London Health Sciences Centre

Southwest Ontario Regional Base Hospital Program

Policy & Procedure Manual

May 2026

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Definitions

“Advanced Medical Procedure”

Medical procedures that are contained within the ALS PCS that are not controlled acts (e.g. 12-lead ECG, supraglottic airway insertion).

“Authorization”

means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director;

“Business Day”

means any working day, Monday to Friday inclusive, excluding statutory and other holidays, namely: New Year’s Day; Family Day; Good Friday; Easter Monday; Victoria Day; Canada Day; Civic Holiday; Labour Day; Thanksgiving Day; Remembrance Day; Christmas Day; Boxing Day and any other day on which the province has elected to be closed for business;

“Certification”

means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS;

“Continuing Medical Education (CME)”

means a medical education program and confirmation of its successful completion as approved by the Regional Base Hospital Program (RBHP);

“Consolidation”

means the process by which a condition is placed on a Paramedic’s Certification restricting his or her practice to working with another Paramedic with the same or higher level of qualification (*i.e.* Certification);

“Controlled Act”

means a Controlled Act as set out in subsection 27(2) of the *Regulated Health Professions Act, 1991*;

“Critical Omission or Commission”

means the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS that a Paramedic is not authorized to perform; or an action or lack of action, including the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS, by the Paramedic that has negatively affected or has the potential to negatively affect patient morbidity or mortality, with a potentially life, limb or function threatening outcome;

“Deactivation”

means the temporary revocation, by the Medical Director, of a Paramedic’s Certification;

“Decertification”

means the revocation, by the Medical Director, of a Paramedic’s Certification;

“Director”
means a person who holds that position within the Emergency Health Regulatory and Accountability Branch (EHRAB) of the Ministry of Health (MOH);

“Emergency Health, Regulatory and Accountability Branch (EHRAB) Investigations Services Unit (ISU)
The investigation services unit consisting of investigators as set out in section 18 of the *Ambulance Act,*.

Notifications shall be sent to **Inspections_Investigations@ontario.ca**

“Employer”
means an ambulance service operator certified to provide ambulance services as defined in the *Ambulance Act*;

“Major Omission or Commission”
means an action or lack of action, including the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS, by the Paramedic that has negatively affected or has the potential to negatively affect patient morbidity without a potentially life, limb or function threatening outcome;

“Minor Omission or Commission”
means an action or lack of action, including the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS, by the Paramedic that may have negatively affected patient care in a way that would delay care to the patient or lengthen the patient’s recovery period, but has not negatively affected patient morbidity;

“Ontario Base Hospital Group (OBHG) Executive”
means a provincial body comprised of representatives from RBHPs as defined in the Terms of Reference for OBHG Executive and approved by the MOH;

“Paramedic”
means a paramedic as defined in subsection 1(1) of the *Ambulance Act*, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable;

“Paramedic Practice Review Committee (PPRC)”
is a committee that performs an independent, external advisory role, providing information and expert opinion to the Medical Director on issues related to Paramedic practice when the Medical Director is considering Decertification of a Paramedic;

“Patient Care Concern”
means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission;

“Reactivation”
means the reinstatement of a Paramedic’s Certification after a period of Deactivation;

“Regional Base Hospital Program (RBHP)”

means a base hospital program as defined in subsection 1(1) of the *Ambulance Act;*

“Remediation”

means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification;

“Senior Field Manager”

means a person who holds that position within the EHS Division of the MOH, and for the purposes of this Standard a reference to the term means the relevant Senior Field Manager responsible for the applicable RBHP.

“Variance”

For the purposes of ACR audits, a variance is defined as an unexpected difference in practice when compared to a defined standard. These are not necessarily errors, but each needs to be reviewed to determine its real or potential impact on patient care. In the Sunnybrook system an “A” variance represents a lesser variation that has little or no potential for adversely affecting patient outcomes, a “B” variance has a moderate potential for adversely affecting patient outcomes, and a “C” variance has a high potential for adversely affecting patient outcomes. All cases where a variance was discovered must be reviewed by the Paramedic Practice Manager (PPM). Following this review, the PPM may request an explanation from the paramedics where the reason for the variance was not reasonably evident. If the response does not provide clarity, the Medical Director may then become involved in the investigation. However in the majority of cases paramedic feedback provides the information necessary to satisfy any concerns and the case is closed.

London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

Procedure:	New Certification – Primary and Advanced Care Paramedic	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date**: May 2025
Original Effective Date:	April 2011	**Date Reviewed: May 2026**

PURPOSE

This procedure details the process for providing new Regional Base Hospital Program (RBHP) Regional Medical Director authorization to perform controlled acts and advanced medical procedures as a Primary Care Paramedic (PCP) or an Advanced Care Paramedic (ACP) as per Ontario Regulation 257/00, Part III, s. 8. (2)(c).

POLICY

Paramedic candidates with a conditional offer of employment or employed by an Employer are required to attain Base Hospital certification prior to performing patient care and/or controlled acts and/or other advanced medical procedures listed in the Advanced Life Support Patient Care Standards (ALS PCS), in accordance with O. Reg. 257/00. Once a candidate is successful, their new certification shall be portable amongst all eight (8) Ontario Regional Base Hospital Program jurisdictions, provided the paramedic has no outstanding patient care concerns and maintains their certification as defined in Section 5 – Certification Standard in the ALS PCS. Failure to comply with all aspects of this procedure may result in revocation of the RBHP authorization to perform controlled acts through deactivation and/or decertification at the discretion of the Regional Medical Director (RMD) or designate.

PROCEDURE

1. The Employer shall notify the RBHP at the earliest opportunity to confirm any new paramedics being employed, and the earliest date they will be available for the RBHP's new certification orientation and evaluation (a minimum of twelve (12) business days' advanced notice is requested).

2. The Employer shall provide written confirmation through the RBHP New Certification Form, located on the Paramedic Portal of Ontario, that the paramedic meets all qualifications for employment as a paramedic under Ontario Regulation 257/00, Part III.

3. If the paramedic being employed is currently certified with another RBHP in Ontario, the Cross Certification Form must be completed, adhering to the RBHP Cross Certification Procedure.

4. Based on the Orientation and Testing Schedule for the current year provided by the RBHP, the Employer and the RBHP shall determine a mutually agreeable schedule for certification of the new paramedic.

5. The RBHP shall provide any required pre-course materials to the Employer and the paramedic once the training is confirmed. Materials may be in electronic or hard-copy format as determined by the RBHP. Successful completion of all pre-course evaluations is required prior to attending the RBHP new certification training.

6. New certification training and testing for a paramedic may include, but not be limited to:
    a. a review of all core medical directives for the level the paramedic is seeking certification and authorization for;
    b. an introduction to the RBHP policies and procedures applicable to the paramedic and an overview of the RBHP organization;
    c. training on all auxiliary medical directives endorsed by the Employer for the level the paramedic is seeking certification and authorization for;
    d. Medical Director (or delegate) directed scenarios (i.e., simulation cases, oral cases); and
    e. Skills assessment utilizing a pre-determined number of simulation stations and a predetermined overall cut score using the Global Rating Scale (GRS) for the assessment of paramedics and

Ontario Base Hospital Group (OBHG) standardized scenarios. Each encounter will be evaluated by a GRS-trained rater from the RBHP or designate. Stations may be recorded and will represent authentic patient care situations, including appropriate equipment to support and promote the highest degree of validity. Appropriate levels of fidelity simulation will be utilized during the assessment.

- For PCP candidates: Simulations will have a time limit of twenty (20) minutes per station. Twelve (12) minutes will be dedicated to the assessment itself, with the remaining eight (8) minutes to permit raters to complete their documentation, reset their respective stations, and permit the candidates to move to the next station/scenario.

- For ACP candidates: Simulations will have a time limit of twenty-five (25) minutes per station. Fifteen (15) minutes will be dedicated to the assessment itself, with the remaining ten (10) minutes to permit raters to complete their documentation, reset their respective stations, and permit the candidates to move to the next station/scenario.

7. New certification training is at the discretion of the Medical Director and may include a designated online component.

8. The RBHP shall notify the Employer of the results within three (3) business days upon completion of the training and testing.

9. Successful completion of training and testing will result in the RBHP RMD authorization to perform the specified advanced medical procedures (including controlled acts) during the consolidation period.

10. Unsuccessful completion will be discussed with the Employer and may result in future testing at the discretion of the RMD or designate. A minimum of one week must elapse between the failed test and the retest, and it will only be undertaken at the request of the Employer. Feedback may be provided to the candidate upon request and shared with the Employer with the candidate's permission. Remediation opportunities and activities between certification attempts are the sole responsibility of the candidate (and Employer if they wish) and not that of the RBHP.

11. A candidate may complete multiple testing attempts within a certification year. The first two (2) testing attempts will take place at the Regional Base Hospital Program (RBHP). The RBHP does not place a maximum limit on the number of testing attempts a candidate may take to be successful.

    In cases where a 3rd testing attempt is requested by the Employer, the option will be given to said Employer to either have the candidate complete the testing at SWORBHP, OR the Employer can request that the testing event be completed at another RBHP. Should the Employer request that the candidate test at another RBHP, three things must be considered:
    a. The testing date/time will be determined based on the availability at the other RBHP, recognizing that the priority is for paramedics certified in the RBHP's given region.
    b. The other RBHP must be utilizing the same certification testing model as SWORBHP
    c. Any associated costs incurred as a result of paramedic testing outside of SWORBHP will be the sole responsibility of the Employer and will not be reimbursed by SWORBHP.

    After three (3) testing attempts, it is at the Employer's discretion whether the candidate will be presented for subsequent testing.

    After three (3) unsuccessful testing attempts, a candidate must provide evidence of significant remediation in order to be eligible for subsequent testing.

12. If an unsuccessful candidate with an ongoing offer of employment wishes to appeal their result, they may do so by submitting a written request to the RBHP. The request must be submitted within five (5) business days of the candidate receiving their certification results. The candidate must clearly delineate the reason for the appeal. Appeals will only be considered based on the following:
    a. In the opinion of the candidate, due process was not followed by the RBHP or designates
    b. New information has become available that may have an impact on the certification decision
    Appeals will be reviewed and decided by the RBHP Medical Council. These decisions are considered final and will be communicated in writing to the candidate and the Employer within ten (10) business days of the RBHP receiving notice of appeal.
    If the appeal is deemed to be justified, the previous certification result will be considered void.

13. For PCP Candidates:
    - In an effort to help with service recruitment, SWORBHP will conduct PCP certification testing events on individuals who are currently still completing the final stages of their college education.
    - However, medical delegation or "Active/Authorized" status will not be granted or take effect until notice has been received that the individual has completed all classes and/or final clinical placement.
    - Services are encouraged to facilitate documentation from colleges indicating what date this will occur on, and SWORBHP can then ensure certification letters are issued commencing on said date.

13. For ACP Candidates:
    - Paramedics authorized to proceed to consolidation will be required to adhere to the RBHP Advanced Care Paramedic Consolidation policy before full new certification is granted.
    - A paramedic seeking certification as an Advanced Care Paramedic (ACP) must successfully complete the Ministry of Health's ACP examination in order to be certified as an ACP.
    - If a paramedic has taken the ACP examination but has not yet received their results, SWORBHP will grant **Temporary ACP Candidate certification**. This allows the paramedic to practice as an ACP and perform the specified advanced medical procedures outlined in their certification letter **with the exception of performing Schedule 3 acts.**
    - Once SWORBHP is notified that the paramedic has successfully passed the ACP examination, their certification will be updated to **Full ACP certification**. This will allow the paramedic to practice as an ACP and perform the specified advanced medical procedures outlined on their certification letter, **including Schedule 3 acts.**

14. In accordance with the RBHP's Performance Agreement with the Ministry of Health (MOH), at least eighty percent of all calls completed by newly certified paramedics must be audited for the first 180 days of employment. Any possible variances noted will be followed up by utilizing the RBHP Quality Assurance and Investigation Procedure.

15. Upon successful completion, a certification letter will be issued to the paramedic and the employer within the Paramedic Portal of Ontario, which will include the paramedic's scope of practice and certification expiry date. The certification year runs from February 1st to January 31st of the following calendar year.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch Ministry of Health

Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19

Paramedic Portal of Ontario (www.paramedicportalontario.ca)

SWORBHP New Certification Form

SWORBHP Cross Certification Procedure & Form

SWORBHP Advanced Care Paramedic Consolidation Policy

SWORBHP Quality Assurance Procedure

Procedure:	Cross Certification	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	June 2018	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to allow cross certification for core and auxiliary medical directives from another Regional Base Hospital Program (RBHP) in Ontario. Cross certification applies to paramedics who are currently certified and in good standing with another RBHP in Ontario, have no unresolved patient care investigations with that RBHP, and are seeking certification from this RBHP.

POLICY

1.0
Paramedics who are currently certified, or who were certified within the previous one hundred eighty-five (185) days, by another RBHP may be eligible for cross certification, provided they are employed or retained by an Employer within the RBHP's catchment area, have no unresolved patient care investigations or concerns, and meet all requirements of this procedure.

Cross certification shall be conducted in accordance with Section 5 – Certification Standard of the Advanced Life Support Patient Care Standards (ALS PCS). Upon successful completion of the cross-certification requirements, certification will be provided, subject to the paramedic maintaining certification in good standing and meeting the requirements set out in the Advanced Life Support Patient Care Standards (ALS PCS).

Failure to comply with any aspect of this policy or procedure may result in restriction, deactivation, or revocation of the RBHP authorization to perform controlled acts, at the discretion of the Regional Medical Director (RMD) or designate.

2.0 The following requirements apply with respect to paramedics who are already certified and who are seeking certification by a Medical Director in another RBHP.

- 2.1 The paramedic shall be employed or retained by an Employer within the specified catchment area.
- 2.2 The paramedic shall complete a form provided by the RBHP that includes the following:
  - 2.2.1 a list of all RBHPs under which the paramedic has received certification within the ten (10) year period immediately preceding the application;
  - 2.2.2 A declaration of the dates of all previous deactivations and/or decertifications that have occurred within the ten (10) year period immediately preceding the application.
  - 2.2.3 status of all current certifications from all RBHPs; and
  - 2.2.4 Written permission for the prospective RBHP to obtain information in writing from other physicians, other programs, etc., regarding the paramedic's previous practice.
- 2.3 The paramedic shall successfully complete an orientation and training, which may include an evaluation by the RBHP. An evaluation may include:
  - 2.3.1 An assessment of knowledge and skill.
  - 2.3.2 scenario evaluation; and
  - 2.3.3 oral interview or clinical evaluation with the Regional Medical Director or designate.
- 2.4 Upon meeting the above requirements for cross certification, the Regional Medical Director (RMD) or designate shall certify the paramedic.

