

Emergency Medical Assistants Licensing Board

2018/19 Annual Report

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LETTER FROM THE CHAIR

2019

The Honourable Adrian Dix
Minister of Health
Room 337 Parliament Buildings
Victoria BC V8V 1X4

Dear Minister Dix,

On behalf of the Emergency Medical Assistants Licensing Board (the “Board”), I am pleased to present you with our 2018/19 Annual Report, in accordance with the *Emergency Health Services Act*, section 6(8).

Since my appointment on December 31, 2017, the focus has been on ensuring that the Board continues to support the Ministry priorities of improved patient safety and public health outcomes, integrated health care delivery and investing in paramedics.

This year we were able to build on the foundation we laid last year of improving relations with key stakeholders such as BC Emergency Health Services, the Fire Chiefs’ Association of BC, the Ambulance Paramedics of BC (CUPE Local 873), and the Ministry of Health Executive. As a result, we have been able to continue an enhanced ability to address topics of mutual interest regarding the regulation of Emergency Medical Assistants (“EMAs”). For example, we have been able to assist BCEHS with research intended to enhance Advanced Care Paramedics’ ability to offer additional support to patients in crisis during pre-hospital care. Our efforts to ensure that registrants practice within the scope of their licenses have been almost universally well received and we are confident that this initiative has enhanced patient safety. We have published materials for registrants in our newsletters on topics such as Scope of Practice issues and the importance of patient care documentation which have been well received.

In the interests of continuing to learn first hand about the work of registrants, it has been my privilege to engage in ‘ride-alongs’ with Community Paramedics and First Responders in Hope, Cache Creek, Lillooet, Ashcroft and Boston Bar. I also enjoyed a “fly-along” with a Critical Care Paramedic team and spent some time learning about the work of registrants in the BC Mobile Medical Unit. I look forward to additional opportunities to build relationships with stakeholders and to meet with EMAs throughout the province.

We welcomed your new Board appointee, Grant Ross, a senior Critical Care Paramedic who is well respected by stakeholders and adds valuable insights to the work of the Board.

The Board continues to demonstrate its understanding that rehabilitative and system sensitive approaches to the resolution of patient care complaints is preferred over a solely punitive one where possible. Continued competence training credits have been increased for so called “soft skills” to reflect best practices in health care. The protection of the public, patient safety and the promotion of high standards of professionalism among EMAs remain keystone values of the Board.

EMALB is a signatory to the United Nations Declaration on the Rights of Indigenous People To ensure we operationalize these commitments both Board and staff attended training and cultural safety educational events. We are actively considering ways our training, examination and complaint processes can be changed to better serve Indigenous stakeholders.

EMALB is also one of the first health care regulators to sign the Access to Justice Triple Aim Declaration as promoted by the Attorney General. We are intent on streamlining our processes and making their use more accessible and transparent. We have made significant effort this year to reduce our complaint processing times.

The Board continues to strive to assist stakeholders to provide high-quality and leading-edge pre-hospital and transport medicine to all British Columbians, while observing the stipulations of current legislation and regulations. The Board actively supports a public policy-making process that enables contemporary practice of paramedicine to reflect best evidence and modern technologies.

This annual report will provide you with a comprehensive overview of the work of the EMA Licensing Board. The Board would be pleased to meet with you at any time to discuss its content or any topic pertaining to the role of the Board or the branch in continuing to enhance the professional standards of EMAs in British Columbia.

Yours truly,



Patricia Lane
Chair
EMA Licensing Board



*Grant Ross (Board Member & BCAS CCP), Patricia Lane, and Scott Wilson (BCAS CCP) ride along May 2019.
Photo credit: Helijet*

LETTER FROM THE REGISTRAR

2019

The Honourable Adrian Dix
Minister of Health
Room 337 Parliament Buildings
Victoria BC V8V 1X4

Dear Minister Dix,

On behalf of the Emergency Medical Assistants Licensing Branch (the “branch”), I am pleased to advise on the work of the branch for the 2018/19 reporting period. This represents my first full year as the Director/Registrar, having been appointed in March of 2018.

In May 2018, the office moved to a new building, and the branch staff have adjusted to being away from the main Ministry of Health building. Throughout the summer of 2018, four new hires joined the branch replacing some long-standing employees who had moved on to other opportunities. We are working and growing together as a team in support of licensees, the Board and on behalf of the people of the Province of British Columbia.

