

Ambulance Service Patient Care and Transportation Standards

Patient Care

A. General

Each operator and each emergency medical attendant and paramedic employed by the operator, shall:

- (a) Ensure that each emergency response vehicle responding to a request for service is staffed with at least one person who is qualified as an emergency medical attendant or paramedic under the regulations.
- (b) Subsequent to December 31, 2001, ensure that each ambulance responding to a request for service is staffed with at least one primary care paramedic and one emergency medical attendant qualified under the regulations.
- (c) Subsequent to December 31, 2001 ensure that each ambulance that is designated by an ambulance service operator as an advanced care paramedic ambulance is staffed with at least one advanced care paramedic and one primary care paramedic when responding to a request for service or while transporting a patient.
- (d) That each emergency medical attendant and paramedic shall attend and participate in such continuing education and competency maintenance activities as are required to provide ambulance service in accordance with this Regulation.
- (e) Ensure that no person smokes any cigar, cigarette, tobacco or other substance while in an ambulance or emergency response vehicle.
- (f) Ensure that no emergency medical attendant or paramedic,
 - (i) while on duty, takes or consumes any liquor within the meaning of the Liquor Control Act, or any drug which could impair his or her ability to function as an emergency medical attendant or paramedic; or
 - (ii) reports for duty while under the influence of any liquor within the meaning of the Liquor Control Act, or any drug which impairs his or her ability to function as an emergency medical attendant or paramedic; or
 - (iii) responds to a request for ambulance service while apparently under the influence of liquor or drugs or is apparently suffering the effects of liquor or drugs.
- (g) Each person transported in an ambulance or ERV is properly restrained in the ambulance or ERV.

B. Communicable Disease Management

1. Each operator will identify a person who is designated to implement this standard for his or her service.
2. Each operator shall ensure that:
 - (a) Employees are aware of current communicable disease risks, and
 - (b) Appropriate measure(s) are employed by staff to protect themselves and patients from transmission of communicable disease between employees and patients, and
 - (c) Each EMA, Paramedic and ambulance student takes appropriate infection control and occupational health measures to prevent transmission of all infectious agents to and from themselves and does not knowingly expose themselves or their patients to any communicable disease in the course of their work. Employees, who are exhibiting an acute symptomatic illness that may be infectious in origin as set out in Schedule #1, should not be involved in the assessment of or direct delivery of care to a patient.
3. Each operator shall ensure that:
 - (a) In keeping with the principles of good patient care, each EMA and/or Paramedic shall utilize standard practices and additional precautions to limit the potential for disease transmission, and
 - (b) Where an EMA or paramedic is placed in a situation of reasonable chance of being exposed to a body fluid of another person, the EMA or Paramedic will:
 - I. Wear gloves that meet or exceed the requirements of the Provincial Equipment Standards for Ontario Ambulance Services, and
 - II. If a splash is anticipated, use protective eyewear that meets or exceeds the requirements of the Provincial Equipment Standards for Ontario Ambulance Services.
 - (c) Where an EMA or paramedic is placed in a situation of reasonable chance of being exposed to any person who may be infected with a communicable disease transmitted by the airborne route, the EMA or paramedic will wear a respirator that meets or exceeds the requirements of the Provincial Equipment Standards for Ontario Ambulance Services, and
 - (d) Adequate supplies and equipment used in the prevention of communicable diseases are readily and easily accessible to ambulance

staff and meet the Provincial Equipment Standards for Ontario Ambulance Services.

4. Where an EMA or Paramedic has reasonable cause to believe that he or she has been exposed to a communicable disease, he or she will:
 - (a) Report the suspected exposure to the designated person referred to in paragraph #1, and
 - (b) Follow the instruction of the designated person, and
 - (c) Complete an incident report relating to such exposure by the end of the shift in which the exposure occurred or at the earliest opportunity thereafter.
5. If an EMA and/or Paramedic is instructed by the designated person referred to in #1 to consult a physician regarding a suspected and/or confirmed exposure to a communicable disease, the EMA and/or Paramedic:
 - (a) Should follow direction from a physician respecting contact with patients, etc., and
 - (b) Will notify the ambulance service operator or his or her designate, and
 - (c) Will only return to work when medically cleared by a physician.
6. The ambulance operator will develop, monitor, and enforce a local disinfection and sterilization policy regarding vehicles and equipment to be used on a regular basis and to be used when vehicles and equipment are exposed to a person with a suspected or confirmed communicable disease.
7. Whenever a patient with a suspected and/or known communicable disease is transported by ambulance, the ambulance service operator will ensure, when appropriate¹, that the:
 - (a) Ambulance is removed from service, and
 - (b) The ambulance is disinfected before the vehicle is re-used, and
 - (c) Any equipment contacted or contaminated by the patient is disinfected and sterilized, as appropriate, before being re-used.
8. In order to minimize the likelihood of cross-contamination, the EMA and/or Paramedic will make every reasonable effort to wash their hands, according to recommended public health guidelines, immediately after contact with the

¹ Refer to Health Canada document: Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care – Revision of Isolation and Precaution Techniques (July 1999)

patient, or with the patient's excretions, secretions, blood or body fluids, has been concluded.

9. When an EMA or Paramedic is unable to wash their hands after patient contact has been concluded, he or she will ²:
 - (a) Use an approved antiseptic hand cleaner as appropriate, following the manufacturer's instructions, and
 - (b) Wash their hands with soap and water as soon as possible afterward.

