	A06.1 - WORK SCOPE OVERVIEW	
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ALL PARAMEDICS		ALL AGES

For the purposes of the Shared Health Emergency Response Service (ERS) medical program, the following terms are used throughout the ERS clinical documents. These are not intended to replace the lawful definitions as outlined in the Regulated Health Professions Act (RHPA), the College of Paramedics of Manitoba (CPMB) General Regulation, and CPMB practice directions.

1. **PARAMEDIC:** All emergency medical responders (EMR) and paramedics employed by ERS, as well as those employed by service providers operating under service purchase agreements (SPA) with ERS.
2. **RESERVED ACT:** A procedure, function or activity that can only be performed by a *regulated* health professional. As a regulated health professional, a paramedic is allowed to perform a reserved act by regulation or delegation.
3. **SCOPE OF PRACTICE:** The set of reserved acts that a paramedic is lawfully able to perform, as established by the CPMB General Regulation. It also allows them to perform a reserved act outside of their existing practice scope by a delegation. However, as a matter of ERS policy, a paramedic cannot accept a delegation to exceed their regulated scope of practice from any physician.
4. **SCOPE OF WORK:** The set of medical functions and procedures that may be performed and the medications that may be administered and managed by a paramedic when on-duty under an employment agreement with ERS or one of its service purchase agreement (SPA) providers.

Scope of work is established by the employer. The ERS work scope has been developed by the ERS medical leadership team. It is based on the paramedic's employment classification with ERS, and applies regardless of the individual's registration level with the CPMB, professional scope of practice, or scope of work under another employer.

- a. **BASIC WORK SCOPE:** The procedures and medications that an individual employed as an emergency medical responder may provide. In ERS clinical documents these are indicated by the abbreviation "EMR".
 - b. **PRIMARY WORK SCOPE:** The procedures and medications that an individual employed as a primary care paramedic may provide. In ERS clinical documents these are indicated by the abbreviation "PCP".
 - c. **INTERMEDIATE WORK SCOPE:** The procedures and medications that an individual employed as an intermediate care paramedic may provide. In ERS clinical documents these are indicated by the abbreviation "ICP".
 - d. **ADVANCED WORK SCOPE:** The procedures and medications that an individual employed as an advanced care paramedic may provide. In ERS clinical documents these are indicated by the abbreviation "ACP".
 - e. **CLINICAL SERVICE LEAD:** The procedures and medications that only an individual employed as a clinical service lead may provide. In ERS clinical documents these are indicated by the abbreviation "CSL".
 - f. **ADULT TRANSPORT TEAM:** The procedures and medications that an individual employed by the Adult Transport Team may provide. In ERS clinical documents these are indicated by the abbreviation "ATT".
 - g. **COMMUNITY PARAMEDIC WORK SCOPE:** The procedures and medications that an individual employed as a community paramedic may provide. In ERS clinical documents these are indicated by the abbreviation "CPP".
5. **EXIGENT CIRCUMSTANCE:** In a critical situation, limited exceptions to the scope of work can be allowed, applicable to the particular patient and the current situation. The paramedic must possess the required knowledge, skill and judgement to safely perform the act, and must not attempt it if they are not competent to do so. The individual

granting the exception must remain available in person or by phone / radio to provide an appropriate level of supervision.

- A paramedic with the intermediate or advanced work scope can do so with authorization from an ERS physician or ERS-affiliated physician.
- A paramedic with the primary work scope can do so with an authorization from a clinical service lead (CSL), ERS physician or ERS-affiliated physician.
- A paramedic with the basic work scope cannot exceed their work scope under any circumstances.

6. **MEDICATION ORDERS:** Under the General Regulation, administering a medication by a particular route is within the paramedic's scope of practice. However, the specific medication itself requires an order from a physician before it can be given.

