



Emergency Medical Assistants Licensing Board



2020/21 Annual Report

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Cover Photo Credit:
Ambulance: BCEHS
Abbotsford Fire: Firemedix

LETTER FROM THE CHAIR

July 2021

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 2020/21 Annual Report, in accordance with the *Emergency Health Services Act*, section 6(8).

The 2020/21 reporting period has been a busy time for Emergency Medical Assistants (EMAs) and their respective organizations throughout the province. As such, the Board and branch have been working tirelessly behind the scenes to support our licensees and stakeholders in the important work they do providing care to British Columbians, our workers, and our visitors.

The dynamic and arduous environment of COVID-19 has required the Board to be nimble and creative in continuing its business while modelling compliance with Provincial Health Orders. This involved significant effort from branch members to limit nonessential provincial travel while remaining committed to ensuring EMAs are licensed and available to organizations requiring their skill sets.

With the availability of the COVID-19 vaccines in late 2020, the Board facilitated EMA involvement in the public vaccination effort through collaborative efforts with the Ministry of Health’s Professional Regulation team by assisting in the development and implementation of regulatory amendments for EMAs to contribute to this important initiative.

The Board has also engaged in multiple working groups with stakeholders to improve the alignment between EMA training programs, examinations, and field practice. This effort has been aided by the recent public release of Clinical Practice Guidelines by BCEHS. While the Board is still in the review phase and has not yet approved the content of these guidelines, the concept of a single, evidence-based guiding document for patient care is exciting. The Board looks forward to continuing work with stakeholders and BCEHS to encourage widespread adoption.

Dr. Mary Ellen Turpel-Lafond’s report, *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, profoundly highlighted areas of the health system where health care providers, including EMAs, must address access to safe and respectful care, free of racism and judgement. The Board had begun work on initiatives to better serve

Indigenous peoples at the time of the report. However, the report and ensuing support has served as a catalyst and provided concrete direction and access to expertise in guiding change. The Board is passionate about ensuring our activities are not only safe and informed, but welcoming and supportive of Indigenous peoples.

The Board is guided in its work by the *Emergency Health Services Act* and the Emergency Medical Assistants Regulation. Under *the Act*, and with the approval of the Minister, the Board may make rules governing its own procedure. This year saw the development and approval of an updated set of Board rules. This undertaking, in collaboration with the helpful members of the Ministry of the Attorney General, Legal Services Branch, has given the Board a modernized framework to address complaints with improved fairness to both complainants and respondents.

This annual report will provide you with a comprehensive overview of the 2020/21 work of the EMA Licensing Board and branch in its regulatory management of over 15,000 licensees in what has turned out to be an extraordinary year. The Board is available to meet at your convenience to discuss the content of this report or the anticipated work ahead in the regulation of EMAs. On behalf of all members of the Board and the branch, we are grateful to be a part of the ongoing efforts to improve the standard of patient care in BC.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Sinden', written in a cursive style.

Ryan Sinden
Chair
Emergency Medical Assistants Licensing Board

LETTER FROM THE REGISTRAR

July 2021

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 contribute to this annual report of the Board for the reporting period ending March 31, 2021. I was appointed to the position of EMA Licensing Branch Director/Registrar in May 2021.

The branch’s efforts during this year were primarily focused on maintaining the operations of training, examination and licensing within the constraints and enablers of the Provincial Health Officer’s Orders relating to COVID-19. In consultation with stakeholders, EMAs were granted examination and licence renewal extensions throughout 2020/21 and into the current reporting period. With the movement of BC into Step Three of the Re-start Plan, the branch has implemented an aggressive practical examination schedule that will see all previously cancelled and all current examination candidates examined by the end of August and the resumption of the regular province-wide examination schedule by September. Branch members are doing their part to help close the gap on the current paramedic shortage in BC.

Into 2021/22, the branch will be continuing to support the work of the Board-established working groups to implement provincial First Responder practical examinations in a thoughtful and practical manner as well as refreshing the First Responder written examination to align it with training and practice.

