



PLEASE NOTE

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For more information concerning the history of these regulations, please see the [Table of Regulations](#).

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CHAPTER P-30

PUBLIC HEALTH ACT

EMERGENCY MEDICAL SERVICES REGULATIONS

Pursuant to section 23 of the *Public Health Act* R.S.P.E.I. 1988, Cap. P-30, Council made the following regulations

1. In these regulations

Definitions

- (a) “emergency callout” means a patient care trip in response to a call for emergency medical services, but does not include the transportation of a patient in stable condition; emergency call-out
- (b) “patient care trip” means a trip in which an ambulance is used to transport a patient; patient care trip
- (c) revoked by EC737/04;
- (d) “standard precautions” means a system of infection control guidelines that treats as infectious, refresher course
standard precautions
- (i) blood,
 - (ii) all body fluids,
 - (iii) secretions,
 - (iv) excretions (except sweat),
 - (v) non-intact skin and
 - (vi) mucous membranes,
- regardless of the patient’s diagnosis;
- (e) “trip sheet” means the form approved by the Board which records details of patient care trips. (EC472/00; 737/04) trip sheet

PERMIT TO PROVIDE AMBULANCE SERVICES

2. A license to operate an ambulance service, issued pursuant to the prior Regulations, shall be deemed to be a permit issued under these regulations and it shall remain valid until the expiry date indicated on it. (EC472/00) Transitional

3. An application for a permit to provide ambulance services shall include the following information: Application for permit

- (a) proof of compliance by the applicant with vehicle, equipment and supply requirements of these regulations;
- (b) staffing qualifications and scheduling;
- (c) proof of insurance coverage for the applicant and the vehicles, pursuant to section 10, with supporting documents as the Board may

require; and

(d) such other information as the Board may require. (EC472/00)

Assessment of applications	4. (1) The Board may request the assistance of the Provincial Coordinator in its assessment of applications for a permit to provide ambulance services.
Issue of permit by Board	(2) Where the Board is satisfied that the applicant for a permit meets the requirements of the Act and these regulations, the Board shall issue or renew a permit.
Expiry	(3) A permit to provide ambulance services expires one year from its effective date, except where <ul style="list-style-type: none"> (a) an earlier expiry date is specified; or (b) the permit is revoked pursuant to the Act and these regulations. (EC472/00)

AMBULANCE SERVICE REQUIREMENTS

Constant service requirement	5. A permittee shall <ul style="list-style-type: none"> (a) ensure that at least one ambulance is prepared to respond to an emergency callout and is on its way within 10 minutes of a call being received, twenty-four hours a day, every day of the year; and (b) enter into and maintain written agreements with other ambulance services for backup coverage. (EC472/00)
Two EMTs per trip	6. (1) Every patient care trip shall be carried out by a team of at least two EMTs.
An EMT in patient section	(2) When transporting a patient, at least one EMT shall ride in the patient section of the ambulance to attend the patient, except where this is not possible due to space limitations caused by the presence in the ambulance of other necessary medical personnel. (EC472/00)
Use of ambulance restricted	7. (1) No ambulance shall be used for purposes other than ambulance transport or public education.
No smoking	(2) Smoking shall not be permitted in an ambulance at any time. (EC472/00)
Trip sheet	8. (1) A trip sheet shall be completed, in the form approved by the Board, for every patient care trip, to record the facts of the call, dispatch and trip, and to provide a report on the condition of the patient and any procedures performed.
Copies of trip sheets	(2) A permittee shall be responsible to

- (a) instruct its employees to provide a copy of a completed trip sheet to the hospital or facility receiving the patient, at the time of delivering a patient to a hospital or other facility;
 - (b) provide a copy of completed trip sheets for the preceding month to the Provincial Coordinator by the fifteenth day of each month;
 - (c) retain a copy of all completed trip sheets for at least 7 years; and
 - (d) provide copies of trip sheets to the Board at its request.
- (EC472/00)

9. (1) A permittee shall maintain a standing arrangement with a medical advisor, who is a physician licensed to practice medicine in the province. Medical advisor

(2) The medical advisor for a permittee, subject to the direction of the Provincial Emergency Medical Director, is responsible to Medical advisor responsibilities

- (a) provide standing orders or other general policy instructions on emergency medical care to be followed by the EMT personnel of the permittee;
- (b) monitor the skills of the EMT personnel of the permittee and provide or recommend in-service training;
- (c) regularly review patient care trips to assess the appropriateness and quality of the care given.

