATION 257/00;

AMBULANCE CALL REPORT COMPLETION MANUAL, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;

AMBULANCE SERVICE DOCUMENTATION STANDARDS, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;

BASIC LIFE SUPPORT PATIENT CARE STANDARDS (BLS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;

CANADIAN TRIAGE AND ACUITY SCALE (CTAS) PARTICIPANT PACKAGE, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;

CONTROLLED DRUGS AND SUBSTANCES ACT;

DELEGATION OF CONTROLLED ACTS, POLICY STATEMENT #5-12, COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO (CPSO);

DISCLOSURE OF ADVERSE EVENTS, THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION (CMPA);

DRUGS AND HEALTH PRODUCTS, SPECIAL ACCESS PROGRAMME (SAP), HEALTH CANADA;

NATIONAL OCCUPATIONAL COMPETENCY PROFILE (NOCP), PARAMEDIC ASSOCIATION OF CANADA;

OCCUPATIONAL HEALTH AND SAFETY ACT;

PERFORMANCE AGREEMENT - MOHLTC AND SUNNYBROOK HEALTH SCIENCES CENTRE REGIONAL BASE HOSPITAL;

PERSONAL HEALTH INFORMATION PROTECTION ACT;

PRIMARY CARE PARAMEDIC AUTONOMOUS INTRAVENOUS THERAPY PROGRAM, ONTARIO BASE HOSPITAL GROUP;

PROVINCIAL EQUIPMENT STANDARDS FOR ONTARIO AMBULANCE SERVICES, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;

PUBLIC HOSPITALS ACT;

REGULATED HEALTH PROFESSIONS ACT;

SECTION 56 CLASS EXEMPTION FOR DESIGNATED ADMINISTRATORS OF AMBULANCE SERVICE OPERATORS IN ONTARIO, HEALTH CANADA;

TRAINING BULLETIN, DECEASED PATIENT STANDARD, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;

TRAINING BULLETIN, DO NOT RESUSCITATE (DNR) STANDARDS, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.

**APPENDIX A**  
**(to Section 1)**  
**AFFILIATED SERVICES**

**AFFILIATED SERVICES**

1. Beausoleil First Nation Paramedic Services;
2. Halton Region Paramedic Services;
3. Muskoka Emergency Medical Services;
4. Peel Regional Paramedic Services;
5. Rama First Nation Emergency Medical Services;
6. County of Simcoe Paramedic Services;
7. Toronto Paramedic Services.

**SECTION 2 CLINICAL PRACTICE POLICIES****PARAMEDIC FILES POLICY**

<b>Category:</b>	Operational Policies
<b>Sub-Category:</b>	Clinical Practice Policies
<b>Title:</b>	Paramedic Files
<b>Policy Number:</b>	RBH-003
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	3-Feb-2014
<b>Reviewed: (mm/dd/yyyy)</b>	16-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date:</b>	13-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

**POLICY STATEMENT:**

Sunnybrook will maintain a central file on each paramedic presented for certification by a Base Hospital Medical Director.

**PROCEDURE:**

In accordance with the Performance Agreement, Sunnybrook will maintain a secure electronic file containing all relevant and required documentation for each paramedic certified to a specified authorized level of certification by Sunnybrook.

Each paramedic file shall contain, but not limited to the following:

1. Documents relevant to initial certification for each authorized level of certification. The aforementioned documents may include: certificates of completion or written correspondence from a BHP and/or Service that outline the authorized level of certification.
2. Documents relevant to the maintenance of certification. These may include, but not limited to: certificates of completion, course rosters, or written correspondence related to Sunnybrook education or certification event that outlines authorized level of certification and the nature of the event (CME, RTP, Remediation, etc.).

3. Documents relevant to any change in certification status. These may include, but not limited to: investigation reports or written correspondence from a BHP or Service that led to the decertification or deactivation and subsequent, if applicable, reactivation or recertification.
4. Documents relevant to the clinical audit process. These may include: e-mails, PFFs, records, investigation reports and paramedic practice overview.
5. Any documents relevant to the relationship between the paramedic and Sunnybrook, e.g. Photograph Consent Form.

A paramedic may request in writing to view his/her file, which will be coordinated with a Sunnybrook Program Manager.

1. Request will be accepted via written communication in electronic or hardcopy format.
2. A paramedic will receive written confirmation that the request has been received.
3. A mutually acceptable date will be scheduled within twenty eight (28) days.
4. The file will be viewed at an agreed upon location.

**REFERENCE DOCUMENTS:**

1. *AMBULANCE ACT, ONTARIO REGULATION 257/00;*
2. *PERFORMANCE AGREEMENT - MOHLTC AND SUNNYBROOK HEALTH SCIENCES CENTRE REGIONAL BASE HOSPITAL.*

**APPENDICES:**

1. *APPENDIX A, PHOTOGRAPH CONSENT FORM.*

# **APPENDIX A**

## **PHOTOGRAPH CONSENT FORM**



NAME \_\_\_\_\_

EHS# \_\_\_\_\_

**PHOTOGRAPH CONSENT FORM**

The following is to confirm that I, the undersigned, grant permission to Sunnybrook Centre for Prehospital Medicine (henceforth referred to as Sunnybrook) to take a digital photograph of me to be used only by Sunnybrook for provider identification purposes. The image will/may be used as a part of the Paramedic's Base Hospital File. The image will reside within the individual's personal file at Sunnybrook. The image will not be disseminated in any way and will be stored securely in a password protected server.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT TO USE OF IMAGE**

If I take part in events through Sunnybrook I understand that pictures taken may be used for promotional purposes. I \_\_\_\_\_ hereby give Sunnybrook, its employees and those acting with its authorization the right and permission to use and / or publish images of me in promotional materials, which may include Power Points, brochures, information sheets and the Sunnybrook website ([www.prehospitalmedicine.ca](http://www.prehospitalmedicine.ca)). I hereby waive any right to inspect or approve the finished or publicized photographs.

I understand the circumstances under which I have given this authority and the uses to which the photograph may or will be used. I have the legal capacity to give this authority, and I give this consent voluntarily.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EXPECTATIONS OF PARAMEDIC PRACTICE POLICY



<b>Category:</b>	Operational Policies
<b>Sub-Category:</b>	Clinical Practice Policies
<b>Title:</b>	Expectations of Paramedic Practice
<b>Policy Number:</b>	RBH-004
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	3-Feb-2014
<b>Reviewed: (mm/dd/yyyy)</b>	17-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date:</b>	13-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

The Expectations of Paramedic Practice Policy summarizes what is expected of all paramedics certified by Sunnybrook.

It is expected that paramedics certified by Sunnybrook will demonstrate behavior and commitment to practices that are consistent with the mission, vision and values of Sunnybrook and the host hospital, Sunnybrook Health Sciences Centre.

Specific to each paramedic's practice while certified, paramedics must know and comply with what is expected in:

1. Achieving and maintaining certification with Sunnybrook;
2. Performing Controlled Acts;
3. Matters involving privacy and conflict of interest with respect to patient care provided under the ALS Standards and the BLS Standards Code of Conduct.

Paramedics who do not meet the content of this policy will be subject to review and counseling by Sunnybrook. Repeated or isolated gross violation of this policy can result in deactivation or decertification at the discretion of the Medical Director.



**PROCEDURE:**

*A paramedic shall:*

1. Complete all requirements to achieve and maintain certification as required for his/her authorized level of certification;
2. Practice according to the ALS Standards as authorized by Sunnybrook;
3. Practice according to the BLS Standards Code of Conduct.

**REFERENCE DOCUMENTS:**

1. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
2. *PERSONAL HEALTH INFORMATION PROTECTION ACT;*
3. *BASIC LIFE SUPPORT PATIENT CARE STANDARDS (BLS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
4. *DELEGATION OF CONTROLLED ACTS, POLICY STATEMENT #5-12, COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO (CPSO).*

**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *MAINTENANCE OF CERTIFICATION POLICY;*
2. *AUTHORIZED LEVEL OF CERTIFICATION POLICY.*

## AUTHORIZED LEVEL OF CERTIFICATION POLICY



<b>Category:</b>	Operational Policies
<b>Sub-Category:</b>	Clinical Practice Policies
<b>Title:</b>	Authorized Level of Certification
<b>Policy Number:</b>	RBH-005
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	3-Feb-2014
<b>Reviewed: (mm/dd/yyyy)</b>	17-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date:</b>	13-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

The authorized level of certification of paramedics is defined by the Ambulance Act. This includes: skills, competency schedules of Regulation 257/00 of the Ambulance Act and the ALS Standards, as approved by the MOHLTC. Additionally, authorized level of certification is medically appropriate for the system's community. Sunnybrook is required to provide education, training, and certification for paramedics based on this predetermined, defined authorized level of certification, when required by the ALS Standards.

The authorized level of certification only applies to paramedics employed by one of the affiliated Services and while on duty or on a Service authorized activity.

Sunnybrook shall adhere to Provincial Medical Directives recommended by OBHG MAC and approved by the Director of the MOHLTC EHS Branch.

### **PROCEDURE:**

Sunnybrook will certify paramedics following successful completion and attainment of the requirements for certification. All paramedics certified, as per the core medical directives and any auxiliary medical directives and/or medications, as per the ALS Standards, will be defined by mutual agreement between Sunnybrook and the local Service.

In accordance with the ALS Standards, a L2's authorized level of certification is deemed to include, but is not necessarily limited to the patient care standards consistent with a PCP IV autonomous practitioner.

**REFERENCE DOCUMENTS:**

1. *AMBULANCE ACT, ONTARIO REGULATION 257/00;*
2. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.*

**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *SPECIAL OPERATION TEAMS POLICY.*

**APPENDICES:**

1. *APPENDIX A, ACP/PCP LIST OF MEDICATIONS AND MEDICAL DIRECTIVES.*

# **APPENDIX A**

## **AUXILIARY MEDICAL DIRECTIVES AND ACP/PCP LIST OF MEDICATIONS**

Sunnybrook certifies Paramedics in accordance with the Ontario Advanced Life Support Patient Care Standards (ALS PCS), including the Ontario ALS PCS Auxiliary Medical Directives, if any, as listed below by EMS Service.

**AUXILIARY MEDICAL DIRECTIVES**

<b>PCP AUXILIARY MEDICAL DIRECTIVES</b>	<b>Simcoe</b>	<b>BFN</b>	<b>Rama</b>	<b>Muskoka</b>	<b>Peel</b>	<b>Halton</b>	<b>Toronto</b>
Intravenous and Fluid Therapy	✓	✓	✓	✓	✓	✓	NA
Continuous Positive Airway Pressure (CPAP)	✓	✓	✓	NA	✓	✓	NA
Supraglottic Airway	✓	✓	✓	✓	✓	✓	NA
Nausea/Vomiting	✓	✓	✓	✓	✓	✓	✓
Electronic Control Device Probe Removal	✓	✓	✓	✓	✓	✓	✓
Minor Abrasions (Special Event)	✓	✓	✓	✓	✓	✓	✓
Minor Allergic Reaction (Special Event)	✓	✓	✓	✓	✓	✓	✓
Muskuloskeletal Pain (Special Event)	✓	✓	✓	✓	✓	✓	✓
Headache (Special Event)	✓	✓	✓	✓	✓	✓	✓
Home Dialysis	✓	✓	✓	✓	✓	✓	✓
<b>ACP AUXILIARY MEDICAL DIRECTIVES</b>	<b>Simcoe</b>	<b>BFN</b>	<b>Rama</b>	<b>Muskoka</b>	<b>Peel</b>	<b>Halton</b>	<b>Toronto</b>
Adult Intraosseous	✓	NA	NA	NA	✓	✓	NA
Central Venous Access Device Access	✓	NA	NA	NA	✓	✓	✓
Continuous Positive Airway Pressure (CPAP)	✓	NA	NA	NA	✓	✓	NA
Supraglottic Airway	✓	NA	NA	NA	✓	✓	NA
Cricothyrotomy	NA	NA	NA	NA	✓	✓	✓
Nausea/Vomiting	✓	NA	NA	NA	✓	✓	✓
Combative Patient	✓	NA	NA	NA	✓	✓	✓
Procedural Sedation	✓	NA	NA	NA	✓	✓	✓
Electronic Control Device Probe Removal	✓	NA	NA	NA	✓	✓	✓
Minor Abrasions (Special Event)	✓	NA	NA	NA	✓	✓	✓
Minor Allergic Reaction (Special Event)	✓	NA	NA	NA	✓	✓	✓
Muskuloskeletal Pain (Special Event)	✓	NA	NA	NA	✓	✓	✓
Headache (Special Event)	✓	NA	NA	NA	✓	✓	✓
Nasotracheal Intubation	NA	NA	NA	NA	✓	✓	✓
Home Dialysis Emergency Disconnect	✓	NA	NA	NA	✓	✓	✓
<b>CBRNe AUXILIARY MEDICAL DIRECTIVES</b>	<b>Simcoe</b>	<b>BFN</b>	<b>Rama</b>	<b>Muskoka</b>	<b>Peel</b>	<b>Halton</b>	<b>Toronto</b>
Hydrofluoric Acid Exposure	✓	NA	NA	NA	NA	NA	✓
Administration of Atropine, either Pralidoxime Chloride (2 PAM) or Obidoxime and Diazepam for Nerve Agent Exposure	✓	NA	NA	NA	NA	NA	✓
Pediatric Administration of	✓	NA	NA	NA	NA	NA	✓

Atropine, either Pralidoxime Chloride (2 PAM) or Obidoxime and Diazepam for Nerve Agent Exposure							
Administration of Antidotes for Cyanide Exposure	✓	NA	NA	NA	NA	NA	✓
Symptomatic Riot Agent Exposure	✓	NA	NA	NA	NA	NA	NA

