



NOVA SCOTIA REGULATOR OF PARAMEDICINE
Standards of Practice

2024

PROPERTY OF:

Nova Scotia Regulator of Paramedicine
www.nsrop.ca

Board Approved: 4 June 2024

ACKNOWLEDGEMENT

The Nova Scotia Regulator or Paramedicine (NSRoP) acknowledges that we are in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People and pays respect to the Indigenous knowledges held by the Mi'kmaq People, and to the wisdom of their Elders past and present. The Mi'kmaq People signed Peace and Friendship Treaties with the Crown, and section 35 of the Constitution Act, 1982 recognizes and affirms Aboriginal and Treaty rights. We are all Treaty people.

NSRoP also acknowledges the histories, contributions, and legacies of African Nova Scotians, who have been here for over 400 years.

Contents

How to Read the Standards of Practice	6
Navigating the Standards of Practice	7

THE STANDARDS OF PRACTICE

1: Scope of Practice	8
2: Competence	9
3: Cultural Safety and Humility	10
4: Privacy and Confidentiality	12
5: Professional Boundaries	13
5.1 Sexual Misconduct and Sexual Abuse	15
6: Duty to Report	17
7: Client Assessment, Diagnosis, and Interventions	19
8: Communications	20
9: Collaboration and Professional Relationships	22
10: Documentation	23

Paramedic Standards of Practice

The Nova Scotia Regulator of Paramedicine (NSRoP) Board of Directors (Board) approved with modifications, the Canadian Organization of Paramedic Regulators Pan-Canadian Essential Regulatory Requirements (PERRs) for Paramedics and Emergency Medical Responders competency frameworks for implementation in Nova Scotia.

The Standards of Practice (the “Standards”) are available to guide paramedics, Emergency Medical Responders (EMRs), provincial regulatory organizations, and paramedic/EMR educators by describing the minimal professional practice expectations approved by the Board and expected of paramedics/EMRs in Nova Scotia, regardless of their designation, job description, or practice setting. The Standards serve to promote the consistency of entry to practice requirements across Canada and to support labour mobility.

The Standards were developed through extensive national consultation. They promote consistency in measuring paramedic/EMR performance across Canada.

In addition to meeting the requirements of each Standard, paramedics/EMRs must follow all applicable legislation and regulations, including practising within the scope of practice for their designation.

As a member of COPR, the NSRoP adopted, the COPR PERRs for Paramedics documents and adapted them for use in Nova Scotia.

This document is based on the original COPR PERRs framework and has been specifically adapted to meet the regulatory requirements for paramedicine in Nova Scotia.

THE STANDARDS OF PRACTICE ARE:

1	Scope of Practice
2	Competence
3	Cultural Safety and Humility
4	Privacy and Confidentiality
5	Professional Boundaries
5.1	Sexual Misconduct and Sexual Abuse
6	Duty to Report
7	Client Assessment, Diagnosis, and Interventions
8	Communications
9	Collaboration and Professional Relationships
10	Documentation and Record Keeping

How to Read the Standards of Practice

- Each Standard of Practice is structured to act as a stand-alone document or as part of a set. Therefore, some requirements that are key for public protection appear in several standards.
- The Standards of Practice are outcomes based and aim to provide the fewest prescriptive requirements possible while protecting public safety. The content of these standards is determined by the level of risk to the public.
- Standards of Practice are applicable in all practice settings. For example, a paramedic/EMR educator modelling treatment while teaching a learner is expected to meet the requirements set out in the standards.
- Paramedics/EMRs may apply the Standards of Practice in a way that is appropriate for their designation if they first meet all the minimal requirements outlined in each standard and meet the expectations of the NSRoP.

Navigating the Standards of Practice

Each Standard of Practice is organized by the following headings:

Client Outcome

What clients can expect from registered, licensed, or certified paramedics/EMRs who are meeting the Standards.

Requirements

The minimum requirements to which all registered, licensed, or certified paramedics/EMRs must adhere in order to meet the Standards.

Glossary Terms

Key terms are defined in the Glossary in a separate document. The first time a key term appears in each Standard, it is **bolded**.

