

Patient Care and Transportation Standards

Version 2.7
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**Emergency Health
Regulatory and
Accountability Branch
Ministry of Health**

To all users of this publication:

The information contained in the Standards has been carefully compiled and is believed to be accurate at date of publication.

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Document Control

Version Number (status)	Date of Issue	Comes into Force Date	Brief Description of Change
1.0		April 2007	Original release of document
2.0		October 1, 2007	Full Update
2.2	July 22, 2016	July 22, 2016	Updated to incorporate amended version 2.2 language and changed version
2.3	April 8, 2020	April 8, 2020	Updated formatting, amended Routine and Additional Precautions guidance and added additional language regarding Ontario Chief Medical Officer of Health (CMOH) directives.
2.4	October 23, 2020	October 23, 2020	Update to section A. General to include annual CPR certification requirement.
2.5	March 3, 2021	March 3, 2021	Update to section A. CPR recertification period extension.
2.6	December 20, 2021	December 31, 2021	Update to section A. CPR recertification period extension. Updated visual identity
2.7	August 19, 2022	August 19, 2022,	Updates to include personal protective equipment requirements for COVID-19; and update language on non-physician healthcare providers who can provide immunization documentation.

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Section 1 – Patient Care

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Definitions

“Transport Medicine Physician” or “TMP” means a physician appointed under a base hospital program for air ambulance services to provide medical advice to air ambulance services and air ambulance communication services relating to patient care and the transportation of patients by air ambulance.

A. General

Each operator and each emergency medical attendant (“EMA”) and paramedic employed or engaged as a volunteer by the operator, shall ensure that:

1. Each emergency response vehicle (“ERV”) responding to a request for service is staffed with at least one person who is qualified as an EMA or paramedic under the regulations.
2. Each ambulance responding to a request for service is staffed with at least one primary care paramedic and one EMA qualified under the regulations.
3. Notwithstanding paragraph 2 above, an air ambulance may be staffed with only one primary care paramedic qualified under the regulations, if:
 - a. the request is for an inter-facility transfer;
 - b. there is no risk to patient safety by using a single paramedic crew configuration, as determined by the TMP;
 - c. the patient requires a level of care that can be provided by a primary care paramedic, as determined by the TMP; and
 - d. the paramedic is available exclusively for patient care throughout the transport.
4. Each ambulance that is designated by an ambulance service operator as an advanced care paramedic ambulance is staffed with at least one advanced care paramedic and one primary care paramedic when responding to a request for service or while transporting a patient.
5. Each EMA and paramedic shall attend and participate in such continuing education and competency maintenance activities as are required to provide ambulance service in accordance with the regulations.

- 5.1 Each EMA and paramedic shall hold a valid certificate in cardiopulmonary resuscitation as set out in section 6. of O. Reg. 257/00 under the *Ambulance Act*.

6. No person smokes any cigar, cigarette, tobacco or other substance while in an ambulance or emergency response vehicle.

7. No EMA or paramedic,
 - a. while on duty, takes or consumes any liquor within the meaning of the *Liquor Control Act*, or any drug which could impair his or her ability to function as an EMA or paramedic; or
 - b. reports for duty while under the influence of any liquor within the meaning of the *Liquor Control Act*, or any drug which impairs his or her ability to function as an EMA or paramedic; or
 - c. responds to a request for ambulance service while apparently under the influence of liquor or drugs or is apparently suffering the effects of liquor or drugs.

8. Each person transported in an ambulance or ERV is properly restrained in the ambulance or ERV.

9. Each EMA and paramedic shall apply the Routine Practices and Additional Precautions outlined below, unless otherwise indicated by Ontario's Chief Medical Officer of Health through a directive issued under the *Health Protection and Promotion Act* (HPPA), R.S.O. 1990, c. H.7.

10. Unless otherwise indicated by Ontario's Chief Medical Officer of Health through a directive issued under the *Health Protection and Promotion Act* (HPPA), R.S.O. 1990, c. H.7, the *Provincial Equipment Standards for Ontario Ambulance Services* (as may be amended from time to time) sets out the requirements for equipment described in this document.

B. Communicable Disease Management

Preamble

This Section shall apply in all cases of communicable disease outbreaks, including influenza. Where there is a conflict between this Section and Section C, Influenza Control, Section C shall apply. Each operator of an ambulance service shall establish a communications linkage and consult with the local Medical Officer of Health when implementing these standards.