(3) The medical advisor for a permittee, or the physician responsible for the patient's care, as determined by Board policy, may provide supervision to EMTs directly or by communication link, respecting specific procedures that may be required during an ambulance trip. Medical supervision on patient trip
(EC472/00)

10. (1) Every permittee shall maintain a current contract of automobile insurance with respect to its ambulances, which shall insure against liability arising from the ownership, use or operation of the ambulance, or resulting from bodily injury to or death of any person, and damage to property, in respect of any one accident, to a limit of at least five million dollars. Auto liability insurance

(2) Every permittee shall maintain a current contract of malpractice insurance to a limit of at least five million dollars in respect of any one claim in which the permittee and personnel employed by the permittee are insured against claims for loss or damage suffered by a person requiring transportation by an ambulance when the loss or damage arises as a result of negligence of the permittee or personnel employed by the permittee. Malpractice insurance

(3) Every permittee shall maintain a current contract of general liability insurance to a limit of at least five million dollars in respect of bodily and General liability insurance

personal injury, property damage, non-owned automobile insurance, cross liability and blanket contractual liability.

Notice of
cancellation

(4) The policy required pursuant to subsection (3) shall name the Government of Prince Edward Island as an additional insured and shall provide for 30 days prior notice of cancellation to the insured and to the Government. (EC472/00)

Dispatcher
qualifications

11. A permittee shall ensure that any person who is assigned to receive calls and dispatch ambulances on patient care trips is qualified in standard first aid and cardiopulmonary resuscitation (CPR), and knowledgeable of the geographic area normally served by the permittee. (EC472/00)

Staff requirements,
uniforms

12. A permittee shall ensure that any staff assigned to an ambulance are

- (a) knowledgeable in the geography of the area normally served; and
- (b) attired in a manner that identifies them as ambulance personnel.

(EC472/00)

Conflict of interest

13. (1) A permittee shall not act, nor permit its officers or employees to act, in conflict of interest.

Idem

(2) For the purposes of clause 44(1)(p) of the Act, conflict of interest occurs in any situation where a permittee, or an officer or employee of a permittee, attempts to promote private or personal interests that actually or apparently

- (a) interfere with the objective exercise of the duties of the permittee or its officers or employees; or
- (b) interfere with patient or public safety,

whether or not the promotion is done on the permittee's behalf or on behalf of another person.

Misconduct of
permittee

(3) Misconduct of a permittee pursuant to clause 44(1)(q) of the Act, includes the following misconduct by an officer or employee of the permittee

- (a) employing an unqualified person as EMT;
- (b) failing to comply with the directions of the medical advisor for the permittee respecting the provision of emergency medical services;
- (c) assigning to employees responsibilities for patient care that are outside the employee's qualifications;
- (d) abuse of, harassment of or offensive behaviour toward a patient;
- (e) falsifying patient or other records or omitting, what is in the opinion of the Board, significant information respecting a patient or services rendered or not rendered;

- (f) releasing information to unauthorized persons, respecting the condition of a patient, except where necessary to provide emergency medical services to the patient; or
- (g) failing to comply with the Act or these regulations. (EC472/00)

TRANSITIONAL PROVISIONS

14. (1) A license to practise as an attendant-driver issued pursuant to the prior regulations shall be deemed to be a license issued under these regulations and it shall remain valid until the expiry date indicated on the license. License under prior Regulations

(2) A licensee who Educational requirements deemed to be met

- (a) successfully completed the Ambulance and Emergency Care Certificate Program at Holland College; and
- (b) held a valid license as an attendant or attendant-driver issued pursuant to the prior regulations,

shall be deemed to have met the educational requirements of subsection 16(2). (EC472/00)

15. (1) Notwithstanding section 16 and subject to subsection (2), the Board shall issue a transitional license to an attendant, attendant-driver or a driver, who Transitional license

- (a) applies for the transitional license not later than one year after the effective date of these regulations;
- (b) held a valid license issued pursuant to the prior regulations on the effective date of these regulations;
- (c) does not meet the requirements of subsection 14(2) or section 16; and
- (d) undertakes to meet the requirements of section 16, not later than one year from the effective date of these regulations.

(2) The holder of a transitional license Idem

- (a) shall only perform skilled EMT procedures;
 - (i) for which the person has successfully completed the required training, and
 - (ii) while under the direct supervision of a physician or of an EMT licensed under section 17;
- (b) shall not drive an ambulance during a patient care trip, unless the person holds a valid Class 4 driver's license or equivalent, that authorizes the person to drive an ambulance; and
- (c) shall have not more than 6 demerit points recorded on the license holder's driving record pursuant to the *Highway Traffic Act* R.S.P.E.I. 1988, Cap. H-5, or equivalent legislation in another jurisdiction, in either of the 2 years preceding the issuance of the license.