PROCEDURE

3.0 The Employer will notify the RBHP through an online form at the earliest opportunity to confirm any paramedic candidates who may be eligible for cross certification and the earliest date they will be available for new certification orientation (at least twelve (12) business days' advanced notice is requested).

4.0 If the paramedic candidate being employed or retained by the Employer is currently or was certified with another RBHP within the last 10 years, a cross certification form must be completed at least ten (10) business days prior to any scheduled certification event.

5.0 Each cross certification form will be reviewed by the RBHP, who will perform a gap analysis based on the paramedic candidate's current level of certification and the requested level of certification as it relates to auxiliary medical directives.

6.0 This may result in an individualized education plan that will be facilitated at a mutually agreed-upon time between the Employer and the RBHP. The certification requirements (if any), based on the gap analysis, will be provided in writing to each paramedic and the employer within ten (10) business days upon receipt of the completed cross certification form.

7.0 The RBHP will provide any required pre-course materials to each paramedic candidate once the orientation is confirmed. Materials may be distributed in a format as determined by the RBHP. Successful completion of all pre-course materials is required prior to attending the orientation day.

8.0 RBHP orientation may include:

- 8.1 An introduction to the RBHP policies applicable to the paramedic candidate (i.e., certification, maintenance of certification, quality assurance and audit process, continuing medical education (CME), and an overview of the RBHP organization);
- 8.2 All auxiliary medical directives performed by paramedics with their Employer;
- 8.3 RMD or designate directed scenarios and skills assessment.

9.0 The RBHP will notify the paramedic candidate and the Employer of the results in writing within three (3) business days.

10.0 A certification letter will be issued to the paramedic and the employer within the Paramedic Portal of Ontario, which will include the paramedic's scope of practice and certification expiry date.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

SWORBHP New Certification – Primary and Advanced Care Paramedic Policy

Procedure:	Consolidation	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	June 2018	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to outline the required procedures related to the consolidation of paramedic practice. Consolidation provides the opportunity for the paramedic to integrate all components of assessment, treatment plans, critical thinking, skills, mentorship, and confidence while providing support from a peer as they transition to independent practice in the clinical setting. After successful completion of the consolidation period, the paramedic may practice independently at the qualified level of their certification and authorization.

POLICY

The Ministry of Health (MOH) Emergency Health Regulatory and Accountability Branch (EHRAB), at times, republishes the Advanced Life Support Patient Care Standards (ALS PCS) with amendments. The Certification Standard is Section 5 of the ALS PCS, which outlines definitions, processes, and requirements of all parties involved in the certification and authorization of Ontario paramedics. The ALS PCS Section 5 will serve as the policy as it relates to consolidation.

The Regional Medical Director (RMD) shall require consolidation on all new certifications. The RMD or designate may require consolidation with respect to a paramedic's certification where the paramedic is returning to practice, a patient care concern has been identified in respect to the paramedic, or as identified in the paramedic's customized plan for remediation.

PROCEDURE

1. The RMD or designate shall determine the requirements for the consolidation, which includes the presence of another paramedic, the level of qualification of that other paramedic, and the restrictions to the paramedic's practice in relation to the presence of that other paramedic. The RMD or designate, in consultation with the Employer, shall determine the duration for the consolidation. For newly certified and authorized paramedics, including paramedics employed on a part-time or casual basis, the number of hours for consolidation shall be a minimum of 36 hours for a Primary Care Paramedic (PCP) and a minimum of 168 hours for an Advanced Care Paramedic (ACP). The maximum time allowed for a paramedic to complete consolidation without a specified exemption from the RMD or designate is ninety (90) days from the date that full certification is granted. Where the consolidation is related to a patient care concern that has been identified or as part of a customized remediation plan, the number of hours for consolidation shall be determined by the RMD or designate and must be completed as soon as possible. The consolidation period should not exceed ninety (90) consecutive days. Factors considered in these situations may include the length of time away from active clinical patient care, the level of certification and authorization of the paramedic, and/or the gravity of the incident that may have been under review, where a patient care concern has been identified.

2. The Regional Base Hospital Program (RBHP) shall provide notice of consolidation and the requirements thereof in writing to the paramedic and Employer within two (2) business days. Any changes to the consolidation by the RMD or designate shall be communicated to the paramedic and Employer immediately, and any changes to the requirements thereof shall be provided in writing as soon as possible.

3. Paramedics in consolidation may practice to the level of their certification and authorization only when they are partnered with a paramedic of the same or higher level of certification and authorization who also has a minimum of six (6) months of full-time equivalent experience. The partner of the paramedic in consolidation must be fully certified, authorized, and in good standing with the RBHP and cannot have any clinical care concerns under ongoing investigation. The partner's role is to ensure appropriate patient care by providing support to the paramedic in consolidation for the duration of the patient contact. In any rare or unforeseen event, e.g., an MCI, where the paramedic in consolidation is separated from their partner and is required to

attend to a patient, the paramedic in consolidation may practice to the level of their certification and authorization. Following the completion of the call, the paramedic in consolidation must immediately notify the RBHP through the communication process and provide details of the circumstances surrounding this event and the management of the patient in this situation.

4. Extensions to the consolidation period will be granted at the sole discretion of the RMD or designate, taking into consideration events such as, but not limited to: vacation, injury, absences from work, and identified clinical care concern(s). Extensions to the consolidation period are exceptions and not an inherent right. In situations where an extension to consolidation has been granted, the paramedic and the Employer will be notified in writing by the RBHP within two (2) business days of this decision. The notification will include acceptance of the request for the extension and the length of time for this extension. If at any time the paramedic has questions or concerns regarding their consolidation, they may contact the RBHP.

5. The Employer shall submit in writing when the paramedic has completed the required consolidation hours to the Regional Medical Director or designate within three (3) business days of completion of the last scheduled shift of the consolidation period.

6. Where a paramedic is employed with more than one Employer during consolidation, the paramedic will notify all respective Employer(s) and RBHP(s) that they are in consolidation with and will submit their hours completed from each Employer towards their consolidation requirements.

7. The RMD or designate will determine whether or not to remove the condition of consolidation on the certification and authorization of the paramedic. Once the RMD or designate deems that the paramedic has completed the consolidation hours in a clinical patient care setting, the paramedic and the Employer will be notified in writing within three (3) business days of receipt of the documentation outlining that the paramedic can practice independently to the level of their certification and authorization. Should the RMD or designate deem that the Paramedic has not met the requirements of consolidation, the Paramedic and the Employer will be notified in writing outlining the rationale for the decision, required next steps, and the certification and authorization status of the Paramedic within three (3) business days of receiving the documentation from the Employer or Paramedic.

REFERENCES

SWORBHP New Certification – Primary and Advanced Care Paramedic

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19

Procedure:	Auxiliary Medical Directives – Primary and Advanced Care Paramedics	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	May 2011	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to detail the utilization of auxiliary medical directives (both controlled and non-controlled acts) and specify the requirements of the Employer, the Regional Base Hospital Program (RBHP), and the individual paramedic.

POLICY

In addition to the core medical directives, the Advanced Life Support Patient Care Standards (ALS PCS) provide a number of auxiliary medical directives for both Primary Care Paramedics (PCP) and Advanced Care Paramedics (ACP). Delegation must be provided exclusively by the Regional Medical Director (RMD). Failure to comply with all aspects of this policy may result in revocation of RBHP's authorization to perform controlled medical acts and advanced medical procedures through deactivation and/or decertification at the discretion of the RMD or designate.

PROCEDURE

1. The RBHP will work collaboratively with the Employer to determine the need for authorization for the use of an auxiliary medical directive.

2. The RBHP will determine training and certification requirements for new auxiliary medical directives.

3. The training requirements (material, delivery, evaluation tools, etc.) will be established and approved by the RMD and/or designate.

4. The Employer may elect to deliver the training using their own training staff when approved by the RMD and/or designate. In this situation, RBHP maintains the right to audit the training program as required. In specified situations, the RBHP staff will be present to oversee formal evaluation (i.e., to proctor oral/written evaluations).

5. At the Employer's request, the RBHP staff will provide training on auxiliary medical directives based on a mutually agreeable schedule.

6. Paramedics must successfully complete all aspects of the approved training program in order to be authorized to perform the medical procedure(s) as they are listed in the auxiliary medical directive.

7. When the Employer provides the training, complete records (course roster, evaluation results, etc.) must be provided to the RBHP within five (5) business days.

8. Upon successful completion of the training and submission of course records, the RBHP will update the paramedic's certification letter to reflect all auxiliary medical directives that the paramedic is authorized to perform. The Employer and the paramedic have access to the Paramedic Portal of Ontario (PPO) and may choose to print a hard copy of the certificate or save an electronic copy to their file.

9. An implementation plan for the new auxiliary medical directive will be developed and agreed upon by the Employer and the RBHP.

10. While it is understood that the Employer may not require all paramedics to be trained and certified in an auxiliary medical directive, paramedics who are certified will be expected to perform (or at least attempt) these procedures in appropriate situations.

RECIPROCITY OF AUXILIARY DIRECTIVES

1. Paramedics authorized to perform an auxiliary medical directive may do so in all of the RBHP Paramedic Services in which they are employed, provided the Employer has endorsed the use of that auxiliary medical directive. It is the expectation of the RBHP that all paramedics use their complete skill set when indicated and appropriate for the greatest benefit of the patient.

2. Should a paramedic authorized to perform an auxiliary medical directive that has been endorsed by their Employer leave the employment of that Paramedic Service and gain employment with another Paramedic Service where the auxiliary medical directive is not endorsed, the paramedic does not remain authorized to perform the auxiliary medical directive. Should the paramedic gain employment where the auxiliary medical directive is authorized, or their current Employer now implements the use of that procedure, the paramedic would be expected to perform the auxiliary medical directive once authorized to do so.

3. The RBHP will honor reciprocity of auxiliary medical directive certification completed at other Ontario Regional Base Hospital Programs.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19

Paramedic Portal of Ontario (www.paramedicportalontario.ca)

Procedure:	Maintenance of Certification	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	June 2021	**Date Reviewed: May 2026**

PURPOSE

The purpose of this procedure is to detail the process for providing annual maintenance of certification of the Regional Base Hospital Program (RBHP) Regional Medical Director (RMD) authorization to perform controlled acts and advanced medical procedures as a Primary Care Paramedic (PCP) or an Advanced Care Paramedic (ACP) as per Ontario Regulation 257/00, Part III, s. 8. (2)(c). It is each paramedic's responsibility to comply with the Certification Standard, Section 5 of the ALS PCS maintenance of certification requirements. Failure to comply with all aspects of this procedure may result in revocation of the RBHP authorization to perform controlled acts through deactivation at the discretion of the RMD or designate until the paramedic has met the requirements. Any paramedic who is not able to maintain certification will be required to undergo a return to clinical practice process at the discretion of the RMD and/or designate.

POLICY

The Ministry of Health (MOH) Emergency Health Regulatory and Accountability Branch (EHRAB) periodically republishes the Advanced Life Support Patient Care Standards (ALS PCS) with amendments. The Certification Standard, Section 5 of the ALS PCS, outlines definitions, processes, and requirements of all parties involved in the certification and authorization of Ontario Paramedics to perform medically delegated acts as outlined in the ALS PCS. The Certification Standard, Section 5 of the ALS PCS, will serve as the policy as it relates to maintenance of certification.

1. Annual Maintenance of Certification Requirements:

Table 1. Annual Maintenance of Certification requirements for PCP and ACP:

	PCP	ACP
Certification Year	The following requirements must all occur within a single certification year. The certification year runs from February 1st to January 31st of the following calendar year.	
Employment	The paramedic must be employed or retained by an Employer under Regulation 257/00.	
Clinical Activity	The paramedic shall not have an absence from providing patient care at their certified level that exceeds 90 consecutive days. The paramedic is required to complete a minimum of ten (10) patient contacts per certification year, where patient care involves assessment and management at the paramedic's level of certification.	
Annual CME (Minimum) at the Paramedic's level of certification	8 CME credits	24 CME credits
Annual Mandatory Educational Requirements	A minimum of 8 CME credits as determined and/or delivered by RBHP. These credits count towards the required Annual Mandatory CME.	A minimum of 12 CME credits as determined and/or delivered by RBHP. These credits count towards the required Annual Mandatory CME.

Skills Maintenance Program	May be required when a paramedic is unable to assess and manage a minimum of (10) patients per certification year; demonstration of alternative experiences, as approved by the RMD or designate, may be utilized (see Appendix A).
Demonstrated Competence	Demonstrated competence in the performance of controlled acts and other advanced medical procedures, compliance with the ALS PCS, and the provision of patient care at the paramedic's level of certification. Competency and compliance shall be determined by the RMD or designate and may include chart audits, field evaluations, and RBHP patch communication review.

PROCEDURE

1. 90 Days of Clinical Activity:

1.1 It is the responsibility of the Employer to update the RBHP when paramedics are anticipated to reach or have reached 90 days of clinical inactivity. The RBHP will run monthly data queries to identify paramedics who have not provided patient care for greater than 90 days during the certification year. The RBHP will request confirmation from the Employer regarding the paramedic's employment status. If the paramedic is on a leave of absence or on modified duties, the paramedic will be administratively deactivated.

2. 10 Patient Contacts:

2.1 The paramedic shall either:

2.1.1 Provide patient care to a minimum of ten (10) patients per certification year whose care requires assessment and management at the paramedic's level of certification, OR

2.1.2 Where a paramedic is unable to obtain the minimum of ten (10) patient contacts per certification year, they must demonstrate an equivalent of the unattained patient contacts by completing that appropriate number of alternative experiences as approved by the RBHP, and may involve 1 or more of the following:

a. Other patient care activities.
b. Additional CME.
c. Simulated patient encounters; and
d. Clinical placements.

Note – a patient contact is defined as the presence of the paramedic's name on the ACR/ePCR, and where patient care is documented.

2.2 The RBHP will run bi-annual data queries to identify paramedics who have not provided care to a minimum of ten (10) patients during the certification year. This data query will be conducted at the middle and end of the certification year. In each instance, the RBHP will share with the paramedic and their Employer if it is anticipated that the paramedic will not meet the requirements. The RBHP will request confirmation from the Employer regarding the paramedic's employment status and pro-rate the number of required patient contacts based on hire date and previous deactivations during the current certification year prior to notifying the paramedic of their status. If the paramedic has had any deactivations, the number of required patient contacts will be adjusted.

2.21 All submitted alternative experiences require approval from the RBHP's Medical Director of Education or designate. Alternative experiences that are undertaken without preapproval may not be awarded alternative patient contacts if the event is deemed not to meet the objective of replacing a patient care experience at the certification level of the paramedic.