1. Scope of Practice

CLIENT OUTCOME

The client receives care that is within the paramedic's/EMR's legislated scope of practice, standards of practice and guidelines, practice settings, and the paramedic's/EMR's individual scope of practice

REQUIREMENTS

The paramedic/EMR must:

1. Practise within their designation-specific regulated scope of practice.
2. Understand the differences between **scope of practice for the profession, scope of practice for each category of licence, scope of employment and individual scope of practice.**
3. Practise independently, often in unscheduled, unpredictable, or dynamic settings.
4. Within the scope of practice, assess clients across their lifespan, and make a paramedicine **diagnosis** (paramedics only), treat clients, and manage acute and chronic health conditions in any setting, including emergency, urgent, acute, and primary care.
5. Engage in such other services, roles, functions, and activities as prescribed in legislation, regulations, and/or bylaws.

2. Competence

CLIENT OUTCOME

The client receives safe, effective client care that reflects the competencies¹ and standards of practice.

REQUIREMENTS

The paramedic/EMR must:

1. Practise safely, competently, compassionately, and ethically, and be accountable for their **competence** to clients, the regulator, the employer, the profession, and the public.
2. Attain, maintain, and demonstrate the appropriate competencies (knowledge, skills, and attitudes) to practise safely and provide **client-centred** care.
3. Demonstrate behaviours that uphold the public's trust in the profession.
4. Have the knowledge, skills, and attitudes to perform procedures undertaken in the course of practising the profession.
5. Take responsibility for decisions and actions, including those undertaken both independently and as a team member.
6. Work with other members of the care team to achieve the best possible outcomes for clients.
7. Contribute to safe, supportive, and high-quality practice environments.
8. Advocate for and contribute to the development and implementation of policies, programs, and practices that are relevant to the practice setting and that improve paramedic/EMR practice and health care (for example, best practice, client's rights, and quality practice environments).
9. Recognize, intervene, and report near misses, no harm incidents, and harmful incidents in their practice environments, where client safety and well-being are potentially or actually at risk.
10. Adhere to all relevant provincial and federal legislation, regulations, and guidelines governing the practice of paramedicine.
11. Be accountable, and accept responsibility for their actions, inactions, decisions, and the evaluation of their own practice.
12. Participate in **continuing professional development**, including compliance with continuing competence program requirements.

1. Refer to the NSRoP Competency Framework

3. Cultural Safety and Humility

CLIENT OUTCOME

The client receives culturally safe care that reflects their identity, culture, and community.

REQUIREMENTS

The paramedic/EMR must:

1. Practise self-awareness and reflect on how to minimize personal bias, cognitive biases, and positions of power which may impact the relationships with clients from **equity-deserving** groups (for example, clients from Black, Indigenous, and People of Colour communities or clients who are **underhoused**, regardless of **gender identity** or **sexual orientation**).
2. Demonstrate respect and **cultural humility** when engaging with clients, and integrate their understanding of **health**, well-being, and healing into the services provided.
3. Recognize the potential for **trauma** (personal or intergenerational) in clients' lives, and adapt the approach to be thoughtful and respectful of this, including seeking permission before engaging in **assessment** or treatment.
4. Recognize that trauma, **structural racism**, and **colonialism** may affect how patients view, access, and interact with the health care system.
5. Focus on the resilience and strength that clients bring to their health care encounters.
6. Facilitate the involvement of the client's **family** and others (such as interpreters, community workers, Elders, and Indigenous cultural navigators) as needed and requested.
7. Evaluate and seek feedback on their own behaviour toward equity-deserving groups.
8. Contribute to a practice environment that provides **culturally safe care** (an environment that is **inclusive**—for example, not **ableist**, **ageist**, **racist**, or **sexist**).
9. Recognize that Indigenous women, girls, two-spirit, queer, and transgender people are disproportionately impacted by Indigenous-specific racism in the health care system, and consider the impact gender-specific trauma may have on clients.
10. Take active steps toward **reconciliation**, including to identify, address, prevent, and eliminate Indigenous-specific racism².
11. Learn about the Indigenous communities located in the areas where the paramedic/EMR works, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.
12. Seek out resources to help develop culturally safe care and inclusive approaches.