- Reduction of demerit points (3) Notwithstanding clause (2)(c), where a holder of a transitional license has had more than 6 demerit points recorded as described in that clause, the transitional license holder shall be deemed to meet the requirements of that clause, where
- (a) the holder has successfully completed the Canada Safety Council Defensive Driving Course; and
 - (b) the holder's demerit points have been reduced to 6 or less before the transitional license is issued.
- Expiry (4) A license issued under this section expires one year from the effective date of these regulations, except where the license is revoked pursuant to the Act and these regulations. (EC472/00)

EMT LICENSES

- Qualifications of EMT **16.** (1) An applicant for a license to practise as an EMT shall meet the following qualifications:
- (a) successful completion of training, including both classroom and practical experience, given in a community-college or comparable program in emergency medical services that is accredited, at the time of the applicant's graduation, by the Canadian Medical Association's conjoint committee on accreditation of allied health services;
 - (b) currency of knowledge and skills as indicated by one of the following:
 - (i) the applicant has completed the training required by clause (a) within the two years preceding the application,
 - (ii) the applicant has actively practised as an EMT by participating in at least 20 emergency callouts during the two years preceding the application, and met any continuing education requirements of the jurisdiction where the applicant was registered during that time, or
 - (iii) the applicant has successfully completed the continuing education requirements described in subsection 18(5);
 - (c) possession of a currently valid certificate in cardiopulmonary resuscitation at the basic rescuer level in accordance with the standards adopted by the Heart and Stroke Foundation of Canada;
 - (d) possession of a valid provincial Class 4 driver's license, or equivalent, that authorizes the applicant to drive an ambulance; and
 - (e) the applicant shall have not more than 6 demerit points recorded on the applicant's driving record pursuant to the *Highway Traffic Act*, or equivalent legislation in another jurisdiction, in either of the 2 years preceding the application.

(2) Notwithstanding clause (1)(a), the Board may accept a training program other than one accredited under that clause,

Other training
qualifications

- (a) if the applicant provides an assessment of the applicant's training conducted by the Canadian Medical Association conjoint accreditation committee, the authorities of an accredited program, or such other body as the Board may recognize and the assessment concludes that the applicant's training is equivalent in scope, content and quality to that given by a program referred to in clause (1)(a); or
- (b) if the applicant successfully completes, in such manner as the Board may direct, such further training and experience as the assessment indicates are necessary to achieve equivalency to the required standard of training.

(3) Notwithstanding clause (1)(e), where an applicant has had more than 6 demerit points recorded as described in that clause, the applicant shall be deemed to meet the requirements of the section, where

Reduction of
demerit points

- (a) the applicant has successfully completed the Canada Safety Council Defensive Driving Course; and
- (b) the applicant's demerit points have been reduced to 6 or less before the EMT license is issued.

(4) No person shall act as an EMT unless the person

Prohibition

- (a) holds a licence; and
- (b) acts within the scope of practice of a license

issued or renewed by the Board under subsection 17(2). (EC472/00; 737/04)

17.(1) The Board may request the assistance of the Provincial Coordinator in its assessment of applications for EMT licenses.

Assessment of
applications

(2) Where the Board is satisfied that the applicant meets the requirements of the Act and section 16, the Board shall issue or renew an EMT license

Board issues license

- (a) at the level that the Board considers is appropriate to the applicant's qualifications; and
- (b) subject to such conditions as the Board may consider necessary.

(3) An EMT license issued or renewed under this section expires two years from its effective date, except where

Expiry

- (a) an earlier expiry date is specified on the license;
- (b) an extension of the expiry date is granted under subsection 18(3); or
- (c) the EMT license is revoked under the Act or these regulations.

(4) Notwithstanding any other provision of these regulations, where an EMT no longer meets the requirements of clause 16(1)(d) or (e), the

Driver's license
changes

EMT shall forthwith notify the Board of the change in status of his or her driver's license.

Suspension or revocation	(5) Subject to subsection 16(3), the Board may suspend or revoke the license of an EMT who no longer meets the requirements of clause 16(1)(d) or (e), in accordance with section 47 of the Act. (EC472/00; 737/04)
Temporary EMT license	17.1 On the application of an EMT, the Board may issue a temporary EMT license <ul style="list-style-type: none"> (a) subject to the conditions noted on the EMT license; and (b) that expires on the date shown on the EMT license. (EC737/04)
Renewal of license	18. (1) An application for a renewal of a license shall be accompanied by <ul style="list-style-type: none"> (a) proof that the applicant participated in at least 10 emergency callouts within the preceding 2 years; (b) proof of successful completion of continuing education requirements approved by the Board; and (c) proof that the applicant meets all other requirements of the Act and these regulations.
Apply to renew before expiry	(2) An application for the renewal of a license shall be made before its expiry.
Extension of expiry date	(3) Notwithstanding subsection (2), the Board may, on application made by an EMT before the expiry of his or her EMT license, approve an extension of the expiry date of the license for a period of up to 12 months from the date on which the license would otherwise expire.
Renewal of expired license	(4) Subject to subsection (5), the Board may, on application of a person whose EMT license has expired, renew the EMT license if the fee is paid and <ul style="list-style-type: none"> (a) the EMT license expired not more than three years before the date of the application; or (b) the person has been issued a temporary EMT license under section 17.1 within the previous two years.
Education, experience requirements	(5) If the last EMT license of an applicant expired <ul style="list-style-type: none"> (a) less than a year before the application, the applicant shall complete, within 60 days of the application, <ul style="list-style-type: none"> (i) at least 10 emergency callouts, and (ii) such continuing education requirements as may be approved by the Board; or (b) one year to three years before the application, the applicant shall complete, within six months of receiving approval under subsection (3),

- (i) at least 420 hours of supervised training approved by the Board at the EMT license level he or she held prior to the expiry of the EMT license,
- (ii) at least 75 patient care trips, including not less than 15 emergency callouts, and
- (iii) such continuing education requirements as may be approved by the Board.

