

EMA Regulation Changes

EMA Scope of Practice

Frequently Asked Questions

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

The Ministerial Order (292) is available [here](#).

This FAQ is based on questions received from current BC licensees. If your question is not answered below, please email emalbgeneral@gov.bc.ca. This is a living document and will be revised as new questions arise and responses provided.

Q: Now that the new regulations are finalized, as a licensed EMA, do I now have a new scope of practice?

A: *No. As per the Ministerial Order:*

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.

Please Note: *The registry will be updated to reflect licensees' current services based on their previous legal scope of practice reflected against the new regulations by mid-December. EMALB will begin sending out revised letters of licensure shortly thereafter.*

Q: Now that the new regulations are finalized, as a licensed EMA, how long do I have to successfully complete the training required by the Board for the Schedule 1 services?

A: *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.

Q: I am an EMA instructor/evaluator, when will I be able to instruct or evaluate based on the new services?

A: The Board has not yet recognized any gap, endorsement, or full training programs inclusive of the new scope nor have EMA 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 EMR, you may not teach 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](#).

Q: I am licensed in BC at full Schedule 2 for my licence 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 BC scope of practice, can these services be added to my BC licence?

A: *To have a service(s) added, each 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. 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.*

Q: I am licensed in BC *and* currently licensed in another jurisdiction to perform the services that have been added to [Schedule 1](#) of the BC scope of practice. Can these services be added to my BC licence?

A: *To have a service(s) added, each 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. 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.*

Q: I am licensed in BC and currently licensed in another jurisdiction to perform the services that have been added to [Schedule 2](#) of the BC scope of practice. Can these endorsements be added to my BC licence?

A: *To have an endorsement(s) added, each 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. If an EMA has not been licensed and employed to provide these services in the last 12 months in the other jurisdiction, Board 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.

Q: 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 BC scope of practice. If I relinquish my licence now, can I reinstate it in a few months once BC has approved the gap and endorsement modules for the new scope of practice and will my licence be issued with the new BC endorsements?

A: No. Do not relinquish your licence. To have a service(s) added, each EMA 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. Licence reinstatements will not be prioritized over those who submit the required documentation for an existing active license.

Q: 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 BC scope of practice. Can those services be included on my initial licence?

A: Not immediately. The EMALB is working with the other Canadian jurisdictions to update our AIT tool which maps service equivalencies among the provinces. Until the tool has been updated, each applicant for a licence will need to provide proof that they are currently licensed to provide those services in another jurisdiction.

Q: Can an EMA-FR still utilize oxygen-supplemented mask devices and if necessary, perform ventilation using a pocket mask? (e.g., if other devices were not available)

A: Yes. This is captured under EMA-FR Schedule 1(h) oxygen administration and use of oxygen administration equipment as well as EMA-FR Schedule 1(g) maintenance of airways and ventilation.

Q: In EMA-FR Schedule 2, the language “cervical collar application and spinal immobilization on a long spine board” has been replaced with “spinal motion restriction”. I would like to confirm that application of cervical collars and securing a patient to a spine board would be considered components captured under spinal motion restriction.

A: Yes, this is a language change only. An EMA-FR that was previously endorsed for “cervical collar application and spinal immobilization on a long spine board” has automatically been granted the “spinal motion restriction” endorsement which encompasses the same skills without limiting the use of equipment as prescribed in the previous regulation.

Q: As an EMR, I was licensed to provide blood pressure assessment by auscultation and palpation under the old regulations whereas the new FR BP language is “non-invasive blood pressure measurement”. Is further training required?

A: *Yes. EMRs would require training in electronic devices that provide automatic BP assessment. EMRs may continue to provide blood pressure 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 EMALB, you shall be restricted from performing automatic blood pressure measurement in BC.*

Q: Are there any other services or tools that have been removed or restricted in the regulation change?

A: *The revisions to the regulations are available [here](#). The purpose of the regulation changes was to increase, not decrease scope of practice however, wherever you see “repealed” in the regulation, that service has either been moved to a lower licence category or from Schedule 2 to Schedule 1 within a licence category. All EMAs are restricted from practicing new services until after the EMA has successfully completed the training and/or examinations approved by the licensing board and been provided confirmation by means of a revised letter of licensure.*

Q: Do you have a sense of when training guidance will be issued by EMALB?

A: *The 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. At this stage, training institutions are developing training modules and updating their programs. Once complete, training institutions will be submitting the training to the Board for review. Once training is recognized by the Board, you will find it [here](#).*

Q: 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)?

A: *Any training program that contains services that were not previously in the scope of practice for that licence level (e.g., pulse oximetry and BP), are not considered 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.*

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

A: The EMALB has been communicating with training institutions that provide recognized EMA training programs throughout the regulation change process. Training institutions are either creating gap and/or endorsement modules and/or revising existing programs to incorporate the new services. Once those programs have been reviewed and recognized by the Board, they will be listed on the Board's website [here](#). Instructors should not be incorporating new services in their instructing until Board recognition has been received AND the instructor has successfully completed any required gap training.

Q: Is there an expectation that initial licensing candidates will arrive at EMALB practical examinations with the ability to perform at the increased scope of practice, if not, when will the exams include new services?

A: No. Updated EMALB exams cannot be presented to candidates until all/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 Board 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 Board will communicate with training institutions and EMAs who are in the examination process. New EMALB exams will not be implemented without communication and cooperation with training institutions.

***NEW* Q:** What happens if EMAs have not completed Schedule 1 gap training prior to the end of the transition period?

A: As per [MO 292 Section 13](#), gap training (i.e., Schedule 1) must be completed on or about 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.

***NEW* Q:** EMA FRs could administer Naloxone prior to the September 2022 regulation change. Why do EMA FRs need to now be endorsed to use this medication?

A: EMA FRs currently administer Naloxone under the Health Professions General Regulation related to the public health emergency. Since this is a health emergency and the regulation can be removed at any time, Naloxone has been added as an endorsement for EMA FRs. EMA FRs 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.

Please Note: *For fire departments whose members previously completed Naloxone training that included both intramuscular and intranasal administration, training officers can submit that training and a list of all the members that have completed it to our clinical advisor (clinicaladvisor@gov.bc.ca) for review and recommendation to the Board.*

***NEW* Q:** I am an EMA FR and I am unclear as to what my new restrictions mean.

A: *EMA FRs may still be allowed to 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 EMA FRs) only.*

As a result, we have worked with EMA FR departments to update the licence 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 Emergency Medical Assistants 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”)*