

REGULATED
PROFESSION

NOVA SCOTIA REGULATOR OF PARAMEDICINE

PARAMEDIC COMPETENCY FRAMEWORK
for the

Examination and Education Resources

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PROPERTY OF:

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ACKNOWLEDGEMENT

The Nova Scotia Regulator of Paramedicine (NSRoP) acknowledges that we are in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People and pays respect to the Indigenous knowledges held by the Mi'kmaq People, and to the wisdom of their Elders past and present. The Mi'kmaq People signed Peace and Friendship Treaties with the Crown, and section 35 of the Constitution Act, 1982 recognizes and affirms Aboriginal and Treaty rights. We are all Treaty people.

NSRoP also acknowledges the histories, contributions, and legacies of African Nova Scotians, who have been here for over 400 years.

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Canadian Paramedic Examination and Education Resources

As part of the Pan-Canadian Essential Regulatory Requirements (PERRs) project, the Canadian Organization of Paramedic Regulators (COPR) developed a set of examination and education resources (“the Resources”). **The Resources present an informational supplement to the Canadian Paramedic Competence Framework (CPCF)**, which includes the essential competencies.

COPR uses the CPCF and this supplement to develop the pan-Canadian entry to practice examinations and assess international credentials for the Emergency Medical Responder (EMR), Primary Care Paramedic (PCP), Advanced Care Paramedic (ACP), and Critical Care Paramedic (CCP) designations.


The Resources are not an exhaustive compendium; they are neither an assessment tool, nor a curriculum. Rather, they may be used to inform the development of examination items and educational content. The statements contained in the Resources must be

interpreted within the context of practice and required proficiency for each designation.

The Resources:

- include principal knowledge and skill elements that are required for safe and effective practice in paramedicine designations in one or more jurisdictions;
- reflect the needs of the public/patients for safe, effective care, validated with paramedic/EMR professionals, educators, and regulators;
- support labour mobility and cut across jurisdictional scopes of practice, integrating knowledge and skills for four designations;
- allow educational programs flexibility in creating curricula, learning outcomes, and assessment vehicles.

The Resources will be reviewed periodically to ensure they reflect current practice.



Structure and Organization

The Resources are organized according to the eight areas of competency contained in the Canadian Paramedic Competency Framework (CPCF). The Resources were developed to describe underpinning knowledge and skill areas to supplement the performance expectations outlined in the CPCF.

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

The Resources describe broad foundational concepts, approaches, and strategies that are the cornerstone of paramedic education and assessment. Common situations are included to stimulate reflection and discussion for each of the areas. The appendix to Area H, Care Along the Health and Social Continuum, is included to expand on the foundational knowledge and the minimal entry to practice skills that are within the scope of the paramedic’s practice. Skills are tagged according to their applicability to each designation.

The paramedic/EMR is expected to maintain knowledge in the areas, theories, and processes underpinning the competencies listed in the CPCF. The depth of knowledge will generally increase along the continuum of designations. For example, the EMR will be aware of or have some knowledge of human physiology, while the PCP’s knowledge base will be greater. The ACP and CCP will have more advanced or specialized knowledge of this same topic area. Paramedic education is modular. ACPs must have PCP education before moving to ACP education. CCPs need ACP and PCP training before becoming educated and registered as CCPs. However, EMR education, which is more general, is usually not part of an educational pathway to PCP education and competencies.

STRUCTURE AND ORGANIZATION OF THE EXAMINATION AND EDUCATION RESOURCES



A

Professionalism

Foundational Knowledge

Boundaries

Commitment

Confidentiality

Conflicts of interest

Code of Ethics, ethical practice, codes of conduct

Honesty

Identity

Integrity

Legal frameworks

Morality

Reliability

Responsibility

Social contract

Societal need

Societal expectations

Standards of practice

Trustworthiness

Values

Accountability

Altruism

Advocacy

**Approaches
and Strategies**

Self-regulation

Autonomous, regulated practice

Legislative authority

Controlled acts

Professional regulatory requirements – standards of practice, competencies, practice guidelines, regulations

Professional regulatory processes for registration, mandatory reporting, concerns, and discipline

Privacy and confidentiality requirements

Patient-centred care

Informed consent – comprehensive, initial/ongoing

Conflict resolution

Scope of practice and sources of relevant information

Ongoing professional development

**Common
Situations**

Values conflicts and ethical decision-making

Overlapping scope of practice

Professional misconduct (therapeutic relationships, privacy, confidentiality)