**ACP LIST OF MEDICATIONS**

<b>MEDICATIONS LIST</b>	<b>Halton</b>	<b>Peel</b>	<b>Simcoe</b>	<b>Toronto</b>
Acetaminophen	✓	✓	✓	✓
Adenosine	✓	✓	✓	✓
Amiodarone	✓	✓	✓	✓
ASA	✓	✓	✓	✓
Atropine	✓	✓	✓	✓
Calcium Gluconate	✓	✓	✓	✓
Dextrose	✓	✓	✓	✓
Dimenhydrinate (Gravol)	✓	✓	✓	✓
Diphenhydramine (Benadryl)	✓	✓	✓	NA
Dopamine	✓	✓	✓	✓
Epinephrine	✓	✓	✓	✓
Glucagon	✓	✓	✓	✓
Glucose (oral)	✓	✓	✓	✓
Ibuprofen	✓	✓	✓	✓
Ketorolac	✓	✓	✓	✓
Lidocaine	✓	✓	✓	✓
Midazolam	✓	✓	✓	✓
Morphine	✓	✓	✓	✓
Naloxone	✓	✓	✓	✓
Normal Saline 0.9%	✓	✓	✓	✓
Nitroglycerin	✓	✓	✓	✓
Salbutamol	✓	✓	✓	✓
Sodium Bicarbonate	✓	✓	✓	✓
Xylometaxoline	✓	✓	NA	✓

**PCP LIST OF MEDICATIONS**

MEDICATIONS LIST	Beausoleil PCP	Muskoka PCP	RAMA PCP	Halton PCP	Peel PCP	Simcoe PCP	Toronto	
							PCP	Level II
Acetaminophen	✓	✓	✓	✓	✓	✓	✓	✓
ASA	✓	✓	✓	✓	✓	✓	✓	✓
Dextrose (PCP –AIV)	✓	✓	✓	✓	✓	✓	NA	✓
Dimenhydrinate (Gravol)	✓	✓	✓	✓	✓	✓	✓	✓
Diphenhydramine (Benadryl)	✓	✓	✓	✓	✓	✓	NA	NA
Epinephrine	✓	✓	✓	✓	✓	✓	✓	✓
Glucagon	✓	✓	✓	✓	✓	✓	✓	✓
Glucose (oral)	✓	✓	✓	✓	✓	✓	✓	✓
Ibuprofen	✓	✓	✓	✓	✓	✓	✓	✓
Ketorolac	✓	✓	✓	✓	✓	✓	✓	✓
Naloxone	✓	✓	✓	✓	✓	✓	✓	✓
Nitroglycerine	✓	✓	✓	✓	✓	✓	✓	✓
Normal Saline 0.9% (PCP – AIV)	✓	✓	✓	✓	✓	✓	NA	✓
Salbutamol	✓	✓	✓	✓	✓	✓	✓	✓



## ADMINISTRATION & MAINTENANCE OF CONTROLLED SUBSTANCES POLICY



<b>Category:</b>	Operational Policies
<b>Sub-Category:</b>	Clinical Practice Policies
<b>Title:</b>	Administration & Maintenance of Controlled Substances
<b>Policy Number:</b>	RBH-006
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	4-Feb-2014
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<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

It is Sunnybrook policy to meet the requirements of the Controlled Drugs Substances Act and related Narcotic Control Regulations, Section 56, and its applicable exemptions as they pertain to the Services and paramedics (s.56) by providing advice and support to the development of a system that ensures locked storage of narcotics and controlled medications, written records of medication administration and wastage, and close monitoring by means of medication counts at specified intervals to verify correct counts.

All the Service designated administrators and paramedics who receive inventory or administer a narcotic or controlled medications are subject to this policy. The Services are required to develop, in collaboration with Sunnybrook, standard operating procedures that clearly document the requirements of the Act.

### **DEFINITION(s):**

**NOTE:** for the purposes of this Policy only, definitions reflect the Controlled Drugs and Substances Act, Statement on Section 56 Class Exemption for Advanced Care Paramedics and Critical Care Paramedics in Ontario.

<b>Controlled Substances:</b>	means a substance included in Schedule I, II, III, IV or V of the Controlled Drug and Substances Act.
<b>Designated Administrator:</b>	means a person who is in a managerial position and is responsible for ordering, transporting, storing, and providing controlled substances to affected paramedics for an ambulance operator

certified under that Ambulance Act (Ontario)

**Medical Director:** (under the act): means a person who is defined as a Medical Director under the Ambulance Act (Ontario) and Ontario Regulation 257/00, and who is ultimately responsible for the activities conducted by paramedics with respect to controlled substances

**Paramedic:** means a person who is authorized by the MOHLTC under Ontario Regulation 257/00 to practice paramedicine as an Advanced Care Paramedic or a Critical Care Paramedic in Ontario and administer controlled substances as a part of the practice of paramedicine, and authorized by a Medical Director of a Base Hospital Program to practice paramedicine for that Base Hospital

**Unserviceable Controlled Substance:** means a drug product containing a controlled substance that is expired, contaminated or damaged, or any residual controlled drug remaining in a multi-dose vial (i.e., wastage)

**PROCEDURE:**

The Service will address the following requirements under the Act prior to the issuance of prescription from the Medical Director to the Service and delegation of drug administration to the paramedic. Sunnybrook must have on file the current Service SOP related to the administration and maintenance of controlled substances.

*1. Procurement*

The Service is to provide Sunnybrook with the name of the pharmacy and contact information, where controlled drugs are to be procured. The Medical Director will provide signed prescriptions for the authorized controlled drugs, as per the ALS Standards and the MOHLTC Equipment Standard.

*2. Documenting Inventory and Daily Use*

The Service is to determine and demonstrate to Sunnybrook the means by which controlled substances will be tracked and documented from issuance to usage. This includes all controlled substances that are administered to patients or become unserviceable.

This process shall include system accountability practices and measures for both the designated administrator and paramedics including an inventory summary report of all usage against issued prescriptions.

3. *Discrepancy Reporting and Investigation Procedures*

In accordance with the Act and Regulations, the Service will provide notification to Sunnybrook of any discrepancy in inventory of controlled substances that is not identified following the Service investigation as administered to a patient or unserviceable within ten (10) days of discovery.

4. *Wastage of Narcotics and Controlled Substances*

This SOP is to include procedures for tracking and disposing controlled substances that remain following the preparation of a patient-specific dose.

5. *Storage and Security of Controlled Substances.*

Narcotics will be strictly controlled, monitored and secured at all times pursuant to applicable laws governing same. This includes drugs in central, base or vehicle inventory, paramedic issue, and restocking transition by operational staff.

If this process is not followed and real or potential misuse is identified system-wide that poses a risk to Sunnybrook, the Medical Director, at his/her discretion, may require immediate suspension of prescriptions for narcotics and/or the withdrawal of medical delegation for all controlled drugs (specifically, narcotics) and substances in relation to the authorized level of certification within the Service.

**REFERENCE DOCUMENTS:**

1. *CONTROLLED DRUGS AND SUBSTANCES ACT;*
2. *DELEGATION OF CONTROLLED ACTS, POLICY STATEMENT #5-12, COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO (CPSO);*
3. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
4. *PROVINCIAL EQUIPMENT STANDARDS FOR ONTARIO AMBULANCE SERVICES, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.*

## SPECIAL ACCESS MEDICATIONS POLICY



<b>Category:</b>	Operational Policies
<b>Sub-Category:</b>	Clinical Practice Policies
<b>Title:</b>	Special Access Medications
<b>Policy Number:</b>	RBH-007
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	4-Feb-2014
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<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

It is Sunnybrook policy to meet the requirements of Health Canada's Special Access Program (SAP).

All the Service designated administrators and paramedics who receive inventory and/or administer a special access drug are subject to this policy. The Services are required to develop, in collaboration with Sunnybrook, standard operating procedures that clearly document the requirements of these drugs under the Health Canada's Special Access Program (SAP). Sunnybrook must have on file the current Service SOP related to the administration and maintenance of special access medications.

### **PROCEDURE:**

In order to carry out this policy the following steps must be taken:

1. The Service will request a special access medication and perform necessary steps to develop standard operating procedures for acquisition, storage, training, and usage of the special access medication.
2. Sunnybrook will submit a request to Health Canada for the use of the special access medication;
3. Health Canada's Special Access Programme (SAP) Instructions for Making a Special Access Future Use Request FORM B will be filled out by Sunnybrook. This should result in Health Canada sending out a "Letter of Authorization", indicating the name of the Drug Company Supplier;
4. The Service will acquire the special access drug and account for all use or disposal of unused medication;

5. Sunnybrook will be notified in writing within five (5) business days when any of these drugs are administered.

**REFERENCE DOCUMENTS:**

1. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
2. *DRUGS AND HEALTH PRODUCTS, SPECIAL ACCESS PROGRAMME (SAP), HEALTH CANADA.*

**PATCHING POLICY**

<b>Category</b>	Operational Policies
<b>Sub-Category</b>	Clinical Practice Policies
<b>Title:</b>	Patching
<b>Policy Number</b>	RBH-009
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	4-Feb-2014
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<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

**POLICY STATEMENT:**

It is the policy of Sunnybrook to outline the communication requirements between paramedics and a BHP. Paramedics will adhere to the ALS Standards and other clinical practice guidelines that define mandatory patch points. Paramedics may contact a BHP for medical consultation if required.

**PROCEDURE:**

Paramedics will contact a BHP as outlined below. Additional Service specific details are defined, as per Appendices A (Toronto Paramedics) & B (Regional, County and First Nation Paramedics).

Paramedics will contact a BHP in the following situations:

1. When they have exhausted their medical directives and further care is required;
2. When required, as per the ALS Standards;
3. When seeking approval for implementation to proceed further with their medical directives;
4. When they feel a consultation with a BHP regarding the current clinical situation would benefit the patient.

Records will be retained on each communication between a BHP and a paramedic in either hard copy or electronic format, as per the CPSO requirements for delegation. All files and documents created as part of the patch process will be treated as medical records. All patches are subject to medical quality review.

**REFERENCE DOCUMENTS:**

1. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*

2. *PERSONAL HEALTH INFORMATION PROTECTION ACT;*
3. *DELEGATION OF CONTROLLED ACTS, POLICY STATEMENT #5-12, COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO (CPSO).*

**OTHER RELEVANT SUNNYBROOK POLICES:**

1. *PRIVACY AND SECURITY OF PERSONAL HEALTH INFORMATION POLICY, SUNNYBROOK CORPORATE POLICIES & PROCEDURES;*
2. *RETENTION AND DESTRUCTION OF RECORDS POLICY, SUNNYBROOK CORPORATE POLICIES & PROCEDURES;*
3. *INTERACTION WITH THE HEALTHCARE PRACTITIONER ON SCENE POLICY.*

**APPENDICES:**

1. *APPENDIX A, TORONTO PATCH PROCESS;*
2. *APPENDIX B, REGIONAL, COUNTY AND FIRST NATION PARAMEDICS PATCH PROCESS.*

# APPENDIX A

TORONTO

PATCH PROCESS



**TORONTO PATCH PROCESS**

**Patch Number:**

**416-636-9871**

**Patch Failure**

1. Attempt maximum twice by cell or radio
2. Attempt through CACC
3. If no cell coverage attempt a radio patch through CACC
4. If unable to contact a physician please refer to your medical directives

**Contact Self-Report**

1. If a procedure was completed out of protocol.
2. If a patch failure was experienced.

# **APPENDIX B**

## **REGIONAL, COUNTY AND FIRST NATION PARAMEDICS PATCH PROCESS**

**REGIONAL, COUNTY AND FIRST NATION  
PARAMEDICS PATCH PROCESS**



**NOTE:**

If the on-call physician does not answer within 24 seconds, the call will be automatically transferred to Sunnybrook.

**PATCH FAILURE:**

1. Attempt maximum twice by cell
2. Attempt through CACC
3. If no cell coverage attempt a radio patch through CACC
4. If unable to contact a physician please refer to your medical directives

**CONTACT SELF-REPORT**

1. If a procedure was completed out of protocol.
2. If a patch failure was experienced.

## ADVISORY MEETINGS POLICY



<b>Category</b>	Operational Policies
<b>Sub-Category</b>	Clinical Practice Policies
<b>Title:</b>	Advisory Meetings
<b>Policy Number</b>	RBH-008
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	4-Feb-2014
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<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

The Sunnybrook Advisory Meetings are authorized to provide advice to Sunnybrook and the Services regarding the development, implementation, coordination and quality improvement of paramedic clinical and educational programs.

#### Functions:

1. Provide advice to Sunnybrook regarding certification, maintenance of certification and recertification procedures relevant to paramedic practice;
2. Provide advice to Sunnybrook on Clinical Practice Guidelines, Medical Directives, Clinical Protocols and the ALS Standards;
3. Provide advice to Sunnybrook on the education needs for paramedics to assist them in maintaining current competence and acquiring competency in new skills;
4. Provide advice to Sunnybrook and the Services on Program Policies and Quality Improvement Programs;
5. Provide consultation with the Services on paramedic operational issues as requested;
6. Strike subcommittees/working groups as required, receive reports and make recommendations to Sunnybrook and the Services;
7. Provide advice to the Prehospital Research Program and other stakeholders on Prehospital Care research design, implementation and coordination;
8. Review the Committee's Terms of Reference annually and make necessary changes;
9. Report minutes to Sunnybrook Medical Council.

**PROCEDURE:**

Sunnybrook will hold meetings as described in the Service Agreement.

**SERVICE RIDE-OUTS POLICY**

<b>Category</b>	Operational Policies
<b>Sub-Category</b>	Clinical Practice Policies
<b>Title:</b>	Service Ride-Outs
<b>Policy Number</b>	RBH-010
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	10-Feb-2014
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<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

**POLICY STATEMENT:**

It is the policy of Sunnybrook to assist the BHPs, EMS fellows and EM residents, participating in the Service ride-outs as part of their practice or training respectively. Medical Students may participate in a Service ride-out as a part of their training. A ride-out consists of spending time with paramedics or supervisors to observe their daily work; provide evaluation of patient care practices and to provide teaching around observed cases or medical directives and medical aspects of the practice of paramedicine.

Sunnybrook may facilitate and/or coordinate a request made by an external stakeholder to schedule an observational Service ride-out.

Sunnybrook will request a ride-out from the Service on a case by case basis subject to the Service approval and the Service requirements.