(6) Where an applicant has commenced, but not completed, the requirements set out in subsection (5) within the time periods specified, the Board may extend the time period for the completion of the requirements. Requirements incomplete

(7) In subsection (5), “supervised training” means on-the-job training under the direct supervision of a preceptor who is an EMT licensed under these regulations or who holds the equivalent license or registration in another province or territory. “supervised training”, defined

(8) Notwithstanding subsection (5), the Board shall renew the temporary EMT license of the applicant at the license level held by the applicant immediately before the coming into force of this section, if the applicant Transitional

- (a) has commenced a refresher course acceptable to the Board; and
- (b) successfully completes the course within three months of the coming into force of this section. (EC472/00; 737/04)

SCOPE AND STANDARDS OF EMT PRACTICE

19. Subject to the license issued by the Board, an EMT may perform emergency medical procedures consistent with a combination of Types of procedures

- (a) current teaching in accredited training programs as referred to in clause 40(2)(a) of the Act and in section 16;
- (b) the training of the EMT;
- (c) professional development through continuing education; and
- (d) such other skills or training as may be approved by the Board as EMT practice. (EC472/00)

20. (1) There are three levels of EMT license that may be issued, known as EMT, Level I; EMT, Level II; and EMT, Level III. Levels of EMT license

(2) The minimum competencies required for each level of EMT license pertaining to the areas of assessment and diagnostics, and therapeutics and integration are as set out in the Schedule. Minimum competencies

(3) The minimum standards for all EMTs pertaining to the competency areas of professional responsibilities, communication, health and safety, Professional responsibilities

and transportation are as set out in written policies established by the Board.

Subject to medical protocols	(4) The performance by an EMT of the competencies set out in the Schedule is subject to the defined medical protocols endorsed by a permittee's medical advisor and any conditions that may be noted on the EMT's license.
Competencies beyond the minimum	(5) The Board may <ul style="list-style-type: none"> (a) by written policy, approve competencies for EMTs beyond the minimum set out in the Schedule; and (b) endorse on an EMT's license any of the competencies described in clause (a).
Function, scope of practice	(6) The functions to be performed within the terms of an EMT license and the scope of practice of an EMT are as set out in this section. (EC472/00; 737/04)
Medication	21. An EMT shall administer only those types of medications at the EMT's license level set out in written policies of the Board made under subsection 25(3) of the Act. (EC472/00; 737/04)
Misconduct	22. (1) Misconduct of an EMT includes, but is not limited to the following: <ul style="list-style-type: none"> (a) purporting to have qualifications or expertise which the EMT does not have; (b) attempting to deal with a patient's condition in a manner that is beyond the scope of the EMT's training; (c) failing to comply with the directions of the medical advisor or the physician responsible for the patient's care, as determined by Board policy; (d) assigning another person, who is subject to the EMT's direction, responsibilities that are outside that other person's qualifications; (e) failing to maintain the standards of practice for EMTs adopted by the Board or prescribed by these regulations; (f) engaging in EMT practice while under the influence of drugs (prescription or non-prescription) or other substances that the EMT should know could have an adverse effect on the EMT's performance; (g) abuse of, harassment of or offensive behaviour toward a patient; (h) falsifying patient records or omitting, what is in the opinion of the Board, significant information respecting a patient or services rendered or not rendered; (i) disclosing information to unauthorized persons, respecting condition of a patient or services provided to the patient, except

where necessary to provide emergency medical services to the patient; or
(j) acting in conflict of interest, within the meaning of subsection (2).

(2) Conflict of interest occurs in any situation where an EMT attempts to promote private or personal interests that actually or apparently
(a) interfere with the objective exercise of the duties of the EMT; or
(b) interfere with patient or public safety,
whether or not the promotion is done on the EMT's behalf or on behalf of another person. (EC472/00)

INSPECTION

- 23.** (1) Inspectors designated by the Board
(a) shall have qualifications appropriate to the particular inspection to be carried out; and
(b) may inspect the interior and exterior of vehicles, equipment, materials, supplies, records, methods of operation, EMT performance and any other aspect of the provision of emergency medical services to determine compliance with the Act and these regulations.
- (2) An inspector shall, at least twice annually, inspect vehicles, equipment and supplies.
- (3) An inspector may
(a) require an EMT to demonstrate a procedure or the provision of a service; and
(b) require such other demonstrations or inspections or performance of such other functions as required by the Board.
- (4) An inspector shall report to the Board respecting any inspection and make recommendations that the inspector considers necessary.
- (5) The Board shall
(a) ensure that inspections are made in accordance with this section prior to the granting of a permit or renewal of a permit; and
(b) ensure that inspections are made of any newly acquired ambulance prior to that ambulance being placed in service by a permittee. (EC472/00)
- 24.** (1) A permittee shall not use an ambulance to provide ambulance services until it has been inspected in accordance with section 23.
- (2) Notwithstanding subsection (1) and clause 23(5)(b), in the event of an emergency or an extraordinary situation and where inspection is not

available, a permittee may use an ambulance that has not been inspected under section 23, provided that the permittee requests an inspection of the ambulance by an inspector not later than 2 business days after its use under this subsection. (EC472/00)

