

## Emergency Medical Assistants (EMA) Regulation Changes

### EMA Scope of Practice

### Frequently Asked Questions (FAQ)

Updated: February 15, 2024

**Overview:** this frequently asked question (FAQ) document is a living document to address questions about the September 23, 2022, Emergency Medical Assistant (EMA) Regulation Changes. If your question is not answered below, please email [emalbgeneral@gov.bc.ca](mailto:emalbgeneral@gov.bc.ca).

The revised EMA Regulations are now available [here](#).

The Ministerial Order M292 (Ministerial Order), which came into effect on September 23, 2022, is available [here](#).

FAQ:

**1. Why has there been a change in scope and when can a licensed Emergency Medical Assistant practice the new scope reflected in the Ministerial Order? What happens if an individual is unsuccessful in the Scope of Practice Expansion Training?**

**Answer**

- The regulation changes were implemented to provide better out-of-hospital care for patients by expanding the range of services paramedics and first responders can provide.
- In December 2022, each license was updated in the Emergency Medical Assistants Registry System to reflect the current legal scope of practice with revised letters of licensure sent shortly thereafter.
- An Emergency Medical Assistant (EMA) cannot practice to the new scope until they have met certain requirements as reflected in the Ministerial Order as follows:
  - 13 (1) An EMA must not provide the services added by the amendments made by this regulation until after the EMA has provided, and the licensing board has notified the EMA that it has accepted, evidence satisfactory to the licensing board that the EMA has:
    - (a) passed the examination approved by the licensing board for the purposes of this subsection,
    - (b) successfully completed the training recognized by the licensing board for the purposes of this subsection, or
    - (c) met the requirements in both paragraphs (a) and (b), as determined necessary by the licensing board.

**2. Where can I locate the required Scope of Practice for a licensed Emergency Medical Assistant?**

**Answer**

- The scope of practice for all Emergency Medical Assistant license levels are outlined in the regulations and can be located [here](#).

**3. How long does an Emergency Medical Assistant have to successfully complete the training for the Ministerial Order as required by the Board for the [Schedule 1](#) services?**

**Answer**

- As per the Ministerial Order: 13 (2) The evidence referred to in subsection (1) must be provided to the licensing board within 2 years of this regulation coming into force.
- The date for that evidence to be provided is September 23, 2024.
- If there is a lack of available training leading up to the end of the transition period, the Board will consider requesting the Minister extend that timeline.

**4. When will an Emergency Medical Assistant instructor/evaluator be able to instruct or evaluate based on the services reflected in the Ministerial Order?**

**Answer**

- The Emergency Medical Assistants Licensing Board has not yet recognized any gap, endorsement, or full training programs inclusive of the new scope nor have Emergency Medical Assistant Licensing exams been updated to include the new services.
- Once these education modules have been submitted and approved, your employer or training agency will provide a plan for education delivery.
- As an instructor/evaluator, you should avoid teaching services that you are not licensed to perform. For example, as an Emergency Medical Responder (EMR), you may not teach First Responder (FR) or EMR services that were not previously in the EMR scope until you have completed the EMR gap training to teach FR new scope, and the gap and endorsement modules to teach EMR new scope. Once available, modules and revised programs will be listed [here](#).

**5. I am licensed in BC at full [Schedule 2](#) for my license category. Given that the regulations have been updated and I am currently licensed in another jurisdiction to perform the services that have been added to [Schedule 1](#) of the Emergency Medical Assistants Regulations regarding BC scope of practice, can these services be added to my BC license?**

**Answer**

- To have a service(s) added to a BC license, each Emergency Medical Assistant (EMA) will provide proof that they are currently licensed/endorsed to provide the service(s) in another jurisdiction via email to [getalicense@gov.bc.ca](mailto:getalicense@gov.bc.ca).
- Proof must include reference to the specific (new) services to be included in your BC scope of practice. Until such proof is accepted by the Emergency Medical Assistants Licensing Board, you shall be restricted from providing those services in BC.

- 6. I am licensed in BC and currently licensed in another jurisdiction to perform the services that have been added to [Schedule 1](#) of the Emergency Medical Assistant Regulations regarding BC scope of practice. Can these services be added to my BC license?**

**Answer**

- To have a service(s) added to a BC license, each Emergency Medical Assistant will provide proof that they are currently licensed/endorsed to provide the service(s) in another jurisdiction via email to [getalicense@gov.bc.ca](mailto:getalicense@gov.bc.ca).
- Such proof must include reference to the specific (new) services to be included in your BC scope of practice. Until such proof is accepted by the Emergency Medical Assistants Licensing Board, you shall be restricted from providing those services in BC.