2.22 Approval will be granted only after determining:

a. the relevancy to the paramedic's scope of practice; and
b. congruence with the RBHP's learning objectives.

2.23 The certification year runs from February 1st to January 31st of the following calendar year. Five (5) business days are required for approval. Any alternative experiences completed after January 31st will be applied to the following certification cycle and will not be retroactively applied to the previous certification cycle.

2.24 Elective CME submissions for ACPs cannot be counted for both elective CME points and alternative patient contacts. If an ACP requires CME credits for both, they must attain the total number of CME points to quality for recertification.

2.25 The deadline for submission of alternative experiences is January 31st of the following calendar year. Paramedics must have submitted supporting documentation regarding any activity by this date. Please review the Maintenance of Certification and Continuing Education chart in Appendix A for a list of supporting documentation required for each submission. Paramedics who fail to submit their required alternative experiences by January 31st of each calendar year will be deactivated.

3. Continuing Medical Education (CME)

3.1 Paramedics must complete the required CME points annually. All PCPs must achieve eight (8) CME points, which are obtained through Annual Mandatory CME. All ACPs must achieve a minimum of twenty-four (24) CME points between February 1st and January 31st of the certification year, aligned with the certification year. For ACPs, a minimum of twelve (12) CME points will be obtained through Annual Mandatory CME.

- All CME requires approval from the RBHP's Medical Director of Education or designate. CME that is undertaken without preapproval may not be awarded points if it is deemed not to meet the objective of enhancing the clinical activity of the paramedic at the certification level of the paramedic. Approval will be granted only after determining:
  - the relevancy to the paramedic's scope of practice; and
  - congruence with the RBHP's learning objectives.

3.2 CME activity must be completed by January 31st of each year. Any CME activities taken after January 31st will be applied to the following CME cycle and will not be retroactively applied to the previous CME cycle.

3.3 Elective CME submissions for ACPs cannot be counted for both elective CME points and alternative patient contacts.

3.4 The deadline for CME submission is January 31st of the following calendar year. Paramedics must have received and submitted supporting documentation regarding any activity by this date. Five (5) business days are required for approval. ACPs who haven't had their required CME points submitted and approved by January 31st of each year will be deactivated.

3.5 Paramedics working during their first certification year as an ACP are not required to submit any elective CME credits.

3.6 ACPs returning to practice or being cross-certified must achieve a prorated number of CME points based on the remaining time in the annual cycle in which they are employed as an ACP. ACPs are required to obtain 2 CME points for each month they are actively certified as an ACP during each certification year.

3.7 Paramedics who are returning after clinical inactivity and have missed their Annual Mandatory CME will complete the annual mandatory CME as part of their return to practice training with RBHP in addition to any other educational activities determined to be necessary. The Medical Director of Education (or designate) will determine additional CME that may be awarded for return to practice review day(s) on a case-by-case basis.

3.8 After CME completion, paramedics are required to submit proof of attendance/completion via the PPO.

3.9 Paramedics can obtain CME points through the options outlined in Appendix A.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19

Paramedic Portal of Ontario (www.paramedicportalontario.ca)

APPENDIX A

London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

Maintenance of Certification & Continuing Medical Education

CME points will be awarded based on the RBHP's Medical Director of Education or designate. CME points must meet the objective of enhancing the clinical activity of the paramedic at the paramedic's certification level. Approval is granted only after determining the relevancy to the paramedic's scope of practice and congruence with RBHP's learning objectives and expectations.

Alternative Patient Contact will be awarded based on the RBHP's Medical Director of Education or designate and be directly related to patient care. Approval is granted only after determining the relevancy to patient care and congruence with RBHP's learning objectives and expectations.
Please note that ACP CME cannot be double counted towards Alternative Patient Contacts.

If Paramedics choose to attend an education event that is not listed on the preapproved list they must apply via the Paramedic Portal of Ontario (PPO) for consideration of Alternative Patient Contacts and CME points at least 2 weeks prior to participation. Courses attended without prior approval can be submitted for individual consideration but may not be awarded CME credits or Alternative Patient Contacts based on content and relevance to scope of Paramedic practice.

Non – SWOBRHP Categories			
Event	Description	Alternative Patient Contacts	ACP CME
Clinical Setting	Paramedics may choose to participate in a variety of clinical settings. Paramedics are required to submit, in the PPO, the specific goals and outcomes of the clinical experiences with a supervisor's signature. The following are examples of clinical settings: • Emergency Department in the presence of a BHP (where possible) • Operating Room • Respiratory Therapy • ICU • Day Surgery	1 patient contact per hour	1 CME per hour Maximum 6 CME per year
College or University Course	Consideration for CME and Alternative Patient Contacts will be awarded based on the following: Description of how this learning activity will enhance professional development in paramedicine	Varies depending on content	Varies depending on content Maximum 12 CME per year
Committee Participation	Consideration for CME and Alternative Patient Contacts will be awarded based on the following: • Goals of the committee, agenda or topics discussed, patient care component ▪ Examples: Regional Program Advisory Committee and Service Touch Base Meetings • Description of how this learning activity will enhance their professional development in paramedicine	Varies depending on content (1 patient contact per relevant patient care topic covered)	Varies depending on content Maximum 8 CME per year

APPENDIX A

Conferences/Workshop/ Course	Each event must be applicable to paramedicine and be relevant to the paramedic's scope of practice. Consideration for Alternative Patient Contacts and CME will be awarded based on the following: • Topic of presentation or agenda from event. This must include the length of the event. • Description of how the learning activity will enhance their professional development in paramedicine	Varies depending on content (1 patient contact per relevant patient care topic covered)	Varies depending on content Maximum 12 CME per year
Journal Study	Paramedics may choose to read a journal article. Paramedics are required to submit a brief synopsis of the journal article into the PPO, which must include the title, author, date of publication, and how it has enhanced their professional development in paramedicine. The following are Journal sources pertaining to Paramedic practice. • Pre-Hospital Care Journal Articles • Emergency Medicine Journal Articles • Critical Care Journal Articles • Landmark EMS/Emergency Medicine/Resuscitation Article	1 patient contact per reviewed article	1 CME point per reviewed article Maximum 2 CME per year
Preceptorship	**ACP Preceptor** • ACP Student: ▪ 0 - 10 Mentoring shifts: 2 CME ▪ 11 - 21 Mentoring shifts: 4 CME ▪ 22 - 35 Mentoring shifts: 6 CME • PCP Student: ▪ Full Time: 4 CME ▪ Part Time: 2 CME When submitting into the PPO, Paramedics must include: • Dates of preceptorship • Confirmation from Paramedic Service or College • Number of preceptor shifts completed If your service offers a mentorship or preceptorship program, this must be submitted separately. CME for mentorships or preceptorship programs is preapproved.	N/A	Maximum 8 CME per year
Presenter	Paramedics may choose to present relevant topics about paramedicine at the Paramedic's scope of practice at an organized rounds, webinars or self – organized groups. A representative from SWORBHP must be present at the time of the presentation. Consideration for Alternative Patient Contacts and CME will be awarded based on the following: • Topic of presentation or agenda from the event • Length of prep and presentation time • Description on how this learning activity will enhance their professional development in paramedicine	Varies depending on content (1 patient contact per relevant patient care topic covered)	Varies depending on content Maximum 8 CME per year

APPENDIX A

Research and Publications	Paramedics may submit research projects or publications for consideration of CME points and Alternative Patient Contacts. This may be done at time of completion, publication or concurrently with research work. Consideration for Alternative Patient Contacts and CME will be awarded based on the following: • Research and publication must be ongoing and relevant to paramedic practice and be published or translated in English. • Must include publication details, including the title of journal and date of publication.	Varies depending on content (1 patient contact per relevant patient care topic covered)	Varies depending on content Maximum 12 CME per year
Self-Development	Self-Development courses are meant to enhance paramedic practice and are relevant to the paramedic's scope of practice. Paramedics are required to submit, in the PPO, proof of completion, which must include: • Certificate of completion or proof of attendance • Agenda from the event • Description on how this learning activity will enhance their professional development in paramedicine Examples: ACLS, PALS, APALS, PHTLS, LEAP etc.	Varies depending on content. (1 patient contact per relevant patient care topic covered)	Varies depending on content 1 CME per hour Maximum (Maximum 12 CME per year)
Teaching	Paramedics may receive CME and Alternative Patient Contacts for teaching paramedic-centered curriculum at any college, university, or educational event. • Teaching, facilitating or participating in paramedic students' labs or didactic education • Teaching ACLS, PHTLS etc. • Train the Trainer sessions to instruct SWORBHP-approved education. • Teaching service CME Teaching must be at the level of the certification of the paramedic if submitting for ACP CME. When submitting into the PPO, Paramedics must include: • Proof of teaching hours • Topics of what was taught	1 patient contact is allotted per 8 hours of teaching time Maximum 5 patient contacts per year	1 CME is allotted per 8 hours of teaching time Maximum 10 CME per year
Webinars, Podcasts, Online Learning Modules	Education offerings from a non – SWORBHP source can be submitted by paramedics, in the PPO, for consideration for CME and Alternative Patient Contacts. The educational material must be applicable to paramedicine and be relevant to the paramedic's scope of practice. Supporting documentation is required to obtain CME and Alternative Patient Contacts. Proof of completion must be submitted into the PPO and include the source of the education and the length of education. Paramedics must also answer the questions below on the PPO to receive approval. • What were the learning goals and objectives for this educational activity? • How will this benefit your practice as a paramedic?	1 patient contact per hour (0.5 patient contact will be allotted for events < 40 minutes) Maximum 10 per year	1 CME per hour (0.5 CMEs will be allotted for events < 40 minutes) Maximum 12 per year

APPENDIX A

Wellness	Paramedics may choose to attend events related to mental health and wellness. When submitting into the PPO, Paramedics must include: • Certificate of completion or proof of attendance • Topic of presentation or agenda from the event • Description on how this learning activity will enhance their professional development in paramedicine	N/A	Varies depending on content Maximum 2 per year
Community Paramedic Categories			
Event	Description	Alternative Patient Contacts	ACP CME
Community Paramedicine conferences, courses or training	Community Paramedics may decide to attend conferences or training related to community paramedicine. When submitting into the PPO, Paramedics must include: • Certificate of completion or proof of attendance • Topic of presentation or agenda from the event Description of how this learning activity will enhance their professional development in paramedicine	Varies depending on content (1 patient contact per relevant patient care topic covered)	Varies depending on content Maximum 4 CME per year
Community Paramedicine Practice	Paramedics may receive recognition of their 10 patient contacts through Community Paramedicine practice in the following ways: 1) On behalf of the paramedic, the paramedic service may submit a letter of attestation that outlines a list of skills used by the paramedic in their current practice and the number of patient contacts the paramedic completed within the certification year. 2) The paramedic may submit documentation to the Paramedic Portal of Ontario outlining a list of the skills used by the paramedic in their current practice and the number of patient contacts the paramedic completed within the certification year.	Varies depending on submission	N/A
Community Paramedicine Preceptorship	Community Paramedics may take part in the preceptorship of new community paramedics.	N/A	Maximum 2 CME per year
Community Paramedicine Clinical Setting	A paramedic may choose to complete a ride-out with a community paramedic. When submitting into the PPO, Paramedics must include: • Certificate of completion or proof of attendance • Description of how this learning activity will enhance professional development in paramedicine	1 patient contact per hour of ride-out	N/A

SWORBHP Categories			
Event	**Description**	**Alternative Patient Contacts**	**ACP CME**
Annual Mandatory Continuing Medical Education Training (MCME)	PCPs receive their mandatory 8 CME from attending an annual MCME session. ACPs receive 8 CME from attending an annual MCME session that will be credited towards their mandatory 24 CME.	N/A	8 CME per year
Annual Mandatory ACP Hands-on Day	ACPs attend the annual mandatory session that is specific to ACP practice.	N/A	4 CME per year
Mandatory SWORBHP Training	Paramedics may be required to complete mandatory training by SWORBHP on a new piece of equipment, procedure, or Auxiliary Medical Directive. CME and Alternative Patient Contacts are preapproved depending on the content.	Varies depending on content	Varies depending on content
ALS PCS Review Session	Paramedics can voluntarily request to complete a review of the current ALS PCS with SWORBHP. The virtual 2-hour session includes pre-course material on the Paramedic Portal of Ontario (PPO). Review sessions are subject to the staffing and resources of SWORBHP.	2 patient contacts per session Maximum 2 patient contacts per year	N/A
SWORBHP Investigation	Paramedic Service Leaders assisting and participating in Base Hospital ALS PCS investigation/remediation of another paramedic within their respective service. Paramedics must include: • Brief description of how they were involved in the investigation • Call number	1 patient contact per investigation	N/A
SWORBHP Webinars and Podcasts	CME and Alternative Patient Contact are preapproved based on the content of the webinar and podcast. SWORBHP webinars and podcasts can be found on the SWORBHP website and/or in the PPO.	Varies depending on content	Varies depending on content

London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

Procedure:	Absence from Clinical Activity & Return to Practice	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	June 2019	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to outline the procedure for returning to practice after an absence from clinical activity. Upon new certification by the Regional Base Hospital Program (RBHP), a paramedic must maintain clinical activity to remain certified with the RBHP. Paramedics absent from clinical activity for a period of ninety (90) days or greater are considered clinically inactive and are administratively deactivated. An extended absence from clinical activity can result from a variety of reasons, including (but not limited to) short/long-term disability, parental leave, or any other approved leave granted by the Employer.

The Return to Practice (RTP) process offers a paramedic an opportunity to orient to the clinical environment after a period of absence. RTP is required as per the current Ministry of Health (MOH), Advanced Life Support Patient Care Standards (ALS PCS), Section 5, and may include a consolidation phase as outlined within. This process will be initiated upon request by the Employer.

POLICY

The MOH Emergency Health Regulatory and Accountability Branch (EHRAB), at times, republishes the ALS PCS with amendments. The Certification Standard, Section 5 of the ALS PCS, outlines definitions, processes, and requirements of all parties involved in the certification and authorization to perform medically delegated acts of Ontario Paramedics. The Certification Standard, Section 5 of the ALS PCS, will serve as the policy related to RTP.

PROCEDURE

1. The Employer will notify the RBHP in writing when a paramedic is absent from clinical activity for a period of ninety (90) days or greater by entering the date of the last shift worked by the paramedic into the Paramedic Portal of Ontario (PPO). This can be completed in advance of the ninety (90) day mark if it is known that the absence will extend that long or once the ninety (90) day mark is reached.

2. At the ninety (90) day mark, the RBHP will confirm with the Employer that the paramedic is still clinically inactive and will administratively deactivate the paramedic in the PPO upon approval by the Regional Medical Director (RMD) or designate.