With the release of *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, the branch will be reviewing application, examination, and complaints processes in conjunction with the EMA Licensing Board to ensure respectful access to services for Indigenous peoples, under the leadership and expertise of the Ministry of Health, Office of Indigenous Health.

Through the course of 2021/22, the branch will continue its focus on operational work and the associated policy development in support of the ongoing priorities in delivering emergency health services in BC.

Sincerely,



Eugene Johnson
Director/Registrar

Board Composition

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

Ryan Sinden, PCP, BBA, Chair



Ryan Sinden works in both the fire service and BC Emergency Health Services (BCEHS). Ryan started his full-time firefighting career in 2006. Within the fire service Ryan has and continues to be involved in many different specialty teams including high angle and confined space rescue, urban search and rescue, trench rescue, vehicle extrication, and water/ice rescue. Ryan has also been active in the private sector, developing and teaching courses and providing contract rescue services in industry.

Ryan's career in paramedicine started in 2007 with BCEHS as a primary care paramedic. Working in the Okanagan, Whistler, and the Metro Vancouver areas for the last number of years, Ryan has enjoyed experiencing the variety in service delivery that comes with different areas. Ryan's interest in training and education continued with his position as an instructor with the Justice Institute starting in 2008 where he teaches the PCP program.

In 2017, Ryan accepted a role with BCEHS Learning as a clinical educator. Ryan currently teaches various continuing education courses offered to BCEHS paramedics. Continuing education is important to Ryan leading him to complete his diploma in EMS from the Justice Institute in 2015 and Honours Degree in Business Administration from Simon Fraser University in 2016.

Ryan was appointed to the Board April 27, 2020 and reappointed April 19, 2021 for a term ending December 31, 2023.

Dr. Philip Yoon, MD, MBA, Vice Chair

Dr. Yoon is 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 completed his medical and business administration training at the University of Alberta and has been in active emergency medicine practice for over 25 years.

Phil has worked in clinical, administrative, educational and research roles in emergency medicine and EMS in Alberta, Nova Scotia and British Columbia. He maintains a clinical and academic interest in pre-hospital and



transport medicine and other areas related to medicine in austere environments.

Dr. Yoon also serves as a Navy Reserve Medical Officer in the Canadian Armed Forces. Since 2013, he has held the position of Medical Director of the EMS Physician Online Support (EPOS) service with British Columbia Emergency Health Services.

Dr. Yoon was appointed to the Board in November 2012 and reappointed on December 22, 2020 to a term ending December 31, 2022.

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 Past 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 and reappointed on December 22, 2020 to a term ending December 31, 2022.

Board Roles and Responsibilities

The Emergency Medical Assistants Licensing Board's mandate is to ensure all Emergency Medical Assistants (EMA) 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 EMAs practicing throughout British Columbia and to set licence terms and conditions. Annual continuing competence requirements are enforced by the Director and individuals are directed to the Board as necessary to ensure licensees maintain a high standard of patient 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.

Investigations Committee of the Board

The Investigations Committee is appointed by the Board and acts independently to assist the Board in assessing patient care complaints. Effective June 2020, there is an eight-person Investigations Committee consisting of a Chair, who is an emergency physician, a registered nurse, four paramedics, and two first responders. 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 branch operational deliverables 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.



Practicing CPR
Photo Credit: Surrey Fire Department

2020/21 IN REVIEW

COVID-19

Provincial Health Officer, Dr. Bonnie Henry, declared a public health emergency in BC, just prior to this reporting period. The Board has maintained communication with licensees and is very grateful for their commitment to their fellow British Columbians and their extraordinary efforts in dealing with this unprecedented public health emergency. The Board has continued to work with its stakeholders to ensure EMAs are adequately supported in their response to the pandemic.

The efforts begun in the final days of the 2019/20 reporting period continued throughout 2020/21 as Board and branch members implemented plans to expedite new licence applications and licence renewals, as well as managing continuing competence reporting requirements while maintaining workforce resources and patient safety, and in recognition of the competing challenges facing EMAs.