2. Addressing Racism Review (2020). In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care. Government of British Columbia <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf>

4. Privacy and Confidentiality

CLIENT OUTCOME

The client's personal and health information, privacy, and confidentiality are securely protected.

REQUIREMENTS

The paramedic/EMR must:

1. Comply with all applicable **privacy** legislation, regulations, and guidelines (federal, provincial, regulatory, and employer).
2. Understand the rules that govern **consent** for decisions that involve personal and health information and are found in provincial and federal privacy acts, regulations, and guidelines.
3. Understand that under all applicable privacy legislation, regulations, and guidelines about consent to collect, access, use, and disclose personal information, the paramedic/EMR must ensure that:
 - a. the client knows the purpose of the collection, use, and disclosure and may give, withhold, or remove consent at any time
 - b. the consent relates to personal and health information
 - c. the consent is not obtained through deception or coercion
 - d. the client consents before disclosing required personal and health information to a person outside the client's **circle of care**
 - e. the client consents or implies consent for the paramedic/EMR to disclose required personal and health information within the client's circle of care for health care purposes (in certain situations, consent to collect personal and health information can be implied, such as when the client voluntarily completes and returns a health history form to the paramedic).
4. Obtain consent from the client's **substitute decision-maker** for the collection, use, and disclosure of personal and health information if the client does not have **capacity** to consent.
5. Collect, use, and disclose only personal and health information that is necessary to meet clients' health needs or to eliminate or reduce a significant risk of bodily harm.
6. Provide access to personal and health information to only authorized persons except as required or allowed by law.
7. Allow clients to access their own personal and health information (such as details about blood pressure).
8. Discuss clients' personal and health information in only a way that ensures clients' privacy (for example, avoid treatment-related conversations in non-private places).

9. Use electronic **communications**, social media, client booking software, management software, and other forms of digital technology ethically and professionally, in a way that protects client privacy and **confidentiality**.
10. Store, share, transfer, and dispose of client data on personal devices in a way that maintains client privacy and confidentiality.
11. Comply with requirements for **mandatory reporting** of privacy breaches.
12. Disable all audio, video, and photographic transmitting and recording functions of all devices unless both of the following apply:
 - a. the paramedic/EMR obtains informed consent for the use of audio, video, and photographic recording equipment
 - b. the recording functions are for **assessment**, treatment, and/or educational purposes.

5. Professional Boundaries

CLIENT OUTCOME

The client is cared for with respect and not taken advantage of or sexually, physically, or verbally abused by the paramedic.

REQUIREMENTS

The paramedic/EMR must:

1. Establish and maintain appropriate professional **boundaries** in relationships with clients, colleagues, students, and others.
2. Maintain professional boundaries, and not make abusive, suggestive, or harassing comments or engage in an inappropriate sexual, physical, or verbal manner with clients, colleagues, students, and others.
3. Engage the client's **family** and/or supports to ensure that respect is maintained throughout care.
4. Ensure that boundary crossings that cannot be avoided (for example, treatment of a family member or friend in a specialized or rural practice) are reported to the appropriate authority (such as the manager or team leader) and strategies to manage the situation are **documented** (for example, in the client file or record).
5. End any **therapeutic relationship** with the client where professional boundaries cannot be maintained or re-established, by **transferring care** as required.
6. Be sensitive to their position of relative power or influence in professional relationships, and not use this status to take physical, sexual, or financial advantage of clients, colleagues, students, and others.
7. Understand the impact of power, trust, respect, and physical closeness on relationships with clients, colleagues, students, and others.
8. Be sensitive to each client's individual culture, experience, gender, age, and history, which may influence sensitivity to touch and touching certain areas.
9. Treat sensitive areas (such as breasts, inner thighs, and perineum) under only the following conditions:
 - a. treatment is clinically indicated
 - b. the paramedic/EMR first obtains the client's informed **consent**.

