



## Ontario Paramedic Services Section 21 Committee

### Paramedic Services Guidance Note #17

#### Issue: Community Paramedicine (CP)

**Note:** On February 28, 2023 the Minister of Labour, Immigration, Training and Skills Development announced the creation of the Paramedic Services Section 21 Committee. Prior to this announcement, the Emergency Medical Services (EMS) Section 21 Sub-Committee of the Health Care section 21 Committee had developed Guidance Notes to inform Ontario's paramedics of hazards they may encounter. The notes developed by the previous Sub-Committee are in the process of being reviewed and updated to reflect the new status of the Paramedic Services Section 21 Committee and may continue to be referred to in the interim as EMS Guidance Notes.

#### **Preamble:**

Since the inception of the Community Paramedicine (CP) Pilot Program in 2014, most Paramedic Services in Ontario have focused some of their paramedic assignments towards this proactive, community-based approach. The main objectives remain aimed at reducing the number of emergency calls and the reliance on hospital emergency departments for those seeking assistance with chronic or non-emergent situational medical issues. The CP approach, funded by the Ministry of Long-Term Care has not been regulated or guided by unified governance parameters, resulting in multiple design iterations across the province.

#### **Background:**

There are currently two alternative care models commonly used in Ontario and they consist of the following:

**1) 911 Care Model**

Doing CP work while remaining available to jump on Emergency Calls.

**2) Community Paramedicine Model**

Doing CP work only.

In both cases, the paramedics are generally described as CP (Community Paramedicine) Medics. Their duties include providing pre-hospital care with community partners such as Mental Health Response Teams (MHRT) and/or Alcohol and Drug Outreach Programs and



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responding to general non-urgent health concerns of individuals enrolled in a CP program.

Paramedic Services that engage in CP program work must provide their CP Medics with training, education and guidance as to how they will perform their assigned work in compliance with the *Occupational Health and Safety Act* (OHSA) and other applicable legislation and standards designed to protect their health and safety to reduce the potential risk of exposure to a hazard, work-related illness or injury.

As CP programs develop, CP Medics may be exposed to a variety of hazards not seen within traditional 911 responsibilities. These hazards need to be identified, resulting in the development of policies and procedures outlining the educational and training requirements needed to perform these duties safely.

Some of the work taking place involves community partners working in conjunction with the CP Medic's when they do a site visit, which may result in additional protection from local police departments. CP Medics may also attend sites accompanied by other health care workers or allied agencies who have guidance notes and policies and procedures outlining best practices for their work.

This guidance note is intended for those Paramedic Services that perform CP work either in rural or urban areas. This CP work may encompass duties and involve procedures such as collection of lab samples, injection clinics, fluid transfers (blood and IV fluids), mental health, drug and alcohol issues/concerns, well-being checks, palliative care, vaccination clinics and numerous other duties as determined by the employer.

### **Occupational Health and Safety Precautions and Control Measures:**

#### **Risk Assessment**

It is the responsibility of workplace parties to ensure all parties are following the OHSA. Employers should ensure that CP Medics conduct a risk assessment for each site where care is provided including a patient's home, retirement home, assisted living and long-term care facility to assess for any hazards the CP Medic may be exposed to. Examples of hazards include violence/harassment, confined spaces, biological, chemical and fire hazards. Training and information should reflect hazard recognition.

Paramedic Service employers, supervisors and workers should use the RACE method when assessing the workplace sites. The acronym stands for, Recognizing, Assessing, Controlling and Evaluating Hazards.



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Once the risk assessment is completed and if hazards are identified, applicable and effective controls need to be implemented and evaluated continuously should there be any changes.

### Addressing Possible Hazards

- 1) **Clothing/Personal Protective Equipment (PPE):** Appropriate clothing shall be made available to workers taking into consideration all hazards and environmental conditions, including weather, identified as part of the risk assessment. Workers shall be provided instruction and training on the care and use of protective clothing, equipment or devices required based on the conditions and possible hazards.  
  
The risk assessment should consider the use of high visibility apparel for CP Medics working in either model due to varying work sites.
- 2) **Workplace Violence & Harassment:** The employer shall develop and maintain policies and programs that address violence and harassment arising in CP programs. The employer shall ensure that workers are provided with information and instruction on the contents of the workplace violence and workplace harassment policies and programs. Employers shall review existing policies at least annually, and as often as is necessary to ensure they reflect the work done by CP Medics. The policies should be provided to patients and allied agencies.
- 3) **Safety Engineered Needles:** Employers shall provide safety-engineered needles that are appropriate for the work when a worker is to do work requiring the use of a hollow-bore needle.
- 4) **Infection Prevention and Control:** Paramedic agencies shall ensure workers are aware of the biological and chemical exposure risks and how to limit or prevent exposure.
- 5) **Equipment:** Various equipment may be used by the CP Medic depending on the model the Paramedic Service is using. Training shall be provided to all workers in compliance with OHSA.

### Best Practices

- 1) **Communication:** A direct source of communication needs to be provided to the CP Medic; it should include a back-up system should the primary source fail. It is recommended that an emergency system be part of the overall communication policy in the event of an emergency.