Pandemic Impact on Examinations

Provincial practical paramedic examinations were conducted or cancelled during 2020/21 in accordance with the direction provided by the Provincial Health Officer orders. There were several periods of time where orders prevented either the physical gathering and/or the travel required to conduct exams. When possible, exams were conducted in a controlled environment within the Ministry of Health or in contracted facilities that had provided evidence of their ability to safely accommodate examination candidates and examiners. In the spring of 2021, the branch developed an aggressive plan to offer all candidates awaiting examinations an opportunity to complete their exams by the end of August. With the announcement of BC transitioning into Step Three of the Re-start Plan, the plan was fully implemented.

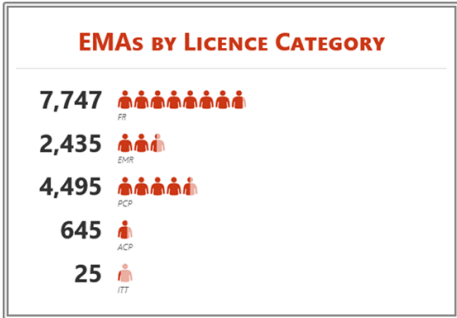
Policies and Positions

The Emergency Medical Assistants Licensing Board approves policy within its legal authority under the *Emergency Health Services Act* and Emergency Medical Assistants Regulation. In alignment with best practice, the Board publishes all policies on its [website](#). No new policies were implemented during 2020/21 although multiple policies were refreshed to reflect current practice.

The Board published a [statement](#) regarding EMA's use of bystanders specific to the circumstances under which bystanders could be used and the non-invasive services they can perform. The statement confirms the responsibility of the EMA with the highest licence level to take on scene command and provide direction to bystanders and ensure they are performing the assigned task properly and safely.

Licenses

During 2020/21, there were 15,468 EMA licenses held. This represents 178 additional licenses over the previous year and a 5% increase over the last five years. In BC, First Responders (FR) continue to represent the largest number of EMAs at 50%, a 3% decrease over last year. The growth in EMA licensees is represented by EMRs (124), PCPs (337), ACPs (51) and CCPs (10) offset by a decrease in FR licence holders (-344). ITT licenses held steady at 25 and are expected to maintain or decrease as there are no current recognized training programs available for this licence category.



Licenses by Licence Category (2020/21).
Source: EMA Licensing Branch

Employment

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

Air Ambulance	22
BC Ambulance Service	4122
Employed Outside BC	172
Entertainment	53
Federal Government*	24
Fire Rescue	8186
First Nations	2
First Nations Fire Rescue	42
Health Authority	58
Industry	1000
Military	168
Not Employed**	2061
Other	26
Overdose Prevention	14
Patient Transfer	55
Police	6
Provincial Government***	34
Registered outside BC	1065
Search and Rescue	66
Self Employed	20
Ski Patrol	135
Training Institution	84

arrive on 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 (CCP) 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 right indicates self-reported EMA employment throughout BC.

*includes RCMP (6) and Coast Guard (11)

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

*** includes members of EMALB (3)

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 and consistent patient care.



Training Day: Wound Bandaging
Photo Credit: Surrey Fire Department

Emergency Medical Assistants submit 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, and if the requirements are not met, licensees are contacted by the branch via email reminding them of their regulatory obligation.

During 2020/21, the branch did not issue 2019/20 shortfall letters because continuing competence requirements were waived due to the pandemic. For the 2020/21 reporting period, 1001 EMAs were in 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.

Practical Exams

The EMA Licensing Branch administered 1760 practical exams during 2020/21, a 5% increase from the previous year. This occurred despite the months in which practical examinations were cancelled in accordance with the Provincial Health Officer orders. Of the 1760 exams, 1223 were administered for EMRs, 532 for PCPs and 5 for ACPs. Practical examinations are conducted primarily to obtain a new licence or new licence level (1738) but can also result from Board hearings (5), to remove suspensions (5), or for licence reinstatements (7). Suspensions are most often the result of failing to complete continuing competence within the regulated timeframe including the adjudication period.