3. The Employer is responsible for notifying the RBHP when the paramedic is scheduled to return to practice in order to facilitate reactivation and certification for practice. The Employer will notify the RBHP at the earliest time possible when the date for the Paramedic to Return to Practice (RTP) is confirmed (at least five (5) business days' advanced notice is requested).

4. The Employer and the RBHP will determine a mutually agreeable schedule for RTP training/certification for the paramedic.

5. The RBHP will provide any required pre-course materials to the paramedic and the Employer once the training is confirmed. Materials may be in electronic or hard-copy format as determined by the RBHP. Successful completion of all pre-course evaluations is required prior to attending the RBHP RTP training/evaluation day.

6. The certification requirement for all paramedics returning to practice after an absence from clinical activity is based upon the duration of the absence and is described in Table 1. The format of the training may include

online training, virtual and/or in-person sessions, depending on the length of absence from clinical activity, geography, and the individual needs of the paramedic.

Table 1. SWORBHP Return to Practice Process

<table>
<tr><th>Days Off</th><th>RTP</th><th>MCME</th><th>Consolidation</th><th>In-Person Skills</th></tr>
<tr><td colspan="5">Up to one day review to complete any missed MCME and ALS PCS review.</td></tr>
<tr><td rowspan="2">90-185 days
(3-6 months)</td><td colspan="4">Complete the form that requires sign-off by Paramedic and Employer to decline an RTP session.
Any missed MCME must be completed prior to RTP.</td></tr>
<tr><td>RTP - ALS PCS Review 2hrs
(optional – see above)</td><td>Any missed MCME/ACP Hands on Day (required if missed)</td><td></td><td></td></tr>
<tr><td>186-550 days
(6-18 months)
A gap analysis is completed by SWORBHP</td><td>RTP - ALS PCS Review 2hrs</td><td>Any missed MCME/ACP Hands on Day</td><td></td><td></td></tr>
<tr><td>551-730 days
(18-24 months)
A gap analysis is completed by SWORBHP</td><td>RTP - ALS PCS Review 2hrs</td><td>Any missed MCME/ACP Hands on Day</td><td>Optional
12hrs</td><td></td></tr>
<tr><td>731-915 days
(24-30 months)
A gap analysis is completed by SWORBHP</td><td>RTP - ALS PCS Review 2hrs</td><td>Any missed MCME/ACP Hands on Day</td><td>24hrs</td><td>PCP – Optional 4hrs
ACP – 4hrs</td></tr>
<tr><td>916-1095 days
(30-36 months)
A gap analysis is completed by SWORBHP</td><td>RTP - ALS PCS Review 2hrs</td><td>Any missed MCME/ACP Hands on Day</td><td>36hrs</td><td>PCP – 4hrs
ACP – 4hrs</td></tr>
<tr><td colspan="5">The plan will be created based upon an individual needs' assessment after discussion with the Employer.
The final decision on the RTP plan will be determined by the RBHP.</td></tr>
<tr><td rowspan="2">1096-1280 days
(36-42 months)
A gap analysis is completed by SWORBHP</td><td>RTP - ALS PCS Review 2hrs</td><td>Any missed MCME/ACP Hands on Day</td><td>48hrs</td><td>PCP – 4hrs
ACP – 4hrs</td></tr>
<tr><td colspan="4">Consult with the Education Team</td></tr>
<tr><td>> 42months
A gap analysis is completed by SWORBHP</td><td colspan="4">Consult with the Education Team</td></tr>
</table>

PLEASE NOTE

Additional requirements may be identified following a review and/or evaluation, which may include up to 48 hours of consolidation with a paramedic of equivalent or higher level of certification/authorization with a minimum of 6 months' experience at the discretion of the RBHP Medical Director

7. In addition to the requirements outlined in Table 1, the paramedic must successfully complete all mandatory education missed during the absence, i.e., Annual Mandatory Continuing Medical Education (MCME) requirements, introduction of new medical directives, and/or skills.

8. The RBHP will notify the Employer of the successful completion of the skill and knowledge review by the paramedic. Successful completion will result in paramedic reactivation. If gaps in skills and knowledge are identified through the RTP process, a remedial learning plan will be developed and shared with the Employer prior to its implementation.

9. The paramedic certification date in the PPO will be updated to reflect the initial certification training date with an expiry date of January 31 of the following year.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19

Paramedic Portal of Ontario (www.paramedicportalontario.ca)

Procedure:	Remediation	
Owner of Policy:	Manager, Quality and Business Systems	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date: May** 2025
Original Effective Date:	June 2018	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to describe the remediation process that may be required when a paramedic is identified as having a patient care concern or an issue related to certification or the maintenance of certification. Remediation is a customized plan developed by the Regional Base Hospital Program (RBHP) to address identified concerns with the paramedic. Upon successful completion of the remediation process, the paramedic may resume independent practice at the authorized level of their certification.

POLICY

The Ministry of Health (MOH) Emergency Health Regulatory and Accountability Branch (EHRAB) publishes the Advanced Life Support Patient Care Standards (ALS PCS) with amendments from time to time. The Certification Standard is Section 5 of the ALS PCS and outlines the definitions, processes, and requirements of parties involved in the certification and authorization of Ontario paramedics. The ALS PCS Section 5 must serve as the policy related to remediation.

PROCEDURE

1. Remediation may be required as a result of:
   - 1.1 Deactivation;
   - 1.2 Identification of an ALS PCS-related patient care concern via:
     - 1.2.1 Quality assurance activities.
     - 1.2.2 Incident analyses/reviews/investigations.
     - 1.2.3 observation of clinical practice (i.e., continuing medical education (CME) performance, ride outs).
   - 1.3 Failure to successfully complete the requirements for the maintenance of certification;
   - 1.4 At the discretion of the Regional Medical Director (RMD) or designate.

2. Remediation will include:
   - 2.1 Identification of the concern related to knowledge, patient care, or maintenance of certification;
   - 2.2 Determination of the goals and objectives based on the identified concerns.
   - 2.3 Determination of the process to obtain the specified goals and objectives.
   - 2.4 Consultation with the Employer and to further develop the goals and objectives.
   - 2.5 Determination of measures to demonstrate that the goals and objectives have been achieved.
   - 2.6 The potential consequence(s) for failure to successfully complete the remediation as prescribed.

3. Written notification of a remediation will be provided to the paramedic and the Employer as soon as possible after the concern is identified.

4. The completion of remediation should not normally exceed 90 days. Extensions to remediation will be granted at the sole discretion of the RMD or designate, taking into consideration events such as but not limited to: vacation, injury, and absences from work. Extensions to remediation are exceptions and not an inherent right. In situations where an extension to remediation has been granted, the paramedic and the Employer will be notified in writing by the RMD or designate within two (2) business days of this decision.

   - 4.1 Notification will include acceptance of the request for the extension and the length of time for this extension. If at any time the Paramedic has questions or concerns regarding their remediation, they may contact the RBHP.

5. The RMD or designate shall notify the Employer and paramedic in writing within three (3) business days of either the paramedic's successful completion of the process or of any further recommendations.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19

Procedure:	Medical Directives	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	May 2011	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to outline the procedure for the initiation of medical directives and the process for establishing contact with the Base Hospital Patch (BHP) Physician when required.

PROCEDURE

1. In order to expedite patient management, medical directives have been developed which can be initiated by the Paramedic prior to the establishment of the Regional Base Hospital Program (RBHP) Physician contact if required.

2. It must be clear that the existence of a medical directive does not in any way prohibit paramedic/RBHP Physician consultation whenever deemed appropriate by the paramedic.

3. The paramedic will use their experience, critical thinking, and clinical judgment in making patient management decisions and will carry out procedures as defined by the RBHP.

4. The paramedic will assess the patient's condition before and after the initiation of any medical directive. All patients will be appropriately monitored during this process.

5. Paramedics are encouraged to notify RBHP if any variation from the medical directive occurs before the variation is identified through the chart audit process. This must be reported through one of the following:
    - Online reporting
        - SWORBHP Communication Form
        - CARES app
    - Communication Hotline
        - 1-888-997-6718

6. In circumstances where a paramedic establishes a patch with an RBHP Physician and the verbal orders are not followed correctly, the paramedic will clearly document on the Ambulance Call Report (ACR) why the orders were not followed and report the variance through one of the following mechanisms:
    - Online reporting
        - SWORBHP Communication Form
        - CARES app
    - Communication Hotline
        - 1-888-997-6718

7. If the paramedic feels that an additional patch is required for further orders or direction, they should complete one.

8. During inter-facility transport involving a patient under the care of a regulated health professional escort, the paramedic shall follow the current Basic Life Support Patient Care Standard (BLS PCS), and upon request, assist with patient care only to the level in which the paramedic is authorized.

9. During inter-facility transport involving a patient without a regulated health professional escort, paramedics may utilize the Advanced Life Support Patient Care Standards (ALS PCS) medical directives for unpredictable/unexpected or sudden changes in patient condition.

    a. If the patient is stable when leaving the sending facility, paramedics can use their ALS PCS medical directives for unpredictable/unexpected or sudden changes in patient conditions. As per the Patient

Care and Transportation Standards, if the patient deteriorates and survival to the directed receiving facility is questionable, the paramedic will transport the patient to the closest or most appropriate hospital capable of providing the medical care required by the patient. A patch to the RBHP Physician can occur to assist with decision-making if required.

b. If it is identified that a patient requires the care of another healthcare professional prior to the inter-facility transport, this should be arranged, and the appropriate escort be sent.
c. The use of the ALS PCS should not be used in lieu of an appropriate health care professional escort being present during transport. These medical directives are to be used in circumstances of unexpected symptoms that occur during transport.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Basic Life Support Patient Care Standards Version 3.4

Patient Care and Transportation Standards Version 2.7
Emergency Health Services Branch Ministry of Health, August 18, 2022

London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

Procedure:	PCP/ACP Crew Configuration – Division of Responsibilities	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	May 2011	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to detail the procedures for establishing a division of responsibilities for both Primary Care Paramedics (PCP) and Advanced Care Paramedics (ACP) in a PCP/ACP crew configuration.

PROCEDURE

1. **In a PCP/ACP crew configuration:**
   a. A PCP is accountable for patient care within his/her authorized scope of practice as certified by the Regional Medical Director (RMD) of the Regional Base Hospital Program (RBHP).
   b. An ACP is accountable for patient care within their authorized scope of practice as certified by the RMD of the RBHP.

2. **In a PCP/ACP crew configuration**, the PCP may attend to any patient:
   a. who, at the point of transport, does not require the initiation of treatment beyond the PCP's scope of practice; or
   b. who, prior to transport, has not received treatment beyond the PCP scope of practice; or
   c. who is improving after receiving treatment included in the PCP scope of practice; or
   d. when treatment beyond the PCP's scope of practice is not anticipated.

3. The ACP **MUST** attend to any patient when the patient has received, requires, or is anticipated to require an intervention or treatment beyond the PCP's scope of practice.

4. **ACP crew transferring care to a PCP crew:** An ACP crew will not perform ACP medical directives and then transfer patient care to a PCP crew for transportation to the hospital unless there are extenuating circumstances. These must be reported through one of the following mechanisms:
   - Online reporting
     - SWORBHP Communication Form
     - CARES appropriate
   - Communication Hotline
     - 1-888-997-6718

5. In cases where an ACP is attending, transfer of care to a PCP crew can occur in hospital offload delay as long as treatment beyond the PCP's scope of practice has not occurred within the last hour and is not expected to be required again while under the care of the PCP in offload delay.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Procedure:	PCP vs PCP Expanded Scope Crew Configuration – Division of Responsibilities	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	May 2011	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to detail the procedures for establishing a division of responsibilities for Primary Care Paramedics (PCP) in a PCP vs PCP expanded scope (i.e., IV certified), combined crew configuration on scene.

PROCEDURE

1. **In a PCP vs PCP expanded scope combined crew configuration:**
   - 1.1. A PCP is accountable for patient care within their scope of practice as certified by the Regional Medical Director (RMD) of the Regional Base Hospital Program (RBHP).
   - 1.2. A PCP with expanded scope and certified in the Intravenous and Fluid Therapy auxiliary medical directive is accountable for patient care within their authorized scope of practice as certified by the RMD of the RBHP.

2. **In a combined crew configuration on scene**, **the PCP may attend to any patient:**
   - 2.1. who, at the point of transport, does not require the initiation of treatment beyond the PCP's scope of practice; or
   - 2.2. who, prior to transport, has not received treatment beyond the PCP scope of practice; or
   - 2.3. who is improving after receiving treatment included in the PCP scope of practice; or
   - 2.4. situations where treatment beyond the PCP's scope of practice is not anticipated.

3. The PCP with expanded scope and certified in the Intravenous and Fluid Therapy auxiliary medical directive **MUST** attend to any patient who has received, requires, or is anticipated to require an intervention or treatment requiring the expanded scope of the auxiliary medical directive.

4. **The PCP with expanded scope transferring care to a PCP:**
   - 4.1. The PCP with expanded scope and certified in the Intravenous and Fluid Therapy auxiliary directive will not perform treatment(s) within the auxiliary medical directives of expanded scope and then transfer patient care to a PCP crew for transportation to the hospital unless there are extenuating circumstances. These must be reported through one of the following mechanisms:
     - Online reporting
       - SWORBHP Communication Form
       - CARES app
     - Communication Hotline
       - 1-888-997-6718
   - 4.2. In cases where a PCP with expanded scope and is certified in the Intravenous and Fluid Therapy auxiliary medical directive is attending, transfer of care to a PCP crew can occur in hospital offload delay as long as treatment beyond the PCP's scope of practice has not occurred within the last hour and is not expected to be required again while under the care of the PCP in offload delay.

5. If there is doubt about whether the patient would benefit from an expanded scope medical directive and the paramedics on scene disagree about the level of care required to appropriately address patient care needs, then a Base Hospital Patch (BHP) to the RBHP Physician should be initiated. In these patch situations, both paramedics will report the incident through one of the reporting systems identified in 4. It is expected that paramedics will work as a team to offer the best care to our patients, and these patches will be the exception rather than the norm.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4

Emergency Health Services Branch, Ministry of Health

Procedure:	Procurement of Over the Counter and Non-Controlled Substances	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	**April 2024**	**Date Reviewed: May 2026**

PURPOSE:

This policy details the mechanism for the procurement of over the counter and non-controlled substances.

POLICY:

In accordance with the College of Physicians and Surgeons of Ontario (CPSO) - "delegation of controlled acts" policy, the Southwest Ontario Regional Base Hospital Program (SWORBHP), the Employer and the supplier of the substances will ensure proper measures and accountabilities are in place for the procurement of over the counter and non-controlled substances.

