



Emergency Medical Assistants Licensing Board

IV START REQUIREMENT Responsible Branch: Emergency Medical Assistants (EMA) Licensing Branch Contact: EMA Licensing Branch: 250-952-1211 Program Area Email: getalicense@gov.bc.ca	Reference Information EMA Regulation - S. 10 - Endorsement
	Replaces former policy: EMALB 2012-02 Initial IV Endorsement Policy EBulletin - Oct 2012 - IV-Requirements
	Date Effective: December 16, 2014
	Last Update: February 27, 2015
	Next Review Date: January 2016

1. Policy Rational & Purpose:

- The administration of specified medications by intravenous is a service that emergency medical assistants can give according to the Emergency Medical Assistants (EMA) Regulation;
- Schedule 1 of the Regulation allows ACP, CCP and ITT licenced EMAs to give medications by IV;
- Schedule 2 of the Regulation allows PCP licenced EMAs to gain an endorsement to give medications by IV, provided the EMA successfully completes training recognized by the Emergency Medical Assistants Licensing Board, and passes the examinations approved by the Board;
- The Emergency Medical Assistants Licensing Board has determined that the insertion of IVs is a skill that will only be given when the EMA has demonstrated their ability to do the skill on real patients;
- The Emergency Medical Assistants Licensing Board’s examination of an EMA seeking an IV endorsement will also include an assessment of an EMA’s practical ability to complete a specified number of IV starts. This requirement requires training agencies that provide IV training to make arrangements for their students to have adequate opportunity to carry out the specified number of IV starts, in a setting where their proficiency could be examined and assessed; and
- The Emergency Medical Assistants Licensing Board has determined that the skill can be demonstrated with a minimum of 10 successful IV starts, 1 of which may be in a classroom setting, with all other starts obtained in a clinical or ambulance setting.

2. Policy Scope

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

3. Policy Statement:

In order to be eligible for course completion in a recognized PCP program or IV Therapy program and be eligible for an IV endorsement, 10 IV successful supervised IV starts must be completed during the training. One start may be a class start to be completed on a “dummy arm”, and the remaining nine starts must be done in a clinical or ambulance setting.



Certificates or transcripts for training programs that are recognized by the board must not be issued until the IV component is complete and must state that the IV component has been completed. If a student does not wish to have the IV endorsement as part of their licence then the certificate or transcript must be clear that the IV component was not part of the training.

4. Legal Authority:

The Emergency Medical Assistants Licensing Board's authority, under section 10 (1) of the Regulation, to approve an examination which will ensure that an EMA has the necessary level of proficiency to successfully initiate peripheral intravenous lines (IV starts), includes the authority to require that the examination include an assessment of an EMA's practical ability to complete a specified number of IV starts.

5. Key Stakeholders:

- *Training Agencies*
- *License or Endorsement applicant*

6. Definitions:

Intravenous Start

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

Saline Lock

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

Clinical Setting

Hospital/Clinic – The witness must be a physician, IV qualified nurse or IV technician or EMA preceptor/PCP instructor who is required to sign the form indicating a successful IV start.

Field (Ambulance) Setting

Field (Ambulance) - during precepting and must be witnessed by an EMA preceptor who is required to sign the form indicating a successful IV start



7. Resources:

- *Emergency Medical Assistants Regulation*
- *EMALB 2012-02 Initial IV Endorsement Policy*

Reviewed by the EMA Licensing Board on: (date: 15/Dec/2014)

Approved (director name & signature): Richard Simpson

A handwritten signature in black ink that reads "Richard Simpson".

Date approved: 2014-12-15