

# Guide for Applying for Ministry of Health and Long-Term Care Approval for Paramedics to use Additional Medications

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Ministry of Health and Long-Term Care  
Emergency Health Services Branch

## Introduction

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This guide was developed to assist UTM/DDAs, Base Hospitals and other stakeholders in following a standard process for adding medications referred in to the controlled act schedules listed in the Regulation #257/00 of the Ambulance Act. The Emergency Health Services Medical Advisory Committee has assisted in the development of this guide and supports this process.

Stakeholders should refer to this guide when considering any change to medications used by paramedics.

## Director's Approval

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The requirement for the Director of the Emergency Health Services Branch (EHSB) to approve any additions of medications from the schedules is outlined in the Base Hospital Performance Agreement (currently 3.2 [e]) and the schedules of Ontario Regulation 257/00 Sec. 22 (see below):

**Schedule 1** - List of Controlled Acts that may be performed by a primary care paramedic.

Item	Controlled Acts
1.	Administration of glucagon, oral glucose, nitroglycerin, epinephrine, salbutamol and ASA (80mg. form).
2.	Semi-automated external cardiac defibrillation.

**Schedule 2** - List of Controlled Acts that may be performed by an advanced care paramedic or, if authorized, a primary care paramedic.

Item	Controlled Acts
1.	Administration of the drugs referred to in item 1 of Schedule 1, in addition to any other drug approved by the Director on the recommendation of one or more medical directors of base hospital programs.
2.	Semi-automated external cardiac defibrillation.
3.	Peripheral intravenous therapy.
4.	Endotracheal intubation.
5.	Non-automated external cardiac defibrillation and monitoring.

**Schedule 3** - List of Controlled Acts that may be performed by a critical care paramedic or, if authorized, an advanced care paramedic (O. Reg. 386/01)

<b>Item</b>	<b>Controlled Acts</b>
1.	Administration of any drug that an advanced care paramedic may administer under item 1 of Schedule 2, in addition to any other drug approved by the Director on the recommendation of one or more medical directors of base hospital programs.
2.	The controlled acts referred to in items 2 to 5 of Schedule 2.
3.	Non-automated external cardiac defibrillation, electrical cardioversion and pacing.
4.	Maintenance and monitoring of arterial and central venous catheters.
5.	Gastric intubation and suction.
6.	Ventilation (mechanical) and setting of ventilatory parameters
7.	Lab blood value interpretation.
8.	Management of chest tubes and chest drainage systems.
9.	Chest x-ray interpretation.
10.	Urinary catheter insertion.
11.	Intravenous blood product administration.
12.	Doppler flow monitor use.
13.	Use of infusion pumps.
14.	Other advanced airway techniques, e.g. needle thoracostomy, cricothyroidotomy.

Note: The relevant drug items listed in the Provincial Equipment Standards are under review.

## Approval Process

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The steps in the drug change approval process are outlined below.

1. UTM/DDAs and Base Hospitals must consult with each other when either is considering adding medications for use by paramedics.
2. Once agreement has been reached, the Base Hospital(s) should forward a request for medical advice and support for the change to the chair of the EHS Medical Advisory Committee (M.A.C.). Base Hospital(s) must also send a copy of their request to their field office. The request must include:
  - a) Medical evidence/reason(s) for requesting the addition of the medication.
  - b) Identification of the group of paramedics to be affected by the change.
  - c) Cost implications for the base hospital.
  - d) Draft training process and materials if applicable.
  - e) Letter from the affected UTMs/DDAs endorsing the change and describing financial implications for the UTMs/DDAs.
3. The M.A.C. will provide advice to the Director (through his designate) concerning whether or not to support the request.
4. On receipt of the M.A.C.'s advice, the Director will decide whether to approve the request or not and notify (in writing) the base hospital, UTM and field office.
5. Upon receipt of an approval letter signed by the Director, the UTM and Base Hospital may initiate the change.

Please note that this process can be revised on an ongoing basis based on input from stakeholders.