



Emergency Medical Assistants Licensing Board 2021/22 Annual Report

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LETTER FROM THE CHAIR

July 27, 2022

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 2021/22 Annual Report, in accordance with the *Emergency Health Services Act*, section 6(8).

The 2021/22 reporting period was another extraordinarily busy year for Emergency Medical Assistants (EMAs) and the organizations that deliver emergency health services throughout the province. This past year saw the impacts of COVID-19 continue, exacerbated by a year of record-breaking overdose deaths, record high temperatures in June with corresponding wildfires and heat-related deaths, and the atmospheric river and resulting flooding that occurred in November. The Board and branch have been working with our stakeholders to support the supply and efforts of EMAs during these extreme events.

With the Minister’s direction on July 14, 2021, the Board and branch began the concerted effort to engage with stakeholders to present scope change recommendations supported by medical evidence and modern practice. This involved stakeholder consultation and review, writing and submitting the recommendations to the Minister and subsequently working alongside our Ministry colleagues in the branch and within Professional Regulation to answer clarifying questions in the drafting of the regulations. In anticipation of the regulation changes coming into effect, the Board and branch have been actively consulting with BC EMA training institutions on the inclusion of the scope changes in education modules which will fulfill the training needs of existing EMAs, as well as in initial training programs to ensure upcoming graduates will be fully trained in the new skills.

The Board also undertook a comprehensive review of the BC Emergency Health Services Clinical Practice Guidelines which is a testament to the Board’s commitment to cooperative relationships and to the delivery of consistent high-quality care by EMAs across the province. While the Board is supportive of the widespread adoption of a provincial guideline to help guide education and services, as per *the Act*, only the Minister has the authority to mandate the use of guidelines via regulation.

The labour market has experienced profound shortages of workers and the supply of EMAs has not escaped this trend. The Board and branch have been working with agencies that employ EMAs to develop creative strategies to increase the supply of EMAs in a way that is both cost effective and beneficial to employers, and ultimately the public. While work continues in this area, I am pleased to report that these efforts have led to policies and agreements with stakeholders which are providing licensed EMAs where they are needed most.

This annual report provides a comprehensive overview of the 2021/22 work of the EMA Licensing Board and branch in its regulatory management of over 15,000 licensees in what has turned out to be another challenging 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 including the scope of practice changes. On behalf of the Board and branch, we are grateful for the opportunity to contribute to patient safety 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 27, 2022

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, 2022.

The branch’s work during the first quarter of this year focused on maintaining the operations of training, examination, and licensing within the constraints of the Provincial Health Officer’s COVID-19 orders. Once the COVID-19 provincial state of emergency declared under the *Emergency Program Act* ended at 11:59 pm on June 30, 2021, the branch was poised to implement its enhanced practical examination schedule that saw all previously cancelled and current examination candidates examined by the end of August, and the resumption of the regular province-wide examination schedule by September.

In July 2021, you directed the EMA Licensing Board to develop recommendations for increasing the scope of EMAs in a manner that would improve patient care. The branch supported the Board in this initiative, including coordinating the consultation and engagement process for major stakeholders. With the Minister’s announcement in December 2021, the branch turned to operational implementation considerations within the licensing and training processes and in supporting the Ministry in the wider system implementation and the anticipated regulation changes.

During the second half of 2021/22, the branch initiated a new procurement cycle for a number of essential contracts for training facilities, examiners, and clinical consultants. This procurement process has established a more sustainable schedule for future contract renewals. It has also been integrated with efforts to establish greater consistency and quality control over the examination process. We anticipate the demand for licensed EMAs will be strong for years to come, and the branch will work to ensure that the licence process balances timeliness with high standards of practitioner competency.

The primary focus of 2022/23 will be the implementation of the scope of practice regulatory changes as well as maintaining the high standard of licensing, examination and training services provided to BC EMAs.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Johnson".

