

Z03: Medical Functions: Delegation of Reserved Acts

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** With the establishment of the Paramedic Act and self-regulation, the Provincial Medical Director (PMD) will no longer define the professional scope of practice of registered EMS providers.

Prehospital clinical care and patient transport in Manitoba is currently governed by the Emergency Medical Response and Stretcher Transportation Act and its regulations. The Land Emergency Medical Response System Regulation authorizes the provincial medical director (PMD) to establish protocols and procedures for clinical care including establishing standardized scopes of practice for paramedics and emergency medical responders (EMR).

RESERVED ACT:

Any medical function performed by an EMS provider, such as administering oxygen or establishing an intravenous line, is a reserved act as defined by the Regulated Health Professions Act (RHPA). The RHPA mandates that no person shall perform any of the twenty-one reserved acts unless authorized to do so by a profession-specific act (e.g. physicians and the Medical Act) or exempted by another act (e.g. layperson rescuers and the Defibrillation Public Access Act). A reserved act that is authorized to a regulated profession is often referred to as being within that profession's "scope of practice" or "in scope".

DELEGATION:

Although EMS providers do not currently have their own act allowing their own scope of practice, the RHPA does allow a medical director to delegate the authority to perform certain reserved acts to a paramedic or EMR. This has traditionally been called "transfers of function", however it is more accurate to refer to these as "delegated acts". EMS providers in Manitoba have what is known as a "delegated scope of practice".

Medical directors must delegate reserved acts by the process established by the PMD and the EMS Branch, as defined in Z04.1 LOCAL MEDICAL DIRECTOR REQUIREMENTS AND RESPONSIBILITIES. The provider receiving the delegations and the licensed service operator they work for share in the responsibility for the provision of safe clinical care, as described in Z04.2 SERVICE OPERATOR REQUIREMENTS AND RESPONSIBILITIES and Z04.3 TECHNICIAN / ATTENDANT REQUIREMENTS AND RESPONSIBILITIES.

The delegation of the reserved acts is a privilege and not a right of licensing or employment. In the interest of patient or public safety, delegations can be suspended or removed at any time with reasonable cause.

REQUIREMENTS TO PERFORM MEDICAL FUNCTIONS:

EMS providers must meet the following requirements to perform any medical function. A provider must:

- Hold the appropriate level of licensure from the EMS Branch
- Be employed by a Manitoba-licensed service
- Have the appropriate delegation
- Satisfy the requirements and responsibilities listed in Z04.3, including all obligations regarding self-assessment, maintenance of competency and self-reporting
- Complete the additional training courses as listed in Z04.4 ADDITIONAL COURSES REQUIRED FOR DELEGATION OF RESERVED ACTS.

CORE MEDICAL FUNCTIONS:

Upon satisfying the licensing requirements of the EMS Branch, the core medical functions will be authorized by standing delegations from the PMD. These represent the minimum scope of practice for EMS personnel providing clinical care to Manitobans and all licensed services are responsible to ensure this minimum level of care.

Core medical functions are identified by the letter “A” in Z05.1 DELEGATED ACTS – PROCEDURES and Z05.2 DELEGATED ACTS – MEDICATIONS.

SPECIALIZED MEDICAL FUNCTIONS:

Additional reserved acts may be delegated based upon the needs of the service and the provider’s education, training, experience and ability. Specialized functions require formal delegation from the local medical director (LMD) in accordance with the requirements as described in Z04.1. Some delegations require an initial assessment of competency and regular demonstrations of ongoing proficiency.

Specialized medical functions are identified by the letter “D” in Z05.1 DELEGATED ACTS – PROCEDURES and Z05.2 DELEGATED ACTS – MEDICATIONS.

SCOPE OF PRACTICE VERSUS SCOPE OF WORK:

“Scope of practice” (also known as *professional* scope of practice) refers to what a paramedic or EMR is lawfully able to perform. “Scope of work” (also known as *occupational* scope of practice) describes the medical functions that a service operator and its clinical oversight have determined are required and allowed while employed with the service. The scope of work can be smaller than the scope of practice, but it can never exceed the latter.

Appendix A illustrates the relationship between scope of practice and scope of work.

DELEGATIONS AND LICENSE LEVEL:

- Satisfying licensing requirements at the EMR level, individuals are authorized to perform the core medical functions from the **Basic Care** group. Additional specialized medical functions may be available.
- Satisfying licensing requirements at the primary care paramedic (PCP) level, individuals are authorized to perform the core medical functions from the **Primary Care** group. Additional specialized medical functions may be available.
 - PCPs may be eligible for additional specialized medical functions from the **Intermediate Care** group. These individuals must hold all the basic and primary care functions; have acceptable education, training and experience; and demonstrate competency.
- Satisfying licensing requirements at the advanced care paramedic (ACP) level, individuals are authorized to perform the core medical functions from the **Advanced Care** group. Additional specialized medical functions may be available with formal delegation.
 - ACPs with appropriate education and training, as approved by the EMS Branch and PMD, may be eligible for additional specialized medical functions from the **Critical Care** group.

Appendix A:

The relationship between scope of work, scope of practice and license level.

License Level (MHSAL)	Scope of Practice (OMD)	Scope of Work (Service)
Emergency Medical Responder	Basic Care Delegations	EMR
Primary Care Paramedic	Primary Care Delegations	PCP
	Intermediate Care Delegations	ICP
Advanced Care Paramedic	Advanced Care Delegations	ACP
	Critical Care Delegations	

Example #1:

Wil is licensed as a PCP. He is employed by a licensed EMS service as a PCP where he performs all of the primary care delegations (his scope of work equals his scope of practice). Occasionally, he works as an EMR for a medical first response service where he is limited to performing the basic care delegations (his scope of work is within his scope of practice).

Example #2:

Tony and Susan trained together and are both licensed as ACPs. Tony is hired by a licensed service as an ICP where he can perform the all of the intermediate care delegations (his scope of work is within his scope of practice). Susan is employed by a larger service as an ACP where she can perform all of the advanced care delegations (her scope of work equals her scope of practice).

Example #3:

The service Susan works for decides to switch from endotracheal intubation to using Combitubes for advanced airway management, now her scope of work has changed but her scope of practice has remained the same.