



**Occupational Health**

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# Medical Oversight Program



## **INTRODUCTION**

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Superior EMS' Occupational Health Division will provide the management and administration of the medical oversight program. The medical oversight programs objective is to provide the authorizing mechanisms to sanction and enable the performance of procedures where such sanctioning is required by law, practice convention or circumstances. This authority is done by way of the provision of orders, directives or delegation depending on the specific circumstance.

## **COMPANY OVERVIEW**

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Superior EMS is a non-governmental private medical service providing event medical services, non-emergent patient transfer services, and on-site emergency care to ill or injured persons until discharged or transferred to municipal emergency services for further care. During events, Superior EMS does not transport emergency patients to hospital.

## **GOVERNANCE/REGULATORY BODY**

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Non-Governmental private medical services in the Province are currently not under any specific governing agency. Superior EMS' operations are not governed by the *Ambulance Act, 1991* as Superior EMS does not operate an Ambulance Service.

Registered staff are governed by their regulatory body. Non-Registered staff are regulated by company policies.

Medical direction is under the authority of the *Regulated Health Professions Act, 1991*.

## **MEDICAL DIRECTORS**

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Superior EMS medical directors are either physicians or nurse practitioners registered to practice in the Province of Ontario.

The function of the medical director plays a number of roles within the medical oversight program. This includes the act of delegation and approval and authority of the program's medical directives.

Additionally, the medical director provides medical leadership through the conducting case reviews in relation to the use of the company's medical directives, works closely with company administration to implement appropriate training of employee's approved to employ the medical directives, as well as providing evidence-based practice within the company.

The medical oversight will typically employ more than one medical director to ensure comprehensive oversight and support for operations.

Delegation by the medical directors falls under Section 28 (1) of the *Regulated Health Professions Act, 1991*.

## **DELEGATED ACTS**

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Superior EMS Medical Oversight Program includes the following delegated medical acts.

*Performing a procedure on tissue below the dermis (RHPA, 1991 – Section 2(2))*

Delegated Superior EMS employees are permitted to perform injections below the dermis while administering medications as outlined in the medical directives.

*Administration of a substance by injection or inhalation (RHPA, 1991 – Section 2(5))*

Delegated Superior EMS employees are permitted to administer the following medications by injection depending on their level of approval:

- Adenosine
- Atropine
- Dextrose (D50W)
- Dimenhydrinate
- Diphenhydramine
- Epinephrine
- Ketorolac
- Naloxone
- Sodium Bicarbonate
- Vasopressin

Delegated Superior EMS employees are permitted to administer the following medications by inhalation:

- Salbutamol

*Putting an Instrument, hand or finger beyond the larynx (RHPA, 1991 – Section 2 (6) (III)*

Delegated Superior EMS employees may insert a supraglottic airway

## **NON-DELEGATED ACTS**

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### *Defibrillation*

Superior EMS makes defibrillators available for the provision of care in the event of a cardiac emergency. Based on an assessment of 10 years of call data, Superior EMS has determined that defibrillation is not a common activity performed while functioning in day-to-day operations. As a result, a medical directive is not necessary under the “act”, and in the rare situation that defibrillation is required during an emergency call, the exemption for delegation per Section 29 (1) (a) of the Regulated Health Professions Act, 1991. is applicable.

Within Superior EMS medical directives, defibrillation may be referenced as part of the treatment plan to ensure comprehensive understanding of the protocol or procedure to be applied in an emergency. It does not imply delegation.

### *Managing labour or conducting the delivery of a baby*

Superior EMS during its operation may be exposed to an emergency situation where a patient presents in labour. Based on the risk assessment of this occurrence, Superior EMS has determined that managing labour or conducting the delivery of a baby is not a common activity performed while functioning in day-to-day operations. As a result, a medical directive is not necessary under the “act”, and in the rare situation of a delivery during an emergency call, the exemption for delegation per Section 29 (1) (a) of the Regulated Health Professions Act, 1991. Is applicable.

## **MEDICAL DIRECTIVES**

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Medical directives are a prescription for a procedure, treatment or intervention that approved staff can perform when certain conditions exist. Medical directives are not patient specific. A medical directive identifies a specific treatment, range of treatments and specific conditions which must be met and circumstances which must exist before the directive is carried out.

The purpose of Superior EMS Medical Oversight's medical directives is to guide the specific expectations of patient care within the scope of practice of our staff. This will ensure that our staff deliver a standard of care within the prescribed delegation.

These directives:

- Reflect current practices for emergency medical services within the province
- communicate the standards of practice for Superior EMS
- communicates the standards of practice of Superior EMS to allied agencies
- delineates the professional responsibilities and accountabilities
- provides the scope of practice for delegated medical acts

These medical directives apply to Superior EMS staff who provide patient care under the authority and licensing of the medical directors. Delegation of controlled acts or medical directives to staff fall under the exclusive oversight of Superior EMS medical directors.