- 7. I am licensed in BC and currently licensed in another jurisdiction to perform the services that have been added to [Schedule 2](#) of the Emergency Medical Assistants Regulations regarding BC scope of practice. Can these services be added to my BC license?**

**Answer**

- To have a service(s) added to a BC license, each Emergency Medical Assistant (EMA) will need to provide proof that they are currently licensed and employed to provide the services in another jurisdiction via email to [getalicense@gov.bc.ca](mailto:getalicense@gov.bc.ca).
- If an EMA has not been licensed and employed to provide these services in the last 12 months in the other jurisdiction, Emergency Medical Assistants Licensing Board (EMALB) recognized training will be required.
- Such proof must include reference to the specific (new) services to be included in your BC scope of practice. Until such proof is accepted by EMALB, you shall be restricted from providing those services in BC.

- 8. I am licensed in BC but practice in a jurisdiction in which I am endorsed to perform the services that have recently been added to the Emergency Medical Assistants (EMA) Regulations regarding BC scope of practice. Can I relinquish my license now and have it reinstated in a few months once BC has approved the gap and endorsement modules for the new scope of practice? If so, will my license be issued with the new BC endorsements?**

**Answer**

- To have a service(s) added, each Emergency Medical Assistant will need to provide proof that they are currently licensed/endorsed to provide the service in another jurisdiction via email to [getalicense@gov.bc.ca](mailto:getalicense@gov.bc.ca).
- License reinstatements will not be prioritized over those who submit the required documentation for an existing active license.

- 9. I am in the process of transferring to BC through the Agreement on Internal Trade (labour mobility) and practice in a jurisdiction in which I am licensed/endorsed to perform one or more service(s) that have been added to the Emergency Medical Assistants Regulations regarding BC scope of practice. Can those services be included on my initial license?**

**Answer**

- The Emergency Medical Assistants Licensing Board is working with the other Canadian jurisdictions to update the Agreement on Internal Trade tool. This tool maps service equivalencies among the provinces and is expected to be completed by Summer 2024.
- Until the tool has been updated, each applicant for a license will need to provide proof that they are currently licensed to provide those services in another jurisdiction.

**10. Can an Emergency Medical Assistant-First Responder still use oxygen-supplemented mask devices and if necessary, perform ventilation using a pocket mask? (e.g., if other devices were not available)?**

**Answer**

- As per the Emergency Medical Assistants (EMA) Regulations, EMA-First Responders licensed to Schedule 1 can provide: 1(h) oxygen administration and use of oxygen administration equipment and 1(g) maintenance of airways and ventilation.

**11. In [Schedule 2](#) of the Emergency Medical Assistants (EMA) Regulations regarding BC scope of practice, the language “cervical collar application and spinal immobilization on a long spine board” has been replaced with “spinal motion restriction”. Are the application of cervical collars and securing a patient to a spine board considered components captured under spinal motion restriction?**

**Answer**

- An Emergency Medical Assistant (EMA)-First Responder who was previously endorsed for “cervical collar application and spinal immobilization on a long spine board” has automatically been granted the “spinal motion restriction” endorsement.
- This endorsement encompasses the same skills without limiting the use of equipment as prescribed in the previous regulation.

**12. Under the previous regulations, Emergency Medical Responders were licensed to provide blood pressure (BP) assessment by auscultation and palpation. The new Emergency Medical Assistants Regulations regarding BC scope of practice BP assessment language is “non-invasive blood pressure measurement”. Is further training required?**

**Answer**

- Emergency Medical Responders (EMRs) require training in electronic devices that provide automatic Blood Pressure (BP) assessment.
- EMRs may continue to provide BP assessment only by auscultation and palpation until they have completed board-approved training, submitted proof of such training and been provided confirmation of acceptance by means of a revised letter of licensure.
- Until such proof is accepted by the Emergency Medical Assistants Licensing Board, EMRs will be restricted from performing automatic BP measurement in BC.

**13. Are there any other services or tools that have been removed or restricted as a result of the regulation change?**

**Answer**

- The purpose of the regulation changes was to increase, not decrease scope of practice. The revisions to the regulations are available [here](#).
- When a regulation states it has been “repealed”, that service has either been moved to a lower license category or from Schedule 2 to Schedule 1 within a license category.
- An Emergency Medical Assistant (EMA) must not provide the services added by the amendments made by this regulation until after the EMA has provided, and the licensing board has notified the EMA that it has accepted, evidence satisfactory to the licensing board that the EMA has:
  - successfully completed the training recognized by the licensing board and/or,
  - passed the examination approved by the licensing board and
  - received confirmation by a revised letter of licensure.

**14. Do you have a sense of when the Emergency Medical Assistants Licensing Board will issue training guidance?**

**Answer**

- The Emergency Medical Assistants Licensing Board (EMALB) has been meeting regularly with training institutions and BCEHS over the past year. Guidance for training modules was developed collaboratively and in place prior to the scope changes being signed into practice.
- Training institutions have developed training modules and submitted their updated programs to the EMALB for review. Training that is recognized by the EMALB can be located [here](#).