In December 2018, we bid farewell to William (Bill) Leverett who had been the paramedic representative on the Board since 2000. Over the years, I had come to rely on Bill’s clinical expertise, his extensive Licensing Board knowledge and corporate memory, as well as his advice and friendship. Bill’s retirement from the Board left room for a new appointee, Grant Ross, who joined us in January. Board changes require adjustments in branch deliverables and we continue to rise to that challenge.

I am very proud of the work this branch does, and as we move into 2019/20, we look forward to continuing to make the people of the Province of British Columbia proud too.

Sincerely,



Amanda Saville
Registrar
EMA Licensing Branch

Board Composition

The Board has three members appointed by Order-In-Council. By regulation, appointments must include one licensed emergency medical assistant and one medical practitioner.

Patricia Lane, Chair

Ms. Lane obtained her law degree from Osgoode Hall Law School ('76) and after a year at the BC Law Reform Commission and another in articles at Swinton and Co. in Vancouver, was called to the British Columbia Bar in 1979. After practicing labour law for ten years, she joined the Yukon government's



treaty negotiation team with special responsibility for the self-government and dispute resolution tables. She worked in Ontario on tax policy and reported to the Deputy Minister of Health as a special consultant on health care reform. In 1992 she returned to BC to assist the Ministry of Health in implementing the Closer to Home initiative. She has deep tribunal experience. Her practice consists of serving clients as an arbitrator and mediator and sole tribunal judge.

She has served on the BC Securities Commission, the BC Real Estate Council and is past Chair of the University of Victoria Harassment and Human Rights Panel. Ms. Lane served as a Director of Coast Capital Savings for nine years and has extensive Board experience in the charitable sector.

Ms. Lane holds the Chartered Mediator and Chartered Arbitrator designations.

Ms. Lane was appointed as Board chair on December 31, 2017, for a two-year term ending December 31, 2019.

Dr. Philip Yoon, Vice-Chair

Dr. Yoon works as a staff emergency physician at the Royal Columbian and Eagle Ridge Hospitals and is a Clinical Professor within the Department of Emergency Medicine at the University of British Columbia. He moved to British Columbia in 2012 from Nova Scotia where he was a Professor in the Faculty of Medicine at Dalhousie University and the District Chief/Department Head of Emergency Medicine.



Prior to his move to the Maritimes in 2009, Dr. Yoon completed all his medical training at the University of Alberta and was an academic emergency physician based at the University of Alberta Hospital for 13 years. He also served as the Associate Medical Director of Special Operations for Edmonton EMS. Throughout his medical career, Dr. Yoon has remained involved in emergency medicine/EMS operations, administration, education, and research. Additionally, he has maintained membership in the National Association of EMS Physicians (NAEMSP) since 2006.

He is also a Navy Reserve Medical Officer in the Canadian Armed Forces. Since February 2013, Phil has held the position of Medical Director of the EMS Physician Online Support (EPOS) service with the British Columbia Emergency Health Services (BCEHS).

Dr. Yoon was appointed to the Board on November 8, 2012 and reappointed in December of 2018 for a two-year term, ending December 31, 2020.

Grant Ross, Member

Grant Ross is a career paramedic, working for the British Columbia Ambulance service since 1987. Starting as a Primary Care Paramedic in the Vancouver post, he obtained his Advanced Care Paramedic certification in 2006 and then completed his Critical Care/Flight Paramedic training in



2014. He is currently working at the Vancouver Airevac station. Throughout his career, Grant has contributed to the professional development of his peers as a preceptor, mentor and field trainer at all paramedic levels.

In addition to patient care delivery, for the last 25 years, Grant has volunteered for the Paramedic Association of Canada and the Ambulance Paramedics of BC writing, reviewing and revising the corporate bylaws. He is also the Chair of the Paramedic Association's Benevolent Committee. This committee is tasked with providing support to families of paramedics killed in the line of duty.

Grant is also the current President and founding Board member of the Canadian Paramedic Memorial Foundation, a registered charity seeking to build a national monument in Ottawa to showcase paramedicine and pay respect to fallen Canadian paramedics.

Grant was appointed to the Board on December 31, 2018, for a two-year term ending December 31, 2020.

Board Roles and Responsibilities

The Emergency Medical Assistants Licensing Board ensures all practitioners involved with emergency care in British Columbia comply with the *Emergency Health Services Act* and the Emergency Medical Assistants Regulation. This provides assurance to the public that competent, consistent, and appropriate care will be available during medical emergencies and inter-facility patient transfers.