B

Patient- and Community-Centred Communication

Foundational Knowledge

General health/medical and paramedic terminology

Patient-focused communications approaches and technologies

Active listening

Mutual understanding

Structured interview techniques, including patient-centred and clinician-centred steps)

Communication styles and methods to adapt

Communication techniques, channels, and devices

Types of documentation and messages

Documentation, documentation standards, jurisdictional requirements

Consent, assent

Dissent, refusal

Difficult conversations

Electronic information/record systems

Health literacy

Diversity, cultural awareness, and acceptance

Emotional intelligence

Legislation and standards of practice

Ethical practice

Professional boundaries

Cultural safety and humility

**Approaches
and Strategies**

Patient history

Bystander information-gathering

Treatment planning

Cultural brokers

Knowledge translation and dissemination

Conflict resolution, de-escalation techniques

Bridging knowledge systems

Augmented communication – use of devices, models, technology, professional interpreters

Team communication strategies – briefing/debriefing, urgent situations

Appropriate use of media and social media

Organizational policies related to use of personal devices, communication services, security protocols

**Common
Situations**

Interacting with patients, their representatives, families, including patients who are members of marginalized, racialized groups

Team communications (e.g., diagnosis, care planning, transition of care)

Use of social media

Recording and charting

Needs of local populations

Death notification

C

Integrated Collaborative Care

Foundational Knowledge

Common ground

Common goal, shared common purpose

Intention, impact

Teamwork, team development

Team functioning and output, group dynamics

Trust and partnership

Contribution and commitment

Empowerment

Joint learning

Organizational awareness

Collaborative leadership

Disruptive behaviour

Power, hierarchy

Integrity

**Approaches
and Strategies**

Valuing differences

Situational awareness

Debriefing

Reflective practice

Responsibility, coordination, respectful communication, cooperation, assertiveness, autonomy, respect

Evidence-informed team decision-making

Shared accountability and problem solving

Consultation and referral practices

Person-, family-, and community-centred approaches to care

Role clarification and scope of practice of other professionals/professional responsibilities and capabilities of related professions

Team-based assessment, care, and evaluation

Team building

Supervision, assignment, and delegation

Negotiation

Conflict resolution

Crisis resource management

**Common
Situations**

Interprofessional care team

Overlapping scopes of practice

Disasters, multi-incident response

Handover of care

D

Continuous Learning and Adapting to Evidence

Foundational Knowledge

Lifelong learning, continuous learning, quality assurance, professional development, and continuing competency

Strategies to address the teaching and learning needs of individuals and populations

Development and assessment of learning outcomes

Learning resource selection and development

Goals, objectives, outcomes

Learning climate, learning environment

Theoretical foundations of research, research methods

Ways of knowing (e.g., Indigenous and Western world views)

Sources of evidence

Principles of ethical conduct in clinical research

Theories and models of knowledge exchange/translation and integration into practice

Interpreting guidelines

**Approaches
and Strategies**

Critical thinking and reflection

Learning goals and plans

Community of practice

Critical appraisal

Evidence-based approaches, evidence-informed decision-making

Co-creation of knowledge

Scholarship, scholarly inquiry, evaluating evidence

Performance assessment

Portfolio

Peer review

Debriefing

Team meetings

Patient considerations

Equity impact assessments

**Common
Situations**

Patient assessment and care planning

Continuing competency requirements

Interprofessional team collaboration

Needs of local populations

E

Health of Professional

Foundational Knowledge

Personal health (e.g., mental, physical)

Diet, physical fitness program

Stress: types and sources (e.g., critical incident, acute, post-traumatic, operational)

Symptoms and disorders associated with personal health

Compassion fatigue

Trauma resulting from experienced events

Stress response

Substance use

Ergonomics

Rights of the paramedic

Dangerous substances and hazards

**Approaches
and Strategies**

Strategies that support ergonomic practice

Resilience, adaptability

Self-care strategies

Defusing and self-protection behaviours

Self-awareness, self-management

Allostasis (the combination of body responses to stress that help to return the body and mind to optimal functioning)

Allostatic load/overload (the cumulative burden of chronic stress and life events on mental and physical health)

Early intervention program

Employee assistance program

Organizational culture, safety culture

Peer support

Psychological safety, psychologically healthy and safe workplace

Occupational health and safety, prevention of occupational injuries

**Common
Situations**

Violence, abuse, loss of life

Long-term effects of caring for repeat patients, patients who are marginalized, racialized, patients who refuse transport, etc.

