

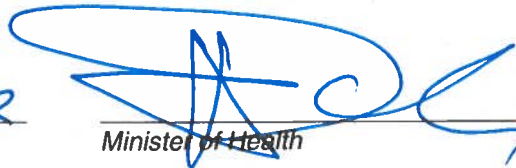
PROVINCE OF BRITISH COLUMBIA
REGULATION OF THE MINISTER OF HEALTH

Emergency Health Services Act

Ministerial Order No. M292

I, Adrian Dix, Minister of Health, order that the Emergency Medical Assistants Regulation, B.C. Reg. 210/2010, is amended as set out in the attached Schedule.

September 23, 2022
Date


Minister of Health

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section: *Emergency Health Services Act*, R.S.B.C. 1996, c. 182, s. 15 (2)

Other: M191/2010

R10598202

SCHEDULE

1 Section 2 of the Emergency Medical Assistants Regulation, B.C. Reg. 210/2010, is amended

(a) by renumbering the section as section 2 (1),

(b) in subsection (1), by striking out “has, no later than” and substituting “subject to subsection (2), has, no later than”, and

(c) by adding the following subsection:

- (2) If the licensing board is of the opinion that extraordinary circumstances prevented the applicant from completing the licensing examination within 12 months of completing the training program or programs, the licensing board may extend that period for up to a further 6 months.

2 Section 24 (3) and (4) is repealed and the following substituted:

(3) A notice under subsection (1) must be delivered to an EMA by email to the last known email address of the EMA and is deemed to have been received by the EMA 7 days after the date on which it was sent.

(4) For the purpose of proving deemed receipt of a notice referred to in subsection (1), proof of receipt may be made by affidavit of the director as to the date on which the notice was sent by email.

3 Schedule 1 is amended in section 1

(a) by repealing paragraphs (e) and (f), and

(b) by adding the following paragraphs:

- (g) maintenance of airways and ventilation, including by
 - (i) insertion and maintenance of oropharyngeal airway devices and nasopharyngeal airway devices, and
 - (ii) use of suction devices and bag-valve-mask devices;
- (h) oxygen administration and use of oxygen administration equipment;
- (i) use of automatic and semi-automatic defibrillators;
- (j) wound management not requiring tissue puncture or indentation;
- (k) fracture management and immobilization;
- (l) lifting/loading and extrication/evacuation.

4 Schedule 1 is amended in section 2

(a) in paragraph (c) by striking out “lifting/loading, extrication/evacuation and”, and

(b) by repealing paragraphs (d) to (i).

5 Schedule 1 is amended in section 3

(a) in paragraph (b)

- (i) **by striking out** “intravenous, oral, sublingual, subcutaneous, inhaled, intramuscular or nebulized” **and substituting** “inhaled, intramuscular, intranasal, intraosseous, intravenous, nebulized, oral, subcutaneous or sublingual”,
- (ii) **in subparagraph (i) by striking out** “narcotic” **and substituting** “opioid”,
- (iii) **by repealing subparagraph (ii), and**
- (iv) **by adding the following subparagraph:**
 - (vii) anti-pyretic; ,
- (b) **in paragraph (d) by striking out** “using intermittent infusion devices, including saline locks and IV pumps.” **and substituting** “, including use of infusion devices and saline locks;”, **and**
- (c) **by adding the following paragraphs:**
 - (e) initiation of peripheral intravenous lines;
 - (f) point-of-care testing to inform emergency treatment or transportation decisions or to provide information for subsequent treatment;
 - (g) end-tidal carbon dioxide monitoring.

6 Schedule 1 is amended in section 4

- (a) **by repealing paragraph (b) and substituting the following:**
 - (b) cardioversion and external pacing; ,
- (b) **by repealing paragraphs (c), (k) and (m) (v), (vi) and (vii),**
- (c) **in paragraph (g) by striking out** “and needle thoracentesis”, **and**
- (d) **by adding the following paragraphs:**
 - (n) reduction of joint dislocations involving neurological or vascular compromise;
 - (o) administration of drug therapy after consultation with a medical practitioner who is designated by an employer as a medical oversight advisor and who has advised the EMA to administer the drug therapy.