**PROCEDURE:**

1. The BHPs, EMS fellows, EM residents and medical students will contact the assigned individual at Sunnybrook. At least four weeks' notice must be given to ensure sufficient time is available to schedule a ride-out.
2. Ride-outs may occur 24/7 with any of the Services affiliated with Sunnybrook. Ride-outs must be approved by the Service.
3. A ride-out may be done with a paramedic crew, a single paramedic working in an emergency response unit or a Service supervisor. In some situations, with the approval from the Service, the

BHP, EMS fellow, EM Resident or medical student may transfer to various crews for a wider experience.

4. All BHPs, EMS fellows, EM residents and medical students must sign a Release and Indemnity Form from the appropriate Service, which will be kept on record at Sunnybrook for future ride-outs. This form must be renewed annually.
5. Sunnybrook will ensure that all documentation required by the Service is completed prior to the ride-out occurring.
6. Sunnybrook will ensure that all BHPs, EMS fellows, EM residents and medical students completing a ride-out will have required Personal Protective Equipment (PPE), required insurance coverage and immunizations, as per the Ambulance Act.
7. All BHPs, EMS fellows, EM residents and medical students must comply with business casual dress code of dark colored pants and a shirt.
8. All BHPs, EMS fellows, EM residents and medical students completing a ride-out must provide documentation indicating that they have successfully passed a recognized N95 Fit Test and must carry their Fit Test approved N95 masks on their person at all times.
9. A monetary deposit will be required when Sunnybrook is providing safety equipment or uniform upon availability on loan for the purpose of the ride-out.
10. A hospital identification badge must be worn clearly identifying the individual as an emergency physician or EM resident. Alternative identification for a medical student is a University Medical Student Identification Badge.
11. The BHP, EMS fellow, EM resident, medical student is responsible for his/her own transportation to and from the ride-out departure point.
12. During a ride-out, the BHP, EMS fellow, EM resident, medical student is under the overall supervision of the Service personnel. To maximize safety, the BHP, EMS fellow, EM resident, medical student must follow any directions given to him/her by the paramedic crew or supervisory staff while following the Service specific policies and procedures.
13. The BHP, EMS fellow, EM resident, medical student is responsible to comply with the Occupational Health and Safety Requirements regarding safety equipment.
14. A ride-out is primarily observational. BHPs should not provide direct patient care except under exceptional circumstances. Residents or medical students are not permitted to provide direct patient care unless specifically directed by a BHP.
15. During a call, a ride-out BHP may delegate to a paramedic according to his/her authorized level of certification. Alternatively, a ride-out BHP may request that the paramedic patch to the Base Hospital following usual procedure.
16. EM residents or medical students are not permitted to delegate to paramedics during a ride-out.

17. A Service ride-out log must be completed for each ride-out. The completed log must be returned to Sunnybrook.

**REFERENCE DOCUMENTS:**

1. *OCCUPATIONAL HEALTH AND SAFETY ACT;*
2. *PERSONAL HEALTH INFORMATION PROTECTION ACT.*

**APPENDICES:**

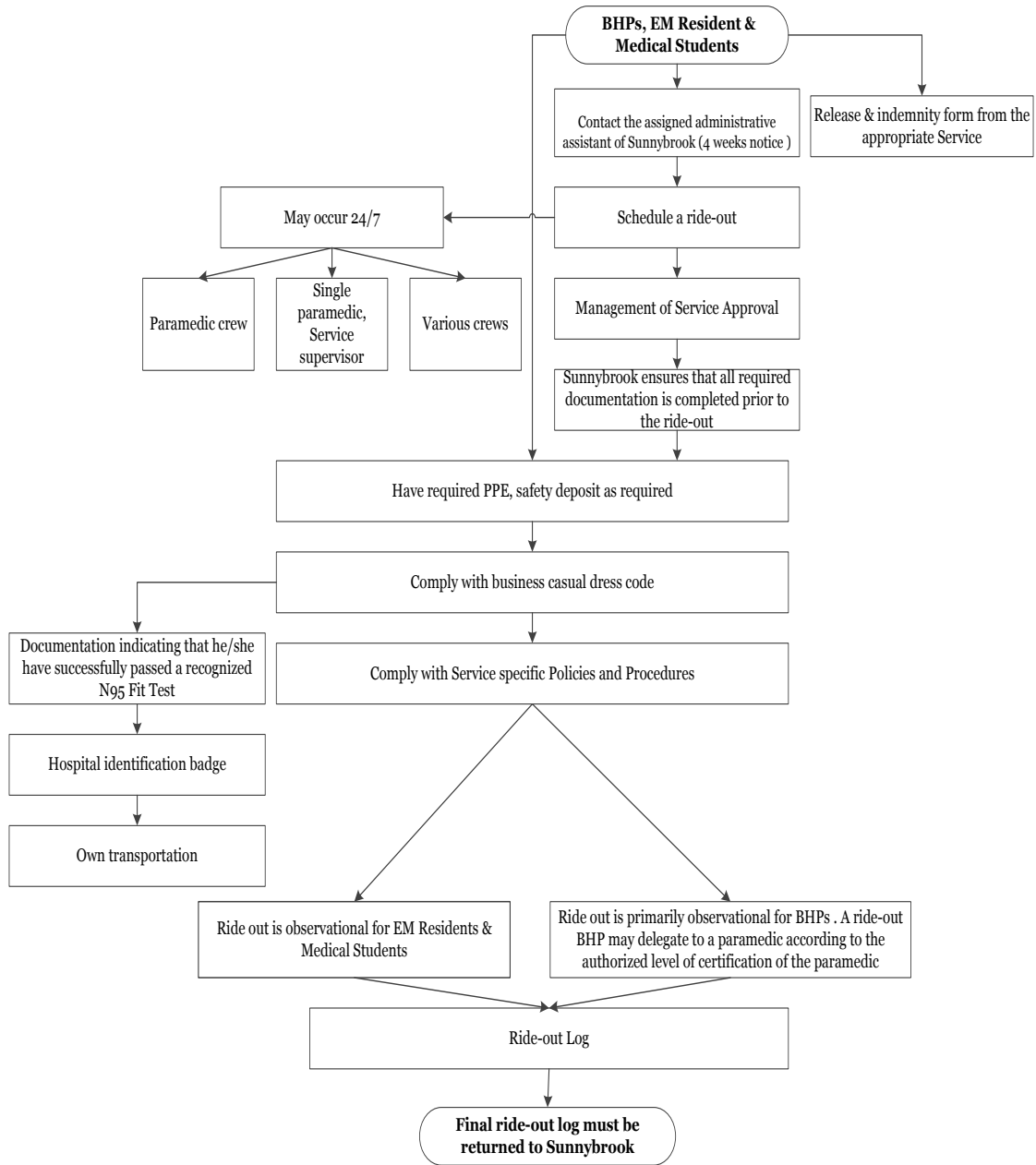
1. *APPENDIX A, FLOWCHART SERVICE RIDE-OUTS PROCESS.*



# **APPENDIX A**

## **FLOWCHART SERVICE RIDE-OUTS PROCESS**

**SERVICE RIDE-OUTS PROCESS**



## MEDICAL DIRECTIVE BOOKS/PARAMEDIC GUIDES POLICY



<b>Category</b>	Operational Policies
<b>Sub-Category</b>	Clinical Practice Policies
<b>Title:</b>	Medical Directive Books/Paramedic Guides
<b>Policy Number</b>	RBH-011
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
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<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

Sunnybrook chooses to assume the responsibility for the distribution of the most current content of the ALS Standards and other clinical practice guidelines via the paramedic guides.

The College of Physicians and Surgeons of Ontario defines under which conditions a BHP can delegate to paramedics. One of the conditions is that a paramedic has access to the most current version of medical directives.

### **PROCEDURE:**

Sunnybrook will prepare paramedic guides for the distribution to each paramedic that is certified or is eligible for certification under the medical authority and delegation of Sunnybrook.

The format of this document may be distributed by any of the following means and formats: web-based electronic file, portable digital file (PDF), or printed document. The formatting medium determined for the paramedic guide is at the sole discretion of Sunnybrook. The format and layout for this document will be consistent for all the Services affiliated with Sunnybrook.

Sunnybrook will work with the Services to develop an in-Service distribution and validation of receipt system to ensure paramedics receive their paramedic guides. Subsequent revisions or updates (e.g. errata sheets, additional medical directives or research guidelines) will be distributed in a format determined by Sunnybrook.

Paramedics may request additional copies of the medical directives that may be subject to a cost recovery fee as determined by Sunnybrook.

**REFERENCE DOCUMENTS:**

1. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
2. *DELEGATION OF CONTROLLED ACTS, POLICY STATEMENT #5-12, COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO (CPSO).*

## SPECIAL OPERATION TEAMS POLICY



<b>Category</b>	Operational Policies
<b>Sub-Category</b>	Clinical Practice Policies
<b>Title:</b>	Special Operation Teams
<b>Policy Number</b>	RBH-012
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	10-Feb-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

This policy is intended to clarify the use of the Special Operation Teams of the Service affiliated with Sunnybrook.

### **PROCEDURE:**

Special Operation Paramedics approved to work as part of a Special Operation Team must have been approved by the Service to work on a Special Operation Team. All paramedics will be presented to Sunnybrook for Auxiliary Certification.

The Service shall provide Sunnybrook with twenty (20) days' notice for Special Operation Auxiliary Certification. Any request made in less than the above indicated time period, will be reviewed on a case-by-case basis and will be scheduled upon a mutually agreed date between the Service and Sunnybrook.

All paramedics must have successfully completed a special operation certification process, and must participate in an annual recertification processes for the applicable auxiliary medical directive.

Special Operation Paramedics may use one or more auxiliary medical directives specific to their team only after the Service has sought and received authorization from Sunnybrook to use the auxiliary medical directive for that specific team by the Medical Director.

Special Operation Paramedics are authorized to use auxiliary medical directives specific to their team only when actively deployed as part of that Special Operation Team activation.

The Service will notify Sunnybrook in writing, when a paramedic is no longer part of a Special Operation Team.

**REFERENCE DOCUMENTS:**

1. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.*

**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *AUTHORIZED LEVEL OF CERTIFICATION POLICY.*

**APPENDICES:**

1. *APPENDIX A, SPECIAL OPERATION TEAMS AUTHORIZED LEVEL OF CERTIFICATION.*

**APPENDIX A**

**SPECIAL OPERATION TEAMS AUTHORIZED**

**LEVEL OF CERTIFICATION**

**SPECIAL OPERATION TEAMS AUTHORIZED LEVEL OF CERTIFICATION**

<b>Medical Directives</b>	<b>Halton</b>		<b>Peel</b>		<b>Simcoe</b>		<b>Toronto</b>		
	<b>PCP</b>	<b>ACP</b>	<b>PCP</b>	<b>ACP</b>	<b>PCP</b>	<b>ACP</b>	<b>PCP</b>	<b>Level 2</b>	<b>ACP</b>
Administration of Antidotes for Cyanide Exposure	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓
Administration of Atropine, either Pralidoxime Chloride (2 PAM) or Obidoxime and Diazepam for Nerve Agent Exposure	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓
Adult Intraosseous	N/A	✓	N/A	✓	N/A	✓	N/A	N/A	N/A
Cricothyrotomy	N/A	✓	N/A	✓	N/A	✓	N/A	N/A	✓
Hydrofluoric Acid Exposure	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓
Pediatric Administration of Atropine, either Pralidoxime Chloride (2 PAM) or Obidoxime and Diazepam for Nerve Agent Exposure	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓
Symptomatic Riot Agent Exposure	N/A	N/A	✓	✓	✓	✓	✓	✓	✓



**SPECIAL EVENTS POLICY**

<b>Category</b>	Operational Policies
<b>Sub-Category</b>	Clinical Practice Policies
<b>Title:</b>	Special Events
<b>Policy Number</b>	RBH-013
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	10-Feb-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

**POLICY STATEMENT:**

It is Sunnybrook policy to clarify the application of the Special Events Medical Directives within the ALS Standards.

The aforesaid medical directives are intended for patients that are considered for treatment and release in special events. In case those patients require further treatment, they should be considered for that treatment and transport by the predetermined means deemed by the Service.

**PROCEDURE:**

In order to carry out this policy the following steps must be taken:

1. Request made by the Service for the use of the Special Events Medications. At least seven (7) days prior to the event. Request must include the following:
  - Dates – (starting and end)
  - Location
  - Event
2. Request is reviewed by Sunnybrook;
3. If approved, an Authorization Letter is created and sent to the Service;

4. The Service will facilitate a mandatory Sunnybrook approved briefing to all the paramedics that are using these Special Events Medical Directives and are aware of the Special Events paperwork that is required to be filled out for each patient;
5. Once the Special Event is completed, the Special Events Medical Directives are no longer eligible for use;
6. Upon completion of the event all the books must be returned to Sunnybrook within ten (10) days.

If this process is not followed the Special Operation Medical Director may not authorize the aforesaid directives.

**REFERENCE DOCUMENTS:**

1. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.*

**APPENDICES:**

1. *APPENDIX A, AUTHORIZATION LETTER;*
2. *APPENDIX B, BRIEFING CONFIRMATION LIST.*

# **APPENDIX A**

## **AUTHORIZATION LETTER**

**M E M O R A N D U M**

**TO: All (Service) Special Events Supervisory Staff**

**Cc: Local Manager of Paramedic Practice and Special Operation Medical Director**

**FROM: (Medical Director)**

**DATE: (insert date)**

RE: Special Event Medical Directives

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Please be advised that the following Special Event medical directives are approved for events that are approved by Base Hospital: Acetaminophen, Diphenhydramine, Topical Antibiotic. The aforementioned medical directives are considered inactive unless direction for implementation is received from Base Hospital with regard to a specific event and its related date(s).

The following events are approved:

(Insert event)

All paramedic staff should be briefed by their supervisor prior to using the Special Event medical directives. The briefing must ensure that the paramedics are familiar with the protocols, receive the proper drugs and that the appropriate documentation is completed and submitted in a timely manner. As any treat and release protocol carries a different risk than EMS transport activities, compliance with protocol and documentation is essential. Thus, failure to comply may result in the suspension of use of these directives for future events.