Working in underfunded, understaffed, or unsafe conditions

Moral injury (the psychological distress that results from events that go against one's values and moral beliefs)

F

Advocacy for Health, Equity, and Justice

Foundational Knowledge

Human rights

Patient rights

Bias (including unconscious or implicit), intent, impact (personal and systemic)

Ism-s (racism, ableism, sexism, heterosexism, etc.)

Stigma, prejudice

Power, hierarchy, and forms of oppression (e.g., abuse, harassment, discrimination, micro-aggressions, colonialism)

Social determinants of health, intersectionality

Social justice

Values

Health equity

Health care delivery systems

Impact of systems on patients, their representatives, families, etc.

Systems navigation

Support systems related to equity-deserving groups (e.g., mental health and addictions systems, long-term care, welfare, First Nations communities)

**Approaches
and Strategies**

Awareness, humility, learning from those with lived experience

Anti-oppressive behaviour (e.g., Truth and Reconciliation, anti-racism)

Systems thinking

Patient self-determination, dignity, assent

Trauma-informed, recovery-oriented, preventative health care

Relational, culturally safe, culturally competent, culturally responsive care approaches

Moral and legal requirements related to diversity

Ethical decision-making frameworks

Interprofessional collaboration in health and social systems

Collaborative leadership, role clarification, scopes of practice of the interprofessional team

Reflective practice, debriefing

**Common
Situations**

Transitions of care and lack of quality and access to follow-up care

Refusal of care or transport

Specific needs of equity-deserving patients (e.g., behavioural, mental health, cultural, racial, gender/gender identity, language, body size, trauma, abuse, substance use, child and social welfare, refugee status, remote geographic locations, literacy)

Needs of local populations

G

Leadership

Foundational Knowledge

Principles and theories of leadership

Organizational theory and culture

Effectiveness, efficiency

Patient flow, workflow

Priorities

Continuous quality improvement

Resources (e.g., human, financial, equipment)

Systems thinking

Time management

Accountability

Organizational change

Self-awareness and improvement

Self-reflection

People awareness

Innovation

Decision-making

Effective communication

Visioning

Adaptability

Authority, influence, power

**Approaches
and Strategies**

Performance monitoring and evaluation

Performance appraisals

Collaborative leadership, co-leadership, informal/shared leadership

Conflict resolution and management

Psychological safety

Supervision, assignment, delegation

Personal influence and effectiveness

Appreciation and humility

Cultivation of trust

Strategic thinking

Ethical judgement

Creative assimilation

Empowerment

Retention

Intentional and healthy culture

Culture of learning

Coaching, mentorship

Critical conversations

Eliciting and receiving feedback

Providing effective feedback

**Common
Situations**

Shifting leadership roles in times of urgency or crisis

Peer modelling

Collectively leading in the absence of formal manager

H

Care Along a Health and Social Continuum

Foundational Knowledge*

Human anatomy, neuroanatomy, and physiology applied to all body systems across the lifespan

Cognition

Pathology/Pathophysiology

Pharmacology

Unique needs, characteristics, and their impact on care needs of patients who are equity-deserving, traditionally marginalized, racialized, or underserved

General topics in paramedicine

Infection prevention and control

Point-of-care and diagnostic testing

Disaster response

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

Approaches and Strategies*

Patient and incident history

Assessment (continual, physical, mental health)

Diagnostic testing and/or interpretation and integration of results into patient care

Airway management, including oxygen administration

Ventilation assistance, including manual and mechanical positive pressure ventilation (PPV)

Hemodynamic stability, including fluid and resuscitation, hemorrhage control

Routine care

Fractures and dislocations

Patient handling and movement

Medication and substance administration

* See expanded lists in Appendix A

**Common
Situations**

Diagnose and treat acute health conditions in emergency care

Treat chronic health conditions in all care settings

Promote health and injury prevention

Appendix A

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

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

Foundational Knowledge

Foundational knowledge is common across designations, but varies in terms of depth and breadth. **EMRs** have basic knowledge to support the fundamental out-of-hospital care they provide. **PCPs** provide context-specific, basic life support and patient care in a wide variety of settings. **ACPs** provide context-specific, advanced life support and patient care for medically complex patients. **CCPs** provide context-specific, tertiary-level care for medically complex and undifferentiated patients. CCPs are expected to work autonomously in the provision of complex care to high-acuity patients.