1. Each operator shall identify one or more persons who are designated to implement this standard for his or her service.
2. Each operator shall ensure that:
 - a. Employees are aware of current communicable disease risks, and
 - b. Appropriate measure(s) are employed by staff to protect themselves and patients from transmission of communicable disease between employees and patients, and
 - c. Each EMA, paramedic and ambulance student takes appropriate infection control and occupational health and safety measures to prevent transmission of all infectious agents to and from themselves and does not knowingly expose himself or herself or his or her patients to any communicable disease in the course of work, without taking the precautions set out under this standard. Employees who are exhibiting an acute symptomatic illness that may be communicable should not be involved in the assessment of or direct delivery of care to a patient.
3. Each operator shall ensure that:
 - a. A point-of-care risk assessment (PCRA) must be performed before every patient interaction.
 - b. In keeping with the principles of good patient care, each EMA and paramedic utilizes "Routine Practices" for all patient care and initiates "Additional Precautions" (contact, droplet or airborne) based on the mode of transmission, to limit the potential for disease transmission¹.
 - c. EMAs and paramedics initiate Droplet/Contact Precautions on any call when:
 - i. patients have symptoms of respiratory infections;

¹ Refer to the Provincial Infectious Diseases Advisory Committee "Routine Practices and Additional Precautions In All Health Care Settings, 3rd edition" for additional information on these practices.

- ii. performing any high-risk respiratory care or procedure on all patients (any procedure that has the potential to generate respiratory droplets).

Droplet/Contact precautions include:

- i. surgical mask;
- ii. eye protection.

For any patient where there is significant risk to the EMA or paramedic of being splashed by body fluids (e.g. vomiting, uncontrolled hemorrhage, excessive coughing) add:

- i. long-sleeved gown/coveralls;
- ii. gloves.

The patient will wear:

- i. surgical mask, if tolerated. This may be used with or without nasal cannula oxygen, or
- ii. low flow high concentration oxygen mask outfitted with a hydrophobic submicron filter if high concentration oxygen is required.

For those patients requiring ventilatory assistance using a face mask or an endotracheal tube, a tube extender and a hydrophobic submicron filter shall be used. A tube extender is not necessary for pediatric patients and must not be used for any infants (<1 year old).

Routine Practices

Routine Practices refer to infection prevention and control (IPAC) practices to be used with all patients during all care, to prevent and control transmission of microorganisms in all health care settings.

Hand Hygiene

shall be performed:

- i. before patient contact;
- ii. after patient contact;
- iii. after contact with blood, body fluids, secretions, excretions, items known or considered likely to be contaminated with secretions, etc.;
- iv. before contact with the EMA's or paramedic's face;
- v. before cleaning / decontamination of equipment and vehicles;
- vi. before putting on and after removing gloves and other protective equipment.
- vii. After personal body functions (e.g., blowing one's nose)
- viii. Whenever there is doubt about the necessity for doing so.

Guideline

When an EMA or paramedic is unable to wash his or her hands, he or she shall:

- Use an alcohol-based hand rub, following manufacturer's instructions
 - If there is visible soil or residue on hands and soap and water is not available, use moistened towelettes to remove visible soil, followed by an alcohol-based hand rub containing between 70% and 90% alcohol.
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Contact / Droplet Precautions

Contact Precautions are used in addition to Routine Practices for microorganisms where contamination of the environment or intact skin is a particular consideration. Droplet precautions are used in addition to Routine Practices for patients known or suspected of having an infection that can be transmitted by large respiratory droplets.

Gloves

- i. A single pair of medical quality, non-latex, non-sterile gloves shall be worn when anticipating contact with blood, body fluids, secretions, excretions, mucous membranes or non-intact skin.
- ii. Gloves shall meet the specifications set out in the Provincial Equipment Standards for Ontario Ambulance Services published by the Ministry of Health.

Masks

- i. A surgical/procedure mask shall be worn (in addition to eye protection) to protect the mucous membranes of the nose and mouth when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or within two metres of a coughing patient.
- ii. A surgical/procedure mask should be placed on a coughing patient, if tolerated, to limit dissemination of infectious respiratory secretions.

Protective Eyewear or Face Shield

- i. Protective eyewear or face shields shall be worn to protect the mucous membranes of the eyes, nose and mouth during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions, which include cough-producing and aerosol-generating procedures.

Gown / Coveralls

- i. Long-sleeved gowns or coveralls shall be worn to protect uncovered skin and to prevent soiling of clothes during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids or excretions.

Airborne Precautions

Airborne precautions are used in addition to Routine Practices for patients known or suspected of having an illness transmitted by the airborne route.

