Shared health Soins communs Manitoba	A06.2 - EMS PRIMARY WORK SCOPE (PCP)	
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PRIMARY CARE PARAMEDIC		ALL AGES

TABLE A - PROCEDURES

ASSESSMENT & GENERAL MANAGEMENT:

- Making & communicating a diagnosis
- Receiving test report - diagnostic imaging [7]
- Receiving test report - electrocardiogram [7]
- Recover patient who has received procedural sedation [7]

AIRWAY & BREATHING:

- Blind-insertion airway device insertion (i-Gel)
- Capnometry
- Continuous positive airway pressure (CPAP) ventilation
- Gastric tube insertion through i-Gel airway
- Oxygen administration
- Oxygen titration
- Oximetry
- Pharyngeal airway insertion (oral / nasal)
- Removal of supraglottic AFB with Magill forceps [8]
- Removal of supraglottic AFB (no forceps) [8]
- Tracheostomy basic care [7]
- Tracheostomy emergency care (suctioning) [7]

CIRCULATION:

- Defibrillation without rhythm interpretation (AED)
- Defibrillation with rhythm interpretation [7]
- ECG acquisition

MATERNAL & NEWBORN:

- Delivery
- Neonatal resuscitation - without medications [7]
- Shoulder dystocia - primary maneuver (McRobert's)
- Stabilizing fetal presenting part off pelvic brim for cord prolapse
- Uterine massage for post-partum hemorrhage - external
- "V" maneuver for breech presentation

TRAUMA & SURGICAL:

- Closed reduction for extrication / immobilization or to restore perfusion
- Eye irrigation
- Foreign body removal
- Management of an impaled object

- Urinary catheter irrigation / removal [11]
- Wound care - basic (includes irrigation & packing for hemostasis)

VASCULAR ACCESS:

- Intravenous cannulation
- Subcutaneous device / line insertion [11]

MEDICATION ADMINISTRATION BY ROUTE OR PROCEDURE:

- Autoinjector
- Buccal, oral, or sublingual route
- Inhalation with metered-dose inhaler
- Inhalation with nebulizer
- Intranasal administration
- Intramuscular injection
- Injection into a peripheral intravenous device / line
- Injection into peripherally inserted central catheter (PICC) device / line [7]
- Injection into intraosseous device / line established by another provider [9]
- Injection into central intravenous line (emergency only) [7]
- Injection into subcutaneous port (emergency only) [7]
- Injection into a subcutaneous device / line [7]
- Subcutaneous injection [7]

TABLE B - MEDICATIONS

MEDICATION	ROUTE	INDICATION
Acetaminophen	oral	fever, pain
Acetylsalicylic acid	oral	acute coronary syndrome, myocardial infarction
Calcium chloride	intravenous (intraosseous)	magnesium toxicity
Crystalloid solution	intravenous (intraosseous)	no added electrolytes
Dextrose	intravenous (intraosseous)	hypoglycemia
Dimenhydrinate	intramuscular intravenous (intraosseous)	nausea, vomiting
Enoxaparin	intravenous (intraosseous) subcutaneous	ST-elevation myocardial infarction

Epinephrine	autoinjector intramuscular	anaphylaxis, anaphylactic shock, asthma, bronchospasm
	nebulizer	croup
Fentanyl	intramuscular intranasal	pain
	intravenous (intraosseous)	pain, procedure causing significant pain [10]
	subcutaneous	palliative care [11]
Glucagon	intramuscular intranasal intravenous (intraosseous)	hypoglycemia
Glucose	oral	hypoglycemia
Hydrocortisone	intramuscular intravenous (intraosseous)	adrenal insufficiency, anaphylaxis, asthma, chronic obstructive pulmonary disease
Ibuprofen	oral	fever, pain
Ketamine	intranasal	painful extrication if vascular access is not available [7]
Ketorolac	intramuscular intravenous (intraosseous)	pain
Lorazepam	oral	agitation, anxiety
Magnesium sulfate	intravenous (intraosseous)	eclampsia, preeclampsia
Metoclopramide	intramuscular intravenous (intraosseous)	nausea, vomiting
	subcutaneous	palliative care [11]
Midazolam	intramuscular	alcohol or benzodiazepine withdrawal, chemical restraint, seizure
	intranasal	seizure
	intravenous (intraosseous)	advanced airway maintenance, alcohol or benzodiazepine withdrawal, chemical restraint, seizure
	subcutaneous	palliative care [11]
	subcutaneous	palliative care [11]