The following points **must** be covered during the briefing:

1. Drugs must be signed in and out at the beginning and end of every shift. These forms must be returned to the Base Hospital along with the patient contact reports within two weeks of the event, unless other arrangements have been made prior to the event.
2. A patient contact report (pocket book form) must be completed in its entirety for any patient treated under these directives. Should the patient require symptom relief drugs or transport to hospital, or refuse transportation against medical advice, a full ACR must be completed. All documentation must be

submitted to the supervisor at the end of every shift and sent to Base Hospital within two weeks of the event unless other arrangements have been made prior to the event.

3. The Special Event medical directives were created as treats and release protocols. As such, paramedics should not patch to administer these drugs for any patient who falls outside of these directives. If the patient does not meet the conditions listed in the protocol, they do not receive the drug. Should a patient fall outside of the Special Event directives and request aid, they should be treated as a regular ambulance call and have the appropriate documentation completed.

Should staff require any clarification regarding the medical directives, documentation or patient care issues, please contact the local Manager of Paramedic Practice.

# **APPENDIX B**

## **BRIEFING CONFIRMATION LIST**



**BRIEFING CONFIRMATION LIST**

The present Briefing Confirmation List must be used when authorization has been given by the medical director for the use of the Special Events Medical Directives.

The purpose of this Briefing Confirmation List is to ensure that all paramedics and staff members applying the abovementioned medical directives are aware of the following:

- Paramedics briefed on the use of the Special Events Medical Directives understand when to apply the aforesaid Medical Directives.
- Paramedics briefed on the use of the Special Event Books must know:
  - when to fill out an ACR/e-PCR and/or the special event;
  - how to use Special Events Books;
  - where to submit each copy of Special Events Book.
- Paramedics must ensure timely return of Special Events Books to the supervisor in charge
- All completed Special Events Books are collected at the end of the event and accounted for.
- All completed Special Events Books are submitted to Sunnybrook.

Paramedic (signature) acknowledges briefing: \_\_\_\_\_

Paramedic (name) acknowledges briefing: \_\_\_\_\_ EHS: \_\_\_\_\_

Supervisor (signature) responsible for briefing: \_\_\_\_\_

Supervisor responsible for briefing: \_\_\_\_\_ EHS: \_\_\_\_\_

## SPECIAL EVENTS BOOKS POLICY



<b>Category</b>	Operational Policies
<b>Sub-Category</b>	Clinical Practice Policies
<b>Title:</b>	Special Events Books
<b>Policy Number</b>	RBH-014
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	10-Feb-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

It is Sunnybrook policy to clarify the use of the Special Events Books.

### **PROCEDURE:**

In order to carry out this policy the following steps must be taken:

1. Request made by the Service for the Special Events Books at least five (5) days prior to the event;
2. The books will be assigned to each Service. These books will be numbered and a record of the corresponding numbers will be kept for each Service;
3. Once the specific Special Event is over, the completed books must be returned to Sunnybrook within ten (10) days of the conclusion of the event and logged as being received;
4. The Service will ensure, that the paramedics, when using these Special Events Medical Directives, are aware of the Special Events paperwork that is required to be filled out for each patient;
5. If, in the paramedic's opinion, the patient should be offered transportation, an ACR will be completed;
6. The Service will ensure that the paramedics using the Special Events Books are trained and oriented to the distribution of each copy of the patient record;
7. Transporting crews must receive a copy of the Special Events sheet to facilitate transfer of care;
8. The Service is accountable for all Special Events Books not being returned to Sunnybrook.



**REFERENCE DOCUMENTS:**

1. *AMBULANCE SERVICE DOCUMENTATION STANDARDS, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.*

**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *SPECIAL EVENTS POLICY.*

**APPENDICES:**

1. *APPENDIX A, SPECIAL EVENTS PATIENT CONTACT REPORT SAMPLE.*

**APPENDIX A**

**SPECIAL EVENTS PATIENT CONTACT**

**REPORT SAMPLE**

**Special Event Patient Contact Report**  
 Confidential when completed. Paramedics must complete an ambulance  
 call report for all patients who are transported off site.

**SAMPLE**

Administration			
Event:	Service Name:	Service No.	
Date (yyymmdd):	Dispatch/Incident Time (hhmm):	Unit No.	
Patient Identification			
Surname:	Given Name:	Birth Date (yyymmdd):	
Mailing Address (street):		City/Town:	
Clinical Information			
Nature of Emergency:		Time:	
History of Current Condition:		Pulse	Rate
			Rhythm
			Volume
Relevant Past Hx:		Temp.	Rate
			Rhythm
			Volume
Medications:		Skin	Colour
Allergies: NKA: <input type="checkbox"/>			Cond.
Age:	Gender:	Temp.	
Weight (kg):			
Physical Exam:		BP	
		SpO <sub>2</sub>	
		GCS	
		Pupils	reacts
			none
			L/R
			L/R
Procedures/Reassessments			
Time	MD Order/Medication/Procedure/Reassessment	Result	Initials
Disposition: <input type="checkbox"/> Released <input type="checkbox"/> Transport by EMS <input type="checkbox"/> Other		Transport Unit:	Disposition Time:
		Health care facility/Hospital:	
OASIS/ID No.	Provider Name/Position (e.g. MD, Nurse, PCP, ACP)	Provider Signature	

This Special Event Patient Contact Report is a SAMPLE

Base Hospital

Pink Copy: Ser

White Copy: Patient

**RESEARCH POLICY**

<b>Category</b>	Operational Policies
<b>Sub-Category</b>	Clinical Practice Policies
<b>Title:</b>	Research
<b>Policy Number</b>	RBH-015
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	10-Feb-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

**POLICY STATEMENT:**

Prehospital research is integral to the advancement of paramedic practice. Sunnybrook may take part in research trials that have been approved by the Research Ethics Board. Sunnybrook strongly encourages paramedics to participate in the advancement of the prehospital profession by participating in research trials, pursuant to Sunnybrook mission, vision and values.

**PROCEDURE:**

1. Sunnybrook and the Services agreed to participate in a prehospital research project, as per the local Advisory Committee Meeting Minutes.
2. Sunnybrook and the Services will collaborate to ensure that the research project has received the following approvals from:
  - Ontario Base Hospital Group Medical Advisory Committee, as required;
  - Research Ethics Board(s), as required;
  - MOHLTC EHS Branch, as required.
3. Sunnybrook will collaborate with research partners to contribute to a satisfactory implementation plan, which includes the following:
  - All equipment and supplies pertinent to the research for education and implementation are in place;
  - The Service will support the agreed upon data collection process;
  - Education related to research will be a mutually agreed upon process.

4. Paramedic education in research protocol implementation will not take place until the research protocol has been finalized, regulatory conditions have been satisfied and the protocol has been approved by necessary REBs.

## EQUIPMENT OR MEDICATION REVIEW POLICY



<b>Category</b>	Operational Policies
<b>Sub-Category</b>	Clinical Practice Policies
<b>Title:</b>	Equipment or Medication Review
<b>Policy Number</b>	RBH-016
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	10-Feb-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

**POLICY STATEMENT:**

Sunnybrook may be consulted to comment on equipment or medications that are being considered for purchase and implementation.

**PROCEDURE:**

Sunnybrook will review and assess equipment and/or medications at the expressed written request made by a Service or the MOHLTC.

**REFERENCE DOCUMENTS:**

1. *PROVINCIAL EQUIPMENT STANDARDS FOR ONTARIO AMBULANCE SERVICES, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.*

## INTERACTING WITH HEALTHCARE PROVIDER ON A CALL POLICY



<b>Category</b>	Operational Policies
<b>Sub-Category</b>	Clinical Practice Policies
<b>Title:</b>	Interacting with Healthcare Provider on a Call
<b>Policy Number</b>	RBH-017
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	10-Feb-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

The purpose of this policy is to clarify the actions that must be taken by a paramedic, when a healthcare provider is offering to assist on scene or enroute to the hospital.

This policy is intended to address those situations that fall outside the Medical Directives of the ALS Standards, as they relate to the *Comprehensive Care* and *Responsibility of Care* sections of the ALS Standards or the BLS Standards as they relate to interactions with healthcare providers.

### **PROCEDURE:**

The following guidelines are to be applied, when a paramedic crew encounters a healthcare provider (initial responder), who has begun patient care prior to the arrival of the paramedic crew. This may include, but is not limited to: physicians, nurses, midwives, respiratory technicians, physician assistants and third-party paramedics.

1. Paramedics will attempt to determine the authorized level of certification of the healthcare provider and regulatory designation, if applicable.
2. The paramedics will assume patient care, if the healthcare provider is delivering a level of medical care that is below or comparable to that, provided by the transporting ambulance paramedics.
3. Where a healthcare provider is rendering care beyond the scope of the transporting paramedics, the healthcare provider may continue care with the assistance of the responding paramedics; however, the paramedics may only treat a patient within their authorized level of certification using medical

directives approved by Sunnybrook. Under no circumstances are paramedics to treat a patient outside of their medical directives or provide care ordered by the on-scene physician.

4. Transfer of care will need to be determined on a case-by-case basis according to the level of medical care required. The level of medical care will be identified by the sophistication of the medical equipment or treatment, which the healthcare provider is using on a particular call.
5. If the patient requires ongoing care during transport, which was initiated by the healthcare provider or facility, but not by the paramedic, a healthcare provider capable of providing that level of care, should accompany the patient. If the healthcare provider is providing a higher level of care than the attending paramedic, the healthcare provider should accompany the patient.
6. The healthcare provider should continue care using all available equipment and supplies to deliver care to the patient during transport. The paramedic will ride in the back of the ambulance during transport with the attending healthcare provider and assist in care within the paramedic authorized level of certification.
7. Any occurrence when a paramedic feels that the healthcare provider should have attended to the patient during transport, but refuses to do so, a paramedic may contact a BHP to consult on the potential risks on continuing care by alternate means, while initiating transport. When a healthcare provider refuses to continue care to the hospital, paramedics will assume and continue patient care according to their authorized level of certification.
8. Paramedics must document clinical care provided to the patient and the credentials of the healthcare provider in detail on the ACR. Should the healthcare provider care or management of the patient be in contradiction with the approved BLS/ALS Standards, the paramedic will contact the BHP for guidance before assuming full control of the situation.
9. If a healthcare provider arrives after the paramedic crew, and the patient requires care beyond the scope of the paramedic practice, care of the patient may be assumed by the healthcare provider, as long as the healthcare provider has the equipment and skills necessary to provide the required care. The paramedic crew should act in a supportive role during transportation according to their authorized level of certification, if the healthcare provider assumes care and accompanies the patient during transport to the receiving facility.

#### **REFERENCE DOCUMENTS:**

1. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
2. *BASIC LIFE SUPPORT PATIENT CARE STANDARDS (BLS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
3. *DELEGATION OF CONTROLLED ACTS, POLICY STATEMENT #5-12, COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO (CPSO);*



4. *AMBULANCE CALL REPORT COMPLETION MANUAL, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
5. *AMBULANCE SERVICE DOCUMENTATION STANDARDS, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.*

## PARAMEDIC CLINICAL CARE INCIDENT POLICY



<b>Category</b>	Operational Policies
<b>Sub-Category</b>	Clinical Practice Policies
<b>Title:</b>	Clinical Care Incident
<b>Policy Number</b>	RBH-018
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	10-Feb-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.husikamp@sunnybrook.ca">Maud.husikamp@sunnybrook.ca</a>

**POLICY STATEMENT:**

The purpose of this policy is to clarify actions taken by the paramedic after recognizing that a prehospital clinical care incident has occurred related to the patient care provided under the ALS Standards.

**PROCEDURE:**

Due diligence must always be practiced when administering clinical care. All clinical care incidents must be reported immediately, regardless of severity.

The paramedic will immediately consult the BHP for guidance, if the patient is still under the care of the paramedic, when the clinical care incident is recognized.

1. The paramedic will immediately inform his/her partner of the clinical care incident.
2. Any clinical care incident identified by the paramedic will be reported to the Receiving Facility upon arrival.
3. The paramedic will advise the Receiving Facility Physician and the Service of the clinical care incident and any subsequent efforts, to address the impact of the clinical care incident.
4. The paramedic will provide documentation, as per the local SOP.
5. Prior to the end of shift, the attending paramedic will report the clinical care incident to Sunnybrook, as per the Paramedic Clinical Practice Self-Reporting Policy.

Base Hospital incident reports will be forwarded to EHSB Field Office.

**REFERENCE DOCUMENTS:**

1. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
2. *BASIC LIFE SUPPORT PATIENT CARE STANDARDS (BLS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
3. *DISCLOSURE OF ADVERSE EVENTS, THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION (CMPA);*
4. *AMBULANCE SERVICE DOCUMENTATION STANDARDS, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.*

**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *PARAMEDIC CLINICAL PRACTICE SELF-REPORTING POLICY;*
2. *PATCHING POLICY.*

**SECTION 3 CERTIFICATION POLICIES****INITIAL CERTIFICATION POLICY**

<b>Category</b>	Operational Policies
<b>Sub-Category</b>	Certification Policies
<b>Title:</b>	Initial Certification
<b>Policy Number</b>	RBH-034
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	14-Mar-2014
<b>Reviewed: (mm/dd/yyyy)</b>	
<b>Revised: (mm/dd/yyyy)</b>	19-May-2016
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

**POLICY STATEMENT:**

The purpose of this policy is to document the steps necessary for initial certification. The process will ensure that qualified paramedic candidates receive objective orientation or evaluation processes. Successful completion will result in written authorization to perform Controlled Acts and other advanced medical procedures listed in the ALS Standards, under the authority of Sunnybrook.

**PROCEDURE:**

In order for a paramedic to meet the certification process, the following steps must be taken:

1. Eligibility Criteria:

- The Service will only present candidates for certification who meet eligibility criteria, as per the Act.
- Each candidate must be presented by the Service by submitting an Initial Certification Request Form to Sunnybrook.
- ACP candidates must have written the MOHLTC ACP Exam.

Sunnybrook will evaluate the submission to confirm candidate's eligibility criteria.