GENERAL CONTENT

1 Medical, paramedic, pharmacological terminology

- 1.1 Vocabulary, acronyms, abbreviations

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

- 2.1 Neuroanatomical development and terminology
- 2.2 Respiratory
 - Defence mechanisms, mechanics of respiration
 - Pulmonary circulation, gas transport/exchange, control of ventilation
 - Breath sounds, breathing patterns, lung volumes, oxygen saturation
- 2.3 Cardiovascular
 - Mechanical function of the heart, hemodynamics, coronary, cerebral and peripheral circulation, fluid dynamics
 - Normal heart rate, blood pressure, heart sounds
 - Blood pressure regulation
 - Electrical activity of the heart

-
- 2.4 Gastrointestinal
- Food breakdown and motility through the gastrointestinal (GI) tract
 - Digestion; secretion of enzymes, hormones, and other substances to aid digestion,
 - biochemistry of the digestive tract
 - Absorption; nutrient uptake into the circulatory and lymph systems
 - Elimination of waste
-
- 2.5 Hepatobiliary
- Synthesis of bile, lipid metabolism
 - Production of proteins, cholesterol, glycogen
 - Vitamin and mineral storage
 - Metabolizing drugs, blood detoxification
-
- 2.6 Genitourinary
- Blood filtration and kidney function
 - Elimination of waste
-
- 2.7 Reproductive
- Sexual differentiation and puberty
 - Fertility and sexual function
 - Sexually transmitted infections
-
- 2.8 Gynecological/obstetric
- Menstrual cycle, fertilization
 - Infertility
 - Pregnancy and postpartum
 - Fetal development
 - Labour and delivery
 - Lactation
 - Endocrinology of pregnancy
 - Postpartum changes
-
- 2.9 Integumentary
- Characteristics of skin, hair, nails, glands
 - Skin functions: protection, regulation, healing, sensations
-
- 2.10 Endocrine
- Hormone mechanisms of action
 - Metabolism
 - Growth and development
 - Regulation of sleep, blood pressure, emotions, and mood
-
- 2.11 Neurological
- Central and peripheral nervous systems
 - Cranial nerve functions
 - Neuro-physiological development
 - Nervous system responses to injury
 - Neurotransmission, muscle tone, motor function, sensory/normal processing, sensorimotor integration, nerve conduction testing
-
- 2.12 Musculoskeletal
- Posture, balance, coordination, agility, dexterity
 - Mobility – gait, locomotion
 - Bone structure/physiology
 - Muscle structure/physiology
 - Connective tissue structure/physiology
-

-
- 2.13 Hematologic
 - Blood components and their functions
 - Coagulation
 - Fetal hematology: transitions between labour, delivery
 - 2.14 Immunologic
 - Typical immune responses
 - 2.15 Ear-eye-nose-throat (EENT) systems
 - Hearing, balance, and the vestibular system
 - Nasopharynx function; air filtration, voice production
 - Passage of air, food, liquid
 - Vision, pupillary response
-

3 Cognition

- 3.1 Arousal, attention, orientation, emotion, processing, registration of information
 - 3.2 Retention, memory, recall
 - 3.3 Communication, verbal/non-verbal, processing, verbalizing, language proficiency
 - 3.4 Perception, decision-making as it relates to autonomy, disclosure, consent
-

4 Pathology/Pathophysiology

- 4.1 Microbiology, infections: viral, bacterial, fungal
 - 4.2 Impact of pathologies on physiology, structure, and function
 - 4.3 Common pathological processes and mechanisms
 - 4.4 Diseases, illnesses, injuries, causes
 - Respiratory
 - Cardiovascular
 - Gastrointestinal
 - Hepatobiliary
 - Genitourinary
 - Reproductive
 - Gynecological/obstetric
 - Integumentary
 - Endocrine
 - Neurological
 - Musculoskeletal
 - Hematologic
 - Immunologic
 - Ears-eyes-nose-throat systems
 - 4.5 Psychiatric, behavioural, and mental health disorders, substance use and addictions
-