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 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 area 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, an Honours Degree in Business Administration from Simon Fraser University in 2016, and Ryan is currently working on his Master of Business Administration (MBA) at the University of British Columbia with completion expected in December 2023.

Ryan was appointed to the Board April 27, 2020, and was reappointed in April of 2021 until 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.



Photo Credit: BC Legislative Assembly, Image Gallery

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. During 2021/22, 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.

2021/22 IN REVIEW

COVID-19 Impact on Practical Examinations

As a result of physical indoor gathering and/or travel public health restrictions, practical examinations were cancelled from April to June of 2021. In June, the branch began an accelerated examination schedule to ensure candidates cancelled in April, May and June could receive a practical examination by the end of August. Additional days were added to existing scheduled exam sessions and additional exam sessions were added to meet the August timeline as follows: five examination sessions in Victoria (16 days), four exam sessions in Vernon (14 days), three exam sessions in Vancouver (14 days), one exam session in Dawson Creek (5 days), and one exam session in Cranbrook (3 days).

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](#) and all policies are reviewed and revised as necessary on a cyclical basis.

In January 2022, the Board approved a new policy to allow Primary Care Paramedics, who have begun but not completed their examinations, to challenge the Emergency Medical Responder (EMR) exams. If successful, they would be eligible for an EMR licence to allow them to seek employment while awaiting an EMA Licensing practical exam and/or the Canadian Organization of Paramedic Regulators' entry to



practice written exam. The purpose of the policy is to increase flexibility in the pathways to licensure without compromising standards for practitioner competency and patient safety.

The Board published a [statement](#) in June 2021 to acknowledge the discovery of the remains of 215 Indigenous children in a mass grave on the site of a former residential school in Kamloops. The statement expressed the Board's condolences, stated their intention to ensure processes within their purview are culturally safe, appropriate, and oriented toward restorative justice, and emphatically called upon Emergency Medical Assistants to adopt cultural safety and humility into their healthcare delivery.

Exam Quality Control Project

The purpose of this project is to ensure that practical examinations for EMAs are conducted in a consistent and effective manner to ensure prospective EMAs are safe to enter practice. The outcome of this project will enable contracted examiners to practice with confidence and consistency and ensure candidates are assessed competently and fairly with results that contribute to public safety. The key deliverables for this project are new examination grading criteria, an exam bank for use during the first quarter of 2022/23, shorter examination days, and increased time between examinations for examiner and exam coordinator consultation.

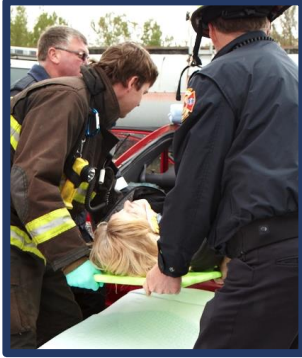


Photo credit: Canadian Red Cross

During 2022/23, the focus will be the scheduling of timely exam development and review. This will result in the creation and review of second, third and fourth quarter practical examination scenarios by the clinical advisor and examiners, thereby ensuring a robust examination bank in line with current practice standards.

Continuing Competence Review Project

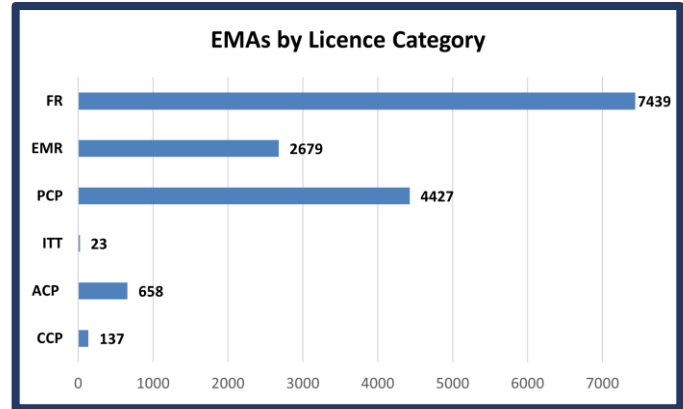
Continuing competence has been an annual requirement since 2011 and is embedded in the EMA Regulation under [Part 4](#). The current policy was updated in 2017. Based on feedback from a variety of stakeholders, who have identified concerns with the existing policy, the EMA Licensing Branch has initiated a review of CC policy.