7 Schedule 1 is amended in section 5 by adding the following paragraphs:

- (d) chest tube insertion;
- (e) initiation of central venous line;
- (f) escharotomy;
- (g) esophageal manometry;
- (h) pericardiocentesis;
- (i) mechanical ventilation management and strategy development.

8 Schedule 1 is amended in section 6

- (a) **by repealing paragraphs (b), (c) and (d) (iv), and**

(b) by repealing paragraph (l) and substituting the following:

- (l) administration of drug therapy after consultation with a medical practitioner who is designated by an employer as a medical oversight advisor and who has advised the EMA to administer the drug therapy.

9 Schedule 2 is amended in section 1

(a) by repealing paragraphs (a), (b), (d) and (g),

(b) by repealing paragraph (c) and substituting the following:

- (c) spinal motion restriction; , **and**

(c) by adding the following paragraphs:

- (h) assistance to a patient with the administration of a medication to the patient, provided that
 - (i) if, under the *Pharmacy Operations and Drug Scheduling Act*, a particular medication is available only on the prescription of a health professional, the medication has already been prescribed to the patient by a health professional,
 - (ii) the patient has requested the EMA to assist the patient with the administration of the medication,
 - (iii) the administration of the medication is related to emergency services the EMA is providing to the patient,
 - (iv) the medication is administered as prescribed, and
 - (v) the patient is not being transported between health facilities;
- (i) use and interpretation of pulse oximeters and CO-oximeters;
- (j) use and interpretation of glucometers;
- (k) administration of epinephrine by intramuscular auto-injector or intranasal or sublingual preparations;
- (l) topical administration of pro-coagulants and anti-fibrinolytics;
- (m) intramuscular and intranasal administration of opioid antagonists;
- (n) non-invasive blood pressure measurement;
- (o) intramuscular and intranasal administration of anti-hypoglycemic agents;
- (p) administration of oral analgesics;
- (q) administration of acetylsalicylic acid.

10 Schedule 2 is amended in section 2

(a) in paragraph (a) by striking out “while transporting persons between health facilities”,

(b) by repealing paragraphs (b), (c) (ii), (d) and (f),

(c) in paragraph (c) (iii) by striking out “analgesia” and substituting “analgesics”, and

(d) by adding the following paragraphs:

- (g) intramuscular administration of epinephrine;
- (h) administration of bronchodilators by inhalation and nebulization.

11 Schedule 2 is amended in section 3

(a) by repealing paragraph (a),

(b) in paragraph (f) by striking out “intravenous, oral, sublingual, subcutaneous, inhaled, intra-muscular or nebulized” and substituting “inhaled, intramuscular, intranasal, intraosseous, intravenous, nebulized, oral, subcutaneous or sublingual” and by adding the following subparagraphs:

- (iii) corticosteroids;
- (iv) opioid analgesics;
- (v) anti-cholinergic. , **and**

(c) by adding the following paragraphs:

- (g) collection of capillary and venous blood samples;
- (h) initiation and maintenance of intraosseous needle cannulation with local anesthetic instillation;
- (i) taking microbiology swabs of dermal and mucosal sites;
- (j) manual defibrillation with cardiac rhythm interpretation;
- (k) electrocardiogram interpretation;
- (l) needle thoracentesis;
- (m) administration of chemical and biological agent countermeasures.

12 Schedule 2 is amended in section 4

(a) in paragraph (a) by adding “automated” before “mechanical ventilation”,

(b) by repealing paragraphs (b) and (f),

(c) in paragraph (g) by striking out “and venous”, and

(d) by adding the following paragraphs:

- (n) invasive wound management;
- (o) subcutaneous application of a local anaesthetic;
- (p) finger thoracostomy.

Transition

- 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) The evidence referred to in subsection (1) must be provided to the licensing board within 2 years of this regulation coming into force.