- a. **STANDING ORDERS:** The documents in section M are the *standing orders* from the ERS medical directors that authorize the administration of certain drugs under a specified set of conditions, which include the indications / cautions and contraindications, route of administration, and dosing / repeat dosing. These constitute the ERS work scope for medications and cannot be exceeded, except as noted in b and c below.
- b. **VARYING A STANDING ORDER:** In a situation where a standing order does not meet the needs of the patient or the circumstances, an order may be given by an ERS physician or an ERS-affiliated physician to vary some or all of the conditions of the standing order. This one-time order is specific to the particular patient and the current situation. The paramedic must possess the required knowledge, skill and judgement to safely vary the pertinent conditions.
 - A paramedic with the intermediate or advanced work scope may accept an order to vary any of the conditions in a standing order.
 - A paramedic with the primary work scope may accept an order to vary the dose or repeat dosing in a standing order, but not the indications, contraindications or route of administration.
 - A paramedic with the basic work scope cannot accept an order to vary any of the conditions in a standing order.
- c. **EXIGENT CIRCUMSTANCE:** In a critical situation, a paramedic with the advanced work scope may accept an order from an ERS physician or an ERS-affiliated physician to administer a medication that is not within their routine work scope. This one-time order is specific to the particular patient and the current situation. The paramedic must possess the required knowledge, skill and judgement to safely administer the non-routine medication.



7. **PRESCRIBED MEDICATION DURING INTERFACILITY TRANSFER:** A paramedic with the primary, intermediate or advanced work scope may accept an order from the referring physician to administer a patient's prescribed scheduled or unscheduled medication(s) during an interfacility transfer. A paramedic with the basic work scope may not do so, regardless of a physician's order, but may assist the patient in taking their own medications.

A written and appropriately signed physician order must accompany the patient and be attached to the patient care record (PCR), and the paramedic must be competent to safely carry out the order.

8. **ESTABLISHED MEDICATION INFUSION DURING IFT:** A paramedic with any work scope may accept an order from a referring physician to continue and maintain an established medication infusion during an IFT when it is required by the patient, the transport is time-sensitive, and the infusion cannot be delayed or interrupted.


A written and appropriately signed physician order must accompany the patient and be attached to the PCR, and the paramedic must be competent to safely carry out the order (including operation of the infusion device)

LINKS	
<ul style="list-style-type: none"> • A02 - Prescribed Medications During IFT • A06.2 - EMS Work Scope (Medical Functions & Procedures) • A06.3 - EMS Work Scope (Medications) • A06.4 - EMS Work Scope (Established Infusions) • A06.5 - ATT Work Scope • A06.6 - CPP Work Scope • A08 - Medication Orders 	

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X01 for change tracking)
<ul style="list-style-type: none"> • New (with excerpts from A01 - EMS OVERVIEW)

APPENDIX A:

	E03 - ANAPHYLAXIS				
	Version date: 2024-12-20		Effective date: 2024-12-21		
ERS WORK SCOPE:	EMR = EMR only	PCP = PCP - ACP	ICP = ICP & ACP	ACP = ACP only	None = EMR - ACP
<div style="text-align: center;"> <p>1</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <input type="checkbox"/> Be prepared to secure the airway at any time ¹ <input type="checkbox"/> Call <u>early</u> for back-up &/or intercept <input type="checkbox"/> Consider advanced life support if available </div> <p>↓</p> <p>2</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <input type="checkbox"/> EMR: Administer epinephrine by auto injector (repeat <u>once</u> in 5 minutes if symptoms persist) <input type="checkbox"/> PCP: Administer intramuscular epinephrine (repeat every 5 to 15 minutes if required) </div> <p>↓</p> <p>3</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <input type="checkbox"/> Administer salbutamol if dyspnea or wheezing <input type="checkbox"/> Repeat every 15 minutes if symptoms persist </div> <p>↓</p> <p>4</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <input type="checkbox"/> PCP: Administer 0.9% saline by bolus (20 ml/kg) if hypotension, poor perfusion or decreased LOC (repeat as required) <input type="checkbox"/> ICP: Consider hydrocortisone ⁴ <input type="checkbox"/> ACP: Consider epinephrine continuous infusion </div> <p>↓</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Transport</div> </div> <div style="margin-top: 20px;"> <p>ERS WORK SCOPE:</p> <ul style="list-style-type: none"> • EMR = EMR only • PCP = PCP to ACP • ICP = ICP & ACP • ACP = ACP only • None = all providers </div> <div style="margin-top: 20px;"> <ul style="list-style-type: none"> • The steps in boxes 1 can be performed by paramedics at all levels. • In box 2, a paramedic with the basic work scope can administer epinephrine by autoinjector. A paramedic with the primary, intermediate or advanced work scope can administer epinephrine it by IM injection. • The steps in box 3 can be performed by paramedics at all levels. • In box 4, a paramedic with the primary, intermediate, or advanced work scope can administer IV fluid. A paramedic with the intermediate or advanced work scope can consider hydrocortisone. But only a paramedic with the advanced work scope can administer epinephrine by continuous infusion. </div>					