BOARD HEARINGS

- Failure to attend hearing **25.** (1) Where the permittee or the EMT, who is the subject of a hearing, fails to attend a hearing, the Board may proceed with the hearing in the absence of that party.
- Board informs others (2) Where a permit or license is suspended or revoked, the Board shall inform the Minister, regulatory bodies, employers and others as appropriate, in order to prevent unauthorized service or practice.
- Board (3) Where a restriction is imposed on a permit or a license, the Board may inform the Minister, regulatory bodies, employers and others, as the Board considers appropriate. (EC472/00)

MOTOR VEHICLES STANDARDS, EQUIPMENT AND SUPPLIES

- Compliance with Highway Traffic Act **26.** (1) Every vehicle intended for ambulance use shall
(a) have a currently valid provincial motor vehicle registration and inspection certificate and meet all other requirements of the *Highway Traffic Act*; and
(b) be maintained in good and safe mechanical condition and repair.
- Standards (2) New or replacement vehicles to be used as ambulances by a permittee shall meet or surpass Canadian Motor Vehicle Safety Standards as issued by Transport Canada for conversion to an ambulance. (EC472/00)
- Ambulance design **27.** (1) An ambulance shall meet the following vehicle design requirements:
(a) interior space in the patient section to accommodate at least one stretcher patient and one other patient lying on another stretcher or backboard, or two sitting persons, and an attendant EMT, with headroom for the EMT giving care from a sitting position;
(b) a stretcher holder mounted to the floor or left wall assembly so as to secure a wheeled, adjustable height stretcher; the floor or wall assembly shall be reinforced so as to transmit stresses to the main body of the vehicle; the stretcher holder shall be positioned to allow free working space of at least 20 cm. at the foot of the stretcher and 24 cm. at its head;
(c) an incubator holder designed to securely fasten a transport incubator to the wall, floor, or seat assembly;

- (d) an attendant seat with headrest, facing toward the rear, and positioned by the head of the stretcher;
- (e) a squad bench installed over the right rear wheel housing, to accommodate either two persons sitting or a patient lying on a stretcher or backboard secured to the bench by straps or other method;
- (f) restraint belts for patients as well as driver and attendants;
- (g) ready access between driver and patient sections;
- (h) entry by rear doors to permit ready loading of a stretcher patient and entry by curbside door to permit ready loading of an ambulatory patient, with anti-slip covering on steps;
- (i) no windows or non-opening windows in the rear doors;
- (j) overhead hooks for use with intravenous treatment;
- (k) readily accessible storage for all required patient care supplies and equipment;
- (l) all interior surfaces shall be easily washable and free from sharp edges;
- (m) subject to subsection (2), insulation and a system of heating and cooling or ventilation that allows for keeping the patient section approximately at ordinary room temperature;
- (n) a map light for the driver section, and interior lighting by banks of at least two lights on each side of the patient section, controlled by independent switches to permit dimming of individual lights;
- (o) lighting to illuminate the rear entry when the doors are opened or when the transmission is in reverse gear, and lighting to illuminate the side step entry when the door is opened;
- (p) a red, or red and white rotating light or strobe light or lights, mounted on the roof and visible from 150 metres from the front and rear of the vehicle; two red flashing lights on the grill or front face of the vehicle; and an intersection light mounted on the side of each front fender;
- (q) a clear ditch light, mounted on the vehicle or hand-held, sufficient to illuminate a work site or house number at a distance of 15 metres;
- (r) a system to supply electricity, which is appropriate to operate all necessary patient care equipment, and which can continue to provide electricity for at least a short period independently of the motor of the vehicle;
- (s) a siren, with controls readily accessible to the driver;
- (t) an interior painted and furnished in soft colours;
- (u) exterior colour in predominantly white, cream or yellow;
- (v) the word "AMBULANCE" written, in reflective decals with block letters at least 12.5 cm. in height, on the rear and both sides of

the vehicle, and on the front in reverse printing so as to be readable in a mirror.