10. Never sexually abuse clients.
11. Recognize that client consent is never a defence for inappropriate or sexual touching or sexual relationships.
12. Explain to clients beforehand any procedures that could be misinterpreted (for example, removal of clothing, touching, or physical closeness), and obtain ongoing informed consent.
13. Ensure client physical and personal **privacy**, including using draping and adjusting mirrors in a treatment area.
14. Never physically abuse clients. “**Physical abuse**” of a client includes any act or attempted act committed by the paramedic/EMR and directed to the client and to which the client has not consented.
15. Never verbally abuse clients. Verbal abuse of a client includes:
 - a. the use of any kind of hate speech by the paramedic/EMR
 - b. insults or other harsh language used by the paramedic/EMR with the intention to unnecessarily frighten, terrorize, or mistreat the client.
16. Use de-escalation **communication** strategies as an alternative to physical **interventions** (for example, for disruptive or violent clients), and use firm and direct language. The intent or action should not be threatening or humiliating or cause pain to the client.
17. Disable all audio, video, and photographic transmitting and recording functions of all devices when providing care unless both of the following apply:
 - a. the paramedic/EMR obtains informed consent for the use of audio, video, and photographic recording equipment
 - b. the recording functions are for **assessment**, treatment, and/or educational purposes.
18. File a **mandatory report** with the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a paramedicine regulatory authority, and/or police) if the paramedic/EMR has reasonable grounds to believe that another paramedic/EMR or regulated professional has failed to maintain professional boundaries with a client.

5.1 Sexual Misconduct and Sexual Abuse

CLIENT OUTCOME

The client does not experience sexual misconduct by the paramedic/EMR.

REQUIREMENTS

The paramedic/EMR must:

1. Not engage in sexual misconduct.
 - a. Sexual misconduct” means any actual, threatened, or attempted sexualized behaviour or remarks by a registrant towards a client or in a client’s presence, including but not limited to, the following acts or omissions by the registrant:
 - i. Making sexually suggestive, flirtatious, or demeaning comments about a client’s body, clothing, or sexual history, orientation or preferences.
 - ii. Discussing the registrant’s sexual history, sexual preferences, or sexual fantasies with a client.
 - iii. Any behaviour, communication, gestures, or expressions that could be reasonably interpreted by the client as sexual.
 - iv. Rubbing against a client for sexual gratification.
 - v. Removing the client’s clothing, gown, or draping without consent or emergent medical necessity.
 - vi. Failing to provide privacy while the client is undressing or dressing, except as may be necessary in emergency situations.
 - vii. Dressing or undressing in the presence of a client.
 - viii. Posing, photographing, or filming the body or any body part of a client for the purpose of sexual gratification.
 - ix. Showing a client sexually explicit materials.
 - x. Requesting or making advances to date or have a sexual relationship with a client, whether in person, through written or electronic means.
 - xi. Hugging, touching or kissing a client in a sexual manner.
 - xii. Fondling or caressing a client.
 - xiii. Terminating the professional-client relationship for the purpose of dating or pursuing a romantic or sexual relationship.
 - xiv. Sexual abuse.
 - b. Sexual abuse” is a form of sexual misconduct. The following acts between a registrant and a client constitute sexual abuse:
 - i. Sexual intercourse.
 - ii. Genital to genital, genital to anal, oral to genital, or oral to anal contact.
 - iii. Masturbation of a registrant by a client or in the client’s presence.
 - iv. Masturbation of a client by a registrant.
 - v. Encouraging the client to masturbate in the registrant’s presence.
 - vi. Sexualized touching of a client’s genitals, anus, breasts, or buttocks.

c. For the purposes of this Standard only:

- i. "Client" means the individual who is the recipient or intended recipient of health care services from a registrant, and, where the context requires, includes a substitute decision-maker for the recipient or intended recipient of health care services, and includes a vulnerable former client.
 1. An individual becomes a client upon the first instance of receiving a health care service by a registrant.
 2. An individual, except for a "vulnerable former client", remains a client for twelve (12) months following the date of the last health care service provided by a registrant.
 3. The registrant's spouse or intimate partner is not considered a client.
- ii. A "vulnerable former client" is an individual who has ever been a client of the registrant who:
 1. Was experiencing any "vulnerability" at the time they were a client; and
 2. Continues to experience any "vulnerability".
- iii. A "vulnerability" includes personal circumstances which makes an individual especially susceptible to exploitation by those in a position of greater power, based on factors which may include, but are not limited to:
 1. Age and maturity;
 2. Impaired decision-making ability;
 3. Lack of access to secure housing; and/or
 4. A need to frequently access health care services.
- iv. "Spouse" means either of two persons who:
 1. Are married to each other; or
 2. Have cohabited in a conjugal relationship with each other continuously for at least two (2) years.
- v. "Intimate partner" means either of two persons who have been in a conjugal relationship for at least six (6) months, regardless of whether or not they cohabitate.

d. A registrant must fully assess whether an individual is a "vulnerable former client" prior to engaging in any sexualized conduct with that individual and must never engage in any form of sexualized conduct with a vulnerable former client.

e. Sexual misconduct constitutes professional misconduct.

f. No conduct constitutes sexual misconduct if the conduct is clinically appropriate to the professional services being provided by the registrant..

2. Comply with a mandatory duty to report as follows:

- a. To the Registrar if the registrant has reasonable grounds to believe that another registrant has engaged in sexual misconduct;
- b. To the regulatory body of another health profession if the registrant has reasonable grounds to believe that a member of that profession has engaged in sexual misconduct; and
- c. To an employer if the registrant has reasonable grounds to believe that a regulated or unregulated employee has engaged in sexual misconduct.

3. Cooperate with any regulatory body or committee of a regulatory body with respect to any regulatory process related to this Standard.

6. Duty to Report*

CLIENT OUTCOME

The client has confidence that their health and safety guide the requisite notification of the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a regulatory authority, and/or police) if required.

REQUIREMENTS

The paramedic/EMR must:

1. Restrict, withdraw, or limit themselves from practice if they are no longer able to provide safe, competent client care.
2. Self-report to the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a paramedicine regulatory authority, and/ or police) on any health condition or circumstance that may reasonably affect their practice of paramedicine. The condition or circumstance can include a physical or mental condition or disorder, such as any substance abuse disorder or addiction, that may impair their ability to engage in safe, effective practice.
3. Self-report to the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a paramedicine regulatory authority, and/ or police) regarding actions they have undertaken to ensure safe, effective paramedicine once they become aware of any of the following:
 - a. being the subject of a review or finding of conduct unbecoming, professional misconduct, **dyscompetence, incompetence, incapacity**, or lack of **fitness to practise** a health profession in the current jurisdiction or elsewhere
 - b. being the subject of a denial to practise a health profession or occupation in the current jurisdiction or elsewhere
 - c. their authority to practise as a paramedic/EMR or any other profession being suspended, restricted, or revoked in the current jurisdiction or elsewhere
 - d. any breach of their practice restrictions, conditions, or limitations or an undertaking imposed by the current jurisdiction or any other authority
 - e. any voluntary or involuntary loss or restriction of their paramedicine, or any other professional, practice established by an administrative authority in a hospital, health authority, university, or discipline, or any self-resignation in lieu of further administrative action
 - f. being charged or convicted or pleading guilty to a criminal offence or an offence under any narcotic or controlled substances legislated in any jurisdiction
 - g. being the subject of a claim, having settled a claim, or having had a judgment against them in civil court respecting their professional practice or professional activities