PROCEDURE

1. The Southwest Ontario Regional Base Hospital Program (SWORBHP) and the Employer will collaborate to identify and order the required type and quantity of over the counter and non-controlled substances through the use of a prescription signed by the prescribing Medical Director.

2. Non-controlled substances utilized by an Employer may be procured through the London Health Sciences Centre (LHSC) Retail Pharmacy or an alternate pharmacy/medication distribution company.

3. The Employer will provide the prescribing Medical Director with a list of medications and quantities estimated for the upcoming year by March 1st of each year, either by email or written correspondence.

4. SWORBHP will provide prescriptions for over the counter and non-controlled substances for the requesting Employer prior to April 1st of each year. A copy of the prescriptions will be retained by SWORBHP.

5. SWORBHP will send the signed prescription to the LHSC Retail Pharmacy or alternate pharmacy/medication distribution company annually, prior to April 1st and when/if an updated prescription is required. SWORBHP will notify the Employer when the prescription has been sent to the LHSC Retail Pharmacy or alternate pharmacy/medication distribution company.

6. The pharmacy will prepare the prescription and notify the Employer when it is ready. The Employer will work with the pharmacy on the logistics of pick-up or delivery. The Employer will review the order for accuracy (correct medication, concentration/dose, route, and quantity).

7. Should new medications or changes to medications and/or doses come into force during the year, a new prescription will be required.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19

Procedure:	Controlled and Expired Medications	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	April 2011	**Date Reviewed: May 2026**

PURPOSE

This policy details the mechanism for accountability and compliance with the *Controlled Drugs and Substances Act*.

PROCEDURE

1.0 CONTROLLED SUBSTANCES

1.1. The controlled substances available for use by paramedics in Southwestern Ontario are diazepam, midazolam, fentanyl, ketamine, morphine, suboxone, and hydromorphone.

1.2. The Regional Medical Director (RMD) delegates to paramedics through Medical Directives that permit the administration of controlled substances to patients.

1.3. The Employer, whose staff members hold and transport controlled substances, is required to designate an individual as a Designated Administrator. The Designated Administrator is responsible for compliance with the *Controlled Drugs and Substances Act*.

1.4. When the controlled substance inventory requires replenishment, the Designated Administrator will provide the prescribing Medical Director with a summary that accounts for controlled substance use since the previous prescription. The summary should identify the current inventory and account for all use, waste, and disposal through supporting documentation (i.e., daily check sheets, controlled substance inventories, and disposal/waste records). The prescribing Medical Director will issue a prescription for controlled substances (provided there is sufficient evidence that the *Controlled Drugs and Substances Act* requirements are satisfied) to a hospital or community pharmacy with which the Employer is affiliated.

1.5. Paramedics must follow the local process approved by the prescribing Medical Director to properly document daily inventory, use, and waste. The approved inventory control and validation process must address the maintenance of the security of controlled substances through locked storage and the use of signatures (with witnesses) to validate each step in the chain of use. Paramedics disposing of waste (controlled substance that is expired, contaminated, damaged, or any residual controlled substance remaining after administration from a multi-dose vial, or reconstituted from concentrated form) will follow the local process approved by the prescribing Medical Director and enforced by the Designated Administrator.

1.6. The prescribing Medical Director may request supporting documentation regarding controlled substances from the Employer when required as part of an investigation into adverse outcomes secondary to controlled substance use, deviations from a medical directive, or evidence of controlled substance procedural deviations. If the Employer has concerns about potential misappropriation of controlled substances, they are to inform the Medical Director immediately.

1.7. Any missing controlled substance will be reported immediately to the prescribing Medical Director and, if necessary, to Health Canada (as required under the *Controlled Drugs and Substances Act*).

1.8. When a controlled substance vial is opened, the Ambulance Call Report (ACR) documentation must comply with the Ontario Ambulance Documentation Standards medication and intervention documentation requirements and must, in addition to standard documentation elements, include:

1.8.1. name of the patient, the medication was administered to;
1.8.2. dose and route administered; and
1.8.3. name and signature of the paramedic responsible; and
1.8.4. if applicable, the name of the Base Hospital Patch (BHP) Physician is giving the order.

2.0 EXPIRED MEDICATION

2.1 Medications must be checked regularly and rotated in order to prevent the use of expired medications and/or to avoid unnecessary disposal.

2.2 The Employer/paramedic is responsible for ensuring that the following procedures are adhered to:

2.2.1 Paramedics should follow their Employer's process to ensure medication checks, medication stock, and stock rotation comply with public safety requirements.

2.2.2 Medications are not to be used past the documented expiry date unless written approval from the Medical Director is received.

2.2.3 Medications with only a month and year expiry date can be used until the last day of the applicable month; and

2.2.4 Expired medications will be properly disposed of as per the Employer's policy.

REFERENCES

Controlled Drugs and Substances Act; Subsection 56(1) Class Exemption for Primary Care Paramedics, Advanced Care Paramedics, and Critical Care Paramedics in Ontario
Narcotic Control Regulations, Subsection 8(1)
Benzodiazepines and Other Targeted Substances Regulations, Subsection 2(1)

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Ontario Ambulance Documentation Standards - Version 4.0

London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

Procedure:	Interacting with Healthcare Provider on a Call	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	September 2017	**Date Reviewed: May 2026**

PURPOSE

This policy outlines the actions that must be taken by a paramedic when a healthcare provider is offering to assist on scene or en route to the hospital.

POLICY

This policy is intended to address those situations that fall outside the Medical Directives of the Advanced Life Support Patient Care Standards (ALS PCS), as they relate to the *Comprehensive Care* and *Responsibility of Care* sections of the ALS PCS or the Basic Life Support Patient Care Standards (BLS PCS) when involving interactions with non-paramedic 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 Therapists, Physician Assistants, and third-party paramedics.

1. The paramedics will attempt to determine the authorized level of certification of the healthcare provider and regulatory designation, if applicable.

2. The paramedic will assume patient care if the healthcare provider delivers a level of medical care that is below or comparable to that provided by the transporting paramedics.

3. Where a healthcare provider is rendering care beyond the scope of the transporting paramedic, the healthcare provider may continue care with the assistance of the transporting paramedic; however, the paramedic may only treat a patient within their authorized level of certification using medical directives approved by the Regional Base Hospital Program (RBHP). Under no circumstances is a paramedic to treat a patient outside their medical directives or provide care ordered by the on-scene physician or other healthcare provider.

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 that 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, and falls outside the scope of practice of that paramedic, a healthcare provider capable of providing that level of care 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's authorized level of certification.

7. In the event that a paramedic determines that the healthcare provider should attend to the patient during transport but refuses to do so, a paramedic may contact a BHP Physician to consult on the potential risks of 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. The paramedic must document clinical care provided to the patient and the credentials of the healthcare provider in detail on the Ambulance Call Report (ACR). Should the required care or management of the patient be in contradiction with the approved BLS PCS or ALS PCS, the paramedic will contact the BHP Physician 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's level of certification, 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.

10. In the event of disagreement between the healthcare provider and the paramedic, the paramedic should contact the BHP Physician and/or their Supervisor.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Basic Life Support Patient Care Standards Version 3.4
Emergency Health Services Branch Ministry of Health, March 10, 2023

Delegation of Controlled Acts, Policy Statement #5-12
College of Physicians and Surgeons of Ontario (CPSO)

Ambulance Call Report Completion Manual
Emergency Health Services Branch, Ministry of Health and Long-Term Care, April 1, 2017

Ontario Ambulance Documentation Standards - Version 4.0Emergency Health Services Branch Ministry of Health and Long-Term Care, September 2, 2025

Procedure:	Quality Assurance and Investigation	
Owner of Policy:	Manager, Quality and Business Systems	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	June 2018	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to outline the objective quality assurance (QA) and investigation processes related to paramedics certified by the Regional Base Hospital Program (RBHP) to perform controlled acts and advanced medical procedures while ensuring compliance with the College of Physicians and Surgeons of Ontario (CPSO) delegation policy and the RBHP's Performance Agreement with the Ministry of Health (MOH).

POLICY

Paramedics are certified by the Regional Medical Director (RMD) to perform controlled acts. The RMD or designate is required to perform QA on each controlled act, and where a clinically significant variance from a medical directive is noted, the case may enter the call review process, where evidence is gathered related to each event to inform the remediation and/or system improvement process. The RBHP utilizes a Just Culture approach for all QA reviews in an effort to ensure optimal patient safety and improvement of prehospital and transport medicine systems.

PROCEDURE

1. QUALITY ASSURANCE AMBULANCE CALL REVIEW PROCEDURE

1.1. The Employer shall ensure that each paramedic certified to perform controlled acts and all other parties involved in the ambulance call, including, but not limited to, Emergency Medicine Residents, Medical Students, and Paramedic Students, are identified on the Ambulance Call Report (ACR).

1.2. The Employer will ensure that each paramedic has a valid work email address.

1.3. Each controlled act and advanced medical procedure is subjected to audit using an electronic algorithm and/or human review.

1.4. An ambulance call review can occur as a result of:
- 1.4.1. A possible omission or commission as identified through the electronic auditing process.
- 1.4.2. Receipt of an inquiry. This may include, but is not limited to, the SWORBHP Self-Reporting Hotline and the SWORBHP Communication Form appropriate for their Employer, which may include a self-report of an actual or potential patient inquiry or complaint; a patch failure; or the identification of excellent performance (i.e., "good job").
- 1.4.3. An RBHP staff member being made aware of a case or observation during a field audit or ride out.
- 1.4.4. Any other means by which the RBHP is made aware of the need to conduct a QA Call Review.

1.5. When a possible variance has been identified, an inquiry will be sent via email to the paramedic and the Employer. Instructions on responding to the feedback request will be outlined within the email.

1.6. If a paramedic fails to respond to the inquiry, a request for response will be sent on Day 15 and Day 31. If a response has not been received by Day 45, the RBHP Manager, Quality and Business Systems will contact the associated Employer to rule out Paramedic inactivity and/or technical issues. The Local Medical Director (LMD) has the option and may administratively deactivate the Paramedic.

1.7. Each Employer has chosen one of two options that the RBHP will adhere to when a response has not been received:
   1.7.1. **Option #1:**
   The RBHP will contact the Employer to obtain a response from the paramedic in question.
   1.7.2. **Option #2:**
   The Employer provides the RBHP with the authority to contact and work with the paramedic directly (via phone or in person) to obtain feedback without notifying the Employer.

1.8. After the response to the inquiry is received and the matter has been reviewed and closed, a final level of variance may be assigned.

1.9. Upon completion of the Ambulance Call Review Process, the LMD, in collaboration with the RBHP Prehospital Care Specialist (PHCS), will provide a response to the paramedic, providing closure for all major or critical variances of a delegated medical act or advanced medical procedure, with a summary of the findings to the paramedic.

1.10. Paramedics and their Employer will receive semi-annual reports summarizing their clinical activities and audit findings (reports will include all findings regardless of variance level).

1.11. In the event of repeat individual or regional variance trends, the RBHP will work with both the paramedics and the Employer through multiple avenues to provide clarification and/or assistance.

2. INVESTIGATION PROCEDURE

2.1. Where it is identified that there could be a clinically significant variance from the Advanced Life Support Patient Care Standards (ALS PCS), or there is a self-report of a potentially clinically significant variance, or an Employer, patient, coroner, MOH, or third-party complaint, the ambulance call will enter the investigation process, which will include a review by the PHCS and LMD. The paramedic will be asked to provide further information. The Employer will be involved in all correspondence between the RBHP and the paramedic.

2.2. Where possible, a collaborative approach between the RBHP, the paramedic(s), and the Employer will occur.

2.3. Further information may be required, which could include, but not be limited to, the online medical control log, patch tape, or a statement from the partner and/or other care providers.

2.4. In cases where there are educational needs arising from the investigation, an educational plan will be developed by the RBHP, approved by the LMD, and communicated to the Employer.

2.5. Upon completion of the investigation, the PHCS, in collaboration with the LMD, will issue a closure letter with a summary of the findings to the paramedic and the Employer.

2.6. Deactivation:
   2.6.1. May result when the LMD believes a temporary interruption in the paramedic's certification to perform controlled acts is warranted (i.e., patient safety concerns, to allow for further investigation, repeated minor variances from the ALS PCS, failure to respond to an inquiry, requirement for specific remediation, etc.).
   2.6.2. In the event of a temporary interruption in the paramedic's certification to perform controlled acts (deactivation), the paramedic and Employer will be notified in writing of the deactivation and reactivation.
   2.6.3. The paramedic's certification to perform controlled acts will be revoked immediately after the RBHP has been notified by the Employer that there is a change in the paramedic's employment.
   2.6.4. If a clinical deactivation occurs, all Paramedic Services in all Regional Base Hospital Programs that the paramedic is employed in will be notified by the RBHP(s) under which the paramedic is authorized.
   2.6.5. When the RMD believes permanent removal of the paramedic's certification to perform controlled acts is warranted (i.e. serious breach of the ALS PCS, repeated breaches of the ALS PCS, or loss of the Medical Director's confidence/trust in the paramedic's capacity for delegation, etc.),

the paramedic's certification will be revoked, and the Paramedic Practice Review Committee (PPRC) initiated.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

CPSO - Professional Obligations: Delegation of Controlled Acts
College of Physicians and Surgeons of Ontario,

Procedure:	Field Ride-Outs with Paramedic Crews	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	May 2011	**Date Reviewed: May 2026**

POLICY

Emergency Medicine (EM) Residents are expected to participate in Field Ride-Outs with Paramedic Crews as part of their training. Medical Students may elect to complete a Regional Base Hospital Program (RBHP) elective and participate in ride-outs. The RBHP Medical Directors should have the opportunity to participate in ride-outs as part of their continuing medical education (CME). In unique circumstances, the SWORBHP leadership team may request that a SWORBHP staff member attend a ride-out for the purpose of education or quality assurance. A ride-out consists of spending time with paramedics and/or Supervisors to observe their daily work, provide evaluation of patient care practices, and provide teaching around observed cases, medical directives, and medical aspects of the practice of paramedicine.

PROCEDURE

1. Medical Learners (i.e., Medical Students, Residents, and Prehospital and Transport Medicine Area of Focused Competency [PTM-AFC] candidate physicians) and staff must contact the Local Medical Director (LMD) or the Medical Director of Education to request a ride-out. The appropriate Medical Director will approve the request and schedule the ride-out in cooperation with the Employer.

2. All Medical Learners and staff participating in a ride-out must complete the safety briefing and orientation provided by the Employer.

3. All Medical Learners and staff must sign a release and indemnity from the appropriate Employer, which will be kept on record by the Employer for future ride-outs. This form may require renewing and is at the discretion of the Employer.

4. All ride-outs must be scheduled through the Employer with notification to the RBHP. At least two weeks' notice must be given to ensure sufficient time is available to schedule a ride-out.