Written Exams

There were 833 written examinations completed in 2020/21, a modest increase (18) over the previous year. As with practical examinations, written exams were primarily written by candidates who were applying for an initial licence or a new licence level (95%) or reinstatement (3%), with the remainder written to remove suspensions, resulting from a hearing or to meet the requirements of transferring to B.C. from another jurisdiction (2%).

Jurisprudence Exams

The jurisprudence exam addresses legislation, regulation, and policies and is administered to ensure EMAs are familiar with the legal obligations and governance of their EMA practice. The branch administered 977 jurisprudence exams down 30% from the previous year. The majority (756) were candidates applying for an initial licence in the category. Of the remainder, 185 were candidates transferring to British Columbia through the Agreement on Internal Trade; 14 were transferring internationally; and the remaining 23 were licence reinstatements, suspension removals, or requirements of Board hearings.



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.

Canadian Organization of Paramedic Regulators 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 has used the COPR Entry to Practice Examination for PCP and ACP licence categories in BC since November 2015. During 2020/21, 224 COPR exams were attempted by BC candidates; 24 in the ACP and 200 in the PCP licence categories. Candidates had a 78% success rate down from 80% in the previous year. However, BC PCP candidates had a 76% pass rate compared to the national rate of 70%, whereas ACP candidates had a 96% pass rate compared to the national pass rate of 82%.



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 their licence, or suffers from a physical ailment, emotional disturbance, or an addiction to alcohol or drugs that materially impairs their ability to act as an EMA.

The Board has continued its efforts, begun in 2018, to reduce complaint processing times however, the volume of complaints has increased 272% over the last three years with no corresponding increase in resources in the oversight and management of the complaints process. This has limited any additional progress that can be made on this initiative.

From April 1, 2020, to March 31, 2021, the Board closed 67 complaint investigations; a 29% increase in closed cases over the previous year which had a previously unprecedented volume of cases closed at 52. Of these 67 closed investigations, 25 related to breaches of the EMA Code of Ethics (term and condition of licence); 20 involved incompetence in carrying out the duties of an EMA; and 22 related to both.

The Board uses hearings, alternative dispute resolutions (ADR) and agreements to achieve resolution. Although the Board may require a registrant to complete actions such as research papers, courses and/or clinical consults depending on the circumstances of the complaint and the findings of the Investigations Committee and/or hearing, the focus continues to be less punitive and more collaborative and educational. The Board may also determine if time-limited terms, conditions, or suspensions should be imposed on a registrant's licence.

Of the 67 closed cases, 13 resulted in disciplinary action being taken and 54 resulted in no disciplinary action. The details of these cases can be found on the following pages. The Board publishes the details of complaints that do not result in disciplinary action in the interest of transparency and to educate the public and EMAs.

Complaint Investigations

Investigations & Complaints Considered by the Board Resulting in Disciplinary Action

EMA	Complaint Type	Outcome
Balfour, Joseph Francis	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	<p>The Attendant acknowledges and admits to acting incompetently and breaching a term or condition of their license by:</p> <ul style="list-style-type: none"> a) Failing to recognize a critically ill patient; b) Using an inappropriate medication, Midazolam instead of Ketamine; c) Failing to properly manage the patient's airway by failing to use: CPAP, early use of BVM, and wave form Capnography; by improperly using a straight end tidal line under the patient's oxygen mask, by failing to deflate the cuff prior to removing the endotracheal tube; d) Failing to properly document cardiac arrest treatment and listing the patient as not having experienced cardiac arrest; e) Failing to recognize the severity of the patient's distress and to initiate timely transport to hospital. <p>The EMA signed an ADR and completed a Morbidity and Mortality (M&M) Rounds presentation to the Board. Case is closed.</p>
Byrne, Barbara Lynn	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).	<p>The Attendant acknowledges and admits to breaching a term and condition of their license by being dishonest during an investigation by their employer, BCEHS.</p> <p>The EMA signed an ADR and agreed to complete a research paper and undergo a clinical consultation. Case is closed.</p>
Dehghani, Arman	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).	<p>The Attendant acknowledges and admits to breaching a term or condition of their license by conducting themselves unprofessionally.</p> <p>The EMA signed an ADR and completed a clinical consultation. Case is closed.</p>
Loader, Garry Stuart	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The Attendant acknowledges and admits to acting incompetently and to breaching a term and condition of their license in the following respects:</p> <ul style="list-style-type: none"> (a) Failing to assess the patients properly at the accident scene; (b) Failing to communicate and work collaboratively with first responders; and (c) Failing to document own involvement in the call. <p>The EMA signed an ADR and completed a research paper and underwent a clinical consultation. Case is closed.</p>
McDonald, James Stuart	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	<p>The Attendant acknowledges and admits to breaching a term and condition of their license in the following respects:</p> <ul style="list-style-type: none"> (a) Failing to recognize the severity of the patient's injuries and failing to initiate scene response on this call; and (b) Failing to demonstrate professionalism by making inappropriate comments to the patient on the call. <p>The EMA signed an ADR and completed a training program and underwent a clinical consultation. Case is closed.</p>