- h. a violation of sexual **boundaries** with a client where “violation” is defined by the current jurisdiction
 - i. their circumstances diminish their ability to practise as a paramedic/EMR safely and competently.
- 4. Self-report notwithstanding any non-disclosure or other agreement regarding **confidentiality** signed by an institution or organization and the paramedic/EMR.
- 5. Report to the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a paramedicine regulatory authority, and/ or police) the name and particulars of another regulated professional of whom the paramedic/EMR reasonably believes any of the following:
 - a. is unfit to practise or incompetent
 - b. suffers from a mental or physical disorder or illness that may affect their fitness to practise
 - c. has professional circumstances that diminish the professional’s ability to practise safely and competently.
- 6. Report notwithstanding any non-disclosure or other agreement regarding confidentiality signed by an institution or organization and the paramedic/EMR.
- 7. When the client discloses information leading the paramedic/EMR to believe that another regulated professional has abused a client (for example, **child abuse, elder abuse, physical abuse, or sexual abuse**), the paramedic/EMR who receives the disclosure must undertake all of the following actions:
 - a. assist the client to develop a safety plan and to access appropriate supports
 - b. provide the client with information about how to file a complaint
 - c. report to the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a paramedic regulatory authority, and/or police)
 - d. document** the known or suspected abuse including action taken.
- 8. When the paramedic/EMR becomes aware of and/or has reasonable grounds to believe that abuse is occurring (for example, child abuse, elder abuse, intimate partner violence, or sexual abuse), the paramedic/EMR must undertake all of the following actions:
 - a. assist the client to develop a safety plan and to access appropriate supports
 - b. report to the appropriate responsible party or parties (for example, child protection services, a health organization, a paramedic regulatory authority, and/or police)
 - c. document the known or suspected abuse including action taken.

7. Patient Assessment, Diagnosis, and Interventions

CLIENT OUTCOME

The client receives paramedic/EMR care that is evidence-based, safe, effective, and client-centred.

REQUIREMENTS

The paramedic/EMR must:

1. Use critical analysis to assess the medical, psychological, and social needs of clients.
2. Establish **client-centred** care based on comprehensive **assessments**.
3. Perform safely and effectively the assessment and **intervention** tasks and activities within their category of licence scope, scope of employment and individual **scope of practice**, including assessment, paramedicine **diagnosis**, treatment and education.
4. Demonstrate adherence to all appropriate infection prevention and control measures.
5. Demonstrate safe administration, management, storage, and disposal of medications and controlled substances while complying with all statutory requirements (*Canadian Drug Safety Act*, organizational policies, and relevant legislation and regulations).
6. Practise within the scope of practice of paramedicine for their designation, including only those activities that are authorized by the paramedic's/EMR's regulation and that the paramedic/EMR is educated, trained, and competent to perform.
7. Practise within any restrictions or conditions placed on their practice license.
8. While practicing within their category of licence scope, work within their **scope of employment**, including guidelines, policies, and procedures.
9. Seek assistance as needed from other paramedics/EMRs and team members (for example, call online medical support or a supervisor).
10. Monitor the effectiveness of client care plans, and revise appropriately and in collaboration with the care team.
11. **Document** the assessments, decisions about patient status, care plans, interventions, and outcomes. The documentation can be written and/or electronic and must be completed in an accurate and timely way.
12. Engage in **transfer of care** or **discharge** the client to another health care provider.
13. Participate in **quality improvement** activities that support personal learning, integration of new information, and **evidence-based practice**.

8. Communications

CLIENT OUTCOME

The client receives the information needed to make an informed decision about their care and is given the opportunity to ask questions of the paramedic/EMR.

REQUIREMENTS

The paramedic/EMR must:

1. Communicate effectively and respectfully with clients in a manner that promotes continuity and the delivery of safe, competent, compassionate, and ethical care.
2. Engage clients in dialogue to ensure that they are given the opportunity to discuss their **goals of care**, raise concerns, ask questions, participate in decision-making, and suggest changes.
3. Use effective **communication**, including plain language and active listening, to accurately transmit information about actions or activities.
4. Adapt communication according to the client's understanding, needs, and preferences.
5. Allow a third party chosen by the patient to be present to assist with communication when requested or the assignment of an interpreter when a language barrier has been identified by the paramedic/EMR.
6. Provide relevant information to patients regarding their health.
7. Promote clients' involvement to establish their goals of care.
8. Respect and promote clients' rights to informed decision-making and informed **consent**.
9. Obtain the client's informed consent prior to initiating an **assessment** or **intervention**. Consent must involve a discussion with the client including the following elements:
 - a. the nature of the action or activity
 - b. expected benefits
 - c. risks and side effects
 - d. alternative courses of action
 - e. likely consequences of not completing the action or activity
 - f. the fact that the client has a right to ask questions about the information provided and that the action or activities will be stopped or modified at any time upon the client's request.