Naloxone	intramuscular intranasal intravenous (intraosseous)	opiate / opioid overdose
Nitroglycerin	sublingual, transdermal	acute coronary syndrome, myocardial infarction
Olanzapine	oral	methamphetamine psychosis
Oxytocin	intramuscular	postpartum prophylaxis
	intravenous (intraosseous)	postpartum hemorrhage, postpartum prophylaxis
Salbutamol	metered-dose inhaler nebulizer	anaphylaxis, asthma, bronchospasm, chronic obstructive pulmonary disease, hyperkalemia
Ticagrelor	oral	ST-elevation myocardial infarction
Tranexamic acid	intravenous (intraosseous)	major trauma with potential for hemorrhage, nontraumatic hemorrhagic shock, postpartum hemorrhage, traumatic hemorrhagic shock

TABLE C - ESTABLISHED MEDICATION INFUSIONS

- Antibiotics
- Crystalloid solution (with added electrolytes)
- Crystalloid solution (without added electrolytes)
- Dextrose
- Diltiazem
- Fosphenytoin
- Glucagon
- Heparin
- Insulin
- Magnesium sulfate
- N-acetylcysteine
- Naloxone
- Octreotide
- Oxytocin
- Pantoprazole
- Remdesivir
- Tocilizumab
- Total parenteral nutrition [7]

TABLE D - ESTABLISHED MEDICAL DEVICES
• Central venous catheter [7] • Continuous peritoneal dialysis • Gastric suction / feeding tube (oral / nasal) • Jackson-Pratt (wound) drain • Patient-controlled anesthesia (PCA) pump [7] • Percutaneous gastrojejunostomy tube • Peripheral intravenous device / line • Peripherally inserted central catheter (PICC) device / line • Temperature probe (esophageal /rectal) • Thoracostomy (chest) tube with any suction / drainage system [7] • TR Band radial artery compression device [7] • Urinary bladder irrigation (Kelley) [7] • Urinary catheter (transurethral or suprapubic) • Ventricular assist device (e.g. LVAD) [12]

NOTES

1. This document outlines the scope of work for an individual classified as a primary care paramedic (PCP) under an employment agreement with the Shared Health - Emergency Response Service (ERS), or with a contractor providing land-based emergency response under a service purchase agreement (SPA) with ERS (excepting Winnipeg Fire Paramedic Service).

   It is identified in all ERS patient care maps, medication standing orders, and standard clinical procedures by the three-letter indicator “PCP” and is also referred to as the primary work scope.

2. The scope of work is based on the individual’s employment classification as a PCP, not their registration level with the College of Paramedics of Manitoba (CPMB). It applies regardless of their scope of work with another employer and is authorized by ERS only when on duty for ERS or the SPA contractor. The individual must specify their employment classification as a PCP when communicating with online medical support (OLMS).

   EXAMPLE: An individual registered with the CPMB as an intermediate care paramedic (PCP -IC) but employed with Shared Health as a PCP must provide patient care within the primary work scope even if employed as an ICP elsewhere.

3. PROCEDURES: A PCP is authorized to perform a procedure listed in table A, subject to the requirements and/or any restrictions as outlined in note 7. They cannot accept a delegation to perform a procedure that exceeds their College-regulated scope of practice, and cannot a accept direction to perform a procedure that exceeds their employer-authorized scope of work.

4. MEDICATIONS: A PCP is authorized to administer a medication listed in table B under the conditions in the standing order (section M), subject to the requirements and/or any restrictions as outlined in note 7. They cannot accept an order to administer a medication that is not within their employer-authorized scope of work, except as indicated in note 6.