The Board is empowered under *the Act* to examine, register and license Emergency Medical Assistants (EMAs) practicing throughout British Columbia and to set licence terms and conditions. Annual continuing competence requirements are enforced by the Director and directed to the Board as necessary to ensure licensees maintain a high standard of care.

Finally, the Board reviews and recommends legislative and regulatory changes to the Minister of Health, liaises with other emergency care bodies, and maintains collaborative relationships with other stakeholders in health care.

The branch and Board ensure licensees maintain a high standard of practice by setting and monitoring annual continuing competence requirements.

Investigations Committee of the Board

The Investigations Committee is appointed by the Board and acts independently in assisting the Board with assessing patient care complaints. Currently there is a four-person Investigations Committee consisting of the Chair, who is an emergency physician, a registered nurse, a paramedic, and a first responder. This Committee conducts investigations and reports their findings to the Board and conducts hearings when necessary.

The Emergency Medical Assistants Licensing Branch

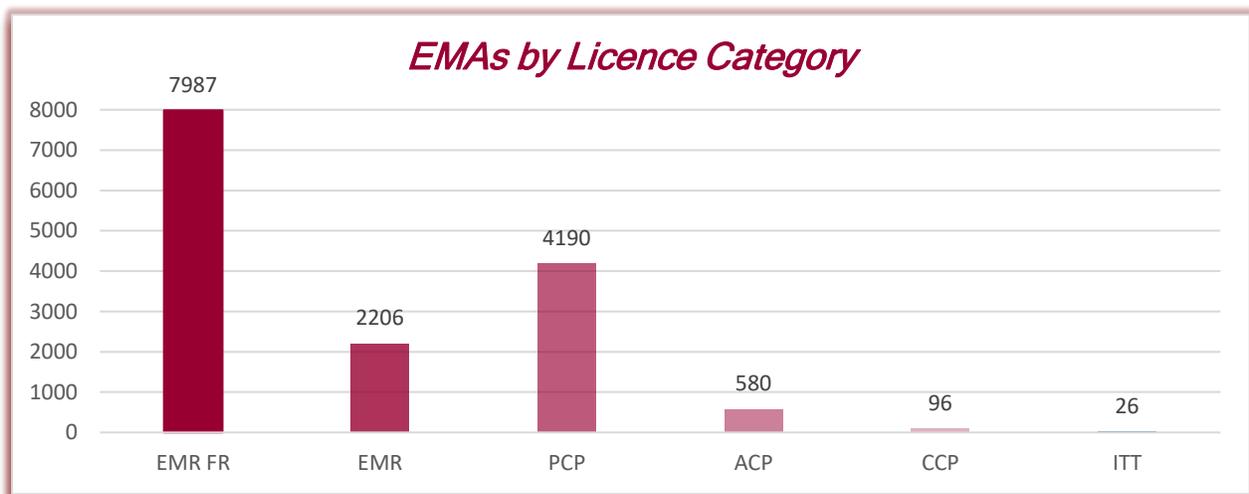
The Emergency Medical Assistants Licensing Branch provides administrative support to the Board. The branch is funded and staffed by the Ministry of Health.

The Director, who also serves as the Registrar, provides leadership and direction regarding the key deliverables of the branch which include: examinations, licensure and registration, management of the continuing competence program, maintenance of training program recognition, and the receipt and preliminary investigation of patient care complaints. The Director ensures that all Board and branch activities are consistent with the Board's and Ministry's legislative authority and strategic direction.

YEAR IN REVIEW

Licenses

During 2018/19, there were a total of 15,085 EMA licences held. This represents a 73 licence increase over the previous year and a 7% increase since 2014/15 (five years). In BC, First Responders continue to represent the largest number of EMAs at 53%, down slightly from last year (1%). First Responder licences saw a year over year decrease in numbers for the first time since 2014/15. This decrease is offset by increases in EMR (49 or 2%), PCP (103 or 3%), ACP (44 or 8%) and CCP (2 or 2%) licences. ITT licences remained static at 26 which was expected as there are no current recognized training programs available. The increase in PCPs has resulted in a net increase in PCP licences over the previous three years.



