

Emergency Medical Assistants Licensing Board

EMALB 2014-12 IV Start Requirement Responsible Branch: Emergency Medical Assistants (EMA) Licensing Branch Contact: Licensing program area getalicense@gov.bc.ca	Reference Information
	Replaces former policy: n/a
	Date Effective: December 16, 2014
	Last Update: November 3, 2023
	Next Review Date: January 2025
Keywords	IV, Policy

1. Policy Rational & Purpose:

The administration of specified medications by intravenous is a service that emergency medical assistants can give according to the Emergency Medical Assistants (EMA) Regulation. Schedule 1 of the Regulation allows PCPs who have successfully completed training recognized by the Emergency Medical Assistants Licensing Board (the Board) to initiate intravenous lines.

The Board has determined that the insertion of IVs requires the EMA to demonstrate their ability to perform the skill on real patients. The Board has also determined that the skill can be demonstrated with a minimum of 10 successful IV starts; 1 of which may be in a classroom setting, with all other starts obtained in a clinical or ambulance setting. This requires training institutions that provide IV training to arrange for their students to have adequate opportunity to carry out the specified number of IV starts in a setting where their proficiency can be examined and assessed.

2. Policy Scope

This policy applies to all training institutions providing a recognized Primary Care Paramedic (PCP) program, or an IV Therapy program. It also applies to all students enrolled in a recognized PCP program or a recognized IV Therapy program.

3. Policy Statement:

In order for BC trained PCPs to be eligible for IV initiation, 10 successful, supervised IV starts must be completed within six months of obtaining PCP licensure.

One start may be completed on a “dummy arm” in the class, and the remaining nine starts must be done in a clinical or ambulance setting on real patients. In order to have the IV restriction removed from a licence, proof of successful starts must be sent to the EMA Licensing Branch and must be signed off by a qualified PCP/IV or higher licence holder, an IV technician, IV nurse or physician.

Certificates or transcripts for training programs that are recognized by the Board may be issued before the IV log component is complete. If an IV log has not been submitted to the branch prior to licensure, the training institution is no longer responsible for facilitating IV starts and the IV restriction will have a term and condition requiring direct supervision that will enable the EMA to successfully complete their remaining starts with a qualified PCP/IV or higher licence holder, an IV technician, IV nurse or physician.

If an EMA has not submitted a complete IV log within six months of obtaining PCP licensure, the IV restriction will remain on their licence and the ability to perform supervised starts will be removed from the licence. A Board recognized IV therapy training program and the required starts will be required in order to be eligible for the restriction removal.

All PCPs are required to submit their IV log to the EMA Licensing Branch via email at getalicense@gov.bc.ca.

4. Legal Authority:

The EMA Licensing Board's authority, under Ministerial Order [M292](#) IV initiation for PCPs, was moved from Schedule 2 to Schedule 1 in the EMA Regulation

5. Key Stakeholders:

- *Training Institutions*
- *Licensed or initial PCP applicants*

6. Definitions:

Intravenous Start

An intravenous start is defined as the insertion of an intravenous catheter into a vein using an empirically based method of insertion ensuring that there is firstly, a blood flashback to indicate that the tip of the needle is in the vein and secondly, ensuring that the catheter is in the vein to allow the fluid to run freely and not leak into the interstitial space. To complete the intravenous start, the system will then be flushed with an appropriate solution and the clamp opened for a few seconds to ensure a patient system.

Saline Lock

A saline lock is defined as the insertion of an intravenous catheter into a vein using an empirically based method of insertion ensuring that there is firstly, a blood flashback to indicate that the tip of the needle is in the vein and secondly, ensuring that the catheter is in the vein to allow the fluid to run freely and not leak into the interstitial space. To complete the saline lock, the catheter will be connected to the saline lock and the system will then be flushed with 2 ccs of normal saline solution.

Clinical Setting

Hospital/Clinic – The witness must be a qualified PCP/IV or higher licence holder, an IV technician, IV nurse or physician who must sign the form indicating a successful IV start.

Field (Ambulance) Setting

Field (Ambulance) – The witness must be a PCP/IV or higher licence holder who must sign off on the successful IV start.

Reviewed by the EMA Licensing Board on: December 15, 2014

Approved (director name & signature): Richard Simpson

A handwritten signature in black ink, appearing to read "Rich Simpson", written in a cursive style.

Date approved: December 15, 2014

Drafter: Kim Fiege

Change Index

Date	Author	Details
2021-07-28	Kim Fiege	Updated policy to remove the requirement for the IV starts to be completed before training certificates are submitted. IV logs may now be submitted up to one year from the PCP licence being issued.
2021-08-04	Kim Fiege	Updated the time for starts to be submitted to six months from obtaining PCP licensure.
2021-09-28	Jane Holt	Updated to reflect that once training is complete, the training institution is no longer responsible to facilitate starts.
2023-03-01	Sam Creamer	Moved reference link into legal authority
2023-11-03	Screamer	Policy review, updated font and small grammar errors, <u>updated policy to reflect IV moving from schedule 2 to schedule 1</u>