C. Influenza Control

1. Each operator shall ensure that each EMA and paramedic receives an annual educational review with respect to the transmission of and protection from influenza. This review will include:
 - (a) information on the personal, patient care, and public health benefits of an annual influenza vaccination;
 - (b) procedures to prevent exposure to influenza;
 - (c) procedures to protect patients from exposure to influenza; and
 - (d) any other information, procedure, or matter relevant to transmission and protection.
2. Each operator shall ensure that, as of October 31 every year, each EMA and paramedic,
 - (a) provides a valid certificate signed by a physician that states that he or she has been immunized against influenza, or that such immunization is medically contraindicated; or
 - (b) provides a written statement that he or she has taken the educational review and has not been, and does not intend to be, immunized against influenza.
3. Each operator shall ensure that, from October 31 to March 31, each EMA and paramedic who has not provided a certificate of influenza vaccination shall, on each ambulance call involving a patient transfer from or to a long-term care facility or any other call identified as involving a patient at risk if influenza is contracted, as outlined in Schedule 2, wear approved masks and gloves as set out in the Provincial Equipment Standards for Ontario Ambulance

² Refer to Health Canada document: Infection Control Guidelines – Hand Washing, Cleaning, Disinfection and Sterilization in Health Care (Dec. 1998)

Services, Version 1.1 as made under Regulation 257/00 made under the *Ambulance Act*, to limit the potential for influenza transmission.

4. Each operator shall ensure that, during a declared influenza outbreak in a health care facility, an unimmunized EMA or paramedic will not be allowed to provide patient care in the local service area surrounding the outbreak, unless he or she has chosen to take antiviral medication.
5. Each operator shall, no later than November 15 each year, report to the field office of the Emergency Health Services Branch, Ministry of Health and Long-Term Care, the following:
 - (a) the total number of active EMAs and paramedics employed by the operator;
 - (b) the number of EMAs and paramedics that have provided a valid certificate signed by a physician that states that he or she has been immunized against influenza;
 - (c) the number of EMAs and paramedics that are medically contraindicated for influenza vaccination;
 - (d) the number of EMAs and paramedics that signed the written statement that he or she has taken the annual educational review and has not been, and does not intend to be, immunized against influenza.

Schedule 1

Diseases which, when in an acute symptomatic state, should preclude an EMA or Paramedic from participating in the direct assessment of or provision of patient care:

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| <input type="checkbox"/> Acquired Immunodeficiency Syndrome (AIDS) | <input type="checkbox"/> virus disease, Marburg Virus |
| <input type="checkbox"/> Amebiasis | <input type="checkbox"/> Disease, and Other Viral Causes |
| <input type="checkbox"/> Anthrax | <input type="checkbox"/> Viral Hepatitis including Hepatitis A, B, and C |
| <input type="checkbox"/> Botulism | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Campylobacter enteritis | <input type="checkbox"/> Lassa Fever |
| <input type="checkbox"/> Chicken Pox (Varicella) | <input type="checkbox"/> Legionellosis |
| <input type="checkbox"/> Cholera | <input type="checkbox"/> Leprosy |
| <input type="checkbox"/> Cytomegalovirus Infection (Congenital) | <input type="checkbox"/> Listeriosis |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Malaria |
| <input type="checkbox"/> Encephalitis (Primary Viral) | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Gastroenteritis | <input type="checkbox"/> Viral Meningitis |
| <input type="checkbox"/> Giardiasis | <input type="checkbox"/> Meningococcal Meningitis |
| <input type="checkbox"/> Group A Streptococcal Disease (Invasive) | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Haemophilus Influenza B Disease (Invasive) | <input type="checkbox"/> Ophthalmia Neonatorum |
| <input type="checkbox"/> Hemorrhagic Fevers including Ebola | <input type="checkbox"/> Paratyphoid Fever |
| | <input type="checkbox"/> Pertussis (Whooping Cough) |
| | <input type="checkbox"/> Plague |

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| <input type="checkbox"/> Poliomyelitis (Acute) | <input type="checkbox"/> Shigellosis |
| <input type="checkbox"/> Psittacosis / Ornithosis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Q Fever | <input type="checkbox"/> Tularemia |
| <input type="checkbox"/> Rabies | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Verotoxin producing E. Coli Infections |
| <input type="checkbox"/> Rubella (Congenital Syndrome) | <input type="checkbox"/> Yellow Fever |
| <input type="checkbox"/> Salmonellosis | <input type="checkbox"/> Yersiniosis |

Schedule 2

1. Adults and children with chronic cardiac and pulmonary disorders severe enough to require regular medical follow up or hospital care;
2. People of any age who are residents of nursing homes and other chronic care facilities;
3. People 65 years of age and older;
4. Adults and children with chronic conditions, such as diabetes mellitus and other metabolic diseases, cancer, immunodeficiency, immunosuppression, renal disease, anemia and hemoglobinopathy;
5. Children and adolescents with conditions treated for long periods with acetylsalicylic acid.

Patient Transport

Each emergency medical attendant and paramedic shall:

- (a) Ensure that each emergency medical attendant and paramedic follows every direction or instruction issued by a communications officer with respect to the assignment of calls to ambulances or emergency response vehicles.
- (b) Ensure that the driver of an ambulance, in which a patient is being transported, shall transport the patient to a facility as directed by a communications officer ordering the movements of the ambulance. In the absence of a direction from a communications officer, the driver will transport the patient to the closest health care facility that can provide the care apparently required by the patient.
- (c) Ensure that each item of equipment transported in an ambulance or ERV is properly restrained in the ambulance or ERV.