5. Ride-outs may occur 24/7 with any of the Employers within the RBHP. Ride-outs must be approved by the Chief/Director/Manager of the Employer or their designate.

6. Medical Learners and staff are responsible for their own transportation to and from the Paramedic station.

7. A ride-out may take place with a paramedic crew or a Paramedic Supervisor.

8. Upon approval of the Paramedic Chief/Director/Manager or designate, the Medical Learner and staff may switch ambulances or supervisor units during a ride-out.

9. A hospital identification badge must be worn clearly identifying the Medical Learner and staff.

10. The dress should be conservative (preferably blue or gray) and appropriate for the weather. Canadian Standards Association (CSA) approved steel-toe/sole footwear must be worn. It is the responsibility of the Medical Learner and staff to have all personal protective equipment (PPE) in their possession for use, such as but not limited to, CSA safety helmet, safety goggles/glasses, CSA Z96-09 safety vest or jacket which is identifiable as a RBHP observer, N95 respirator or documentation of completed fit test for the respirator supplied by the Employer, and any other items required by the Employer at the time of the ride out. The Employer and/or the LMD must ensure that the Medical Learner and staff have been advised to refer to the Employer's policy for Health and Safety guidelines regarding ride-outs.

11. During a ride out, the Medical Learner and staff are under the supervision of the Employer's personnel. To maximize safety, the Medical Learner and staff must follow any directions given to him/her from the Paramedic Crew, Supervisor, Chief/Director/Manager, or designate.

12. A ride-out is primarily observational. Any direct care provided by an EM Resident or PTM-AFC candidate physician must be documented on the Ambulance Call Report (ACR) and signed by the EM Resident or PTM-AFC candidate physician.

13. Medical Students and staff should not provide any direct patient care during the ride-out except under exceptional circumstances. Any direct care by a Medical Student or staff member must be documented on the ACR and signed by the Medical Student or staff member.

14. Medical Students and staff cannot delegate to a Paramedic.

15. During a call, an RBHP Medical Director or PTM-AFC candidate physician may delegate to a paramedic in accordance with the scope of practice of the paramedic. Alternatively, during a ride-out, the Medical Director or PTM-AFC candidate physician may request that the paramedic patch to the RBHP according to the usual procedure. Any medical procedures that the Physician delegates to a paramedic must be documented in the ACR.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Procedure:	Reporting Requirements to the Ministry of Health	
Owner of Policy:	Manager, Quality and Business Systems	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	June 2018	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to outline the reporting requirements of the Regional Base Hospital Program (RBHP) to the Ministry of Health in accordance with the RBHP Performance Agreement (PA).

POLICY

The most responsible staff member of RBHP will ensure that the Senior Field Managers (or designates) of the Ministry of Health (MOH) Emergency Health Program Management & Delivery Branch (EHPMDB) and/or the Emergency Health Regulatory & Accountability Branch (EHRAB), receive the required information outlined in the RBHP PA.

Acceptable forms of notification may include carbon copies or scans of letters, emails, reports, the Southwest Ontario RBHP public website, and/or minutes of meetings where the Senior Field Managers (or designates) are sitting members.

As outlined in the RBHP PA, the RBHP shall, upon request by the MOH, provide any additional information or reports pertaining to the RBHP's operations, status, or any other matter related to the RBHP PA. Such information may be required periodically or at the discretion of the Director and should be submitted in writing unless otherwise specified.

PROCEDURE

1. The following information will be provided to the Senior Field Managers (or designates) by the most responsible RBHP staff member (or designate) in an acceptable form of notification and in accordance with the RBHP PA referenced below;

    1.1. **RBHP human resources inventory:**
        1.1.1. shall be provided within ninety (90) days of the end of the fiscal year,
        1.1.2. in accordance with the RBHP PA Appendix C 1.0.

    1.2. **RBHP policies and procedures:**
        1.2.1. shall be readily accessible,
        1.2.2. in accordance with the RBHP PA Appendix C 3.0.

    1.3. **Reports and/or copies of media coverage pertaining to the RBHP:**
        1.3.1. shall be provided in accordance with the RBHP PA Appendix C 7.0.

    1.4. **Proposed operational budget:**
        1.4.1. shall be provided in accordance with the RBHP PA Appendix F.

    1.5. **In-year expenditure report:**
        1.5.1. shall be provided in accordance with the RBHP PA Appendix G.

    1.6. **Year-end financial reports, including audited financial statements:**
        1.6.1. shall be provided in accordance with the RBHP PA Appendix H.

    1.7. **The RBHP Annual Report:**
        1.7.1. shall be provided within ninety (90) days of the end of the fiscal year and,

1.7.2. shall include a written summary of information gathered under the RBHP PA Appendix I and as set out in the RBHP PA 10.1.

1.8. **Incident reports of patch delays or failures that are reported to or discovered by the RBHP:**
1.8.1. shall be provided within 48 hours of the event,
1.8.2. in accordance with the RBHP PA Appendix L Bullet 9.

1.9. **Unauthorized use or disclosure of confidential information:**
1.9.1. shall be provided immediately,
1.9.2. as outlined in the RBHP PA 8.0 – 8.19 and,
1.9.3. in accordance with the RBHP PA 8.7 and,
1.9.4. in accordance with the London Health Sciences Centre Confidentiality Policy.

1.10. **The existence of any circumstances that could arise or that have arisen in which a staff member's private or personal interest gives rise to an actual, potential or perceived conflict of interest:**
1.10.1. shall be provided immediately,
1.10.2. as outlined in the RBHP PA 9.0 – 9.6 and
1.10.3. in accordance with the RBHP PA 9.5 and,
1.10.4. in accordance with the London Health Sciences Centre Standards for Business Conduct Policy.

1.11. **Sales, lease, or otherwise dispose of any assets provided by the MOH or purchased with grant funds:**
1.11.1. the RBHP shall receive prior written consent,
1.11.2. in accordance with the RBHP PA 11.1.

1.12. **Change in Paramedic certification (reactivation, deactivation, decertification, recertification):**
1.12.1. as soon as possible,
1.12.2. in accordance with the RBHP PA Appendix 6.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

London Health Sciences Centre Confidentiality Policy

London Health Sciences Centre Standards for Business Conduct Policy

Regional Base Hospital (RBHP) Performance Agreement (PA)

London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

Procedure:	Paramedic Clinical Practice Self-Reporting	
Owner of Policy:	Manager, Quality and Business Systems	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	June 2023	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to outline the reporting requirements of the paramedics to the Regional Base Hospital Program (RBHP) when a potential adverse event occurs during patient care or in other instances the paramedic wishes to notify the RBHP of the need to review a call (i.e., to report exceptional work of a colleague).

POLICY

The Regional Base Hospital Program (RBHP) requires a paramedic to provide written documentation to the Online SWORBHP Communication Form, or verbal communication to the SWORBHP Self-Reporting Line that addresses challenges that a paramedic may encounter while on a call related to the Advanced Life Support Patient Care Standards (ALS PCS) or other clinical practice guidelines, which may include but are not limited to: clinical care variances, documentation omissions, patch failures or omissions, scene time delays and notable avoidance or recovery from "near-miss" situations.

Self-reporting is an important part of paramedic practice and professionalism by ensuring accountability for one's own practice and is a form of education through self-reflection. The RBHP strives to improve individual paramedic performance and system performance through clinical audits, self-reports, case reviews, feedback, and education processes. All aspects are linked in order to reach a common goal, improving patient safety and outcomes. It is also encouraged to use the self-report process to report the exceptional work of a colleague to allow SWORHBP to acknowledge this with the paramedic(s) involved.

PROCEDURE

1. When reporting a potentially adverse event (including a medication error) to the RBHP, the paramedic must also inform the receiving facility of the occurrence and any known or potential complications as soon as possible upon arrival or transfer of care.

2. Paramedics must submit Self-Reports through one of the following designated mechanisms:
   a) **CARES**, which is the primary online reporting pathway for services where CARES is available;
   b) the **SWORBHP Communication Form**, when CARES is not available and as applicable to the paramedic's service; or
   c) the **Communication Hotline** at **1-888-997-6718**.

   2.1 When contacting SWORBHP via the toll-free number, the following information is required to assist with expediting the request:

   - Paramedic's name.
   - Paramedic's EHS number.
   - Paramedic Service.
   - Call number of the call-in question.
   - Date and approximate time of day of the call.
   - Description of the event.
   - The hospital the patient was transported to.

- Any known adverse effects experienced by the patient; and
- Any other relevant details.

3. All submissions will be forwarded to a PHCS for review. The PHCS will review all relevant documentation, which may result in one or more of the following:

    a. The incident is considered to be self-mediated and closed.
    b. There is a request for further feedback in alignment with the SWORBHP Quality Assurance and Investigations policy; and/or
    c. There is a requirement for review by the Medical Director in alignment with the SWORBHP Quality Assurance and Investigations policy.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

SWORBHP Quality Assurance and Investigation Policy

London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

Procedure:	Discontinuing Cardiac Monitor Use	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	June 2023	**Date Reviewed: May 2026**

PURPOSE

This policy provides guidance for when a paramedic may discontinue cardiac monitor use. The Basic Life Support Patient Care Standards (BLS PCS) identify cardiac monitoring as a necessary assessment tool for certain patients. However, many patients who have had cardiac monitoring initiated will not require it on a continued or ongoing basis. This policy reinforces the requirement for clear, accurate, and timely documentation, including judgment and reassessment findings, in accordance with the Documentation Standards when cardiac monitoring is discontinued.

POLICY

1. As per the Advanced Life Support Patient Care Standards (ALS PCS) and BLS PCS, paramedics will apply the cardiac monitor to the patient.

2. Paramedics will keep the cardiac monitor applied to the patient while determining the final patient disposition. If the patient is transported, paramedics will continue the cardiac monitor while en-route to the receiving facility.

3. Where a cardiac monitor has been applied by paramedics, the cardiac monitor may be removed if:

    3.1 The patient's vitals are consistently within normal parameters as outlined in the ALS PCS Preamble, Age and Vital Signs section, or explainable by or not pertinent to the presenting complaint based on paramedic judgement.
    3.2 The patient has not reported ischemic-type chest pain or palpitations at any point.
    3.3 There is no incident history of loss of consciousness (of any duration);
    3.4 Patients show no electrical cardiac activity that is abnormal or inconsistent with previous medical history (e.g., rate or rhythm);
    3.5 The patient exhibits no signs of respiratory distress.
    3.6 There is no incident history of cerebrovascular accident (CVA) or transient ischemic attack (TIA);
    3.7 There is neither confirmed nor suspected ingestion of drugs, medications, or other substances that may lead to toxicity.
    3.8 No other ALS PCS interventions are anticipated.
    3.9 The patient has had no further symptoms requiring medication, and peak onset of any administered medication has been achieved; and
    3.10 If an IV is in place, it is TKVO (30-60 ml/hr for adults), or a saline lock is applied.

4. If the above conditions are met, the paramedic may discontinue cardiac monitoring and must document in the eACR the discontinuation, the clinical rationale, and the appropriate service code, in accordance with the Documentation Standards. Following removal of the cardiac monitor, the patient remains the responsibility of the paramedic until patient disposition is finalized or, if transported, care is formally transferred to appropriate receiving staff.

5. Following discontinuation of cardiac monitoring, paramedics who continue to provide care shall reassess the patient as indicated by Patient Care Standards. Reassessment findings must be documented in accordance with the Documentation Standards.

   It is the expectation that should the patient's condition deteriorate, and cardiac monitoring is indicated, it will be reinitiated without reasonable delay.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Basic Life Support Patient Care Standards Version 3.4
Emergency Health Services Branch, Ministry of Health, March 10, 2023

Ministry of Health. Documentation Standards for Ambulance Services. Emergency Health Services Branch, Ministry of Health.

Procedure:	Base Hospital Physician Patching	
Owner of Policy:	Manager, Quality and Business Systems	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	May 2024	**Date Reviewed: May 2026**

PURPOSE

This policy outlines the actions taken when a paramedic is patching to a base hospital physician and the escalation procedure when issues are encountered with the centralized patching system.

SYSTEM OVERVIEW

The Southwest Ontario Regional Base Hospital Program (SWORBHP) utilizes a centralized patching system. This patching system consists of:

- A primary patch line where calls will typically be routed to an on-call base hospital physician (BHP). Occasionally, there is no on-call BHP scheduled for the overnight shift 23:00-07:00). In these instances, the primary patch line will be routed to the London Health Sciences Centre (LHSC) University Hospital (UH) Emergency Department (ED). A secondary patch line is also in place, which is routed to the LHSC Victoria Hospital (VH) Adult Emergency Department.

The patch phone numbers are provided to the paramedic services by the Central Ambulance Communications Centre (CACC).

POLICY

The Ministry of Health Emergency Health Regulatory and Accountability Branch (EHRAB), at times, republishes the ALS PCS with amendments. Patching, found in the preamble and within the PCP/ACP core and auxiliary medical directives of the ALS PCS, outlines the requirements of all parties involved in the process of patching and performing medically delegated acts of Ontario Paramedics. The language regarding patching found within the ALC PCS will serve as the policy related to patching.

A centralized patching system allows for real-time medical direction and guidance provided by a physician to paramedics by phone, to assist in patient care on scene or en route. A paramedic shall patch to the Base Hospital when:

a) a medical directive contains a mandatory provincial patch point, OR
b) for situations that fall outside of these Medical Directives, where the paramedic believes the patient may benefit from online medical direction that falls within the prescribed paramedic scope of practice, OR
c) for consultation when, in the paramedics' opinion, the patient presentation or situation warrants medical advice.

To reach a BHP, paramedics will use the patch numbers provided by the CACC for their paramedic service. Medical direction and guidance can only be provided by a trained BHP. The BHPs for the SWORBHP region are listed on the SWORBHP website, as well as LHSC UH ED and LHSC VH Adult ED physicians. Paramedics will not attempt to patch to a BHP outside of the patching system.

PROCEDURE

1. Paramedic Patching Procedure

1.1. The paramedic will call the primary BHP patch number for their paramedic service (as provided by CACC).

1.2. If a BHP cannot be reached, the paramedic will:

1.2.1. Disconnect the call.
1.2.2. Wait a moment and call the primary line again.
1.2.3. Do not leave a voice message if the call goes to voicemail.

1.3. If the second attempt fails, the paramedic will:

1.3.1. Disconnect the call.
1.3.2. Call the secondary line for their service (as provided by CACC).

1.4. Further attempts can be made so long as it is in the best interest of the patient and does not risk patient safety.

1.5. If a BHP cannot be reached to provide medical advice or orders, the paramedic will document a patch failure. If this is a critical incident, proceed with regular operating procedures, and the paramedic will escalate it to their Employer.