EMA	Complaint Type	Outcome
Michael, Sean Francis	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 Attendant acknowledges and admits to breaching a term and condition of their license by using an unprofessional Username on the National Occupational Competency Profile for Paramedics. The EMA signed an ADR agreement and completed a research paper, successfully completed the Board jurisprudence examination and a clinical consultation. Case is closed.
Pardalis, Nikolaos K.	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 Attendant acknowledges and admits to breaching a term and condition of their license in the following respects: Advising the patient they were not having a stroke and did not have to go to the hospital. When discussing the patient with the triage nurse, the EMA mocked the patient, dismissing their concerns about having a stroke. The EMA signed an ADR and agreed to undergo a clinical consultation. Case is closed.
Price, Norman Plumer	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 breached a term and condition of their licence by acting beyond their scope of practice by administering Epinephrine to a patient. EMA signed an ADR agreement and agreed to undergo a clinical consultation that addressed the importance of knowing the limits of one's scope of practice. Case is closed.
Shaw, John William	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 Attendant acknowledges and admits to acting incompetently and to breaching a term and condition of their license in the following respects: Failing to do a full physical assessment of the patient including failing to take vital signs; Failing to complete the required documentation of the call; Failing to have the patient sign the waiver of transport prior to leaving the scene. The EMA signed an ADR and agreed to complete a research paper and undergo a clinical consultation. Case is closed.
Soltész, Leah M.	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 Attendant acknowledges and admits to breaching a term and condition of their license in the following respects: (a) Being untruthful about the length of time Tranexamic Acid was administered to a patient; and (b) Failing to report a medication error. The EMA signed an ADR and completed a research paper and a clinical consultation. Case is closed.
Stevens, Curtis M.	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 Attendant acknowledges and admits to breaching a term or condition of their license by conducting themselves unprofessionally. The EMA signed an ADR and completed a clinical consultation. Case is closed.

EMA	Complaint Type	Outcome
Truscott, Courtney Elizabeth	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).	<p>The Attendant acknowledges and admits to breaching a term and condition of their licence in the following respects:</p> <ul style="list-style-type: none"> (a) For the 2018/19 reporting period for Continuing Education Activity Submissions, submitting for Continuing Competency credit the activity "CPR for Health Care Providers" and "AED Certification" as two separate courses when it could only be claimed as one course. (b) For the 2018/19 reporting period for Continuing Education Activity Submissions, submitting for Continuing Competency credit the activity "Fire Hall -Weekly Training", when the EMA was not a member of a fire department. (c) For the 2018/19 reporting period for Continuing Education Activity Submissions, submitting for Continuing Competency credit the BCEHS courses Using the Vehicle Visual, Safety and Operational Readiness Checklist, Carbon Monoxide (CO) Single-Gas Detector, Cleaning and Disinfection of Ambulance and Patient Care Equipment, and Incident Investigations, when the EMA had not completed such courses. <p>The EMA signed an ADR agreement and completed a research paper and clinical consultation. Case is closed.</p>
Wallace, Margaret Jean	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>In the Disciplinary Decision, the Board determined, pursuant to section 7 of the <i>Emergency Health Services Act</i>, it was satisfied the Respondent breached a term or condition of their licence.</p> <p>A hearing was held, and the EMA did not attend the hearing.</p> <p>The EMA's licence is currently expired. The EMA must successfully complete a course at their own cost on "Professionalism in Paramedicine"; complete an original research paper on professionalism in paramedicine with an emphasis on the importance of professional regulation; and complete a clinical consultation to have their licence reinstated.</p>