5 Pharmacology

- 5.1 Paramedic role
- 5.2 Medication sources, drug classifications, names (e.g., chemical, generic, trade, official)
- 5.3 Mechanisms of entry, absorption, site of action, metabolism, elimination
- 5.4 Factors affecting absorption, distribution, elimination
- 5.5 Dosage calculation for desired effect, formulations; dosage parameters – related to patient presentation
- 5.6 Interactions
 - Drug/drug
 - Drug/food
 - Drug/condition
- 5.7 Medical conditions and indications, relative and absolute contraindications, side effects, dosage parameters, and safe administration process for medication
- 5.8 Relevant medication reference data
- 5.9 Signs, symptoms, and side effects of iatrogenic and non-iatrogenic overdose
- 5.10 Relationship of medication, dosage, and frequency to patient
- 5.11 The “rights” of medication administration
- 5.12 Administration routes, associated approved medications and substances; characteristics of injection sites (see 32. Administer medications using specific routes)
- 5.13 Patient and supply preparation, quantity measurement
- 5.14 Procedures related to medication administration errors

6 Unique characteristics and their impact on care needs of patients who are equity-deserving, traditionally marginalized, racialized, or underserved

- 6.1 Identity and intersectional factors: gender, age, ethnicity, race, Indigenous identity, religion, gender and sexual identity, abilities, function
- 6.2 Impact on physical, emotional, and social development
- 6.3 Care needs specific to stages of life, relating to individual's age, developmental stage, and life circumstances
- 6.4 Palliative, end of life care, medical assistance in dying
- 6.5 Healthy behaviours, disease prevention, harm reduction, quality of life
- 6.6 Environmental factors impacting health
- 6.7 Impact of social determinants of health (e.g., employment, social inclusion, education)

CONTENT SPECIFIC TO PARAMEDICINE

7 General topics in paramedicine

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

8 Infection prevention and control

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

9

Point-of-care and diagnostic test results

- 9.1 Basic understanding of technique and function, including quality assurance and limitations
- 9.2 Common findings
- 9.3 Basic interpretation (e.g., differentiation between normal and abnormal results, implications)
- Point-of-care testing:
 - 9.4
 - Urinalysis
 - Phlebotomy draw
- Diagnostic tests:
 - 9.5
 - Bloodwork (arterial/venous blood gases)
 - Diagnostic imaging (radiographs, computerized tomography)
 - Electrocardiogram
 - Ultrasound

EMERGENCY PREPAREDNESS AND MANAGEMENT

10

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

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

11

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

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

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

-
- 11.13 Avoidance of agents and hazards
 - 11.14 Defining inner and outer perimeters
 - 11.15 Principles of CBRNE triage
 - 11.16 Need for and control of human decontamination
 - 11.17 Chemical countermeasures
-

12 Patient management following environmental emergency (e.g., heat exhaustion, cold injury, barotrauma)

- 12.1 Causes
 - 12.2 Signs and symptoms of exposure
 - 12.3 Treatment of patients following exposure
-

13 Unique needs of neonatal, pediatric, geriatric, bariatric patients, and patients with different abilities, mental health, addictions, and/or psychiatric conditions

- 13.1 Developmental parameters, effects on lifespan, abilities, etc.
 - 13.2 Anatomical and physiological differences
 - 13.3 Modifications in approaches to assessment, treatment, communication, use of equipment
-

Minimum Entry to Practice Skills

The list of skills was developed based on entry to practice expectations for each designation in each jurisdiction. The shaded circles indicate that paramedics are expected to perform the skill safely, autonomously, consistently, and according to standards in at least one jurisdiction at the time of publication.

ASSESSMENT AND DIAGNOSTICS

14	Continually assess the practice environment	EMR	PCP	ACP	CCP
14.1	Conduct point of care risk assessment	•	•	•	•
14.2	Maintain situational awareness	•	•	•	•
14.3	Maintain safety	•	•	•	•
14.4	Secure additional resources	•	•	•	•
15	Obtain patient and incident history	EMR	PCP	ACP	CCP
15.1	Primary complaint and/or incident history from patient, family members, and/or bystanders	•	•	•	•
15.2	List of medications (prescribed, over the counter, recreational, natural/herbal), and patient adherence	•	•	•	•
15.3	Allergies, including to medications	•	•	•	•
15.4	Medical history	•	•	•	•
15.5	Last oral intake, bowel movement, menstrual cycle	•	•	•	•
15.6	Integrate above information into assessment	•	•	•	•
16	Conduct complete physical assessment	EMR	PCP	ACP	CCP
16.1	Determine immediate threats to life	•	•	•	•
16.2	Further assess based on patient presentation, including level of distress, pain	•	•	•	•
16.3	Conduct in-depth assessment of systems and patient as appropriate	•	•	•	•
16.4	Adapt assessment techniques according to patient presentation		•	•	•
16.5	Infer clinical impressions		•	•	•
17	Determine mental health status	EMR	PCP	ACP	CCP
17.1	Assess patient's capacity to consent to care decisions	•	•	•	•
17.2	Consider risk and cognitive factors	•	•	•	•
17.3	Recognize substance use, addictions, mental health and psychiatric conditions in patients	•	•	•	•