2. Submission Notice:

The Service shall provide Sunnybrook with twenty (20) days' notice for certification. Any request made in less than the above indicated time period, will be reviewed on a case-by-case basis and will be scheduled upon a mutually agreed date between the Service and Sunnybrook.

Initial Certification Request Form is to be completed for each paramedic:

- presented for certification
- presented for any change in authorized level of certification

3. Scheduling:

Sunnybrook will tentatively schedule orientation and certification events on a yearly basis, after performing a needs analysis with all the Services. Final dates will be determined upon a mutually agreed schedule between the Service and Sunnybrook.

Curriculum of the orientation session will include, but may not be limited to: Base Hospital functions, policy review, the ALS Standards, clinical guidelines, research (if applicable) and certification evaluation criteria.

4. Certification Request Forms Submission:

Request for certification document submission shall be performed within the five (5) days of the final offer of employment. The Service requesting certification will have the paramedic candidate complete the required sections of the Initial Certification Request Forms.

5. Cross Certification Process:

Cross certification applies to paramedics currently certified by an Ontario Base Hospital, who are seeking certification from Sunnybrook.

Each request for cross certification will be reviewed by Sunnybrook. Sunnybrook will perform a gap-analysis based on the paramedic's current level of certification and the requested level of certification. Paramedic cross-certification candidates will attend Sunnybrook predetermined mandatory orientation and in addition an IEP will be facilitated as required according to the abovementioned gap-analysis.

If the current certification is equal or greater than the requested authorized level of certification, the candidate will be certified upon the review of the evidence of completion of the equipment orientation. A mandatory orientation session will be completed on a mutually agreed upon timeline.

6. Equipment Orientation:

The Service will ensure that all candidates have received orientation and are competent to use all the equipment carried by the Service and relevant to the requested level of certification, as per the ALS Standards.

7. Orientation Process:

Each candidate will attend mandatory orientation and certification based on the certification request. This may include but is not limited to:

- Orientation to the Base Hospital;
- Quality Improvement process;
- Policies and Procedures review;
- Curriculum, as per the ALS Standards and the requested authorized level of certification;
- Other local clinical practice guidelines;
- Clinical research;
- Performance based assessment criteria and methodology.

Orientation for Special Operation Teams auxiliary medical directives will be determined in collaboration with the Service and Sunnybrook.

Orientation sessions may be facilitated in a format determined by Sunnybrook.

8. Certification Process:

An attempt is defined as one completed certification event, which includes both knowledge and psychomotor evaluations in an objective structured evaluation process as authorized by Sunnybrook Medical Council.

The time between attempts is no sooner than five (5) days from the initial certification event unless mutually agreed otherwise with the presenting Service. This time allows the candidate to remediate and prepare. For each attempt the candidate must be presented by the Service in writing.

PCP Autonomous IV Certification Process is, as per the current OBHG PCP Autonomous IV Program

Special Operations Teams auxiliary certification process will be determined based on the Auxiliary Medical Directives requested. This will be a Sunnybrook and Service agreed upon process.

9. Results:

Both the paramedic candidate and the Service will be advised in writing within three (3) days regarding the results of each certification attempt.

Unsuccessful candidates will be accommodated upon a request in writing to meet with Sunnybrook staff to help them identify areas of performance which should be self-remediated prior to the next certification event at an agreed upon location.

10. Appeal Process:

A candidate who wishes to appeal his/her result may do so by submitting a written request to Sunnybrook. This submission must be made and received within fourteen (14) days of receipt of the certification result by the candidate and must clearly outline the reasons for the appeal. A candidate may submit an appeal based on one or both of the following:

- In the opinion of the candidate, due process was not followed by Sunnybrook/designates, or;
- New information becoming available which may have a bearing on the decision.

Appeal decisions are final and will be communicated in writing to the candidate in a timely manner, upon the review and decision from a Medical Director.

11. Document Retention:

All the documentation regarding each certification request and event will be kept in each paramedic's file.

12. Remediation:

Remediation opportunities and activities between certification attempts are the sole responsibility of the candidate and not that of Sunnybrook.

**REFERENCE DOCUMENTS:**

1. *AMBULANCE ACT, ONTARIO REGULATION 257/00;*
2. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
3. *BASIC LIFE SUPPORT PATIENT CARE STANDARDS (BLS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
4. *DELEGATION OF CONTROLLED ACTS, POLICY STATEMENT #5-12, COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO (CPSO);*

**APPENDICES:**

1. *APPENDIX A, INITIAL CERTIFICATION REQUEST FORM;*
2. *APPENDIX B, FLOWCHART CERTIFICATION PROCESS AND TIMELINE.*

# **APPENDIX A**

## **INITIAL CERTIFICATION REQUEST FORM**



## INITIAL CERTIFICATION REQUEST FORM

To submit to Sunnybrook RBH, please fax form to 416-667-9776 or email form to [certification@socpc.ca](mailto:certification@socpc.ca)  
 Attention: Certification, Sunnybrook Regional Base Hospital.

### SERVICE TO SUBMIT WHEN COMPLETE

<b>PART A: Paramedic Information</b>		<b>Paramedic</b>
First Name:	Last Name:	
EHS #:	Email:	
Address 1:	City:	
Address 2:	Province:	Postal Code:
Home Phone #:	Cell Phone #:	

<b>PART B: Education History</b>		<b>Paramedic</b>
<b>Primary Care Paramedic Program</b>	<b>Advanced Care Paramedic Program</b>	
University/College Name:	University/College Name:	
City & Province:	City & Province:	
Program Title:	Program Title:	
Year of Graduation:	Year of Graduation:	

<b>PART C: Employment History (past and present)</b>		<b>Paramedic</b>
<b>Most Recent Employment</b>		
Employer Name:	Level of Certification: <input type="checkbox"/> PCP <input type="checkbox"/> Level II <input type="checkbox"/> ACP	
Base Hospital:		
Date Employed:	Last Day of Work:	
<b>Other Employment</b>		
Employer Name:	Level of Certification: <input type="checkbox"/> PCP <input type="checkbox"/> Level II <input type="checkbox"/> ACP	
Base Hospital:		
Date Employed:	Last Day of Work:	

<b>PART D: Certification Eligibility Under Ontario Reg. 257/00</b>		<b>Paramedic</b>
<b>Document</b>	<b>Date Issued</b>	
MOH ACP Certificate		

**INITIAL CERTIFICATION REQUEST FORM**

**PART E: Release of Information Authorization (previous 5 years)**

**Paramedic**

Have you ever been deactivated or decertified by a Medical Director for issues surrounding your Paramedic Certification, not including absence from clinical practice (e.g. Maternity Leave, Leave of Absence)?

Yes       No

Reason:

I authorize the release of the information provided above to the Sunnybrook Regional Base Hospital, via my employer and/or college. I authorize my employer, college and/or Base Hospital(s) to discuss my case with respect to all of my files with Sunnybrook RBH and to retain a copy of this form on file.

Paramedic Signature:

Date:

**PART F: Certification Request (initial certification)**

**Service**

Paramedic Service:

Paramedic Name:

EHS#:

Current Certification Level (if applicable):

PCP     PCP A IV     Level II       ACP

Requested Certification Level:

PCP     PCP A IV     Level II     ACP

Offer of Employment Date/Start Date:

**The candidate has been oriented and has demonstrated competency with regard to the correct use of the equipment carried by the service to provide care at the requested level of certification.**

**I attest that this individual meets all the requirements for certification to perform controlled acts as outlined in Ontario Regulation 257/00**

Name:

Position:

Signature:

Date:

**INITIAL CERTIFICATION REQUEST FORM**

<b>PART G: Certification History</b>				<b>Base Hospital</b>
<b>Initial Paramedic Certification</b>				
Date:	Base Hospital: ACP	<input type="checkbox"/> PCP	<input type="checkbox"/>	
<b>Last Paramedic Recertification</b>				
Date:	Base Hospital: ACP	<input type="checkbox"/> PCP	<input type="checkbox"/>	
Has this Paramedic ever been deactivated or decertified by a Medical Director for issues surrounding their clinical practice, not including absence from clinical practice (i.e. Maternity Leave, Leave of Absence)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason:				

<b>PART H: Currently Held Auxiliary Certification</b>				<b>Base Hospital</b>	
Medical Directive List	PCP	AC P	Medical Directive List	PCP	AC P
Administration of Antidotes for Cyanide Exposure	<input type="checkbox"/>	<input type="checkbox"/>	Hydrofluoric Acid Exposure	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Atropine, either Pralidoxime Chloride (2 pam) or Obidoxime and Diazepam for Nerve Agent Exposure	<input type="checkbox"/>	<input type="checkbox"/>	Intravenous + Fluid Therapy - Autonomous	<input type="checkbox"/>	
			- Assist	<input type="checkbox"/>	
Adult Intraosseous		<input type="checkbox"/>	Manual Defib Adults <input type="checkbox"/> Pediatrics <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Home Dialysis Emergency Disconnect	<input type="checkbox"/>	<input type="checkbox"/>
Central Venous Access Device		<input type="checkbox"/>	Nausea/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Combative Patient		<input type="checkbox"/>	Pediatric Administration of Atropine, either Pralidoxime Chloride (2 pam) or Obidoxime and Diazepam for Nerve Agent Exposure	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Positive Auxiliary Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Procedural Sedation		<input type="checkbox"/>
			Cricothorotomy	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Control Device Probe Removal	<input type="checkbox"/>	<input type="checkbox"/>	Symptomatic Riot Agent Exposure	<input type="checkbox"/>	<input type="checkbox"/>
Opioid Toxicity	<input type="checkbox"/>	<input type="checkbox"/>	Minor abrasions Headache Minor Allergic Reaction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Supraglottic Airway	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal Pain Nasotracheal Intubation	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**INITIAL CERTIFICATION REQUEST FORM**

<b>PART I: Base Hospital Information</b>		<b>Base Hospital</b>
Name:		Title:
Signature:		Phone #:
Date:		Email:

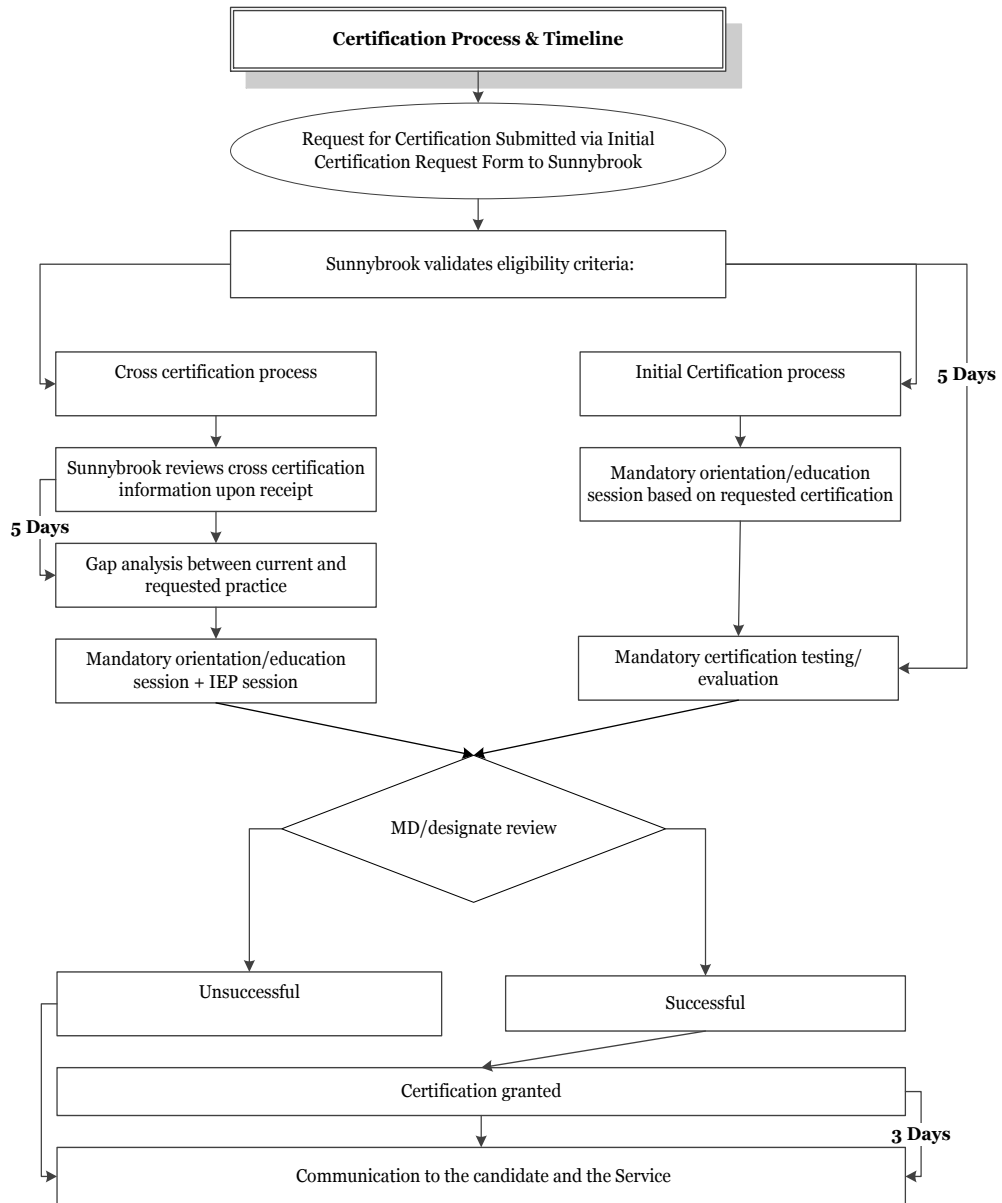
**SUNNYBROOK CENTRE FOR PREHOSPITAL MEDICINE USE ONLY**

<b>Received Date:</b>	<b>Filed to Medic Record Date:</b>
<b>Certification Letter Issued Date:</b>	

# **APPENDIX B**

## **FLOWCHART CERTIFICATION PROCESS AND TIMELINE**

**CERTIFICATION PROCESS AND TIMELINE**



## MAINTENANCE OF CERTIFICATION POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Certification
<b>Title:</b>	Maintenance of Certification
<b>Policy Number</b>	RBH-044
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	17-Mar-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

Any paramedic certified to perform Controlled Acts and other advanced medical procedures listed in the ALS Standards under the authority of the Medical Director, must comply with the Provincial Maintenance of Certification Policy.