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

EMA	Complaint Type	Outcome
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	One EMA allegedly performed services outside of their EMA first responder licence scope, administered expired medication that was not appropriate for the patient's condition and failed to provide adequate documentation. One EMA failed to advocate for the patient when witnessing inappropriate patient care. The Board resolved the matter with an agreement with the EMAs. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	EMAs allegedly did not obtain patient's previous medical history, did not consider the severity of the patient's condition, did not consult with the proper individuals to decide best hospital for medical condition, took over an hour to stabilize the patient and transported to a hospital that could not treat the patient's condition. The Board resolved the matter with an agreement with the EMAs. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs allegedly did not utilize proper spinal management, did not take vital signs on scene or during transport and did not assess or treat the two patients. The complaint also alleged that no assessment or treatment was done to a patient who was visibly in shock and suffering whiplash. The complaint also claimed the EMAs did not assess or treat the other patient who was suffering from a back injury, facial swelling, and shoulder injury. The Board directed the Investigation Committee to investigate the complaint. The Board determined that the EMAs performed acceptable patient care. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs allegedly did not utilize proper spinal management, disregarded the patient's medical history, forced the patient onto their feet, did not obtain vital signs, and provided inadequate information on the patient care report regarding the care provided. The Board directed the Investigation Committee to investigate the complaint. The Board determined that the EMAs performed acceptable patient care. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs allegedly did not submit appropriate documentation. The Board resolved the matter with an agreement with the EMAs. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs allegedly did not employ c-spine stabilization on the victim of a motor vehicle accident. The Board found that the EMAs provided appropriate care. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs allegedly acted beyond their scope of practice when they performed pulse oximetry and blood pressure measurement by auscultation. The Board resolved the matter with an agreement with the EMAs. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs allegedly acted beyond their scope of practice when they performed pulse oximetry and blood pressure measurement by auscultation. The Board resolved the matter with an agreement with the EMAs. Case is closed.

EMA	Complaint Type	Outcome
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs allegedly acted beyond their scope of practice when they performed pulse oximetry and blood pressure measurement by auscultation. The Board established that the EMAs had the appropriate licensure to use these skills and were not acting outside their scope of practice. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs allegedly did not complete appropriate patient care documentation. The Board resolved the matter with an agreement with the EMAs. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs allegedly did not perform a proper patient assessment, failed to recognize the severity of their condition, and refused to transport the patient. The Board directed the Investigation Committee to investigate the complaint. The Board determined that the EMAs performed acceptable patient care. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	EMAs allegedly moved a patient with possible spinal injury and did not employ c-spine stabilization. The Board considered that the complaint was not justified and dismissed the complaint. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	EMAs allegedly delayed oxygen administration, made the patient walk. The Board established that these EMAs were not involved in the complaint and dismissed the complaint against them. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	EMAs allegedly acted out of scope when giving Ventolin to patient. The Board resolved the matter with an agreement with the EMAs. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs were alleged to have performed outside the scope of their licence when they used a pulse oximeter device on a patient; to have attempted to perform a blood pressure auscultation with a cuff and stethoscope reading; and to have incorrectly administered oxygen based on the reading. The Board resolved the matter with an agreement with the EMAs. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs were alleged to have provided inadequate patient care by not ventilating the patient and not administering oxygen until instructed to do so; not having a suction device available; not clearing the patient's airway until instructed to do so; and administering Narcan inappropriately. The Board considered that the EMAs have learned from the incident and training issues have been appropriately addressed by the employer. The Board took no further action. Case is closed.
Names Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMAs were alleged to have not provided patient care and to have not completed patient care documentation. The Board considered that the complaint was not justified and dismissed the complaint. Case is closed.