Additional requirements

- (2) In addition to the vehicle design requirements of subsection (1),
- (a) an ambulance shall have an inverter with at least 750 watt capacity for converting 12 volt electricity to 120 volts, not later than one year from the effective date of these regulations; and
 - (b) all new or replacement ambulances shall have
 - (i) air conditioning, and
 - (ii) a vehicle backup alarm with a driver controlled cancel switch that automatically resets itself. (EC472/00)

Vehicle equipment

- 28.** An ambulance shall carry the following vehicle equipment:
- (a) a two-way radio or mobile phone;
 - (b) a full size spare tire of good tread quality;
 - (c) a shovel;
 - (d) a tow rope or chain;
 - (e) at least two battery operated flashlights;
 - (f) a properly maintained dry chemical fire extinguisher of a type approved by the Provincial Fire Marshal. (EC472/00)

Patient care equipment and supplies

- 29.** (1) An ambulance shall carry the following patient care equipment and supplies:
- (a) a wheeled, adjustable-height stretcher;
 - (b) a semi-rigid collapsible stretcher;
 - (c) a long (body length) rigid backboard;
 - (d) a short (trunk length) rigid backboard;
 - (e) a flexible trunk length device (such as KEDS) to protect against movement while extricating and transferring a patient to a stretcher or backboard;
 - (f) two sets of blocks, rolls or pads to immobilize a patient's head;
 - (g) semi-rigid cervical collars in at least three graduated sizes to fit necks ranging from pediatric to adult;
 - (h) bedding and linen: at least 2 blankets, 2 sheets (cotton or equivalent), 2 hypoallergenic pillows, 2 cotton (or equivalent) pillow cases, and impermeable protective covers for mattresses and pillows;
 - (i) assorted bandages and sterile dressings, including at least
 - (i) 24 - 10 cm. x 10 cm. sterile gauze pads,
 - (ii) 3 pressure pads,
 - (iii) 3 abdominal pads, and
 - (iv) 2 - 10 cm. width Kling rolled bandages;
 - (j) a roll of fresh adhesive tape 2.5 cm. in width;
 - (k) at least 9 metres of tape or other binding suitable for strapping and immobilizing a patient on a stretcher or backboard;
 - (l) 2 pairs of cloth scissors;

- (m) at least 6 triangular slings;
 - (n) 2 sterile burn sheets of bedsheet size;
 - (o) oxygen tanks, with regulators having flow capacities up to and including 15 litres per minute, as follows:
 - (i) 1 large (M size or equivalent), maintained at not less than 250 psi,
 - (ii) 2 small (D or E) portable units, maintained at not less than 500 psi;
 - (p) single service oxygen masks: 2 adult size, 2 pediatric size, 2 nasal cannulas;
 - (q) single service non-re-breather masks: 1 adult size, 1 pediatric size;
 - (r) 2 self-inflating resuscitators (such as Ambu-bags) with non-stick valves, as follows:
 - (i) 1 resuscitator with 1 adult size and 1 child size single service mask; and
 - (ii) 1 infant resuscitator with infant mask;
 - (s) suction apparatus: one electrically operated and stationary, and one portable, both with single service tips;
 - (t) flexible suction catheter;
 - (u) single service non-metallic oropharyngeal airways in at least five graduated sizes to fit a range of pediatric to large adult;
 - (v) medications approved by the Board;
 - (w) a penlight;
 - (x) two blood pressure cuffs: 1 adult size and 1 pediatric size; and 1 stethoscope;
 - (y) urinal;
 - (z) bedpan, with toilet paper;
 - (aa) kidney shaped basin;
 - (bb) sterile obstetrical kit;
 - (cc) 4 pairs of disposable gloves;
 - (dd) 2 pairs of safety glasses with side shields;
 - (ee) 4 surgical masks;
 - (ff) a sharp object container for disposal of needles and other sharp objects;
 - (gg) containers or compartments for holding soiled supplies without leakage;
 - (hh) facial tissues;
 - (ii) such other first aid supplies as may be required by the Board based upon common practice in Canada, and after consultation with permittees.
- (2) Every ambulance operator shall ensure that its ambulance is ^{Defibrillator} equipped with a defibrillator that has a monitor and a recording device.

Portable kits	<p>(3) In addition to subsection (1), an ambulance shall have the following equipment and supplies in the form of a portable kit or combination of kits which can be carried from the ambulance to the patient location:</p> <ul style="list-style-type: none"> (a) portable suction apparatus; (b) non-metallic airways (all 5 required sizes); (c) 6 gauze pads; (d) 3 pressure pads; (e) 1 pair of scissors; (f) 1 roll of 2.5 cm. adhesive tape; (g) 3 triangular slings; (h) blood pressure cuff and stethoscope; (i) one each of an adult size and pediatric size nasal cannula and oxygen mask; (j) 1 self-inflating resuscitator (such as an Ambu-bag) with non-stick valve, with 1 adult size and 1 child size single service mask; (k) 1 - 10 cm. Kling rolled bandage. (EC472/00; 737/04)
Secure storage of equipment and supplies	30. (1) All equipment and supplies carried in an ambulance shall be properly stored and secured to prevent uncontrolled movement.
Equipment	<p>(2) All equipment in or on an ambulance shall be</p> <ul style="list-style-type: none"> (a) properly maintained and calibrated; (b) Canadian Standards Association (CSA) approved, or shall meet such other standards as may be acceptable to the Board; and (c) used only in such ways or under such conditions as are approved for that equipment. (EC472/00)
Standard precautions, cleaning, etc.	31. Each permittee shall ensure that <ul style="list-style-type: none"> (a) standard precautions adopted by Board policy are implemented and practised; and (b) procedures for cleaning, disinfection and decontamination of clothing, linen, equipment and the ambulance interior are implemented and practised. (EC472/00)
MISCELLANEOUS	
Effect of written policies	31.1 Where written policies have been established by the Board under clause 25(3)(c) of the Act, they shall have the same force and effect as if the written policies were set out in these regulations. (EC737/04)
Fees	<p>32. (1) The following fees are prescribed, and are payable to the Provincial Treasurer:</p> <ul style="list-style-type: none"> (a) for a permit of any kind, including renewal \$50 (b) for a license of any kind, including a renewal or temporary renewal \$20