18	Assess vital signs and interpret findings	EMR	PCP	ACP	CCP
18.1	Pulse (rate, rhythm, quality)	•	•	•	•
18.2	Respiration (rate, effort, depth, symmetry)	•	•	•	•
18.3	Non-invasive temperature monitoring	•	•	•	•
18.4	Blood pressure <ul style="list-style-type: none"> • Auscultation • Palpation • Non-invasive blood pressure monitoring 	•	•	•	•
18.5	Skin condition (temperature, colour, moisture, turgor)	•	•	•	•
18.6	Pupils (size, symmetry, reactivity)	•	•	•	•
18.7	Level of consciousness: Alert, Voice, Pain, Unresponsive (AVPU), Glasgow Coma Scale (GCS)	•	•	•	•

19	Utilize diagnostic tests and/or interpret findings, using:	EMR	PCP	ACP	CCP
19.1	Pulse oximetry	•	•	•	•
19.2	End-tidal carbon dioxide (EtCO ₂) monitoring		•	•	•
19.3	Glucometric testing	•	•	•	•
19.4	Peripheral venipuncture		•	•	•
19.5	Arterial blood samples (via radial artery puncture, arterial line access)			•	•
19.6	Invasive core temperature monitoring			•	•
19.7	Pulmonary artery catheter monitoring				•
19.8	Central venous pressure monitoring				•
19.9	Arterial line monitoring			•	•
19.10	Electrocardiogram (ECG) monitoring		•	•	•
19.11	Urinalysis		•	•	•

20	Integrate laboratory findings/diagnostic imaging results into patient care	EMR	PCP	ACP	CCP
20.1	Radiological data		•	•	•
20.2	Computerized tomography (CT) scan		•	•	•
20.3	Ultrasound		•	•	•
20.4	Arterial blood gas (ABG), venous blood gas (VBG)		•	•	•

THERAPEUTICS

21	Maintain patency of upper airway and trachea	EMR	PCP	ACP	CCP
21.1	Use manual maneuvers and positioning to maintain airway patency	•	•	•	•
21.2	Suction oropharynx	•	•	•	•
21.3	Suction beyond oropharynx		•	•	•
21.4	Utilize oropharyngeal airway	•	•	•	•
21.5	Utilize nasopharyngeal airway	•	•	•	•
21.6	Utilize supraglottic airway devices		•	•	•
21.7	Utilize airway devices introduced endotracheally			•	•
21.8	Remove airway foreign bodies by direct techniques		•	•	•
21.9	Remove airway foreign bodies by indirect techniques	•	•	•	•
21.10	Conduct percutaneous cricothyroidotomy			•	•
21.11	Conduct surgical cricothyroidotomy			•	•
21.12	Perform tracheostomy reinsertion		•	•	•

22	Administer oxygen	EMR	PCP	ACP	CCP
22.1	Determine purpose, indications, potential complications, and safety issues	•	•	•	•
22.2	Select and prepare device	•	•	•	•
22.3	Ensure safe handling	•	•	•	•
22.4	Perform adjustments and necessary troubleshooting	•	•	•	•
22.5	Identify replacement needs	•	•	•	•

23	Use oxygen delivery systems	EMR	PCP	ACP	CCP
23.1	Nasal canula	•	•	•	•
23.2	Low concentration mask	•	•	•	•
23.3	Increase/decrease oxygen concentration	•	•	•	•
23.4	High concentration mask	•	•	•	•