1.6. When the phone is answered, if the recipient is not a physician (e.g., nurse in the ED), the paramedic will request that a physician take the call.

1.7. If technological or human factors issues are encountered, the paramedic will escalate the issue to their Employer and self-report the call, detailing their concerns.

2. Service Leadership Escalation Procedure

2.1. If there appears to be a patching system outage:

2.1.1. The Employer will escalate the issue to the CACC.

2.1.1.1. The CACC will determine if there is an issue with the diverter(s) associated with their CACC and address as per internal processes.
2.1.1.2. If the issue is an extended diverter issue or looks to not be related to the diverter(s), CACC will escalate the concern to SWORBHP by emailing sworbhp@lhsc.on.ca or calling 519-685-8500 ext. 77058.
2.1.1.3. SWORBHP will determine the scope of the issue and coordinate the next steps.
2.1.1.4. SWORBHP and CACC will collaborate to determine an interim solution if necessary and will inform the Employer of the solution; and
2.1.1.5. The Employer will take appropriate action if necessary.

2.2. In instances where there appear to be human factors impacting connection with a BHP, the Employer will escalate the issue to SWORBHP by emailing sworbhp@lhsc.on.ca or calling 519-685-8500 ext. 77058.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19

Procedure:	Base Hospital Palliative Physician Patching	
Owner of Policy:	Manager, Quality and Business Systems	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	**May 2024**	**Date Reviewed: May 2026**

PURPOSE

This policy outlines the actions for paramedics working with palliative care patients under the Palliative Care Treat and Refer Medical Directive (PCTRMD). It provides guidance on the procedure to follow when a paramedic encounters a rostered palliative patient and is required to patch in with a palliative base hospital physician (PBHP), including escalation procedures in case of challenges with the centralized patching system.

SYSTEM OVERVIEW

The Southwest Ontario Regional Base Hospital Program (SWORBHP) utilizes a centralized patching system to connect paramedics with PBHPs. The palliative patch line is provided to support paramedics who work for paramedic services that have adopted the PCTRMD. The PBHPs are specific to the paramedic services they work with. The patching system consists of a patch line where paramedics will be presented with a phone menu. The menu options will identify paramedic services. Once a menu item is chosen, the call will be routed to the corresponding PBHP service.

POLICY

Paramedics are required to patch to a PBHP for medical direction, orders, and guidance in accordance with the PCTRMD. When paramedics who work for a paramedic service that has adopted the PCTRMD are presented with a rostered palliative patient and need to speak to a PBHP, they will use the palliative patch line phone numbers provided by SWORBHP for their paramedic service. For all other cases when medical direction or guidance is required, paramedics will leverage the primary BHP patching system, as outlined in the Base Hospital Physician Patching policy. Medical direction and guidance can only be provided by a trained BHP. Paramedics will not attempt to patch to a BHP outside of the patching system.

PROCEDURE

1. Paramedic Patching Procedure to Connect with a Palliative Base Hospital Physician

1.1. The paramedic will call the PBHP patch number (as provided by SWORBHP).

1.2. The paramedic will choose the menu option corresponding to their service or the PBHP group they are trying to reach.

1.3. If a PBHP cannot be reached, the paramedic will:

1.3.1. Disconnect the call.
1.3.2. Wait a moment and call the palliative patch line again.
1.3.3. Do not leave a voice message if the call goes to voicemail.

1.4. If the second attempt fails, the paramedic will:

1.4.1. Disconnect the call.

1.5. Further attempts can be made so long as it is in the best interest of the patient and does not risk patient safety.

1.6. If a PBHP cannot be reached to provide medical advice or orders, the paramedic will document a patch failure in the Ambulance Care Report. If this is a critical incident, proceed with regular operating procedures, and the paramedic will escalate it to their Employer.

1.7. When the phone is answered, if the recipient is not the intended physician (e.g., nurse), the paramedic will request that the palliative base hospital physician take the call.

1.8. If technological or human factors issues are encountered, the paramedic will escalate the issue to their Employer and self-report the call detailing their concerns.

2. Escalation Procedure

2.1. If the concern appears to be an outage or technology related.

2.2. The Employer will escalate the issue to SWORBHP by emailing sworbhp@lhsc.on.ca or by calling the main line 519-667-6718.

2.2.1.1. SWORBHP will determine if there is an issue with the patch line.
2.2.1.2. SWORBHP and the Employer will work to resolve the issue.
2.2.1.3. SWORBHP and the Employer will collaborate to determine an interim solution if necessary.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Basic Life Support Patient Care Standards Version 3.4
Emergency Health Services Branch Ministry of Health, March 10, 2023

Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19

London Health Sciences Centre
Southwest Centre for Prehospital Medicine

Procedure:	Academic Certification – Primary or Advanced Care Paramedic	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Centre for Prehospital Medicine	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	January 2016	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to detail the procedures for providing a Primary Care Paramedic (PCP) student or an Advanced Care Paramedic (ACP) student authorization to perform controlled acts and advanced medical procedures as per Ontario Regulation 257/00, Part III, s. 8. (2)(c), and Part VI, s. 14 (2). This authorization is granted by the Southwest Centre for Prehospital Medicine (SWCPM) Medical Director. These procedures specify the requirements for the Employer, the paramedic student, the College, and the SWCPM. Failure to comply with all aspects of this policy may result in the denial of authorization to perform controlled acts and advanced medical procedures at the discretion of the Medical Director.

POLICY

This policy allows Ontario paramedic students from Colleges both affiliated (through a signed Service Agreement) and not affiliated with the SWCPM, the opportunity to perform advanced medical procedures (including controlled acts) in a supervised 9-1-1 response setting. The objective is to prepare paramedic students for entry to clinical practice through exposure to Provincial Medical Directives and advanced medical procedures (including controlled acts) in a protected prehospital environment.

A College in Ontario affiliated with the SWCPM through a signed Service Agreement will share accountability with the SWCPM to develop an appropriate curriculum for paramedic students. The SWCPM, in collaboration with the affiliated Colleges, will provide certification materials that support and maintain the certification standards of the SWCPM. In addition, training aimed at remediating variance(s) or promoting change in practice will be delivered by the SWCPM or the College as agreed upon by both parties.

PROCEDURE

1. The College will notify the SWCPM at the earliest opportunity to confirm any new Paramedic students requiring certification and the earliest date they will be available for the SWCPM certification (at least two weeks' advance notice is requested).

2. The College will provide written confirmation that the Paramedic student meets all qualifications for final preceptorship.

3. The College and the SWCPM will determine a mutually agreeable schedule for paramedic student certification for both affiliate and non-affiliate Colleges.

4. The College will provide the e-mail address(es) of College contacts/Supervisors whom they designate to be copied on all communication from the SWCPM to the Paramedic student.

5. The College will ensure that each Paramedic student will give permission to the College to provide the SWCPM with a current e-mail address and student number (or unique identifier to be used by the Employer) prior to field placement.

6. The College will notify the SWCPM within one (1) business day of any changes to the paramedic student's academic enrollment or status that may affect their certification.

7. The SWCPM will notify the Paramedic student, College, and Employer within one (1) business day of any changes to the Paramedic student's certification to perform controlled acts arising from the training, remediation training, or Call Review process.

8. If indicated, the SWCPM will guide (via the College) and/or provide any required pre-course materials to the Paramedic student once the training is confirmed. Materials may be in electronic or hard-copy format as determined by SWCPM. Successful completion of all pre-course evaluations is required prior to attending any of the SWCPM training/testing.

9. **If training is indicated,** the SWCPM certification for a Paramedic student may include:
   9.1 PCP or ACP core Provincial Medical Directives.
   9.2 Introduction to the RBHP and SWCPM policies applicable to the Paramedic student (certification, deactivation, audit process), and an overview of the RBHP and SWCPM;
   9.3 Applicable auxiliary Provincial Medical Directives.
   9.4 Medical Director (or designate) directed scenarios (i.e., simulation cases, oral cases);
   9.5 Skills assessment.
   9.6 Certification fees may be applied to either the College or the Paramedic student as determined by the SWCPM.

10. PCP students will be evaluated by a delegating Medical Director of SWCPM and/or designate for academic certification using a Global Rating Scale (GRS) assessment of clinical scenarios drawn from the approved OBHG certification scenario bank.

11. ACP students will be evaluated by a delegating Medical Director of SWCPM and/or designate for academic certification. Recommendation for academic certification will be made based upon GRS assessment of clinical scenarios drawn from the approved OBHG certification scenario bank and/or oral case scenarios conducted with a delegating Medical Director of the SWCPM.

12. The SWCPM will notify the College of the results upon completion of the training and testing. Successful completion will result in authorization from a delegating Medical Director of SWCPM to perform the specified advanced medical procedures (including controlled acts) while under the direct supervision of an approved preceptor. Unsuccessful completion could result in retesting at the request of the College at the discretion of the delegating Medical Director of SWCPM.
13. Any costs associated with subsequent attempts at achieving academic certification (after an unsuccessful attempt) will be the responsibility of the individual or the college presenting them.

14. Appealing unsuccessful academic certification results.
    - Should an individual wish to appeal an unsuccessful result from academic certification testing, they must do so in writing within 5 business days of results being issued by SWCPM.
    - The candidate must clearly delineate the reason for the appeal within the following two categories:
      a) In the opinion of the candidate, due process was not followed by the RBHP or designates
      b) New information has become available, which may have an impact on the certification decision
    - Appeals must be sent to the Regional Medical Director of Education (or their designate) and the Manager of Education.
    - The ruling on the appeal will be the sole discretion of the Regional Medical Director of Education (or their designate). In any case where the appeal is granted, and an academic certification is extended, it will not be eligible to roll into "full certification".

13. The academic certification will expire at the end of the preceptorship (normally four months).

14. **For all paramedic students in preceptorship**

    14.1 Where a variance from Advanced Life Support Patient Care Standards (ALS PCS) has been identified through the Ambulance Call Report (ACR) audit process, complaints, or self-reports, it will be reviewed as per the Academic Certification - Quality Assurance and Investigation Policy.

    14.2 The delegating Medical Director of SWCPM, at their discretion, will discuss the case with the Paramedic student and College Program Coordinator to provide investigation outcomes. In the event that the Paramedic student's certification is revoked, the preceptorship period may be adjusted by the delegating Medical Director.

14.3 Academic certification allows an ACP student to practice under the direct supervision of a qualified ACP preceptor while performing controlled acts. This authorization can only be utilized at the applicable service and is dependent upon remaining in good standing as a student within the Paramedic program.

15. If a certified Paramedic student gains employment within the BHP Region after more than ninety (90) days of the completion of their academic certification, they will be required to follow the new certification procedure.

For Southwest Centre for Prehospital Medicine Affiliated College Programs

1. The College and the SWCPM will collaborate on developing and reviewing training programs in support of certification to perform controlled acts. Certification scenarios used for GRS evaluation for academic certification will be selected from the OBHG certification scenario bank. The delegating Medical Director of the SWCPM has final approval of certification scenarios that will be used for GRS evaluation for academic certification.

2. The Medical Director will approve all training curricula related to training programs for controlled acts.

3. College faculty may attend an SWCPM “train-the trainer session” or other approved method of training to facilitate program delivery.

4. The College will provide the SWCPM with a list of candidates who have successfully advanced and who are seeking entry to preceptorship, along with names of their ACP/PCP preceptors. Arrangement of shifts and mentors is the responsibility of the Employer/College. RBHP is responsible for medical directive, quality assurance, and certification.

5. The Medical Director or designate will evaluate each candidate for academic certification and approve authorization to perform controlled acts and advanced medical procedures.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19

SWORBHP Academic Certification - Quality Assurance and Investigation Procedure

London Health Sciences Centre
Southwest Centre for Prehospital Medicine

Procedure:	Academic Certification: Quality Assurance and Investigation Process	
Owner of Policy:	Manager, Quality and Business Systems	
Department/Program:	Southwest Centre for Prehospital Medicine	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	January 2016	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to outline the objective quality assurance (QA) and investigation processes applied to paramedic students who are academically certified by the Southwest Centre for Prehospital Medicine (SWCPM) to perform controlled acts and advanced medical procedures. The policy supports patient safety through system modification, promotes paramedic student accountability within a supervised educational environment, and ensures compliance with the College of Physicians and Surgeons of Ontario (CPSO) Professional Obligations: Delegation of Controlled Acts, recognizing the Medical Director's ongoing accountability for care provided through delegation.

POLICY

Paramedic students enrolled in a Paramedic Program delivered at a College in Ontario may be academically certified by the Medical Director to perform controlled acts and advanced medical procedures for the purpose of supervised clinical learning and preparation for clinical placement. All delegated controlled acts and advanced medical procedures performed by paramedic students are subject to ongoing quality assurance. Where a variance from the Advanced Life Support Patient Care Standards (ALS PCS) is identified, the case will enter the QA Ambulance Call Review Process to determine contributing factors, inform remediation, support system improvement, and assess the ongoing appropriateness of delegation.

PROCEDURE

1. QUALITY ASSURANCE AMBULANCE CALL REVIEW PROCEDURE

1.1. The College and/or Employer will ensure that each paramedic student performing controlled acts is identified on the Ambulance Call Report (ACR). In cases where the ACR is electronic, the Employer will be required to use a unique identifier for the paramedic student in its software program. Unique identifiers for each paramedic student will be documented on the ACR and communicated to the SWCPM so that the paramedic student can be easily identified.

1.2. The College will ensure that each paramedic student has a valid email address.

1.3. The College will provide the e-mail address(es) of College contacts/Supervisors whom they designate to be copied on all communication from the SWCPM to the paramedic student.

1.4. The designated College contact will be notified anytime the RBHP or SWCPM communicates with their paramedic student related to the inquiry process.

Each controlled act and advanced medical procedure is subjected to audit using a computer algorithm and/or human review. In cases where the paramedic student was present, it will be determined through the preceptor and/or partner whether the paramedic student was involved in the care that may have contributed to a variation from the ALS PCS.

1.5. An ambulance call review can occur as a result of:

1.5.1. A possible omission or commission as identified through the electronic auditing process.

1.5.2. Receipt of an inquiry to the SWORBHP Communication Hotline, Cares app, or the Online SWORBHP Communication Form appropriate for their Paramedic Service. Inquiries may include a self-report of an actual or potential variance, a Paramedic Service or patient inquiry or complaint, a patch failure, or the identification of excellent performance (i.e., "good job").

1.5.3. An RBHP or SWCPM staff member being made aware of a case or observation during a field audit or ride-out.

1.5.4. Any other means by which the RBHP or SWCPM is made aware of the need to conduct a QA Ambulance Call Review.

1.6. When a possible variance has been identified, an inquiry will be sent to the paramedic student and the designated College contact. Instructions on responding to the feedback request will be outlined within the email. The paramedic student will only be contacted if it is determined through the ambulance call review that the paramedic student's actions may have contributed to the variance from the ALS PCS. If this is the case, the paramedic student will be entered into the ambulance call review process.