(c) late renewal fee for a permit, in addition to the permit fee\$25

(d) late renewal fee for a license, in addition to the license fee\$10

(2) Unless the Board otherwise approves, every application under the Act or these regulations shall be accompanied by the fee, in accordance with subsection (1). (EC472/00; 737/04) Fees with applications

SCHEDULE**MINIMUM COMPETENCIES AND SCOPE OF PRACTICE**

Note:

All = EMT levels I, II and III

II, or III = the corresponding EMT level

N/A = not applicable to any level unless the Board has included the skill in written policies

	EMT level
1. ASSESSMENT AND DIAGNOSTICS	
1.1 Conduct triage	
(a) rapidly assess a scene based on the principles of a triage system	All
(b) assume different roles in a mass casualty incident	All
(c) manage a mass casualty incident	All
1.2 Obtain patient history	
(a) obtain list of patient's allergies	All
(b) obtain list of patient's medications	All
(c) obtain chief complaint and/or incident history from patient, family members, and/or bystanders	All
(d) obtain information regarding patient's past medical history	All
(e) obtain information about patient's last oral intake	All
(f) obtain information regarding incident through accurate and complete scene assessment	All
1.3 Conduct complete physical assessment demonstrating appropriate use of inspection, palpation, percussion and auscultation, and interpret findings	
(a) conduct primary patient assessment and interpret findings	All
(b) conduct secondary patient assessment and interpret findings	All
(c) conduct cardiovascular system assessments and interpret findings	All
(d) conduct neurological system assessments and interpret findings	All
(e) conduct respiratory system assessments and interpret findings	All
(f) conduct obstetrical assessments and interpret findings	All

(g) conduct gastrointestinal system assessments and interpret findings	All
(h) conduct genitourinary system assessments and interpret findings	All
(i) conduct integumentary system assessments and interpret findings	All
(j) conduct musculoskeletal assessments and interpret findings	All
(k) conduct assessment of the immune system and interpret findings	All
(l) conduct assessment of the endocrine system and interpret findings	All
(m) conduct assessment of the eyes, ears, nose and throat and interpret findings	All
(n) conduct multisystem assessment and interpret findings	All
(o) conduct neonatal assessments and interpret findings	All
(p) conduct psychiatric assessments and interpret findings	All
1.4 Assess vital signs	
(a) assess pulse	All
(b) assess respiration	All
(c) conduct non-invasive temperature monitoring	All
(d) measure blood pressure by auscultation	All
(e) measure blood pressure by palpation	All
(f) measure blood pressure with non-invasive blood pressure monitor	All
(g) assess skin condition	All
(h) assess pupils	All
(i) assess level of mentation	All
1.5 Use diagnostic tests	
(a) conduct oximetry testing and interpret findings	All
(b) conduct end-tidal CO ₂ monitoring and interpret findings	II, III
(c) conduct glucometric testing and interpret findings	All
(d) conduct peripheral venipuncture	II, III
(e) obtain arterial blood samples via radial artery puncture	N/A
(f) obtain arterial blood samples via arterial line access	N/A
(g) conduct invasive core temperature monitoring and interpret findings	N/A
(h) conduct pulmonary artery catheter monitoring and	N/A

interpret findings	
(i) conduct central venous pressure monitoring and interpret findings	N/A
(j) conduct arterial line monitoring and interpret findings	N/A
(k) interpret lab and radiological data	III
(l) conduct 3-lead electrocardiogram (ECG) and interpret findings	All
(m) obtain 12-lead electrocardiogram and interpret findings	III
2. THERAPEUTICS	
2.1 Maintain patency of upper airway and trachea	
(a) use manual maneuvers and positioning to maintain airway patency	All
(b) suction oropharynx	All
(c) suction beyond oropharynx	All
(d) use oropharyngeal airway	All
(e) use nasopharyngeal airway	All
(f) use airway devices not requiring visualization of vocal cords, and not introduced endotracheally	All
(g) use airway devices not requiring visualization of vocal cords, and introduced endotracheally	All
(h) use airway devices requiring visualization of vocal cords, and introduced endotracheally	II, III
(i) remove airway foreign bodies (AFB)	All
(j) remove foreign body by direct techniques	II, III
(k) conduct percutaneous needle cricothyroidotomy	III
(l) conduct surgical cricothyroidotomy	III
2.2 Prepare oxygen delivery devices	
(a) recognize the indications for oxygen administration	All
(b) take appropriate safety precautions	All
(c) ensure adequacy of oxygen supply	All
(d) recognize different types of oxygen delivery systems	All
(e) use portable oxygen delivery systems	All
2.3 Deliver oxygen and administer manual ventilation	
(a) administer oxygen using nasal cannula	All
(b) administer oxygen using low concentration mask	All
(c) administer oxygen using controlled concentration mask	All
(d) administer oxygen using high concentration mask	All