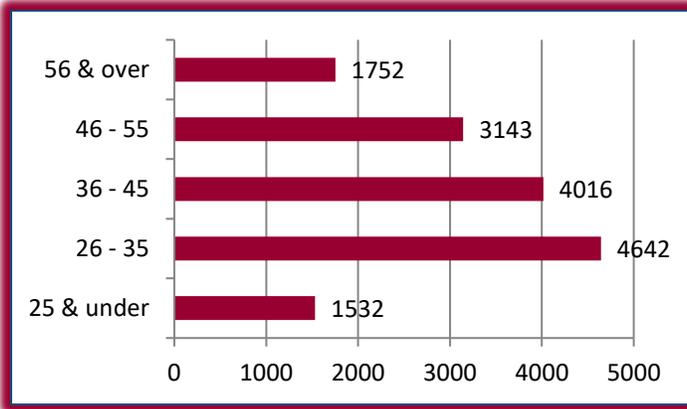
Licenses by Licence Category (2018/19). Source: EMA Licensing Branch



“There is no higher honour than to be given the responsibility to care for another human being.”

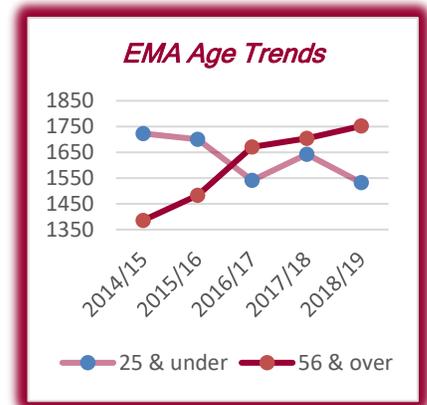
Richard K. Shaechem

The average age of an EMA is 38 years, approximately two years younger than last year. The number of EMAs under the age of 45 has remained consistent at 67% over the last few years. The age range with the largest growth year over year is the 35 - 45 category which has grown 4% while the 56 & up category is up 3% and 26 & under is down 7%.



There are 334 EMAs over the age of 65, which is up only slightly from last years' 323. First responders account for 56% of the total. Many EMAs retain their licence because they remain working part time, to teach, or to volunteer.

Consistent with previous years, 40% of specialized licensees are in the 46 and over age group as compared to 32% in the total EMA population and 18% are over 56 as compared to 12%. Aging trends in the EMA population raises the same concerns and is consistent with other health and allied health professions.



Employment

EMA-FRs typically work as fire fighters/fire rescue providing emergency services such as scene assessment, CPR, and basic wound and fracture management until higher level licensees arrive on

Air Ambulance	24
Ambulance Service	4075
Other	18
Canadian Coast Guard	14
Employed outside BC	239
Fire Rescue	8366
First Nations	53
Health Authority	62
Industry	893
Military	142
Municipal Government	22
Not Employed*	2018
Provincial Government	28
Search and Rescue	69
Self Employed	17
Ski Patrol	138
Training Institution	63
Transfer Fleet	43

the scene. Emergency medical responders provide basic life-saving emergency medical care, typically in rural and remote areas. Primary Care Paramedics provide more advanced patient care, encompass most BC paramedics, and work throughout the province. Advanced Care Paramedics specialize in advanced care of medical and trauma patients including advanced cardiac care. Critical Care Paramedics specialize in critical care services including critically ill/injured patient inter-facility transport and air medical response. CCPs, as well as Infant Transport Team paramedics, specialize in the critical care of high-risk maternity, neo-natal and pediatric patients. The figure to the left indicates EMA employment throughout BC. The Other category includes two EMAs employed in the branch.

* includes EMAs who are not employed or have not provided the branch with their employer, despite their regulatory obligation to do so.

Continuing Competence

The continuing competence requirements for EMAs at the Emergency Medical Responder (EMR) level and higher are outlined in Part 4 of the EMA Regulation. In each reporting period, EMAs are required to submit 20 patient contacts and 20 continuing education credits to maintain their licence. These requirements are in place to ensure EMAs maintain a high level of competent, consistent patient care.