1.7. If, after one week, the paramedic student has not yet provided a written or verbal response to a request by the RBHP/SWCPM for more information, the paramedic student's academic certification to perform controlled acts may be deactivated pending completion of the ambulance call review.

1.8. After the response to the inquiry is received, the Prehospital Care Specialist (PHCS) and Medical Director will meet to determine next steps. If no further follow-up is required, a final level of variance will be assigned accordingly.

1.9. Upon completion of the QA Ambulance Call Review Process, the PHCS, in collaboration with the Medical Director, will issue a closure response for all major or critical variances with a summary of the findings to the Paramedic and Employer, and when relevant to the paramedic student and College.

2. INVESTIGATION PROCEDURE

2.1. Where it is identified that there is a clinically significant variance from the ALS PCS, the ambulance call will enter the investigation process, which will include a review by the PHCS and Medical Director. The paramedic student will be asked to provide further information. The College will be involved in correspondence between the RBHP/SWCPM and the paramedic student.

2.2. Where possible, a collaborative approach between the RBHP/SWCPM, the paramedic student, and the College will occur.

2.3. Further information may be required, which could include, but is not limited to, the online medical control log, patch tape, or a statement from the preceptor and partner and/or other care providers.

2.4. Upon completion of the investigation, the PHCS, in collaboration with the Medical Director, will issue a closure response for all major or critical variances with a summary of the findings to the paramedic and Employer, and when relevant to the paramedic student and College.

2.5. The College will facilitate access to the paramedic student for the purpose of the investigation (to obtain verbal or written statements or other evidence as required).

2.6. In cases where there are educational needs arising from the investigation, the College will be notified and will provide the SWCPM with the follow-up educational plan for approval. The College will deliver the approved education plan.

2.7. Upon completion of the investigation, the Medical Director will issue an investigation report to the paramedic student and the College where the paramedic student's care is central to the investigation, but not in cases where the paramedic student is a witness to the event. As College documents are accessible to the public through the senate appeals process, specific patient information or identifiers and any patient chart information will not be included; rather, a summary of findings will be shared to enable proper QA, remediation, education, College action, and paramedic students' College appeals. The Medical Director will send a closure letter to the College contact for dissemination to the paramedic student.

2.8. **Deactivation:**

2.8.1. May result when the Medical Director believes a temporary interruption in the paramedic student's certification to perform controlled acts and advanced medical procedures is warranted (e.g., patient care concerns, to allow for further investigation, repeated minor variances from the ALS PCS, failure to respond to an inquiry, etc.).

2.8.2. In the event of a temporary interruption in the paramedic student's certification to perform controlled acts and advanced medical procedures (deactivation), the paramedic student and the College will be notified in writing of the deactivation and reactivation.
2.8.3. The paramedic student's academic certification to perform controlled acts and advanced medical procedures will be revoked immediately after the RBHP has been notified by the College that there is a change in the paramedic student's academic enrollment.
2.8.4. When the Medical Director believes permanent removal of the paramedic student's academic certification to perform controlled acts and advanced medical procedure is warranted (i.e., serious breach of the ALS PCS, repeated breaches of ALS PCS, or loss of the Medical Director's confidence/trust in the paramedic student's capacity for delegation, etc.), the paramedic student's academic certification will be revoked.

REFERENCES

Advance Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

College of Physicians and Surgeons of Ontario (CPSO) Professional Obligations: Delegation of Controlled Acts

SWORBHP Quality Assurance and Investigation Policy

Procedure:	SWORBHP Advanced Care Paramedic (ACP) Consolidation	
Owner:	Education Manager, Southwest Centre for Prehospital Medicine	
Department:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date**: April 2026
Original Effective Date:	April 2026	**Date Reviewed:** May 2026

PURPOSE

This procedure outlines the standards, requirements, and expectations governing the consolidation period for newly certified Advanced Care Paramedics (ACPs) practicing under the authorization of the Southwest Ontario Regional Base Hospital Program (SWORBHP). The consolidation process ensures that ACPs demonstrate safe, competent, and independent clinical practice in accordance with the Advanced Life Support Patient Care Standards (ALS PCS), the Basic Life Support Patient Care Standards (BLS PCS), and all applicable legislation, including Ontario Regulation 257/00 under the Ambulance Act, which governs paramedic qualifications, controlled acts delegation, and Base Hospital program responsibilities.

During consolidation, ACPs must safely perform controlled acts and advanced medical procedures as delegated by the Regional Medical Director (RMD) or designate and as defined in the ALS PCS. ACPs must maintain compliance with the **Certification Standard** (ALS PCS, Section 5) and all relevant SWORBHP policies.

Non-adherence to the requirements of this procedure will result in appropriate supportive measures—such as remediation, extension of consolidation hours, or temporary adjustment of authorization—to ensure safe and competent practice, as determined by the RMD or designate.

PROCEDURE:

1. **The Employer** shall provide written confirmation to SWORBHP at the earliest opportunity to confirm any new ACPs requiring consolidation.

2. **ACP Consolidation Initiation**
   - Once an ACP is approved to begin their consolidation, the Application Support Associate (ASA) will send the ACP an email (see Appendix A) which includes the:

     1. Consolidation requirements and due dates
     2. ACP Consolidation Form (see Appendix A)
     3. ACP Consolidation Checklist (see Appendix B)

3. **Documentation Requirement**
   - During the consolidation period, the ACP will document calls on the ACP Consolidation Form. These calls must demonstrate meaningful use of ACP-level clinical judgment and interventions. BLS calls do not meet the criteria.

4. **Midpoint Submission**
   - The ACP must submit their consolidation form to sworbhp@lhsc.on.ca at the midpoint (day 45 or 84 hours, whichever comes first).
   - The ASA will forward the consolidation form to the appropriate Local Medical Director (LMD) for a midpoint review.

     The Midpoint Review ensures the ACP is progressing appropriately toward independent practice. It includes a review of:
     • The number and type of ACP calls submitted
     • Evidence of appropriate use of ACP medical directives
     • Any early concerns noted by the preceptor or Employer
     • Any self-reports or flagged calls submitted to date

     Follow-up occurs only if concerns are identified.

5. Final Submission

- The ACP must submit their consolidation form and checklist to sworbhp@lhsc.on.ca by their assigned due date or at 164 hours, whichever comes first.
- The ASA will forward the consolidation form to the Prehospital Quality Consultant to audit the calls listed on the form and inform the ASA once these are completed.
- Once the calls have been audited, the ASA will forward the consolidation form and checklist to the appropriate LMD for final review and approval.
- All calls listed on the ACP's consolidation form will be audited, and the ASA will compile and forward to the LMD. This includes:
    - Any self-reports
    - Calls flagged for audit
    - Audit results for consolidation-form calls

6. LMD Final Review

The LMD will review the consolidation form and checklist to determine whether the criteria are met.

The LMD must assess:

6.1 Robust Call Requirement

The consolidation form includes as many as 7 or more robust ACP calls.

A robust ACP call must include:

- A patient presentation requiring ACP-level clinical judgment
- Use of at least one ACP medical directive
- Documentation demonstrating assessment, rationale, and decision-making
- Preceptor confirmation that the ACP led or contributed meaningfully

Non-robust calls include BLS only, transport only, or calls fully managed by the preceptor.

6.2 Telephone Interview Requirement

If fewer than 7 robust calls are documented, a telephone interview with the LMD is required.

The LMD telephone interview includes:

1. Purpose + introduction
2. Review of 2–3 ACP calls
3. Competency review (airway, pharmacology, complex decisions)
4. ACP self-assessment and identification of learning needs
5. Determination of next steps (approval, remediation, or additional hours).

6.3 Checklist Review

A review of the SWORBHP ACP Consolidation Checklist (Appendix B) is done to ensure there are no educational gaps.

If educational gaps are identified, the LMD may require:

- Additional consolidation hours focused on the gaps
- SWORBHP remediation (simulation, case reviews, skills refreshers)
- Additional preceptor-guided shifts
- Follow-up assessment to confirm competency

The Education Manager will coordinate required remediation and communicate expectations to the ACP and Employer.

6.4 Audit Review

A review of self-reports, calls flagged for audits, and calls identified on the consolidation form.

7. Approval

- The LMD will notify the ASA, Education Manager, and Prehospital Quality Consultant regarding approval or extension.
- If approved, the ASA updates the Paramedic Portal of Ontario and sends the Consolidation Approved email (Appendix C) to the ACP and Employer leads.

REFERENCES

Advance Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Ambulance Act, R.S.O. 1990, c. A.19

Basic Life Support Patient Care Standards (BLS PCS)

Ontario Regulation 257/00, Ambulance Act, R.S.O. 1990, c. A. 19

Paramedic Portal of Ontario (www.paramedicportalontario.ca)

Appendix A – Consolidation Form

London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

SWORBHP
Consolidation Form

Paramedic Information	
Full Name:	
EHS #:	
Service Employer:	
Phone Contact:	
Email:	

Consolidation Information			
Call Number	**Call Date**	**Call Type**	**Preceptor Name**

Upon completion of your consolidation, please email the completed form to: sworbhp@lhsc.on.ca

Appendix B - SWORBHP ACP Consolidation Checklist

Paramedic Information	
Full Name:	
EHS #:	
Service Employer:	
Phone Contact:	
Email:	

Preceptor Name:	

Delegated Procedures

Please review the list below and check off the topics you discussed or reviewed with your preceptor during your consolidation.

☐ 12-lead ECG acquisition and interpretation	☐ Medication administration: nebulizer
☐ AED/SAED/manual defibrillation	☐ Medication administration: oral
☐ Breech delivery	☐ Medication administration: subcutaneous injection
☐ Cardiopulmonary resuscitation	☐ Medication administration: sublingual
☐ Central vascular access device access	☐ Nasopharyngeal/nasal/pharyngeal swab
☐ Continuous positive airway pressure	☐ Nasotracheal intubation
☐ Cricothyrotomy	☐ Needle thoracostomy
☐ Delivery of neonate	☐ Orotracheal intubation
☐ Double sequential external defibrillation	☐ Patellar reduction
☐ Emergency tracheostomy reinsertion	☐ Positive pressure ventilation of newborn
☐ Endotracheal/tracheal suctioning	☐ Prolapsed cord delivery
☐ External bimanual compression of uterus	☐ Shoulder dystocia delivery
☐ External jugular venous cannulation	☐ Special event: release from care
☐ External uterine massage	☐ Supraglottic airway gastric port suctioning - to end of SGA
☐ Glucometry	☐ Supraglottic airway gastric port suctioning - to stomach
☐ Home dialysis emergency disconnect	☐ Supraglottic airway insertion
☐ Intraosseous access: adult	☐ Synchronized cardioversion
☐ Intraosseous access: pediatric	☐ Termination of resuscitation: medical
☐ Intravenous cannulation	☐ Termination of resuscitation: trauma
☐ Medication administration: buccal	☐ Transcutaneous pacing
☐ Medication administration: endotracheal tube	☐ Treat and discharge: hypoglycemia
☐ Medication administration: intramuscular injection	☐ Treat and discharge: seizure
☐ Medication administration: intranasal	☐ Treat and discharge: tachydysrhythmia
☐ Medication administration: intraosseous	☐ Umbilical cord management
☐ Medication administration: intravenous	☐ Valsalva maneuver
☐ Medication administration: metered dose inhaler	☐ Vector change defibrillation

Delegated Medications

Please review the list below and check off the medications you discussed or reviewed with your preceptor during your consolidation.

☐ 0.9% normal saline	☐ Hydroxocobalamin

☐ Acetaminophen	☐ Ibuprofen
☐ Acetylsalicylic acid	☐ Ketamine
☐ Adenosine	☐ Ketorolac
☐ Amiodarone	☐ Lidocaine
☐ Atropine	☐ Midazolam
☐ Buprenorphine/naloxone	☐ Morphine
☐ Calcium gluconate	☐ Naloxone
☐ Dexamethasone	☐ Nitroglycerin
☐ Dextrose	☐ Ondansetron
☐ Dimenhydrinate	☐ Oxytocin
☐ Diphenhydramine	☐ Salbutamol
☐ Dopamine	☐ Sodium thiosulfate
☐ Epinephrine	☐ Suboxone
☐ Fentanyl	☐ Topical antibiotic ointment
☐ Glucagon	☐ Tranexamic acid
☐ Hydrocortisone	☐ Xylometazoline spray

Are there specific medical directives and/or skills where you would benefit from additional review or hands-on practice before practicing independently as an ACP?

Do you feel confident in your ability to practice independently within your full ACP scope of practice?

☐ Yes
☐ No

If you selected "No," please describe any areas where you feel additional support or education from SWORBHP would be beneficial.

Appendix C – Email Template

From: SWORBHP Email
To: Paramedic's Work Email
Cc: SWORBHP, Education Manager, Local Medical Directive, Employer Lead(s)

Subject: SWORBHP Return to Practice - ACP Consolidation [Paramedic Name]

Hello [Paramedic Name],

Please carefully read the information and requirements outlined below regarding our consolidation process.

As a newly certified Advanced Care Paramedic (ACP), you are required to complete **168 hours of consolidation**. The maximum time allowed to complete your consolidation is 90 days. You may practice to the level of your certification and authorization only when you are partnered with a Paramedic of the same or higher level of certification and authorization who also has a minimum of six (6) months of full-time equivalent experience.

Your consolidation period commences **[DATE]**; therefore, you have until **[DATE]** to complete your consolidation.

In addition to the above, you are required to complete the **SWORBHP Consolidation Form – see attached.**

1. Use this form to track all ALS PCS calls you attend where you performed an ACP skill during your consolidation. Do not include BLS calls.

2. When completing the form, please specify, under Call Type, which medical directive you performed – e.g., cardiac ischemia, hyperkalemia.

3. Submit a copy of your form to sworbhp@lhsc.on.ca at the **halfway mark (DATE)** OR when you **reach 84 hours of consolidation**.

4. The form will be reviewed by your Local Medical Director (LMD), and follow-up will occur only if needed.

5. Once your 168 hours of consolidation are complete, please submit a final copy of your form to sworbhp@lhsc.on.ca.

6. The form will be reviewed by your LMD for approval.

7. Once your LMD approves your consolidation, **you will be notified via email that you can practice independently as an ACP.**

Thanks in advance, and please don't hesitate to contact us if you have any questions or concerns.

Sincerely,

Southwest Ontario Regional Base Hospital Program
Telephone: 1-866-544-9882
Emails: sworbhp@lhsc.on.ca