24	Administer ventilation (in the context of 25 and 26 below)	EMR	PCP	ACP	CCP
24.1	Determine purpose, indications, potential complications, and safety issues	•	•	•	•
24.2	Select ventilation system type	•	•	•	•
24.3	Ensure safe handling	•	•	•	•
24.4	Perform adjustments and necessary troubleshooting	•	•	•	•
24.5	Identify replacement needs	•	•	•	•

25	Administer manual positive pressure ventilation (i.e., bag valve device)	EMR	PCP	ACP	CCP
25.1	Provide oxygenation and ventilation using manual positive pressure devices	•	•	•	•
25.2	Rate, rhythm, volume, compliance	•	•	•	•
25.3	Positive end expiratory pressure		•	•	•
25.4	One- or two-person application	•	•	•	•
25.5	Continuous positive airway pressure (CPAP)		•	•	•
25.6	Bilevel positive airway pressure (BIPAP)		•	•	•
25.7	High flow nasal cannula therapy (HFNCT)		•	•	•
25.8	Positive End Expiratory Pressure (PEEP), manometry	•	•	•	•
25.9	Pulse oximetry		•	•	•
25.10	Capnography, EtCO ₂		•	•	•

26	Administer mechanical positive pressure ventilation (i.e., ventilator)	EMR	PCP	ACP	CCP
26.1	Provide mechanical ventilation			•	•
26.2	Vent circuit			•	•
26.3	Manometer			•	•
26.4	Respirometer			•	•
26.5	Intermittent mandatory ventilation, continuous mandatory ventilation, assist control, inverse ratio			•	•
26.6	Continuous positive airway pressure, positive end expiratory pressure, non-invasive positive pressure ventilation			•	•
26.7	Fraction of inspired oxygen (FiO ₂)			•	•
26.8	Compliance, resistance			•	•
26.9	Plateau, inspiratory, expiratory, peak expiratory pressure			•	•
26.10	Tidal volume, respiratory rate			•	•
26.11	Adjust parameters based on changes in ventilatory and hemodynamic status			•	•
26.12	Capnography and pulse oximetry			•	•

27	Hemodynamic stability	EMR	PCP	ACP	CCP
27A FLUID AND RESUSCITATION					
27A.1	Conduct cardiopulmonary resuscitation (CPR), including mechanical	•	•	•	•
27A.2	Maintain peripheral intravenous (IV) access devices and infusions of crystalloid solutions without additives	•	•	•	•
27A.3	Conduct peripheral IV cannulation		•	•	•
27A.4	Conduct intraosseous needle insertion		•	•	•
27A.5	Administer crystalloid solutions		•	•	•
27A.6	Utilize direct pressure infusion devices with IV infusions		•	•	•
27A.7	Administer volume expanders (colloid and non-crystalloid)			•	•
27A.8	Monitor an infusion of blood and/or blood products		•	•	•
27A.9	Administer blood and/or blood products			•	•
27A.10	Conduct automated external defibrillation	•	•	•	•
27A.11	Conduct manual defibrillation		•	•	•
27A.12	Conduct cardioversion			•	•
27A.13	Conduct transcutaneous pacing			•	•
27A.14	Maintain transvenous pacing			•	•
27A.15	Maintain intra-aortic balloon pumps			•	•
27A.16	Conduct needle thoracostomy			•	•
27A.17	Conduct thoracostomy			•	•
27A.18	Maintain and troubleshoot extracorporeal membrane oxygenation (ECMO)				•
27A.19	Adapt care in the presence of a LVAD		•	•	•
27A.20	Monitor and troubleshoot biventricular assist device (BIVAD)				•
27B HEMORRHAGE CONTROL					
27B.1	Control external hemorrhage	•	•	•	•
27B.2	Tourniquets and hemostatic dressings	•	•	•	•
27B.3	Pelvic binding	•	•	•	•
28 Provide routine care					
28.1	Urinary catheters	•	•	•	•
28.2	Ostomy drainage systems	•	•	•	•
28.3	Non-catheter urinary drainage systems	•	•	•	•
28.4	Monitor chest tubes	•	•	•	•
28.5	Tissue and minor wound care	•	•	•	•
28.6	Wound closing	•	•	•	•

29	Provide care for fractures	EMR	PCP	ACP	CCP
29.1	Immobilize actual and suspected fractures involving appendicular skeleton as appropriate	•	•	•	•
29.2	Immobilize or stabilize actual and suspected fractures involving axial skeleton, as appropriate.	•	•	•	•
29.3	Reduce fractures		•	•	•
29.4	Casting			•	•