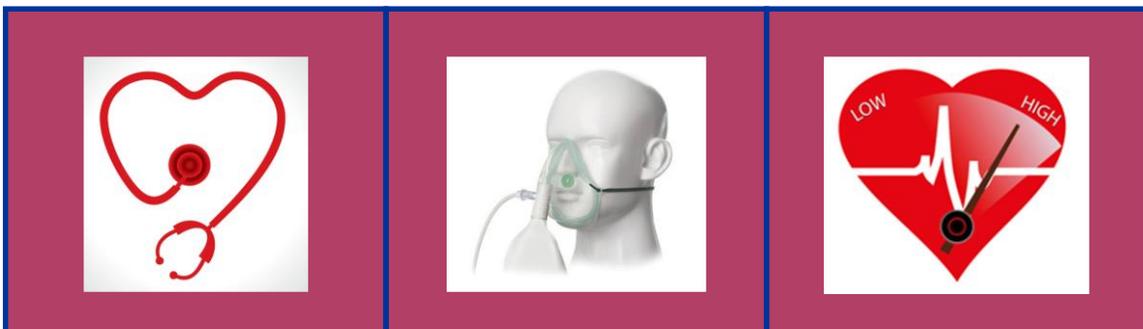
Emergency Medical Assistants update and view their continuing competence online using the Emergency Medical Assistants Continuing Competence System (EMACCS). EMACCS allows EMAs to manage their continuing education and patient contact totals to ensure they meet their annual requirements. Licensees receive an automated notification once they have met their annual requirements. If annual requirements have not been met, licensees are contacted by the branch via email reminding them of their regulatory obligation.

During 2018/19, the branch sent out 330 hearing letters to EMAs in shortfall for the 2017/18 reporting period. Of the 330, 24 responded to the letter, 111 were suspended, 131 who had previously suspended licenses had their licenses revoked, and 64 relinquished their licence.

Reporting Period	EMAs in Shortfall	% of Total	Less Relinquished
2014/15	1104	21%	20%
2015/16	931	17%	15%
2016/17	708	13%	10%
2017/18	504	9%	6%
2018/19	603	10%	7%

For the 2018/19 reporting period, 603 EMAs were in shortfall, which is a 20% increase (504) over the 2017/18 reporting period. This is the first time since the 2014/15 reporting period that there was an increase in EMAs in shortfall. This represents only a 1% increase in shortfall of the total EMAs who are required to abide by continuing competence

requirements. The percentage drops slightly when those who have subsequently relinquished their licenses are excluded. During 2019/20, the branch will determine if additional education or policy change is required to improve the number of EMAs in continuing competence shortfall.



Examinations

Successful completion of licensing examinations provides the Board with assurance that candidates possess the necessary knowledge, abilities, skills, and judgments for entry to practice into the emergency response and paramedic professions. All written and practical examinations are reviewed or renewed on a rotational basis. There were no scheduled examination reviews during 2018/19. New continuing competence examinations are instituted each year for the EMR, PCP, and ACP licence categories. Next year, the EMA Licensing Board will be reimplementing practical examinations for PCPs under a new examination framework. This change will occur for all applicants whose PCP or SAR TECH program begins after July 1, 2019.

Practical Exams

The EMA Licensing Branch administered 1108 practical exams during 2018/19, up 23% from the previous year. Of the 1108 exams, 1102 were administered for EMRs. The purpose of the examinations is as follows: 1072 to obtain a new licence or new licence level (previous EMA-FR); 13 resulted from Board hearings; 6 were continuing competence adjudication examinations; 6 were to remove suspensions and the remaining 5 were licence reinstatements.



Photo Credit: Castlegar Fire Department

The other six were PCP practical exams which resulted from Board hearings (4) and reinstatements (2). Suspensions are most often the result of failing to complete continuing competence within the regulated timeframe including the adjudication period.

Written Exams

Written examinations totaled 690 up slightly (639) from the previous year. Written examinations were primarily written by candidates who were applying for an initial licence or a new licence level (94%) while the remainder wrote continuing competence (1%), reinstatement (1%), suspension removal (1%) or exams pertaining to hearings (3%). During 2018/19, EMA-FR written exams (537 completed) were migrated from a paper system administered by training institutions to an EMALB administered online platform, to improve security.

NOTE: The variance in both practical and written exam volumes from one year to the next is the result of varying rates of failure/retake and/or candidates taking examinations in two different reporting years.

Jurisprudence Exams

The jurisprudence exam addresses legislation, regulation, and policies governing EMA practice. The branch administered 1428 jurisprudence exams up 10% from the previous year. The majority (1078) were candidates applying for an initial licence in the category. Of the remainder, 298 were candidates transferring to British Columbia through the Agreement on Internal Trade (AIT); 19 were transferring internationally; and, the remaining 33 were licence reinstatements, suspension removals, or requirements of continuing competence or hearings. AIT transfers were up 47% this year and 45% the previous year.

Jurisprudence examinations are administered to ensure EMAs are familiar with, and adhere to, the legislation, regulations and policies that govern their practice.