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> .	The EMA allegedly acted roughly with the patient and failed to consider their well-being by not stabilizing their neck and making them walk to the ambulance. The Board directed the Investigation Committee to investigate the complaint. The Board determined that the EMA played a minor role on the call. Case is closed.
Names 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).	EMAs allegedly breached patient confidentiality. The Board considered that the complaint was not justified and dismissed the complaint. 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).	EMAs allegedly were accusatory, dismissive, and disrespectful to the patient and family member due to their appearance as a visible minority and inability to speak English. The Board resolved the matter with an agreement with the EMAs. 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 allegedly made rude and inappropriate comments. The Board resolved the matter with an agreement with the EMAs. 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).	EMAs allegedly did not take the patients' health situation seriously, made offensive insinuations, made passive aggressive comments, and misdiagnosed the patient due to prejudice against the patient. The Board resolved the matter with an agreement with the EMAs. Case is closed.
Names 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 EMAs were alleged to have altered examination questions in order to joke about an employee and to have bullied and harassed the employee. The Board decided to take no further action after it received confirmation that the alleged behaviour involved no patient safety concerns and that no academic plagiarism had taken place.
Names 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 EMAs were allegedly callous and unprofessional towards a patient. The Board resolved the matter with an agreement with the EMAs. 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 allegedly made inappropriate and discriminatory comments on their public social media account. The Board resolved the matter with an agreement with the EMAs. Case is closed.

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 allegedly asked a bystander non-pertinent personal questions. The Board considered that the complaint was not justified and dismissed the complaint. Case is closed.
Names 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 EMAs allegedly did not conduct a thorough assessment before leaving the patient on the scene. The complainant attributed the alleged lack of care to racial prejudice. The Board resolved the matter with an agreement with the EMAs. 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).	Criminal charges. The Board upheld the judicial decision and decided to take no further action. 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 was allegedly callous and did not show empathy for the patient. The Board resolved the matter with an agreement with the EMAs. Case is closed.
Names 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 EMAs were alleged to not have raised concerns about evidence or neglect encountered on scene. The Board considered that the EMAs acted appropriately on this call. Case if 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 was alleged to have made harassing comments on social media. The Board considered that the complaint was not justified and dismissed the complaint. 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 was allegedly impolite when interacting with a bystander. The Board considered that the complaint was not justified and dismissed the complaint. 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 allegedly did not cooperate with an EMALB investigation. The Board considered that the complaint was not justified and dismissed the complaint. 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 EMAs allegedly were acting in an unprofessional manner. The Board offered a voluntary consultation to the EMA. Case is closed.

EMA	Complaint Type	Outcome
Names 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).	EMAs allegedly were disrespectful towards the patient's family, were unwilling to transport the patient and discouraged patient's family to attend ER. The Board resolved the matter with an agreement with the EMAs. 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 EMAs was alleged to have used an improper lift, not utilized scene resources, attempted to abandon the patient, and attempted to have the patient's family member removed from their side at the hospital. The complaint also alleged that the EMA was dismissive and aggressive. The Board directed the Investigation Committee to investigate the complaint. The Board determined that the EMA performed acceptable patient care. 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 allegedly failed to consider the well-being of the patient and protecting and maintaining the patient's safety and dignity. According to the complaint the EMA was disrespectful towards the patient, refused to help them stand up and handled them carelessly. The Board directed the Investigation Committee to investigate the complaint. The Board determined that the EMA played a minor role on the call. Case is 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 allegedly did not assess, treat, or transport a patient who was involved in a motor vehicle incident and did not complete the patient care documentation. The Board resolved the matter with an agreement with the EMA. Case is 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 allegedly performed licence services outside of their licence and misrepresented themselves as a higher licence level. The Board resolved the matter with an agreement with the EMA. Case is closed.
Names 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 EMAs were alleged to have provided inadequate care by not taking the patient's vitals upon arrival, not documenting the amount of IV fluid, administering an incorrect amount of TXA, and not starting CPR until arrival to hospital. The EMAs were also alleged to have delayed transport by changing drivers. The Board resolved the matter with an agreement with the EMAs. Case is closed.