   Where an existing standing order does not meet the needs of the patient, the the PCP can accept a written or verbal order from an ERS or ERS-affiliated physician (appendix A) to vary the dose or repeat dosing in the order if all of the following requirements are met.

- There is no reasonable alternative within the existing standing order.
- The PCP possesses the necessary knowledge, skill, and judgement.
- The order is given on a one-time basis and applies to the particular patient and current situation only.
- The order is appropriately documented in the PCR, including the name of the ordering physician.

5. INTERFACILITY TRANSFER (IFT): A PCP is authorized to *independently* transport a patient with a medication infusion (table C) and/or medical device (table D) that has been established by another health care provider if all of the following requirements are met.
   - The transfer is time-sensitive and the infusion and/or device is essential to the patient's care.
   - The PCP possesses the necessary knowledge, skill, and judgement.
   - The infusion and/or device is wholly established (including labeling of medication) by staff at the referring facility, and is fully operational before leaving the referring facility.
   - The PCP is not expected to adjust or titrate the infusion rate, with the following exception.
     - Crystalloid solution without added electrolytes
   - The PCP is not expected to control or adjust the device, with the following exception.
     - TR band radial artery compression device
   - A copy of the prescriber's order (if applicable) accompanies the patient.
   - The prescriber (or an appropriate designate) remains available to provide support in the event of a complication. If the PCP cannot reach the referring prescriber, they will obtain and follow direction from OLMS.
6. PRESCRIBED MEDICATION DURING IFT: A PCP can administer the patient's scheduled or unscheduled oral medication if all of the following requirements are met.
   - The IFT is time-sensitive and the timely administration of the medication is essential to the patient's care.
   - The PCP possesses the necessary knowledge, skill, and judgement.
   - The medication is properly packaged (including labeling) by staff at the referring facility.
   - A copy of the prescriber's order must for each medication accompanies the patient.
7. This specific procedure or medication requires additional ERS-approved training and verification of initial and ongoing competency. ERS reserves the right to require additional training and verification of competency for any provider, procedure, or medication.
8. A PCP cannot perform direct laryngoscopy, but is authorized to use the laryngoscope as a combined light source / tongue displacer to remove a supraglottic airway foreign body.
9. A PCP cannot initiate an intraosseous infusion device, but is authorized to administer an intravenous medication into an intraosseous device established by another health care provider.
10. A PCP cannot provide titrated procedural sedation & analgesia as defined in A13, but is authorized to administer fixed dose(s) of fentanyl to perform a procedure that is reasonably expected to cause significant pain for the patient.
11. This procedure or medication is currently limited to the East Zone Palliative Care Program (E16) and ERS-sanctioned palliative care pilot projects.

    The PCP is required to have successfully completed the Pallium Canada - Learning Essentials to Palliative Care (LEAP™) for Paramedics course, as well as additional ERS-approved training for a procedure or medication that exceed the PCP scope of work.
12. The patient and / or their caregiver will be in charge of managing the LVAD, but the PCP will assist as directed by them.

LINKS
• A13 - Procedural Sedation & Analgesia

APPROVED BY	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X01 for change tracking)
2026-06-25: CORRECTION (no change to work scope was intended) • Removal of morphine • Return of ketamine • Removal of morphine / midazolam before procedure (fentanyl only) 2026-06-23: • No change to work scope • Notes revised & expanded notes to clarify rules of application • Information from multiple documents (A02, A06.1, A06.2, A06.3, A06.4, A08) consolidated into single source • Addition of subcutaneous route for palliative care medications • Addition of LVAD to list of devices that can be maintained

APPENDIX A	
ERS PHYSICIANS	**ERS-AFFILIATED PHYSICIANS**

• VECTRS emergency physician
• Provincial EMS Medical Director
• Provincial EMS Associate Medical Director
• WFPS Medical Director
• WFPS Associate Medical Director
• Shared Health ERS Chief Medical Officer
	• The STARS / Lifeflight transport physician
	• The Child Health Transport Team physician
	• For issues related to the relevant condition only:
	  ○ The Code-STEMI physician (for STEMI)
	  ○ The stroke neurologist (for acute stroke)
	  ○ The VAD cardiologist (for LVAD patient)