N95 Respirators

- i. An N95 respirator shall be used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route. N95 respirators should also be worn for aerosol-generating medical procedures (AGMPs).
 - ii. When providing direct care to or interacting with suspected, probable (i.e., placed in precautions as high-risk contact, in an outbreak zone of the facility or recently transferred from a facility in outbreak) or confirmed cases of COVID-19, a fit-tested, seal-checked N95 respirator (or approved equivalent), eye protection (goggles or face shield), gown and gloves shall be used.
 - iii. A complete list of AGMPs where transmission has been documented can be found in the [PIDAC: Routine Practices and Additional Precautions in All Health Care Settings](#)
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- d. EMAs and paramedics do not eat or drink in areas where patient care is being provided. Food consumption shall be limited to areas so designated within the ambulance service or health care facilities.
 - e. Adequate supplies and equipment used in the prevention of communicable diseases are readily and easily accessible to ambulance staff and meet the *Provincial Equipment Standards for Ontario Ambulance Services*, published by the Ministry of Health.
4. Where an unprotected EMA or paramedic has reasonable cause to believe that he or she has been exposed to a communicable disease, he or she shall:
 - a. Report the suspected exposure to the designated person referred to in paragraph 1² and
 - b. Follow the instruction of the designated person, and
 - c. Complete an incident report relating to such exposure by the end of the shift in which the exposure occurred or at the earliest opportunity thereafter.
 5. If an EMA or paramedic is instructed by the designated person referred to in paragraph 1 to consult a physician or nurse practitioner regarding a suspected

² In the case of suspected HIV exposure, the report should be made as soon as possible.

- and/or confirmed exposure to a communicable disease, the EMA or paramedic:
- a. Shall follow direction from a physician or nurse practitioner respecting contact with patients, etc., and
 - b. Shall notify the ambulance service operator or his or her designate, and
 - c. Shall return to work only when medically cleared by a physician.
6. The ambulance operator shall develop, monitor, and enforce a local disinfection policy regarding vehicles and equipment to be used on a regular basis and to be used as appropriate when vehicles and equipment are exposed to a person with a suspected or confirmed communicable disease.

C. Influenza Control

1. Each operator shall ensure that each EMA and paramedic receives an annual educational review with respect to the transmission of and protection from influenza. This review shall include:
 - a. information on the personal, patient care, and public health benefits of an annual influenza vaccination;
 - b. procedures to prevent exposure to influenza;
 - c. procedures to protect patients from exposure to influenza; and
 - d. any other information, procedure, or matter relevant to transmission and protection.

2. Each operator shall ensure that, as of November 15 every year, or such other date as may be established and communicated in writing by the Director, EHRAB each EMA and paramedic,
 - a. provides a valid certificate signed by a physician, nurse practitioner or other person authorized to administer the relevant vaccine that states that he or she has been vaccinated against influenza; or a valid certificate signed by a physician or nurse practitioner that such vaccination is medically contraindicated; or
 - b. provides a written statement that he or she has taken the educational review and has not been, and does not intend to be, vaccinated against influenza.

3. Each operator shall ensure that:
 - a. during a declared influenza outbreak in respect of any geographic area specified in the declaration, including but not limited to a health care facility, an unvaccinated EMA or paramedic will not be allowed to respond to a request for ambulance service in that area or facility during the outbreak, unless he or she has been vaccinated or receives his or her vaccination at the time of the outbreak and takes antiviral medication immediately prior to the time at which the EMA or paramedic is to provide service.
 - b. in an emergency situation, and where no other qualified EMA or paramedic is available to provide service during a declared influenza outbreak in such specified geographic area or facility, an EMA or paramedic who has not been vaccinated against influenza, or who has not been taking antiviral medication immediately prior to the time at which the EMA or paramedic is to provide service, will not be allowed to provide patient care in that area or facility unless the EMA or paramedic wears on each call:

- i. gloves (single pair);
- ii. mask;
- iii. eye protection;

and, for any patient where there is significant risk of being splashed by body fluids (e.g. vomiting, uncontrolled hemorrhage, excessive coughing) also wears on each call:

- iv. long-sleeved gown/coveralls.
4. Each operator shall, no later than November 30 every year, or such other date as may be established and communicated in writing by the Director, Emergency Health Program Management and Delivery Branch (EHPMDB), report to the local Senior Field Manager of EHPMDB the following:
- a. the total number of active EMAs and paramedics employed by the operator;
 - b. the number of EMAs and paramedics that have provided a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza;
 - c. the number of EMAs and paramedics that have provided a valid certificate signed by a physician or delegate that states that vaccination is medically contraindicated;
 - d. the number of EMAs and paramedics that signed the written statement that he or she has taken the annual educational review and has not been, and does not intend to be, immunized against influenza.

Section 2 – Patient Transport



Patient Transport

Each EMA and paramedic shall:

1. ensure that he or she follows every direction or instruction issued by a communications officer with respect to the assignment of calls to ambulances or emergency response vehicles.
2. ensure that the driver of an ambulance, in which a patient is being transported, shall transport the patient to a facility as directed by a communications officer ordering the movements of the ambulance. In the absence of a direction from a communications officer, the driver will transport the patient to the closest health care facility that can provide the care apparently required by the patient.
3. ensure that each item of equipment transported in an ambulance or ERV is properly restrained in the ambulance or E