The project was initiated in the final quarter of the current reporting period. The purpose of which is to establish clear policy objectives for the CC program and identify opportunities to enhance practitioner knowledge and engagement while maintaining public safety and practitioner accountability. A jurisdictional scan was conducted focusing on paramedics in Canadian provinces and the United Kingdom, Australia, and New Zealand, as well as a review of other BC healthcare professionals. BC EMAs were surveyed to gather feedback regarding the existing CC program. A report was written to capture the findings of the jurisdictional scan and the survey results.

During 2022/23, the findings will be used to inform the principles on which the continuing competence program and credit allocation will be based. The principles will be circulated for stakeholder review and feedback and once finalized, will form the foundation of revised policy within the constraints of the current EMA Regulation.

EMAs by Licence Category

On March 31, 2022, there were 15,363 EMA licenses held. This represents 105 fewer licensees over the previous year. In BC, First Responders (FR) continue to represent the largest number of EMAs at 48%, a 2% decrease over last year. The representation by BC EMA licence category with year over change is, FR 7,439 (-308), EMR 2,679 (+244), PCP 4,427 (-68), ITT 23 (-2), ACP 658 (+13) and CCP 137 (+16). The decrease in FR and increase in EMR is anticipated as increasingly, larger fire departments are licensing at the EMR level. The number of ITT licence holders is in an expected decline as there are no recognized training programs available for this licence category and new team members are trained and licensed as Critical Care Paramedics.



Licenses by Licence Category (2021/22)
Source: EMA Licensing Branch

Licence Category	Licenses Relinquished	Licenses Expired
FR	0	1,009
EMR	168	71
PCP	236	182
ACP	39	9
ITT	2	0
CCP	1	0
Total	446	1,271

During 2021/22, 446 EMAs relinquished their license and 1,271 licenses expired. Of those, 57 of the relinquished licenses and 38 of the expired licenses had been previously suspended by the Board.

EMA Employment

EMA-FRs typically work as fire fighters/fire rescue personnel providing emergency services such as scene assessment, CPR, and wound and fracture management until higher level licensees arrive on the scene. Emergency Medical Responders provide basic life-saving emergency medical care, typically in rural and remote areas or for large, urban fire departments. 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. The total number of licensees by employer is higher (17,486) than the number of licensees (15,363) because many EMAs have more than one employer.

Air Ambulance	19
BC Ambulance Service	4078
Employed Outside of BC	169
Federal Government*	181
Fire Rescue	8114
First Nation	2
Health Authority	59
Industry	1213
Municipal Government**	75
Not Employed***	2125
Other	9
Overdose Prevention	14
Provincial Government****	28
Registered outside of BC	1077
Search and Rescue	79
Self Employed	19
Ski Patrol	141
Training Institution	84
*Includes RCMP, Canadian Armed Forces, Coast Guard and Border Control	
**Includes regional district employees	
*** Includes EMAs who are not employed or who have not provided their employer, despite their regulatory obligation to do so	
****Includes members of EMALB	

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 license. These requirements are in place to ensure EMAs maintain a high level of competent and consistent patient care.

EMAs 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.

In the 2020/21 reporting period, 1,001 EMAs were in shortfall however, the Board opted not to proceed with disciplinary hearings. Of the licensees who were in shortfall for 2021/22, 320 either relinquished their licence or their licence expired.