### **PROCEDURE:**

	<b>Primary Care Paramedic</b>	<b>Advanced Care Paramedic</b>
1. CQI/QA	Demonstrate competence and compliance with all patient care standards, directives and legislation as they pertain to the performance of Controlled Acts or other advanced medical procedures listed in the ALS Standards.	
2. Patient-Care Activity	Proof of reasonable attempts to complete one hundred forty four (144) scheduled hours or equivalent of emergency medical experience.	
	Documentation of practice of skills overseen by the Base Hospital.	
3. CME Hours	Minimum eight (8) hours or equivalent of CME including annual recertification evaluation for PCP.	Minimum twenty four (24) hours or equivalent of CME including annual recertification evaluation for ACP.
4. Annual Recertification Evaluation	Successful completion of a required annual evaluation involved in the performance of Controlled Acts and other listed medical procedures in the ALS Standards for which the paramedic is certified including: theory, skill review, practical skills and scenarios.	

**REFERENCE DOCUMENTS:**

1. *AMBULANCE ACT, ONTARIO REGULATION 257/00;*
2. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.*



## REACTIVATION POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Certification
<b>Title:</b>	Reactivation
<b>Policy Number</b>	RBH-045
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	17-Mar-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

Once certification with Sunnybrook has been achieved, paramedics must be compliant with the Maintenance of Certification Policy.

Failure to comply with all aspects of this policy may result in revocation of Sunnybrook authorization to perform Controlled Acts either temporarily (deactivation), or permanently (decertification).

### **PROCEDURE:**

#### *Conditions:*

The Service will provide written confirmation to Sunnybrook, indicating that its paramedic is prepared to complete the reactivation process.

1. The Service supports the paramedic to be optimally prepared to successfully complete the process. It is the responsibility of the paramedic to contact the Service.

#### *Deactivation:*

2. Paramedics may be deactivated (temporary suspension of certification) for:
  - Administrative Deactivation:
    - absent from clinical activity for ninety (90) days or more (refer to Return to Practice Policy);
    - failure to meet Base Hospital administrative requirements, including completion and submission of forms (refer to Clinical Feedback Policy).

- Clinical Deactivation – resulting from issues identified by Professional Standards through Performance Improvement measures (refer to Case Review Policy).
3. Deactivation will only occur upon the approval by the Medical Director.

*Reactivation:*

4. The Medical Director may reactivate a paramedic when all the requirements for remediation have been met.

*Notification:*

5. Sunnybrook will immediately notify the paramedic, the Service and the Emergency Health Services Branch Field Office in writing, when a paramedic's certification status changes to/from deactivation and/or decertification.

**REFERENCE DOCUMENTS:**

1. *AMBULANCE ACT, ONTARIO REGULATION 257/00;*
2. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
3. *DELEGATION OF CONTROLLED ACTS, POLICY STATEMENT #5-12, COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO (CPSO).*

**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *RETURN TO PRACTICE POLICY;*
2. *CONTINUING MEDICAL EDUCATION POLICY;*
3. *CASE REVIEW POLICY.*

## RETURN TO PRACTICE POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Certification
<b>Title:</b>	Return to Practice
<b>Policy Number</b>	RBH-046
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	17-Mar-2014
<b>Reviewed: (mm/dd/yyyy)</b>	
<b>Revised: (mm/dd/yyyy)</b>	19-May-2016
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

**POLICY STATEMENT:**

This policy applies to all paramedics, who return to practice after an absence from clinical practice at their current certification and require recertification, as per the ALS Standards upon the request of the Service.

**PROCEDURE:**

*The process for submitting the request:*

1. Sunnybrook must receive written communication via the Return to Practice Request Form from the Service with a minimum of ten (10) days' notice, if possible.
2. Request from an individual paramedic made to Sunnybrook will be redirected to the Service.

*Service Responsibilities:*

1. The Service will ensure that all candidates have received orientation to all new equipment and review all other equipment carried by the service and relevant to the requested level of certification, as per the ALS Standards.
2. The Service will ensure that the paramedic can attend the Base Hospital process.
3. The Service will provide all clinical equipment to practice at the paramedic level of certification.

*Sunnybrook Responsibilities:*

1. Arranges a mutually satisfactory time, date and location within one (1) week from the receipt of written request from the Service to complete the Return to Practice Process.

2. Provides the Service and the paramedic with the outline of the process that will be followed including terminal objectives.
3. Provides the Service and the paramedic with the required study materials.
4. Provides all mannequins, simulators and other testing materials as required.
5. Ensures that the equipment review documentation is completed prior to Sunnybrook session.
6. Provides the Service and the paramedic with the written outcome of the process within three (3) days.
7. May delegate return to practice for the returning paramedic to the Service with the mutually agreed upon parameters in writing. Sunnybrook reserves the right to provide ongoing surveillance of the process. If the paramedic is unsuccessful he/she must attend a Sunnybrook re-evaluation.

*Paramedic's responsibilities:*

1. Reviews any required prescribed study materials.
2. Attends the session wearing and has available all appropriate safety and personal protective and diagnostic equipment. Appropriate attire must be worn including pants, shirt and footwear of equivalent safety standards as their uniform.

The following table outlines the Sunnybrook requirements for a paramedic returning to practice according to the duration of time that the paramedic has been away from practice.

<b>Time Absent</b>	<b>Minimum Recertification Requirements</b>
90 days and < 6 months No Missed CMEs	Appendix B PCP* Appendix C ACP**
90 days and < 6 months Missed CMEs	Appendix B PCP* & Missed CMEs Appendix C ACP** & Missed CMEs
>6 months and < 36 months Missed CMEs	Appendix B PCP* & Missed CMEs Appendix C ACP** & Missed CMEs
>36 months	Based on an individual needs assessment.

If the paramedic is unsuccessful, a re-evaluation may be scheduled within seven (7) days of the initial certification attempt. If unsuccessful at the second recertification attempt, a remediation plan will be developed after consultation with Sunnybrook.

**NOTE:** the Service may elect to complete the RTP process directly with Sunnybrook guidance and direction upon mutual agreement of both parties.

**APPENDICES:**

1. *APPENDIX A, RETURN TO PRACTICE REQUEST FORM.*

# **APPENDIX A**

## **RETURN TO PRACTICE REQUEST FORM**

**RETURN TO PRACTICE REQUEST FORM**

To submit to Sunnybrook RBH, please fax form to 416-667-9776 or email form to [certification@socpc.ca](mailto:certification@socpc.ca)  
 Attention: Certification, Sunnybrook Regional Base Hospital.

**SERVICE TO SUBMIT WHEN COMPLETE**

PART A: Paramedic Information		Paramedic
First Name:	Last Name:	
EHS #:	Email:	
Address 1:	City:	
Address 2:	Province:	Postal Code:
Home Phone #:	Cell Phone #:	

PART B: Certification Request Return to Practice		Service
Paramedic Service:		
Paramedic Name:	EHS #:	
Current Certification Level: <input type="checkbox"/> PCP <input type="checkbox"/> Level II <input type="checkbox"/> ACP		
Requested Possible Return to Practice Session Date:		
Last Day Worked:		
Confirmed Date for RTP:		
The candidate has been oriented and has demonstrated competency with regard to the correct use of the equipment carried by the service to provide care at the requested level of certification.		
I attest that this individual meets all the requirements for certification to perform controlled acts as outlined in Ontario Regulation 257/00		
Name:		
Position:		
Signature:		
Date:		

**SUNNYBROOK CENTRE FOR PREHOSPITAL MEDICINE USE ONLY**

Received Date:	Filed to Medic Record Date:
Certification Letter Issued Date:	

## REQUEST FOR CHANGE OF PARAMEDIC LEVEL OF CERTIFICATION POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Certification
<b>Title:</b>	Request for Change of Paramedic Level of Certification
<b>Policy Number</b>	RBH-097
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	21-May-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

The purpose of this policy is to outline the procedure that an active, fully-certified ACP or Level 2 under the auspices of Sunnybrook must undertake in order to voluntarily have his/her certification level changed to that of a Level 2, or PCP with a defined auxiliary PCP scope based on the Service Policy and Collective Agreement.

### **PROCEDURE:**

#### *Conditions:*

1. The Service must present the candidate confirming that there is a position available at the requested level of certification.
2. The Service must submit the request using the Change of Certification Status Request Form to Sunnybrook no less than ten (10) days prior to the requested effective date of certification change. The change of certification level must coincide with a reclassification of the paramedic by the Service. Supporting documentation from the Service must be provided.
3. Sunnybrook will provide official notification of the change of certification level to the paramedic and the Service in writing.
4. A change of certification level will require skills review or orientation to the reassigned level of certification and authorized level of certification.
5. Upon the change of certification level the paramedic is certified and authorized to only perform those Controlled Acts that fall within the reassigned authorized level of certification.



**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *RETURN TO PRACTICE POLICY;*
2. *INITIAL CERTIFICATION POLICY;*
3. *MAINTENANCE OF CERTIFICATION POLICY.*

**APPENDICES:**

1. *APPENDIX A, CHANGE OF CERTIFICATION STATUS REQUEST FORM.*

# **APPENDIX A**

## **CHANGE OF CERTIFICATION STATUS REQUEST FORM**

### CHANGE OF CERTIFICATION STATUS REQUEST FORM

To submit to Sunnybrook RBH, please fax form to 416-667-9776 or email form to [certification@socpc.ca](mailto:certification@socpc.ca)  
 Attention: Certification, Sunnybrook Regional Base Hospital.

#### SERVICE TO SUBMIT WHEN COMPLETE

PART A: Paramedic Information		Paramedic
First Name:	Last Name:	
EHS #:	Email:	
Address 1:	City:	
Address 2:	Province:	Postal Code:
Home Phone #:	Cell Phone #:	
Signature:	Date:	

PART B: Certification Request		Service
Paramedic Service:		
Paramedic Name:		EHS #:
Current Certification Level: <input type="checkbox"/> ACP	<input type="checkbox"/> PCP <input type="checkbox"/> Level II	Requested Certification Level: <input type="checkbox"/> PCP <input type="checkbox"/> Level II <input type="checkbox"/> ACP
Requested Certification Session Date (if required):		
<b>The candidate has been oriented and has demonstrated competency with regard to the correct use of the equipment carried by the service to provide care at the requested level of certification.</b>		
<b>I attest that this individual meets all the requirements for certification to perform controlled acts as outlined in Ontario Regulation 257/00</b>		
Name:		
Position:		
Signature:		
Date:		

#### SUNNYBROOK CENTRE FOR PREHOSPITAL MEDICINE USE ONLY

Received Date:

Filed to Medic Record Date:

Certification Letter Issued Date:

## SECTION 4 REGIONAL BASE HOSPITAL EDUCATION POLICY

### CONTINUING MEDICAL EDUCATION POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Regional Base Hospital Education
<b>Title:</b>	Continuing Medical Education
<b>Policy Number</b>	RBH-074
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	22-April-2014
<b>Reviewed: (mm/dd/yyyy)</b>	
<b>Revised: (mm/dd/yyyy)</b>	19-May-2016
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

#### **POLICY STATEMENT:**

CME is the cornerstone of clinical competency and a mandatory component for all healthcare professions. Sunnybrook is committed to provide practical CME opportunities for all paramedics and collaborate with other healthcare professionals to improve these experiences. CME requirements apply to all paramedics who are affiliated with Sunnybrook.

In order to maintain his/her level of certification, a paramedic is required to achieve a specified number of CME hours, as prescribed by the Sunnybrook Maintenance of Certification Policy. In addition to Compulsory CME, Supplementary CME is offered to meet annual CME requirements. All CME components must be completed annually in order to be recertified.

All educational courses developed within Sunnybrook will be created using a standardized curriculum development process based on recognized and published principles of adult education.

**PROCEDURE:**

Sunnybrook, at the direction of the Medical Council develops designs, designates and/or offers CME opportunities to all Sunnybrook paramedics in order to maintain certification at his/her paramedic level. CME will be delivered in two components: compulsory and supplementary CME.

**A) *Compulsory CME:***

The compulsory component of CME must be completed by all levels of paramedics. PCPs must complete eight (8) hours or equivalent of CME, while ACPs are required to complete twelve (12) hours or equivalent. The purpose of compulsory CME is to ensure that paramedics are educated and trained to the most current medical practices related to the ALS Standards, it is determined at the sole discretion of Sunnybrook in cooperation with the Service. CME content is designed to meet clinical requirements and performance expectations of Sunnybrook and to allow for a comprehensive approach to improve and enhance patient care delivery and safety.

A paramedic who is employed by more than one Service under the medical oversight of Sunnybrook will be required to attend Compulsory CME at the Service with the paramedic practices at the highest scope of practice. Where applicable, the paramedic is also required to attend Compulsory CME where curriculum expands the scope of practice within the Service.

**Procedure:**

1. Compulsory CME planning will begin a minimum of three (3) months prior to the start date of the session. The session dates will be mutually agreed upon by the Services and Sunnybrook. Sunnybrook will not book any Compulsory CME on statutory holidays or ACP/PCP initial certification events.
2. Sunnybrook will coordinate with the Service to ensure that all required medical education equipment is available for the CME activities planned. Sunnybrook will provide functional training materials, which have gone through preventative maintenance and include: mannequins, simulators and other clinical educational equipment, while the Service is to provide all consumable items (for e.g., syringes, safety needles, expired medications) specific to the scope of practice and MOHLTC equipment standards for the Service.
3. Scheduling may be facilitated by the Service and/or Sunnybrook and may include: paramedic self-scheduling via online form or email.
4. Sunnybrook will communicate in a joint letter with the Service providing the dates, content, other relevant information and applicable booking procedures to paramedics prior to the CME session.
5. Content delivery methods may include and are not limited to: online pre or post course material, in class presentation, group work, self-directed packages, case discussions, or scenarios and psychomotor skills.