**15. Will the revised letters of licensure include any of the new services/endorsements automatically without additional training (e.g., many EMA-FRs were previously trained on Pulse Oximetry and BP)?**

**Answer**

- Any training program that contains services not previously included in the scope of practice for that license level (e.g., pulse oximetry and BP), are not recognized for the purposes of the revised regulation.
- Services that were not part of the legal scope of practice at the time the program was recognized were not reviewed at the time of the submission. Previous, unrecognized training cannot be used to waive current training requirements.

**16. I am an instructor or training provider, and I am wondering if I should be training my students for the new services in their revised scope of practice?**

**Answer**

- Throughout the regulation change process, the Emergency Medical Assistants Licensing Board (EMALB) has been communicating with training institutions that provide recognized Emergency Medical Assistants training programs.
- Training institutions are either creating gap and/or endorsement modules and/or revising existing programs to incorporate the new services. Some of these programs have been reviewed and recognized by the EMALB and can be located [here](#).
- Instructors should not be incorporating new services in their instructing until EMALB recognition has been received and the instructor has successfully completed any required gap training.

**17. Can initial licensing candidates arrive at Emergency Medical Assistants Licensing Board practical examinations with the ability to perform at the increased scope of practice? If not, when will the exams include new services?**

**Answer**

- Updated Emergency Medical Assistants Licensing Board (EMALB) exams cannot be presented to candidates until all or most current training programs have been revised to include new services and cohorts are ready to begin the examination process. This will be a two-stage process to allow cohorts to complete the training.
- The EMALB will determine a reasonable deadline for revised program submissions and then determine a deadline for the services to be incorporated into examinations. Once this has been determined, the EMALB will communicate with training institutions and Emergency Medical Assistants who are in the examination process.
- New EMALB exams will not be implemented without communication and cooperation with training institutions.

**18. Prior to the Ministerial Order, Emergency Medical Assistants (EMA) were able to administer Naloxone. Why does the regulation change now require EMAs to be endorsed to administer this medication?**

**Answer**

- The public health emergency currently allows Emergency Medical Assistants (EMA) to administer Naloxone under the [Health Professions General Regulation](#). As it was granted under the public health emergency, the regulation can be removed at any time.
- If the regulation is removed, Naloxone has been added as an endorsement for EMAs.
- EMAs can continue to administer Naloxone under the general regulations; however, it is highly recommended that they seek the endorsement to ensure no interruption of service should the exemption be removed from the general regulations.
- Training officers in fire departments with members who previously completed Naloxone training that included both intramuscular and intranasal administration can submit training and a list of all the members that have completed it via email to [clinicaladvisor@gov.bc.ca](mailto:clinicaladvisor@gov.bc.ca) for review and recommendation to the Emergency Medical Assistants Licensing Board.

**19. I am an Emergency Medical Assistants -First Responder and I am unclear as to what my new restrictions mean.**

**Answer**

- Emergency Medical Assistants (EMA)-First Responders (FR) may still perform the wound and fracture management that they previously performed before the regulation updates. The restrictions are specific to wound packing, pelvic binding, and nasopharyngeal airways (new to EMAs-FRs) only.
- The Emergency Medical Assistants Licensing Board have worked with EMA-FR departments to update the license letter wording and have adjusted the restrictions to read as follows:
  - You are licensed to perform all EMA-FR services listed in [Schedule 1](#) of the EMA Regulation except:
    - nasopharyngeal airways (under “(1)(g)(i) insertion and maintenance of oropharyngeal airway devices and nasopharyngeal airway devices”)
    - wound packing (under “(1)(j) wound management not requiring tissue puncture or indentation”)
    - pelvic binding (under “(1)(k) fracture management and immobilization”)

**20. How does the Emergency Medical Responder (EMR) scope expansion affect individuals currently employed as EMRs who will be entering Primary Care Paramedic training?**

**Answer**

- Employees should assess what license level they will be holding by the September 2024 Ministerial deadline and aim to complete the scope expansion education for that license level.
- Employees should consider potential delays to licensing and examinations; if in doubt, it is recommended you complete expansion education for your current license level.
- If you are currently enrolled in a paramedic training program, please confer with your educational institution about whether scope expansion education will be taught to you as part of your program.

**21. If an Emergency Medical Responder is currently enrolled in a Primary Care Paramedic (PCP) course, should they complete the EMR scope expansion education or wait for the PCP course?**

**Answer**

- As outlined in the Ministerial Order, the Emergency Medical Responder (EMR) Scope of Practice Expansion Training that is required to retrain an EMR License for [Schedule 1](#) must be completed by September 2024.
- It is recommended that all EMRs complete the EMR Scope of Practice Expansion Training for [Schedule 1](#) by September 2024 to ensure their license is valid in the event of circumstances that may prevent them from completing or obtaining a Primary Care Paramedic license.

**22. Who will pay for training for individuals not employed by BCEHS?**

**Answer**

- Employers may choose to pay for training as part of employment.
- Individuals without an employer or with an employer that will not pay for training are responsible for paying for their own training.