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 1,964 practical exams during 2021/22, a 12% increase from the previous year. Of the 1,964 exams, 2 were administered for EMA FRs, 1,378 for EMRs, 545 for PCPs and 39 for ACPs. Practical examinations are conducted primarily to obtain a new licence or new licence level (1,103) but can also result from Board hearings (3), to remove suspensions (5), or for licence reinstatements (3). Suspensions are most often the result of failing to complete continuing competence within the regulated timeframe, including the adjudication period.

There were 1,702 candidates scheduled for practical examinations and of those 1,114 attended their examination, 205 cancelled or failed to show, and 383 were cancelled due to COVID restrictions in April, May and June of 2021 and subsequently rescheduled by the end of August.

Practical examinations were held in Victoria (33 days), Vernon (30 days), Vancouver (32 days), Cranbrook (9 days) and Dawson Creek (14 days) for a total of 138 days over 38 exam sessions. In addition, there were 13 special sessions made by request of BCEHS or Fire Departments in Terrace, West Kelowna, Haida Gwaii, N. Vancouver, Vancouver (3), Port Moody, Nanaimo, Coquitlam, Prince Rupert, Dawson Creek (2) totaling 22 exam days.

Written Exams

There were 655 written examinations completed during 2021/22, a decrease (21%) over the previous year. As with practical examinations, written exams are written by candidates who are applying for an initial licence or a new licence level (629/96%). The remainder wrote to reinstate a licence (11), remove a suspension (12) or as the result of a hearing (3).

EMA FRs write an exam to renew their licence in lieu of continuing competence requirements. This resulted in 3,017 EMA FRs writing renewal exams this year.



Photo credit: Canadian Red Cross

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 practice. The branch administered 3,872 jurisprudence exams, up almost 300% from the previous year. This was an



anticipated increase with the implementation of policy requiring the successful completion of the jurisprudence exam to renew licensure every three years for the First Responder licence category. Many (1,602/41%) candidates were applying for an initial licence in the category, while 1,640 (42%) resulted from licence renewals. Of the remainder, 161 were candidates transferring to BC through the Agreement on Internal Trade; 13 were transferring internationally; and the remaining 456 were licence reinstatements (454) and requirements of Board hearings (2).

NOTE: The variance in 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 2021/22, 282 (up from 224 the previous year) COPR exams were attempted by BC candidates; 262 in the PCP and 20 in the ACP licence categories. Candidates had an 88% success rate, up from 78% in the previous year. BC PCP candidates had an 87% pass rate compared to the national rate of 72%, whereas ACP candidates had a 90% pass rate compared to the national rate of 84%. BC candidates consistently do well as compared to the national averages.

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.

From April 1, 2021, to March 31, 2022, the Board closed 44 complaint investigations as compared to 67 from the previous year. Of these 44 closed investigations, 21 related to breaches of the EMA Code of Ethics (term and condition of licence); 18 involved incompetence in carrying out the duties of an EMA; and 5 related to both.

In the final quarter of the current reporting period, the branch secured a second Board Officer position. This will aid the Board in continuing its efforts, begun in 2018, to reduce complaint processing times and better support the Board in its ongoing work.

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, clinical consultations, and other remedial activity, 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. In some cases, the Board may also determine if time-limited terms, conditions, or suspensions should be imposed on a registrant's licence.