10. If attending a client who is unconscious, unresponsive, or otherwise unable to provide informed consent, reasonably determine that implied consent exists if one of the following applies:
 - a. the client was the one for whom assistance is required but was unconscious, unresponsive, or unable to provide informed consent upon the paramedic's/EMR's arrival
 - b. the client was involved in any event that rendered them unable to provide informed consent
 - c. a **substitute decision-maker** is not available to give consent.
11. Ensure that all forms of communication (spoken and written **documentation**, including paper and electronic) are respectful, ethical, and professional and that client **privacy** and **confidentiality** are maintained at all times.
12. Maintain appropriate **boundaries** within professional and **therapeutic relationships** with clients, and take appropriate actions when those boundaries are not maintained.
13. Uphold ethical and legal responsibilities related to maintaining client confidentiality in all forms of communication (such as e-records and verbal and written communication).

9. Collaboration and Professional Relationships

CLIENT OUTCOME

The client understands that the paramedic/EMR will work with other health care providers as required to offer the best care to meet the client's needs.

REQUIREMENTS

The paramedic/EMR must:

1. Take reasonable steps to understand what other care the client is receiving and to ensure that the client care plan complements the care provided by other team members within the **circle of care**.
2. **Document** in the client's health record significant collaboration and professional relationships relevant to the proposed client care plan, including the following:
 - a. reports received for examinations, tests, consultations, or treatments
 - b. the details of team member consultations and conversations.
3. Allow other care team members within the circle of care to have access to the client's health record where such access is reasonably necessary to provide health care unless the client has expressly instructed the paramedic/EMR not to provide such access.
4. Manage differences and resolve conflicts that may arise between the paramedic/EMR and other care team members³.
5. Protect client **privacy** and **confidentiality** in accordance with the Regulatory Practice Standard: Privacy and Confidentiality.

3. Richardson, D., Calder, L., Dean, H., Clover Takahashi, S., Lebel, P., Maniate, J., Martin, D., Nasmith, L., Newton, C., & Steinert, Y. (2014, February). *The CanMEDS 2015 Collaborator Expert Working Group report*. Royal College of Physicians and Surgeons of Canada.

10. Documentation

CLIENT OUTCOME

The client has confidence that their information is accurate, complete, and documented in a timely fashion and that they can access personal health records as needed.

REQUIREMENTS

The paramedic/EMR must:

1. Maintain timely, accurate, legible, and complete **documentation** of provision of care.
2. Access and collect client health record information only for purposes that are consistent with organizational policies and relevant legislation and regulations.
3. Document client care activities in the client health records (paper or electronic) as soon as reasonably possible after provision of care.
4. Ensure that client health records comply with relevant legislation, regulations, and employer policies and expectations.
5. Ensure that client health records for each client encounter, including those related to **non-transport**, include all of the following:
 - a. date and time
 - b. presenting concern; relevant findings, including mental status of patient; **assessment** and plan; treatment provided; outcomes; and **transfer of care** when indicated
 - c. all pertinent aspects of patient care and all procedures performed, including any treatments and descriptions of and reasons for deviations from standard procedures on order forms, treatment prescriptions, client health records, or other relevant documentation
 - d. all images and data, marked with the client's identity
 - e. interactions with other databases, clinical information systems, and client health record keeping systems
 - f. documentation of client **consent**, including details of acknowledgement and comprehension of risks, consequences, benefits, and alternative courses of action
 - g. witness information
 - h. signature form for refusal of care, if applicable
 - i. a detailed account of the explanation and rationale leading to the non-transportation of a client, including the details of the **capacity** assessment, if applicable
 - j. paramedic's/EMR's signature and designation.

6. Amend or correct client health records in accordance only with relevant legislation, regulations, and employer policies and procedures and through an initialed and dated addendum or tracked change.
7. Provide the client with access to information in their health records, as requested
8. Provide information to clients about how to access health records, if requested.
9. Protect client **privacy** and **confidentiality** in accordance with the Regulatory Practice Standard: Privacy and Confidentiality.



NOVA SCOTIA REGULATOR OF PARAMEDICINE