Canadian Organization of Paramedic Regulators (COPR) Exams

The Canadian Organization of Paramedic Regulators' (COPR) Entry to Practice Examination was developed through a rigorous process and is periodically evaluated. COPR has offered national examinations for PCPs and ACPs since 2012. The COPR written examination is "blueprinted" using the National Occupational Competency Profile (NOCP) for paramedics.

The EMA Licensing Board approved adoption of the COPR Entry to Practice Examination for PCP and ACP licence categories in BC in November 2015. During 2018/19, 331 COPR exams were attempted by BC candidates with an 82% success rate. This is down from 89% last year.



Photo Credit: BC Emergency Health Services

COMPLAINTS

Closed Complaints and Outcomes

The EMA Licensing Board, in support of its mandate to protect the public, is empowered under the *Emergency Health Services Act* to investigate complaints regarding patient care, breaches of the EMA Code of Ethics (Schedule 3 of the EMA Regulation), breaches of the terms and conditions of an EMA licence, and when necessary, conduct hearings.

Section 7 of *the Act* provides that the Board may make determinations that an EMA incompetently carried out the duties of an EMA, breached a term and condition of his or her licence, or suffers from a physical ailment, emotional disturbance, or an addiction to alcohol or drugs that materially impairs his or her ability to act as an EMA.

The Board has streamlined their processes and made significant effort this year to reduce complaint processing times. From April 1, 2018, to March 31, 2019, the Board closed 47 complaint investigations; a 161% increase in closed cases over the previous year. Of these 47 closed investigations, thirty-two related to breaches of the EMA Code of Ethics (term and condition of licence); six involved incompetence in carrying out the duties of an EMA; and, seven related to both. Two additional cases were described as “unsatisfactory” as per the agreement with the respondent.

The Board uses hearings and alternative dispute resolution (ADR) agreements to achieve resolution. The Board may require a registrant to complete appropriate disciplinary actions such as research papers and/or courses and/or clinical consults depending on the circumstances of the complaint and the findings of the Investigations Committee and/or hearing. The Board may also determine if time-limited conditions or suspensions should be imposed on a registrant’s licence.

Of the 47 closed cases, seventeen resulted in disciplinary action being taken and thirty resulted in no disciplinary action. The details of these cases can be found on the following pages.

Complaint Investigations

Investigations & Complaints Considered by the Board Resulting in Disciplinary Action

EMA	Complaint Type	Outcome
Buksh, Iliyas	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The Emergency Medical Assistants Licensing Board received regulatory notification that Mr. Buksh had been charged under the Criminal Code of Canada. The Board conducted a hearing and Mr. Buksh is barred from applying for an EMA licence under <i>the Act</i> for a period of five years.
Atkinson, James	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA allegedly spoke disparagingly about Cowichan vs. Victoria hospital; allegedly spoke in a loud and possibly rude manner to triage nurse, acted out of scope in performance of precordial thump; inappropriately provided verbal report to medical personnel at hospital. An ADR was signed. Mr. Atkinson agreed to write a research paper.
Calder, Christopher	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> . Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA acknowledged and admitted failing to do a complete assessment on the patient; discouraging the patient from being transported to hospital; and failing to properly complete the Patient Care Report. An ADR was signed. Mr. Calder agreed to a create and deliver a presentation to a clinical resource person. File is closed.
Craven, Wendy	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	Attendant admitted to not placing the patient on a stretcher or stair chair at the scene; not arranging for help to get the patient to the ambulance; and, did not advise partner to place the patient on a stretcher once in the ambulance. An ADR was signed. Ms. Craven agreed to a research paper, a clinical consult and a one-day shift suspension.
Graham-Webb, Heather	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The individual acknowledged and admitted to breaching a term or condition of her licence by practicing as an EMA from about December 19, 2016 to about May 31, 2018 during which time her licence to practice was suspended. An ADR was signed. Ms. Graham-Webb agreed to surrender her EMA licence and cannot reapply for licensure for five years.
Hannan, Jason	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	EMA failed to consider the seriousness of the patient's injuries; failed to do a complete assessment of the patient; failed to transport the patient to the hospital; failed to practice in scope by advising the patient to take Tylenol for pain; failed to properly complete the Patient Care Report; and, failed to contact the EMS Physician Online Support (EPOS) or obtain a signed release waiver for refusal to transport to hospital. An ADR was signed. Mr. Hannan agreed to write a research paper.