6. Evaluation of clinical practice or knowledge will be performed at each event via formative and/or summative methods as per the CME terminal objectives and may include both practical and written forms of evaluation.
7. Paramedics are required to attend CME with their personal protective and diagnostic equipment. Appropriate attire must be worn including pants, shirt and footwear of equivalent safety standards as their uniform.
8. A paramedic who is unsuccessful in meeting the evaluated objectives following attendance at CME will be required to complete remediation at the discretion of the Medical Director.
9. The paramedic may be required to meet with a manager of paramedic practice, medical director or designate, as a part of remediation.
10. Sunnybrook will track paramedic attendance via course roster (paper or electronic) and cross reference with the Service records throughout the CME session to ensure paramedics are scheduled for and/or have attended one of the predetermined dates.
11. A final report of paramedics who did not attend or complete the compulsory CME will be submitted to the Service once all attendance records are reconciled.
12. A paramedic who fails to complete Compulsory CME within the prescribed scheduled time frame will be administratively deactivated until it is completed.

*B) Supplementary CME:*

The supplementary component of CME must be completed by all ACPs to be eligible for annual maintenance of certification. The supplementary portion is twelve (12) hours or equivalent, as determined by the medical council. Equivalency will be determined based on any of the following criteria:

1. applicability to the practice of paramedicine
2. learning activity duration
3. academic value of the learning experience
4. consistency with the NOCP for ACP

Paramedics who wish to complete an external course/CME activity that has not been pre-approved must complete a Supplementary CME pre approval form two (2) weeks prior to the course/CME activity, including all supporting documents (course syllabus, completion certificate etc.). The request will be reviewed and an appropriate amount of CME credits will be given.

Information to be provided:

1. Course name, date, location and contact hours (usually listed in the course brochure)
2. Outline of learning objectives

3. Description of how the CME enhances your clinical practice of paramedicine at your certification level

Procedure:

1. Sunnybrook will publish an annual CME catalogue, which will contain approved CME activities.
2. Sunnybrook will award up to twelve (12) CME credits for all external learning activities that are evaluated and approved for CME. Depending on the content, the number of credits may or may not equal the hours actually spent completing the specified CME. Sunnybrook is the only organization authorized to allocate CME credits. Proof of attendance and successful completion will be required to receive credit for all educational endeavors. Approval will be granted only after determining the relevancy to (a) paramedic's scope of practice and (b) congruence with the Base Hospital's learning objectives expectation.
3. The CME catalogue will be distributed to the respective Services via Sunnybrook-determined electronic media.
4. A newly certified Advanced Care Paramedic is not required to complete Supplementary CME in the year they obtained certification as an ACP by Sunnybrook.
5. Paramedics who do not complete the prescribed Supplementary CME requirements for the maintenance of certification within the annual certification cycle are subject to administrative deactivation.
6. To be reactivated, the paramedic is required to complete a Sunnybrook prescribed assessment of competency, which may include an interview with the medical director or delegate, scenario-based evaluation and/or a written evaluation. Failure of this competency assessment or to complete it within thirty (30) days may result in a further certification status change.
7. It is the paramedic's responsibility to be aware of CME requirements and to submit all completed CME requirements to Sunnybrook prior to the specified deadline.

**REFERENCE DOCUMENTS:**

1. *AMBULANCE ACT, ONTARIO REGULATION 257/00;*
2. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
3. *NATIONAL OCCUPATIONAL COMPETENCY PROFILE (NOCP), PARAMEDIC ASSOCIATION OF CANADA.*

**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *MAINTENANCE OF CERTIFICATION POLICY.*

## SECTION 5 DATA AND QUALITY MANAGEMENT POLICIES

## CONTINUOUS QUALITY IMPROVEMENT POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Data and Quality Management
<b>Title:</b>	Continuous Quality Improvement
<b>Policy Number</b>	RBH-090
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	13-May-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

**POLICY STATEMENT:**

Sunnybrook strives to improve not only individual paramedic practice, but also system performance through the clinical audit, clinical case review, paramedic feedback, educational processes and the use of PDCA (Plan, Do, Check, Act) cycle.

Performing clinical audits on each ambulance call is a critical component of the cycle as it provides opportunity for focused quality improvement, leading to change in: medical direction, research initiatives, individual or group practice and system design.

Clinical audits are an essential part of the quality improvement program. They are performed to compare paramedic practice to the ALS Standards and other clinical practice guidelines, in order to ensure patient and paramedic safety.

Continuous Quality Improvement is based on ACR/e-PCR data, which exceeds the Ontario Emergency Medical Services Minimum Data Set.



**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *FOCUSED CLINICAL AUDIT POLICY;*
2. *CLINICAL AUDIT POLICY;*
3. *CLINICAL FEEDBACK POLICY;*
4. *FILTER DEVELOPMENT POLICY;*
5. *CASE REVIEW POLICY;*
6. *PARAMEDIC CLINICAL PRACTICE SELF – REPORTING POLICY;*
7. *PARAMEDIC PRACTICE REVIEW COMMITTEE POLICY;*
8. *QUALITY IMPROVEMENT SYSTEM ANALYSIS POLICY.*

## FILTER DEVELOPMENT POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Data and Quality Management
<b>Title:</b>	Filter Development
<b>Policy Number</b>	RBH-078
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	13-May-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

Sunnybrook utilizes a standardized approach to defining and grading auditing criteria through filter development.

### **PROCEDURE:**

The ALS and BLS Standards are endorsed by the OBHG MAC. The standards are assessed through a comprehensive electronic quality assurance tool which includes an electronic filtering process that identifies possible variances in paramedic practice. Auditors verify possible variances identified, utilizing Medical Council approved filter questions and variance levels.

1. When a new medical directive is introduced, the MPSC creates a set of preliminary filter questions based on the indications, conditions, dosages and contraindications. The MPSC will present the draft questions to the Medical Council for additions, deletions and comments.
2. MPSC will collate and coordinate recommendations and will redistribute the draft as needed.
3. Upon the approval from Sunnybrook Medical Council, the MPSC will create an audit form and categorize each question for reports and the Web Audit Site.
4. The MPSC shall beta test the filter through an iterative validation process until it is working as intended.

5. Any filter revisions, additions and implementations related to the clinical practice will be approved by Sunnybrook Medical Council.
6. Any filter revisions, additions and implementations related to the technical process will be approved by MPSC.
7. A report of all changes is provided to the Medical Council Committee.
8. MPSC will retain a change log in the MPSC meeting minutes for a minimum of seven (7) years.

**REFERENCE DOCUMENTS:**

1. *AMBULANCE SERVICE DOCUMENTATION STANDARDS, EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.*

**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *CLINICAL AUDIT POLICY.*

## CLINICAL AUDIT POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Data and Quality Management
<b>Title:</b>	Clinical Audit
<b>Policy Number</b>	RBH-086
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	13-May-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

Sunnybrook will perform case reviews on all calls identified, where patient and paramedic interaction has occurred, as per the ALS Standards and other clinical practice guidelines, where an ACR/e-PCR has been provided to Sunnybrook by the Service. Sunnybrook's aim is to ensure that clinical audits are completed in a timely manner.

### **PROCEDURE:**

*ACRs/e-PCR received from the Service will:*

1. be electronically sorted and electronically audited as required;
2. be reviewed and audited by Sunnybrook as required.

*Audits will result in any of the following actions:*

1. automatic closure;
2. require further review by Sunnybrook Manager.

*Sunnybrook Manager Review will result in any of the following actions:*

1. closure;
2. request for feedback from the paramedic;
3. require further review by the Medical Director.

*The Medical Director review will result in any of the following:*

1. closure;
2. request for feedback;
3. request for interview;
4. change in certification status.

**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *CASE REVIEW POLICY;*
2. *CLINICAL FEEDBACK POLICY.*

**APPENDICES:**

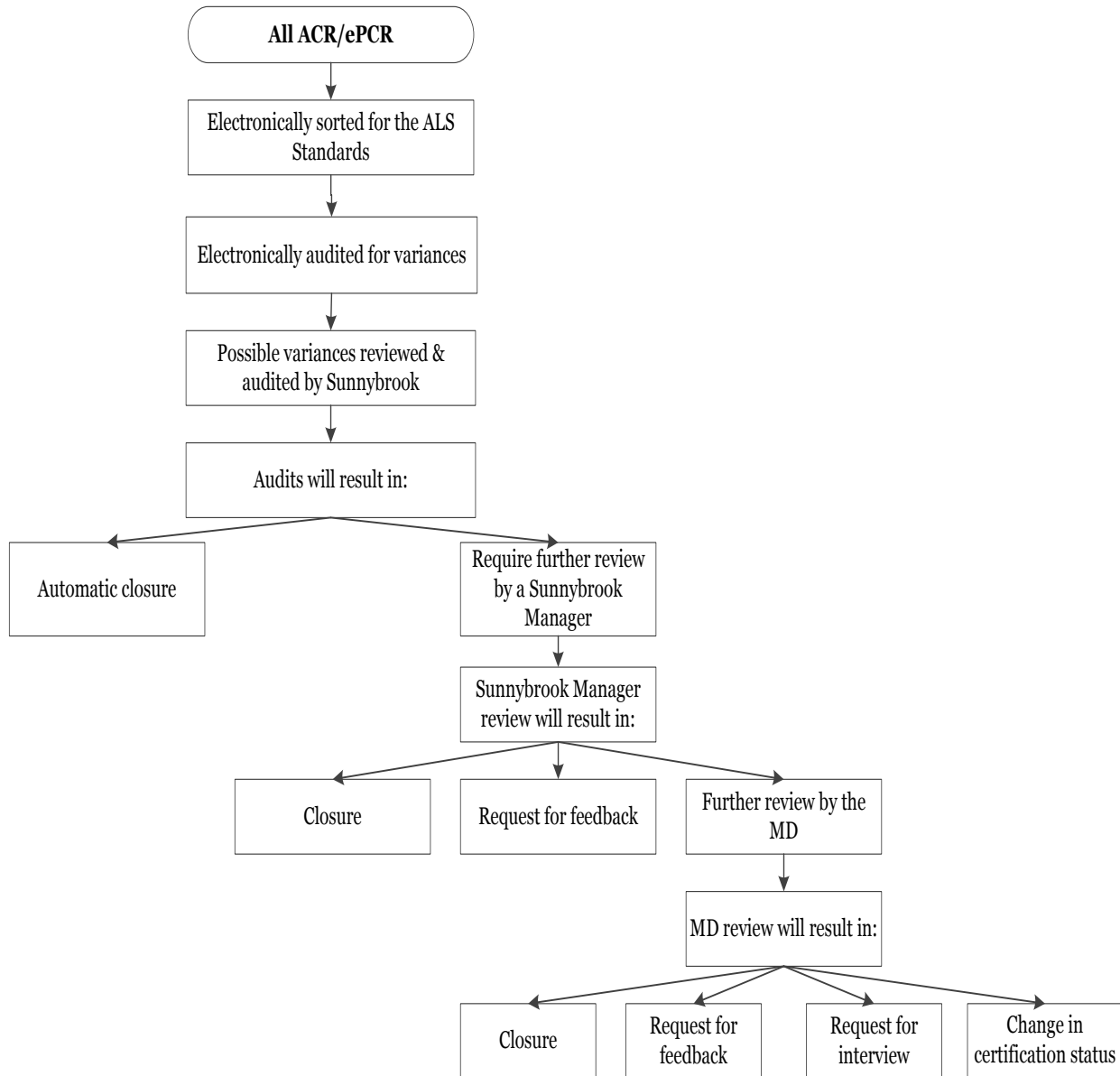
1. *APPENDIX A, FLOWCHART CLINICAL AUDIT PROCESS.*

# **APPENDIX A**

## **FLOWCHART**

### **CLINICAL AUDIT PROCESS**

**CLINICAL AUDIT PROCESS**



## CLINICAL FEEDBACK POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Data and Quality Management
<b>Title:</b>	Clinical Feedback
<b>Policy Number</b>	RBH-091
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	13-May-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

Sunnybrook will request additional information and rationale related to a paramedic's clinical practice through the clinical feedback process.

### **PROCEDURE:**

1. A Sunnybrook Manager or Medical Director will use a standardized Feedback Form to request feedback from a paramedic, or may request the paramedic to clarify aspects of a call via telephone interview.
2. The Feedback Form will be accompanied by a copy of the relevant documentation.
3. Paramedics are required to review, sign for and provide written comments in response to a feedback request. Written comments by the paramedic will be recorded in the appropriate sections of the Feedback Form and returned to Sunnybrook.
4. Completed Feedback Forms are to be returned to Sunnybrook via electronic web, within twenty one (21) calendar days from the sent day. Sunnybrook will resend the Feedback Forms and notify the paramedic and the Service.
5. Resent Feedback Forms that are not returned within two (2) weeks of being resent will result in a meeting between the paramedic and a Medical Director, or designate to review the call.
6. The paramedic who does not meet with the Medical Director, or designate within three (3) weeks of a meeting being requested, will be administratively deactivated until the meeting occurs. Exceptions will be considered for extenuating circumstances.



**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *CLINICAL AUDIT POLICY;*
2. *CASE REVIEW POLICY;*
3. *PRIVACY AND SECURITY OF PERSONAL HEALTH INFORMATION POLICY, SUNNYBROOK CORPORATE POLICIES AND PROCEDURES.*

**APPENDICES:**

1. *APPENDIX A, STANDARDIZED PARAMEDIC FEEDBACK FORM;*
2. *APPENDIX B, FLOWCHART FEEDBACK PROCEDURE.*

# **APPENDIX A**

## **STANDARDIZED PARAMEDIC FEEDBACK FORM**

**STANDARDIZED PARAMEDIC FEEDBACK FORM**



**Feedback Form**

Service:  
Paramedic Name:  
Call Number:

Case #:  
Oasis #:  
Call Date:

Regional Base Hospital Review Findings:

Additional Regional Base Hospital Comments:

Medical Director or Paramedic Practice Manager:

Date:

Paramedic Comments:

Paramedic Signature:

Date:

Closed: Medical Director or Paramedic Practice Manager:

Date:

Please contact the Sunnybrook Centre For Pre-Hospital Medicine, (416) 667-2200 for any questions or concerns.