30	Provide care for dislocations	EMR	PCP	ACP	CCP
30.1	Stabilize actual and suspected dislocations	•	•	•	•
30.2	Reduce dislocations			•	•

31	Patient handling and movement	EMR	PCP	ACP	CCP
31.1	Assess patient risk profile	•	•	•	•
31.2	Prepare practice environment appropriate to patient presentation and characteristics	•	•	•	•
31.3	Prepare patient for transfer (positioning, safety, stability, precautions, protection from the elements)	•	•	•	•
31.4	Accompany patient during transfer	•	•	•	•
31.5	Transfer patient to higher level of care when warranted	•	•	•	•

32	Administer medications and substances using the following routes:	EMR	PCP	ACP	CCP
32.1	Buccal	•	•	•	•
32.2	Endotracheal		•	•	•
32.3	Inhalation, not including oxygen	•	•	•	•
32.4	Intramuscular	•	•	•	•
32.5	Intranasal	•	•	•	•
32.6	Intraosseous		•	•	•
32.7	Intravenous		•	•	•
32.8	Oral	•	•	•	•
32.9	Rectal			•	•
32.10	Subcutaneous		•	•	•
32.11	Sublingual	•	•	•	•
32.12	Topical	•	•	•	•

Select Resources

Calls for Justice: Arising from international and domestic human and Indigenous rights laws, including the Charter, the Constitution, and the Honour of the Crown, the calls for justice are a legal obligation to ensure Indigenous women, girls, and 2SLGBTQQIA+ people live in dignity. https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Calls_for_Justice.pdf. Accessed August 8, 2023.

Calls to Action: In order to redress the legacy of residential schools and advance the process of Canadian reconciliation, the Truth and Reconciliation Commission made 94 calls to action in the areas of child welfare, language and culture, health, justice, reconciliatory actions by government related to UNDRIP, the legal system, developing a national council for reconciliation, training for public servants, church apologies, education, youth programs, museums and archives, missing children and burial information, commemoration, media, sports, business, and newcomers to Canada. https://publications.gc.ca/collections/collection_2015/trc/IR4-8-2015-eng.pdf. Accessed August 8, 2023.

Heard, E., Fitzgerald, L., Wigginton, B., Mutch, A. (2020). Applying intersectionality theory in health promotion research and practice. *Health Promotion International*, 35(4); 866-876. <https://pubmed.ncbi.nlm.nih.gov/31390472/>. Accessed August 8, 2023.

Larsen, C.M., Terkelsen, A.S., Carlsen, AM.F. et al. (2019). Methods for teaching evidence-based practice: a scoping review. *BMC Med Educ* 19, 259. <https://doi.org/10.1186/s12909-019-1681-0>. Accessed August 8, 2023.

Lines, LA., Yellowknives Dene First Nation Wellness Division. & Jardine, C.G. (2019). Connection to the land as a youth-identified social determinant of Indigenous Peoples' health. *BMC Public Health* 19, 176. <https://doi.org/10.1186/s12889-018-6383-8>. Accessed August 8, 2023.

McDonald, M., Yang, Y., & Lancaster, C. (2022). The association of distress tolerance and mindful awareness with mental health in first responders. *Psychological Services*, 19(S1), 34-44. <https://pubmed.ncbi.nlm.nih.gov/34726457/>. Accessed August 8, 2023.

Self-care, Purdue University Global, 2021 – <https://www.purdueglobal.edu/blog/nursing/self-care-for-nurses/>. Accessed August 8, 2023.

Shannon, B., Baldry, S., O'Meara, P., Foster, N., Martin, A., Cook, M., Stewart, K., & Miles, A. (2023). The definition of a community paramedic: An international consensus. *Indian Journal of Clinical Medicine*, 20(1), 4-22. <https://ro.ecu.edu.au/cgi/viewcontent.cgi?article=3516&context=ecuworks2022-2026>. Accessed August 8, 2023.

Social Determinants of Health, Government of Canada. (2022). <https://www.canada.ca/en/publichealth/services/health-promotion/population-health/what-determines-health.html>. Accessed August 8, 2023.

Social Identities, Northwestern University Searle Center for Advancing Learning and Teaching. (2022). <https://www.northwestern.edu/searle/initiatives/diversity-equity-inclusion/social-identities.html>. Accessed August 8, 2023.



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