(e) administer oxygen using pocket mask	All
2.4 Prepare mechanical ventilation equipment	
(a) provide oxygenation and ventilation using bag-valve-mask	All
(b) recognize indications for mechanical ventilation	III
(c) prepare mechanical ventilation equipment	III
(d) provide mechanical ventilation	III
2.5 Implement measures to maintain hemodynamic stability	
(a) conduct cardiopulmonary resuscitation (CPR)	All
(b) control external hemorrhage through use of direct pressure and patient positioning	All
(c) maintain peripheral IV access devices and infusions of crystalloid solutions without additives	All
(d) conduct peripheral IV cannulation	All
(e) conduct intraosseous needle insertion	III
(f) use direct pressure infusion devices with intravenous infusions	III
(g) administer volume expanders (colloid and non-crystalloid)	III
(h) administer blood and blood products	III
(i) conduct automated and semiautomated external defibrillation	All
(j) conduct manual defibrillation	III
(k) conduct cardioversion	III
(l) conduct transcutaneous pacing	III
(m) maintain transvenous pacing	N/A
(n) maintain intra-aortic balloon pumps	N/A
(o) provide routine care for patient with urinary catheter	All
(p) provide routine care for patient with ostomy drainage system	All
(q) provide routine care for patient with non-catheter urinary drainage system	All
(r) monitor chest tubes	III
(s) conduct needle thoracostomy	III
(t) conduct oral and nasogastric tube insertion	III
(u) conduct urinary catheterization	III
2.6 Provide basic care for soft tissue injuries	
(a) treat soft tissue injuries	All
(b) treat burn	All
(c) treat eye injury	All
(d) treat penetration wound	All

(e) treat local cold injury	All
2.7 Immobilize actual and suspected fractures	
(a) immobilize suspected fractures involving appendicular skeleton	All
(b) immobilize suspected fractures involving axial skeleton	All
2.8 Administer medications	
(a) recognize principles of pharmacology as applied to the medications listed in Board Policy	All
(b) follow safe process for responsible medication administration	All
(c) administer medications via subcutaneous route	All
(d) administer medications via intramuscular route	II, III
(e) administer medications via intravenous route	II, III
(f) administer medications via intraosseous route	III
(g) administer medications via endotracheal route	II, III
(h) administer medications via sublingual route	All
(i) administer medications via topical route	II, III
(j) administer medications via oral route	All
(k) administer medications via rectal route	II, III
(l) administer medications via inhalation	All
3. INTEGRATION	
3.1 Use differential diagnosis skills, decision-making skills and psychomotor skills in providing care to patients	
(a) provide care to patient experiencing illness or injury primarily involving the cardiovascular system	All
(b) provide care to patient experiencing illness or injury primarily involving the neurological system	All
(c) provide care to patient experiencing illness or injury primarily involving the respiratory system	All
(d) provide care to patient experiencing illness or injury primarily involving the genitourinary or reproductive system	All
(e) provide care to patient experiencing illness or injury primarily involving the gastrointestinal system	All
(f) provide care to patient experiencing illness or injury primarily involving the integumentary system	All
(g) provide care to patient experiencing illness or injury primarily involving the musculoskeletal system	All
(h) provide care to patient experiencing illness or injury	All

primarily involving the immune system	
(i) provide care to patient experiencing illness or injury primarily involving the endocrine system	All
(j) provide care to patient experiencing illness or injury primarily involving the eyes, ears, nose or throat	All
(k) provide care to patient experiencing illness or injury due to poisoning or overdose	All
(l) provide care to patient experiencing non-urgent medical problem	All
(m) provide care to patient experiencing terminal illness	All
(n) provide care to patient experiencing illness or injury due to extremes of temperature or adverse environments	All
(o) provide care to patient based on understanding of common physiological, anatomical, incident and patient-specific field trauma criteria that determine appropriate decisions for triage, transport and destination	All
(p) provide care to patient experiencing psychiatric crisis	All
(q) provide care to patient in labour	All
3.2 Provide care to meet needs of special patient groups	
(a) provide care for neonatal patient	All
(b) provide care for pediatric patient	All
(c) provide care for geriatric patient	All
(d) provide care for physically-challenged patient	All
(e) provide care for mentally-challenged patient	All
3.3 Conduct ongoing assessments and provide care	
(a) conduct ongoing assessments based on patient presentation and interpret findings	All
(b) re-direct priorities based on assessment findings	All

(EC737/04)