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- 2) **Ergonomic Testing:** Employers should consider completing an ergonomic assessment of the vehicles and equipment used by CP Medics in order to prevent musculoskeletal injuries.
- 3) **Vehicle Designation:** A vehicle assigned to CP Medics must be certified to commercial standards as per Ontario's Highway Traffic Act (OHTA). Employers should consider adding identifying markers on the vehicles outlining the service the workers provide as a best practice. Vehicles used by services using the 911 Care Model meet this standard.
- 4) **Storage of Equipment in Vehicle:** All equipment carried in vehicles should be securely stored in bags and/or storage containers to protect the worker from exposure to a projectile should a collision occur. It is recommended that weight engineering testing for 10lbs and 30lbs take place. Should equipment exceed these limits further testing may need to be completed.
- 5) **Environmental Site Assessment:** Employers should ensure that workers are aware and trained to perform a situational risk assessment to identify hazards that may impact their health and safety (i.e., pets, hoarding, guns, other residents in the home, etc.) and report any concerns to their supervisor.
- 6) **Supervised Treatment and Consumption Sites:** Employers should ensure that workers are aware and trained on the hazards that may be found in and around supervised treatment and consumption sites including:
  - a. Workplace violence and harassment
  - b. Infection prevention and control

### **References and Resources:**

[Occupational Health and Safety Act](#)

[Emergency Medical Services \(EMS\) Section 21 Advisory Sub-Committee Guidance Notes:](#)

- 1) #4 EMS Worker Exposure to Hazardous Drugs
- 2) #5 Traffic Safety and Worker Visibility
- 3) #7 Hazards Associated with Marijuana Grow Operations and Clandestine Drug Labs
- 4) #8 Infection Prevention and Control
- 5) #9 Workplace Violence and Harassment
- 6) #13 Atmospheric Hazards and/or Confined Space Response
- 7) #15 Weather Hazards

Public Service Health and Safety Association: <https://www.pshsa.ca/resources/hazard-management-tool-hmt>



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Ontario Safety Association for Community & Healthcare/ WSIB: Health & Safety in the Home Care Environment (Second Edition\* January 2003)

CSA Standard Z96-2022 (High Visibility Clothing)

Ontario Highway Traffic Act

### **Some Relevant Occupational Health and Safety Act Requirements**

Employers are required by the Occupational Health and Safety Act (OHSA) to:

- Ensure that the equipment, materials and protective devices provided by the employer are maintained in good condition – OHSA clause 25(1)(b)
- Provide information, instruction and supervision to a worker to protect the health or safety of the worker – OHSA clause 25(2)(a)
- Acquaint a worker or person in authority over a worker with any hazard in the work – OHSA clause 25(2)(d)
- Take every precaution reasonable in the circumstances for the protection of a worker - OHSA clause 25(2)(h)
- Prepare policies and programs related to workplace harassment and workplace violence. Ensure an assessment of the risks of violence is conducted. Comply with the employer duties related to workplace harassment and workplace violence. An employer shall provide information and instruction to workers on the contents of the policies and programs with respect to workplace harassment and workplace violence – OHSA clauses 32.0.1 to 32.0.8

Supervisors are required under the OHSA to:

- Ensure that a worker uses or wears the equipment, protective devices, or clothing that the worker's employer requires to be used or worn – OHSA clause 27(1) (b)
- Advise a worker of the existence of any potential or actual danger to the health and safety of the worker of which the supervisor is aware – OHSA clause 27(2)(a)
- Take every precaution reasonable in the circumstances for the protection of a worker – OHSA clause 27(2)(c)

Workers are required under the OHSA to:

- Work in compliance with the provisions of the Act and the regulations – OHSA clause 28(1)(a)
- Use or wear the equipment, protective devices, or clothing that the worker's employer requires – OHSA clause 28(1)(b)
- Report to an employer or supervisor the absence of, or defect in any equipment or protective devices of which the worker is aware and which may endanger the health or safety of a worker – OHSA clause 28(1)(c)
- Report to a supervisor or employer any contravention of the Act or regulations or the existence of any hazard of which he or she is aware – OHSA clause 28(1)(d)



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This document should be shared with the workplace Joint Health and Safety Committee or Health and Safety Representative, incorporated into the workplace occupational health and safety policy and program where appropriate and posted on the PSHSA website and the WHSC website along with the websites of other interested stakeholders.

PSHSA (<http://www.pshsa.ca>) and/or WHSC (<http://www.whsc.on.ca>) may be contacted for assistance in the development and implementation of an occupational health and safety program, training and specialized services.

For more information, contact the MLITSD Health and Safety Contact Centre toll free at 1-877-202-0008.

**This guidance note has been prepared to assist the workplace parties in understanding some of their obligations under the OHSA and the regulations. It is not intended to replace the OHSA or the regulations and reference should always be made to the official version of the legislation.**

**It is the responsibility of the workplace parties to ensure compliance with the legislation. This guidance note does not constitute legal advice. If you require assistance with respect to the interpretation of the legislation and its potential application in specific circumstances, please contact your legal counsel.**

**While this guidance note will also be available to MLITSD inspectors, they will apply and enforce the OHSA and its regulations based on the facts as they may find them in the workplace. This guidance note does not affect their enforcement discretion in any way.**