Of the 44 closed cases, 13 resulted in disciplinary action being taken and 31 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
Aason, Kristina	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> .	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. A hearing was held, and the EMA did not attend the hearing. The EMA's licence has been revoked. Case is closed.
Al-Mosavi, Andriv	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 acknowledges and admits to acting incompetently and breaching a term or condition of their license. The EMA signed an ADR and agreed to complete a research paper and undergo a clinical consultation. Case is closed.
Blackstock, Nathan Michael	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 acknowledges and admits to breaching a term and condition of their licence by being rude and disrespectful to the patient and their daughter. The EMA signed an ADR and agreed to a research paper and clinical consultation. Case is closed.
Campbell, Gerald Alan	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 acknowledges and admits to breaching a term and condition of their licence by communicating with the Continuing Competence Administrator unprofessionally. The EMA signed an ADR and was referred to a clinical resource person to discuss: <ul style="list-style-type: none"> a) The importance of a level of professional communication, especially with the regulator; and b) The appropriate use of government systems in particular EMA systems. Case is closed.
Cote, Emily, ABR (initials 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 EMAs acknowledge and admit to acting incompetently and to breaching a term and condition of their licence in the following respects: <ul style="list-style-type: none"> (a) Failing to take vitals prior to applying oxygen. The EMAs signed an ADR, did a ride-along with experienced paramedics and completed a reflection paper, underwent a clinical consultation, and re-took the airway management course. Case is closed.
Edwards, Daryl	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 acknowledges and admits to breaching a term or condition of their licence with respect to a patient. The EMA signed an ADR and agreed to complete a research paper and undergo a clinical consultation. Case is closed.

EMA	Complaint Type	Outcome
Freeman, Nathan Richard	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 acknowledges and admits to breaching a term and condition of their licence in the following respects: (a) Stocking a jump-kit with equipment belonging to their employer and attempting to sell it. The EMA signed an ADR and met the conditions of the ADR. Case is closed.
Martens, Julie	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 acknowledges and admits to breaching a term and condition of their licence by failing to give sufficient priority to the well-being of a patient, failing to encourage the trust of the patient and failing to carry out professional responsibilities. The EMA signed an ADR agreement and completed a research paper, successfully completed the Board jurisprudence examination and clinical consultation. Case is closed.
Ross, Kelly Gordon	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 acknowledges and admits to acting incompetently and breaching a term or condition of their licence by: a) Disregarding the process for handoff at an emergency event; and b) Not utilizing the equipment ready to extract the patient from their vehicle; and c) Failing to provide the standard of care which was to use manual extraction with spine motion restriction and pelvic stabilization. The EMA signed an ADR, prepared a presentation and a research paper, and completed a clinical consultation. Case is closed.
Ryan, Bhavani Chandra	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 acknowledges and admits to breaching a term and condition of their licence by practicing as an EMA on multiple occasions after their licence was suspended. The EMA signed an ADR, completed a course on professionalism, completed a research paper and a clinical consultation. 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 EMA acknowledges and admits to acting incompetently and to breaching a term and condition of their licence in the following respects: a) Failing to do a full physical assessment including failing to take vital signs; and b) Failing to complete the required documentation of the call; and c) 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.

EMA	Complaint Type	Outcome
Zipser, Jeffery Brian	<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 license.</p> <p>A hearing was held, and the EMA attended the hearing.</p> <p>The EMA was to practice under direct supervision until they completed the following:</p> <ul style="list-style-type: none"> a) Complete a course on cultural sensitivity and submit a certificate of completion; and b) Complete a clinical consultation. <p>The requirements have been met. Case is closed.</p>
Names Withheld (as per ADR)	<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 acknowledge and admit to breaching a term or condition of their license.</p> <p>The EMAs signed an ADR to undergo a clinical consultation. Names are withheld as per the ADR. Case is closed.</p>

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> .	The EMA was allegedly callous and did not show empathy for the patient. 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> .	EMAs alleged response time was over an hour for a patient experiencing a stroke. 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 were allegedly rude, disrespectful, sarcastic, and condescending towards an elderly patient. The EMA allegedly mistreated and emotionally abused the patient that was having difficulty with the language. 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 provided incompetent care to a patient experiencing a major cardiovascular event. They did not administer oxygen in a timely manner, did not administer ASA and delayed the patient's transportation to a higher level of care. 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 were impolite and did not comply with family's request to transport patient to a hospital with appropriate equipment. The Board resolved the matter with an agreement with the EMAs. Case is closed.
Name 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 consider the amount of pain the patient was in, gave advice about the patient's drug prescription, lied to the patient about hospital wait times, and did not transport the patient to the hospital. A hearing was held, and the Board did not find that the EMA incompetently carried out the duties of an EMA nor did they breach a term or condition of their license. 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 do a proper or accurate assessment, made inappropriate comments, told the patient they were just having a panic attack, made the patient sign the refusal form without informing the patient of what they were signing and left the patient alone while still feeling dizzy, disoriented, and confused. The Board directed the Investigation Committee to investigate the complaint. The Board determined that there was insufficient evidence to proceed to hearing. Case is closed.