EMA	Complaint Type	Outcome
Names Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMAs were alleged to have refused to examine the patient, to have not wanted to collaborate with the people responsible for the patient's well-being and to have acted in a hostile and disrespectful way.</p> <p>The Board considered that the complaint was not justified and dismissed the complaint. Case is closed.</p>
Names Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMAs allegedly failed to consider the wellbeing of the patient by not transporting the patient until an MSP number was obtained and by not reattempting to contact the receiving hospital in advance.</p> <p>The Board resolved the matter with an agreement with the EMAs. Case is closed.</p>
Names Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMAs were alleged to allow an employee attend medical calls without a valid licence.</p> <p>The Board considered that the matter was appropriately addressed by the employer. Case is Closed.</p>
Names Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMAs allegedly failed to consider the wellbeing of the patient by letting her walk with no support.</p> <p>The Board considered that the EMAs followed appropriate procedures. Case is closed.</p>
Name Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMA was alleged to have not utilized proper fracture management, to have removed zap straps from an injured limb in absence of the limb being supported, and to have breached the Code of Ethics by aggressively approaching and arguing with a person acting as a Good Samaritan.</p> <p>The Board directed the Investigation Committee to investigate the complaint. The Board determined that the EMAs performed acceptable patient care. Case is closed.</p>

EMA	Complaint Type	Outcome
Name Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMAs were alleged to have behaved in an unprofessional and impolite manner and to have ignored the patient's requests and the information provided by them. The complaint also alleged that the EMAs threatened the patient and the family with calling the police</p> <p>The Board considered that the complaint was not justified and dismissed the complaint. Case is closed.</p>
Names Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMAs allegedly did not gather sufficient information to accurately assess the patient's condition, did not take into account the information provided by the patient's family and medical staff at the scene, initially refused an ambulance for the patient, and did not advocate for them at the emergency room.</p> <p>The Board resolved the matter with an agreement with the EMAs. Case is closed.</p>
Name Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMA allegedly did not take a patient's concern seriously when they insisted the patient was not experiencing a stroke, mocked the patient by saying, "this patient is fixated that they are having a stroke" and then rolled their eyes during their report to the triage nurse.</p> <p>The Board directed the Investigation Committee to investigate the complaint. The Board determined that the EMA played a minor role on the call. Case is closed.</p>
Names Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMAs allegedly provided inadequate care by having disregarded the medical information provided by the patient; did not accommodate their disability; did not allow the patient to take personal effects with them; and acted in an unprofessional, condescending manner.</p> <p>The Board found that the EMAs provided appropriate care and adhered to employer treatment guidelines. The Board did not find sufficient evidence of unprofessional behaviour. Case is closed.</p>
Name Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMA allegedly did not rush to the scene, delayed treatment and did not show empathy towards the patient's family</p> <p>The Board resolved the matter with an agreement with the EMAs. Case is closed.</p>

EMA	Complaint Type	Outcome
Name Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMA allegedly abandoned the patient before ambulance arrived.</p> <p>The Board resolved the matter with an agreement with the EMA. Case is closed.</p>
Names Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>EMAs allegedly abandoned the patient before ambulance arrived.</p> <p>The Board considered that the EMAs played a minor role and decided to take no further action.</p>
Names Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMAs allegedly failed to consider the wellbeing of the patient when they took a long time to arrive on scene and get out of the vehicle. The complaint also alleged that the EMAs were disrespectful and impolite to the patient and their spouse.</p> <p>The Board resolved the matter with an agreement with the EMAs. Case is closed.</p>
Name Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <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).</p>	<p>The EMA was alleged to have not performed critical basic airway interventions; not to have obtained vital signs prior to administering naloxone; provided incorrect dosage of naloxone; and to have not documented the patient care provided. The complaint also alleged that the EMA breached the Code of Ethics by being unprofessional to another EMA.</p> <p>The Board resolved the matter with an agreement with the EMAs. Case is closed.</p>