# **APPENDIX B**

## **FLOWCHART FEEDBACK PROCEDURE**

**FEEDBACK PROCEDURE**



## PARAMEDIC CLINICAL PRACTICE SELF-REPORTING POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Data and Quality Management
<b>Title:</b>	Paramedic Clinical Practice Self - Reporting
<b>Policy Number</b>	RBH-092
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	13-May-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

**POLICY STATEMENT:**

Sunnybrook requires a paramedic to provide written documentation that addresses challenges that a paramedic may encounter while on a call related to the ALS Standards or other clinical practice guidelines, which may include but are not limited to: clinical care variances, documentation omission, patch failures or omissions and scene time delays.

Self-reporting is an important part of paramedic practice: it equates to professionalism by being accountable for one's own practice and is a form of education through self-reflection. The Base Hospital strives to improve not only individual paramedic performance but also system performance through the clinical audit, self-reports, case review, feedback and educational process. All processes are linked in order to reach a common goal, to improve patient safety and outcomes.

**PROCEDURE:**

Paramedics will notify Sunnybrook in writing via electronic means through the Sunnybrook Website which will include the following mandatory information:

- Paramedic Service
- Paramedic Name
- Paramedic EHS Number
- Call Date
- Run Number
- Call Location

- Call Type Description
- A Brief Description of The Occurrence Being Reported
- Paramedic Contact Information

Self-reports will be forwarded to Sunnybrook Paramedic Practice Manager for review, he/she will review all the relevant documentation to the self-report, which may result in one or more of the following:

- Consider the incident to be self-remediated and closed
- Request for further feedback
- Require further review by a Medical Director

**REFERENCE DOCUMENTS:**

1. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.*

**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *CLINICAL FEEDBACK POLICY;*
2. *PATCHING POLICY;*
3. *CLINICAL AUDIT POLICY;*
4. *CASE REVIEW POLICY;*
5. *PRIVACY AND SECURITY OF PERSONAL HEALTH INFORMATION POLICY, SUNNYBROOK CORPORATE POLICIES AND PROCEDURES.*

## CASE REVIEW POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Data and Quality Management
<b>Title:</b>	Case Review
<b>Policy Number</b>	RBH-093
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	13-May-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

Sunnybrook conducts case reviews in order to answer questions posed by internal and external stakeholders related to the ALS Standards and other clinical practice guidelines.

### **PROCEDURE:**

Case Review is opened as a result of Sunnybrook audit system findings and/or internal or external stakeholder official written request to Sunnybrook. This will include at minimum sufficient information in order to identify the date of the incident, the patient, the crew, the Service and the ACR number.

1. Any issues related to the ALS Standards or clinical practice guidelines require medical oversight identified by the Service will be immediately forwarded in writing to Sunnybrook.
2. Opening a case review will result in:
  - An electronic file will be created
  - Gathering of all relevant materials related to the case
  - Assigning the case to a Sunnybrook Manager or Medical Director
3. All documents related to the specific case review that are created after initial opening, shall be copied to the Professional Standards and Compliance Program.
4. Any inquiries regarding operational issues that do not relate to the ALS Standards or clinical practice guidelines requiring medical oversight will be forwarded to the Service for further review.
5. Case reviews may result in:
  - Closure
  - Request for feedback



- Request for interview with a Medical Director or delegate
  - Change of paramedic's certification status
6. Any case review performed by Sunnybrook that results in a paramedic interview or change in the paramedic's certification status will be reported to the Service.
  7. Any case review that results in a paramedic's deactivation or formation of a PPRC shall also be reported to the MOHLTC.
  8. Any case review that results in a paramedic's clinical deactivation or decertification shall be reported to all other Ontario Base Hospitals.
  9. All case review findings shall be forwarded to the Sunnybrook Professional Standards and Compliance Program to be included in the case file.

The Medical Director shall provide a written summary of review findings for all cases that are reviewed, as an official written request from stakeholders. The appropriate Service will also receive a copy of the written summary.

All case reviews shall be managed by Sunnybrook Professional Standards and Compliance.

**REFERENCE DOCUMENTS:**

1. *ADVANCED LIFE SUPPORT PATIENT CARE STANDARDS (ALS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE;*
2. *BASIC LIFE SUPPORT PATIENT CARE STANDARDS (BLS PCS), EMERGENCY HEALTH SERVICES BRANCH, MINISTRY OF HEALTH AND LONG-TERM CARE.*

**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *CLINICAL AUDIT POLICY;*
2. *CLINICAL FEEDBACK POLICY;*
3. *PARAMEDIC PRACTICE REVIEW COMMITTEE (PPRC) POLICY;*
4. *PARAMEDIC CLINICAL PRACTICE SELF-REPORTING POLICY;*
5. *PARAMEDIC FILES POLICY;*
6. *EXPECTATIONS OF PARAMEDIC PRACTICE POLICY;*
7. *PRIVACY AND SECURITY OF PERSONAL HEALTH INFORMATION POLICY, SUNNYBROOK CORPORATE POLICIES AND PROCEDURES.*

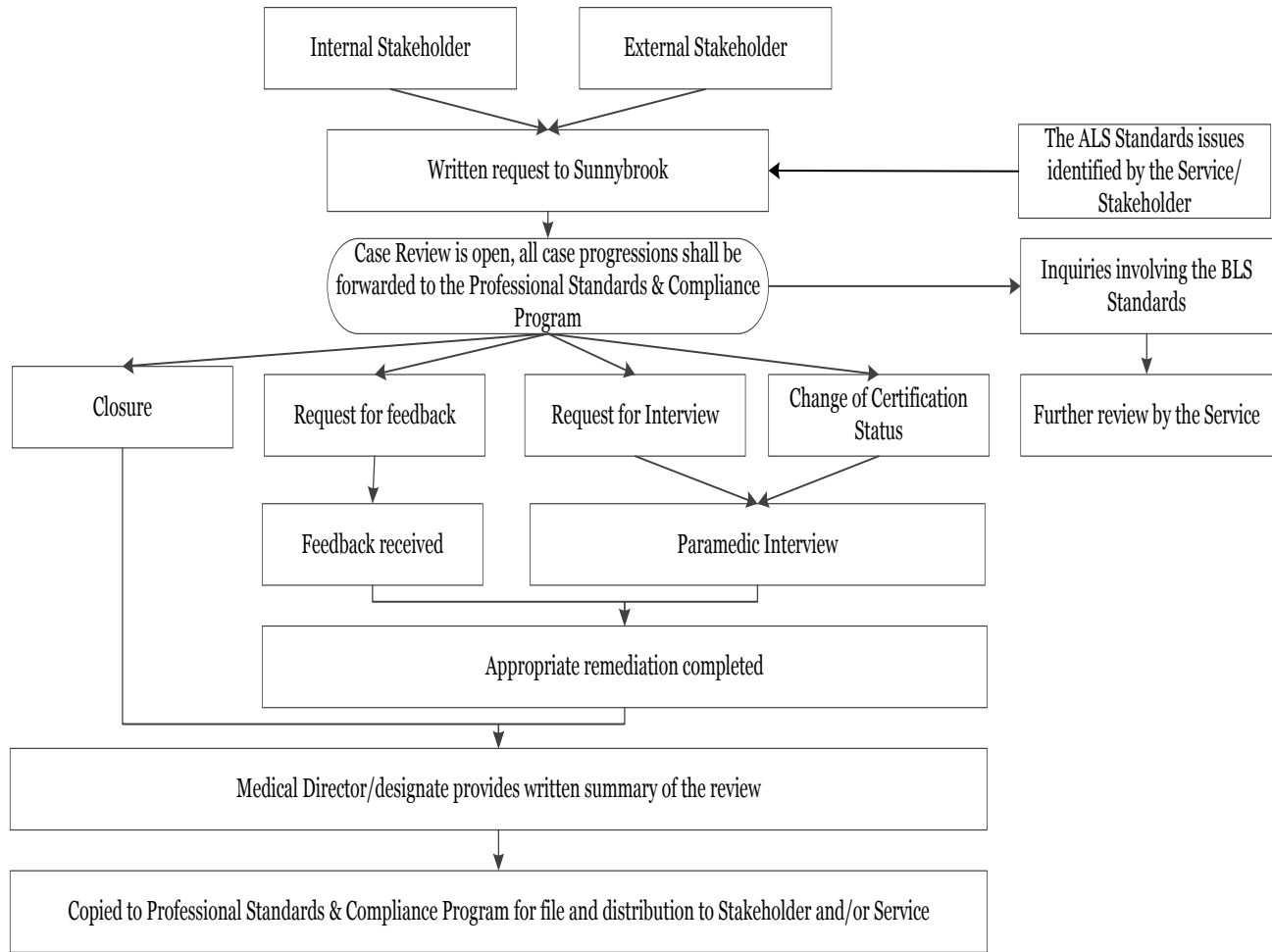
**APPENDICES:**

1. *APPENDIX A, FLOWCHART CASE REVIEW PROCESS.*

# **APPENDIX A**

## **FLOWCHART CASE REVIEW PROCESS**

**CASE REVIEW PROCESS**



## PARAMEDIC PRACTICE REVIEW COMMITTEE (PPRC) POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Data and Quality Management
<b>Title:</b>	Paramedic Practice Review Committee (PPRC)
<b>Policy Number</b>	RBH-094
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	13-May-2014
<b>Reviewed: (mm/dd/yyyy)</b>	19-May-2016
<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

**POLICY STATEMENT:**

The PPRC will function in an external advisory role to Sunnybrook on issues of paramedic professional practice with the agreement of all relevant parties involved when Sunnybrook is pursuing decertification of a paramedic, as per Appendix A.

**OTHER RELEVANT SUNNYBROOK POLICIES:**

1. *EXPECTATIONS OF PARAMEDIC PRACTICE POLICY.*

**APPENDICES:**

1. *APPENDIX A, ONTARIO PPRC PROCESS.*

# **APPENDIX A**

## **ONTARIO PPRC PROCESS**

### **ONTARIO PPRC PROCESS**

To ensure the PPRC process is followed, the Regional Base Hospital Medical Director and paramedic will acknowledge, within separate submissions, that the process for document sharing and disclosure will be followed as set out below. The OBHG Chair will be directly involved in all communication between the PPRC Chair and the paramedic and Medical Director.

1. The Medical Director will submit a PPRC request and information to support the request, including the rationale for considering the decertification, to the OBHG Chair.
2. If the OBHG chair is employed by the affected Regional Base Hospital, he/she will send the request to the OBHG Vice Chair. (All subsequent references to the “OBHG Chair” shall be references to the OBHG Vice Chair, as applicable.)
3. The OBHG Chair will choose an appropriate Regional Base Hospital to host the PPRC.
4. The PPRC Chair shall be a Program Director or Manager selected by the OBHG Chair.
5. The selection of peer paramedics will be completed, one (1) each by the host Regional Base Hospital Program and the paramedic.
6. The OBHG Chair will notify the paramedic and the Medical Director responsible for the paramedic’s certification, in a format similar to that set out in Appendix A, that a PPRC has been convened to review the case, and outline the associated timelines.
7. The Medical Director and paramedic will forward their submissions to the OBHG Chair, within fifteen (15) business days of being notified by OBHG Chair that a PPRC has been convened.
8. Submissions must be sent via signed courier, registered mail or by confirmed electronic transmission.
9. The OBHG Chair will forward each party’s submissions to the other party within five (5) business days.
10. Both parties will have the opportunity to respond to the original submissions within fifteen (15) business days of their receipt of the submissions from the OBHG Chair.
11. The OBHG Chair will distribute all submissions to the PPRC Chair, paramedic and Medical Director.
12. The PPRC Chair will distribute the submissions to the PPRC Members.
13. The PPRC will not begin its review until receipt of the full submissions of the Medical Director and paramedic from the OBHG Chair.
14. If clarification of an issue is required by the PPRC Chair, a request will be submitted via the O B H G Chair, who will contact the relevant party in writing with details of the points of

clarification requested and an expected date of delivery. The PPRC may also seek information regarding applicable standards and legislation as required. The responses to the request for clarification will be copied to both parties and must be received by the PPRC Chair from the affected party within ten (10) business days of the request.

15. The PPRC will review the submissions and responses and render a written opinion, containing its recommendations and the supporting rationale, within ten (10) business days of the final PPRC meeting to the OBHG Chair.
16. The OBHG Chair will send a copy of the final opinion to both parties.
17. If the Medical Director makes the decision to decertify the paramedic, the Medical Director will provide a written explanation to the paramedic, outlining the reasons for decertification.
18. All records regarding the process will be stored for a period of four (4) years by the PPRC Chair.

## QUALITY IMPROVEMENT SYSTEM ANALYSIS POLICY



<b>Category</b>	Operational Policies and Procedures
<b>Sub-Category</b>	Data and Quality Management
<b>Title:</b>	Quality Improvement System Analysis
<b>Policy Number</b>	RBH-096
<b>Issued By:</b>	Sunnybrook RBH Program Medical Council
<b>Approved By:</b>	Sunnybrook RBH Program Senior Director
<b>Original:</b>	13-May-2014
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<b>Revised: (mm/dd/yyyy)</b>	
<b>Next Review Date</b>	14-Jun-2017
<b>Review Reminder:</b>	30 & 60 Day Reminders
<b>Reviewer's Email Address:</b>	<a href="mailto:Maud.huiskamp@sunnybrook.ca">Maud.huiskamp@sunnybrook.ca</a>

### **POLICY STATEMENT:**

Quality Improvement is performed at minimum to satisfy the Performance Agreement and the requirements defined by the CPSO with regard to the delegation to paramedic; however the Quality Improvement has enhancements enabling a complete clinical practice review.

The Sunnybrook Medical Council Committee approves all QI initiatives and clinical criteria.

### **PROCEDURE:**

The Quality Improvement initiatives are reviewed at each Medical Council meeting.

### **REFERENCE DOCUMENTS:**

1. *DELEGATION OF CONTROLLED ACTS, POLICY STATEMENT #5-12, COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO (CPSO).*