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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 go immediately to the patient upon arriving at the scene, did not conduct a head-to-toe assessment, did not check the patient for injuries, and asked participants from the facility to lift the patient onto the stretcher without providing instructions to do so safely. 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 made the patient sit up, move, and talk and made them decide about mode of transportation when patient was in a weakened state. 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 were disrespectful, rude, sarcastic, and condescending toward an elderly patient. The EMAs allegedly mistreated and emotionally abused the patient 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 questioned the emergency of the call, refused to understand the patient's pronoun of they/them, and interrogated the patient in a hostile manner. 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 refused to assess the patient, pressured the patient to go to the hospital without an assessment, and provided incorrect information to the hospital about the patient's condition. 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 were unprofessional, failed to perform proper vitals, did not render any assistance to an injured patient, threatened and coerced the patient. The Board found that the EMAs provided appropriate care. Case is closed.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMA allegedly carried out post-immunization monitoring of patients for adverse events such as anaphylaxis in their BC Ambulance Services uniform while not on duty. The Board found the EMA did not violate a term or condition of their license. Case is closed.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMA allegedly incorrectly instructed non-EMAs on the administration of oxygen therapy to patient's family members. The Board found the EMA did not violate a term or condition of their license. Case is closed.

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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 failed to consider the wellbeing of the patient by establishing a diagnosis without considering the symptoms and medical history provided by the patient. The Board directed the Investigation Committee to investigate the complaint. The Board determined that there was insufficient evidence to proceed to hearing. 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 took an hour to get to the scene, did not appear to know how to use a tourniquet, appeared incompetent and didn't allow the patient's wife in the ambulance despite the likelihood of the patient not surviving. The Board resolved the matter with an agreement with the EMAs. Case is closed.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	The EMA allegedly represented themselves as a primary care paramedic. 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 use a spinal board, asses the nature of the injury, and did not follow back injury protocol. 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 abandoned the patient and did not assess the patient prior to leaving and left the property when the patient was in dire need of medical help. 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 were awkward when transferring the patient from the bed to the gurney and did not document a wound on the patient's arm. 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 allegedly yelled profanity to a driver while driving in the ambulance. The Board dismissed the case. 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 used their status as a paramedic to do a wellness check on a patient when an ambulance was not called, and the paramedic was off duty. The Board dismissed the case. 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 allegedly unempathetic and disrespectful towards the patient and made them stand up. The Board directed the Investigation Committee to investigate the complaint. The Board determined that there was insufficient evidence to proceed to hearing. 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 abandoned and neglected a patient on two occasions and did not provide medical treatment or follow up. The Board dismissed the case. 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 was smoking weed outside the ambulance station while in uniform. The Board dismissed the case. 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 acted incompetently and unnecessarily delayed responding and transporting the patient who was suffering from a heart attack. The Board found that the EMAs provided appropriate care. 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 made poor patient care decisions by accessing a dangerous scene with electrical hazards. The Board found that the EMAs provided appropriate care. 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 released patients' conditions and injuries to the media during a criminal incident. 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 allegedly requested that patient and family wear masks despite them having medical exemptions and chastised patient and family for not wearing masks. 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 (3) allegedly did not administer oxygen, instead used a pulse oximeter, and did not complete a FR (patient) Report. The Board agreed to training of the entire Fire Department's responders on hypoxemia and cyanosis, oxygenation and ventilation, and a consultation with the EMAs named in the complaint.