The medical directives are designed for use by staff in the provision of timely and appropriate patient care in a pre-hospital setting in accordance with their training and skill set.

The medical directives will be approved by the medical directors by way of a "medical directive approval" to be contained within the medical directive manual.

## **VERIFICATION OF CERTIFICATION**

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Each individual that has completed the prescribed training will be "certified" under the medical directives within their respective scope of practice.

The verification of certification form will include the specific directive which the individual can perform, as well as a list of the medications and route of delivery approved.

This form will include an expiry date, and will be signed by the medical director, or his/her delegate, or the instructor completing the training.

This is not a medical directive. The individual must comply with the approved directives. This certification simply confirms they meet the requirements to apply the medical directives.

## **LEVELS OF CERTIFICATION**

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Superior EMS employs a number of employees at various levels of certification. Medical directives will be approved and based on the level of certification.

### *Emergency Medical Responder*

Minimum of 100 hours of emergency training, including the Superior EMS approved symptom-relief medication administration program.

### Standard Scope of Practice

- Administration of following oral medications
  - ASA

- Dimenhydrinate
- Diphenhydramine
- Acetaminophen
- Ibuprofen
- Administration of the following medications by inhalation
  - Salbutamol
- Administration of the following injectable medications
  - Epinephrine
  - Naloxone
- Administration of the following topical medications
  - Triple Antibiotic Ointment
- Advanced Airway Insertion
  - Supraglottic Airway

*Emergency Medical Responder - Advanced*

Minimum of 100 hours of emergency training, including the Superior EMS approved symptom-relief medication administration program, Advanced Cardiac Life Support, Advanced Trauma Assessment and Management, IV Therapy, and Quarterly Skills Testing.

Standard Scope of Practice

- Administration of following oral medications
  - ASA
  - Dimenhydrinate
  - Diphenhydramine
  - Acetaminophen
  - Ibuprofen
  - Nitroglycerine
- Administration of the following medications by inhalation
  - Salbutamol
- Administration of the following injectable medications
  - Adenosine
  - Atropine
  - Dextrose (D50W)
  - Dimenhydrinate
  - Diphenhydramine
  - Epinephrine
  - Ketorolac
  - Naloxone
  - Sodium Bicarbonate
  - Vasopressin
- Administration of the following topical medications
  - Triple Antibiotic Ointment
- Advanced Airway Insertion
  - Supraglottic Airway

Primary Care / Advanced Care Paramedic / RPN / RN  
Completion of the approved symptom relief course

#### Standard Scope of Practice

- Administration of following oral medications
  - ASA
  - Dimenhydrinate
  - Diphenhydramine
  - Acetaminophen
  - Ibuprofen
  - Nitroglycerine
- Administration of the following medications by inhalation
  - Salbutamol
- Administration of the following injectable medications
  - Dextrose (D50W)
  - Dimenhydrinate
  - Diphenhydramine
  - Epinephrine
  - Ketorolac
  - Naloxone
- Administration of the following topical medications
  - Triple Antibiotic Ointment
- Advanced Airway Insertion
  - Supraglottic Airway
- In addition ACLS Certified staff may administer
  - Adenosine
  - Atropine
  - Sodium Bicarbonate
  - Vasopressin

#### **INCIDENT REPORTING**

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Should an incident occur where an employee makes a medication error, or a near miss situation, an incident report must be completed. This incident report must be submitted to the medical director for review within 24 hours of the incident.

#### **SUSPENSIONS / INCOMPETENCE / CONCERNS**

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Should an incident be reported that indicates risk of competency, or a concern to the medical directors, a temporary suspension shall be issued, and an investigation completed. Once the investigation is completed, a medical oversight committee will be formed and review the incident. The committee will consist of (1) The Medical Director (2) The Chief of EMS; and (3) One Additional Senior Officer.

The outcome of the investigation are:

- (1) Reinstate the certification
- (2) Reinstate the certification with restrictions
- (3) Reinstate the certification with restrictions and remediation

- (4) Required remediation prior to reinstatement
- (5) Revoke the certification for a specified period of time
- (6) Revoke the certification permanently.

A written notice must be provided to the employee.

Decisions can be appealed 14 days after the decision has been handed down.

### **Continuous Quality Improvement**

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The Medical oversight program strives to ensure ongoing CQI. Superior EMS will strive to conduct an annual review of its medical oversight program, to address any inadequacies, further expansion of services as needed, documentation review, field observations and other measures to ensure that the highest level of service is being delivered to the public.