EMA	Complaint Type	Outcome
Hawton, Ian R.	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	Attendant admitted to not placing the patient on a stretcher or stair chair at the scene; not arranging for help to get the patient to the ambulance; failed to place the patient on a stretcher in the ambulance; and to not attempting to use nitrous oxide to help alleviate the patient's pain. An ADR was signed. Mr. Hawton agreed to a research paper, a clinical consult and a two-day shift suspension.
Johnson, James	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> . Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA altered their EMR licence to make it appear they were licensed as a PCP when they were not. The EMR practiced as a PCP and submitted patient information indicating the EMA had provided services they were not authorized to deliver as an EMR. An ADR was signed. The EMA's licence was revoked and the individual is prohibited from reapplying for licensure for five years.
Lacoursiere, Larry J	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> . Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA admitted to failing to contact the EPOS physician for advice on how to handle the situation where a patient had walked away from the ambulance down a dark trail; and, failed to remain on scene until the police and/or fire department arrived. An ADR was signed. Mr. Lacoursiere agreed to a research paper and clinical consult.
Leach, Bryan	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA admitted to having Failed to advise Board of complaints in another province. An ADR was signed. Mr. Leach's licence was surrendered and he agreed not to reapply until agreement has been met, he demonstrates satisfactorily to the Board all terms have been met; and, demonstrates good character to be licensed.
Laidlaw, Douglas	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> . Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA failed to recognize the severity of the patient's symptoms; failed to leave the patient on high flow oxygen when they arrived on scene; failed to start positive pressure ventilation with the BVM and PEEP valve when the patient developed a decreased level of consciousness (LOC) prior to being placed in the ambulance; and failed to follow BCEHS treatment guidelines for the use of CPAP in a patient with a decreased LOC. An ADR was signed. Mr. Laidlaw agreed to write a research paper and serve a two-day shift suspension.
Mackenzie, Ardan P.	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA did not place the patient on a stretcher or stair chair at the scene and did not arrange for help to get the patient to the ambulance. An ADR was signed. Ardan Mackenzie agreed to a clinical consult.

EMA	Complaint Type	Outcome
Peter (first name only as per ADR)	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA acknowledged and admitted to breaching a term and condition of his licence by failing to establish the patient's level of consciousness through verbal stimuli rather than proceeding to the use of a painful stimulus; over aggressively using a sternal rub that caused physical harm to the patient and to raising their voice telling the patient to stand up or he would strike her chest again. An ADR was signed. Peter agreed to a clinical consult.
Polonio, Michael	Unsatisfactorily carried out the duties of an EMA (as per ADR).	EMA is alleged to have failed to remain with an unwell patient until the arrival of the ambulance crew. An ADR was signed. Mr. Polonio agreed to write a research paper.
Rebantad, Rikki- Lee	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> . Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA admitted to failing to contact the EPOS physician for advice on how to handle the situation where a patient had walked away from the ambulance down a dark trail; and, failed to remain on scene until the police and/or fire department arrived. An ADR was signed. Rikki-Lee Rebantad agreed to a research paper and clinical consult.
Schultz, Katherine A	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA admitted to not attempting to de-escalate when two co-workers were acting unprofessionally in the presence of the patient; failed to act in a professional manner by locking the ambulance door upon co-worker's exit; and assisting partner in attempting to remove patient's ski boot when the patient did not wish it to be removed. An ADR was signed. Ms. Schultz agreed to write a research paper and participate in a clinical consultation.
Verbeek, Robert	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The Emergency Medical Assistants Licensing Board received regulatory notification that Mr. Verbeek had been charged under the Criminal Code of Canada. The Board conducted a hearing and Mr. Verbeek is barred from applying for an EMA licence under <i>the Act</i> for a period of five years. Mr. Verbeek did not attend the hearing.

Investigations & Complaints Resulting in No Disciplinary Action - therefore names withheld

EMA	Complaint Type	Outcome
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	EMA was alleged to have abandoned a patient. The case was dismissed when the complainant withdrew the complaint.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMA was alleged to have abandoned a patient at the hospital not providing hospital staff information on the patient and their condition. The Board reviewed the triage nurse's notes and determined the EMA <i>had</i> provided the patient's information and condition. The case was closed.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	Allegedly, EMAs (3) performed services outside of their licence category. The Board deemed the employer's cease and desist order for devices used outside of licence category meet the requirement to close the complaint file.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	Allegedly, EMAs (2) did not complete an assessment, obtain patient's medical history and, did not complete paperwork for the patient care provided. The Board determined that an assessment, patient's medical history and the paperwork had been completed. The case was dismissed and closed.
Name Withheld (4 EMAs)	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs (4) are alleged to have administered care without consent. An investigation was completed and found the EMAs acted appropriately in this case. The case was dismissed and closed.
Names Withheld (7 EMAs)	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The Emergency Medical Assistants Licensing Board received seven separate regulatory notifications that respondents had been charged under the Criminal Code of Canada. In one case, the EMA completed a Peace Bond and the file was closed. In the second case, the Board conducted a hearing and the licence was revoked and in the third case, the Board conducted a hearing and barred the EMA from applying for a licence for five years. In the fourth case, the EMA self-reported the charges, the charges were stayed, and the case closed. In the final three cases, the charges were stayed, and the cases was closed.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA was alleged to have a substance use issue which they had not reported to the Board. EMA did not respond to allegations. The Board revoked their licence and the individual will be required to address the allegations should they reapply for licensure.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA is alleged to have not protected and maintained patient's safety and dignity and allegedly grabbed and pulled a patient quite aggressively in a small area. The Board resolved the matter with an agreement with the EMA.

EMA	Complaint Type	Outcome
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA was alleged to have falsely represented themselves as a paramedic when they only held a student licence. An investigation found no supporting evidence that the EMA falsely represented themselves as a paramedic. The case was closed.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA is alleged to have refused the patient a stretcher, forced an ailing patient to walk to the ambulance, and, made the patient sit up in a seat in the ambulance and at the hospital when the patient was suffering back pain. Board reviewed the call. Patient was able to ambulate and based on patient's response and assessment as well as the EMA assisting the patient to the ambulance, the case is dismissed and closed.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA is alleged to have refused the patient a stretcher, insisted the nauseated patient get up and walk outside and when the patient fell unconscious, deliberately took their time to assist the patient to walk to the ambulance. The Board resolved the matter with an agreement with the EMA.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA is alleged to have provided lawyers contact information to attending patients and received a fee for referral Board found evidence to be trivial that the EMA engaged in unethical conduct. The case was dismissed and closed.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA is alleged to have struck a patient hard in the chest (on the sternum) and yelled at the patient "to get up" or they would do it again. The Board reviewed call and determined that the EMA did not perform the patient care. The case was dismissed and closed.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA is alleged to have made jokes about the patient's condition, refused the patient use of a washroom and, did not convey patient's washroom request to the nurse. An investigation was completed and found there was no substantive evidence to the complaint. The case was dismissed and closed.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA is alleged to have told the patient to get up and walk when the patient was too weak to move and lacked compassion. The Board resolved the matter with an agreement with the EMA.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA is alleged to have discouraged the patient from being transported to hospital, did not perform assessment, and did not transport patient to the hospital The Board resolved the matter with an agreement with the EMA

EMA	Complaint Type	Outcome
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA was alleged to have attended a residence that did not call for an ambulance and abandoned a patient at the hospital. Due to the length of time since the event occurred, there is no substantive documentation available. The case was dismissed and closed.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA is alleged to have not believed the patient with a known previous medical condition. The Board resolved the matter with an agreement with the EMA.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA was alleged to have made unprofessional and inappropriate comments on multiple patient care reports. The Board determined that the EMA learned from the incident and changed their practice. The case is closed.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA is alleged to have instructed while under the influence of drugs and creating an unsafe learning environment. An investigation was completed and found there was no substantive evidence to the complaint. The case was dismissed and closed.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA is alleged to have knowingly allowed an unsafe and abusive learning environment and threatened and coerced people. An investigation was completed and found there was no substantive evidence to the complaint. The case was dismissed and closed.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> . Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA failed to consider the seriousness of the patient's injuries; failed to do a complete assessment of the patient; failed to transport the patient to the hospital; failed to practice in scope by advising the patient to take Tylenol for pain; failed to properly complete the Patient Care Report; and, failed to contact the EMS Physician Online Support (EPOS) or obtain a signed release waiver for refusal to transport to hospital. An ADR was signed. The EMA agreed to write a research paper.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> . Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The EMA is alleged to have not monitored vitals, was dismissive of seriousness of call, made inappropriate comments, and delayed transport. The Board resolved the matter with an agreement with the EMA.

EMA	Complaint Type	Outcome
Name Withheld	Unsatisfactory (as per the resolution of the case).	<p>The EMA is alleged to have refused the patient a stretcher, insisted the nauseated patient get up and walk outside and when the patient fell unconscious, deliberately took their time to assist the patient to walk to the ambulance.</p> <p>Board reviewed the call. The EMA administered pain relieve and was driver on the call. Case was closed.</p>