Pan-Canadian Essential
Regulatory Requirements **PERRs**

**CANADIAN PARAMEDIC
COMPETENCE FRAMEWORK**
for the

Emergency Medical
Responder

2024

COPR **OCRP**

Canadian Organization of
Paramedic Regulators

Organisation canadienne des
régulateurs paramédicaux

Contents

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CANADIAN PARAMEDIC COMPETENCE FRAMEWORK for the

Emergency Medical Responder

Competencies identify the knowledge, skills, and attitudes that paramedics are required to perform competently. They are a list of what the public and patients can expect from a registered Emergency Medical Responder to ensure safe, effective patient care.

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Emergency Medical Responders (EMR) have basic training, including resuscitation, and theoretical and practical training in life-saving and patient assessment skills. EMRs provide fundamental out-of-hospital care, working with other health care providers in a wide variety of settings or in providing care at events or in remote locations.

Note: Updates incorporated in this 2024 document have been made to the Foundational Knowledge section in Appendix A. The remainder of the content is unchanged from 2023.

The Canadian Paramedic Competence Framework

The eight areas of competence that form the paramedic's expertise are based on the CanMEDS Physician Competency Diagram,[1] and are illustrated below.

A. Professionalism (**Professionalism**)
B. Patient- and Community-Centred Communication (**Communication**)
C. Integrated Collaborative Health Care (**Collaboration**)
D. Continuous Learning and Adapting to Evidence (**Learning and Adapting**)
E. Health of Professional (**Health**)
F. Advocacy for Health, Equity, and Justice (**Advocacy**)
G. Leadership (**Leadership**)
H. Care Along a Health and Social Continuum (**Care**)
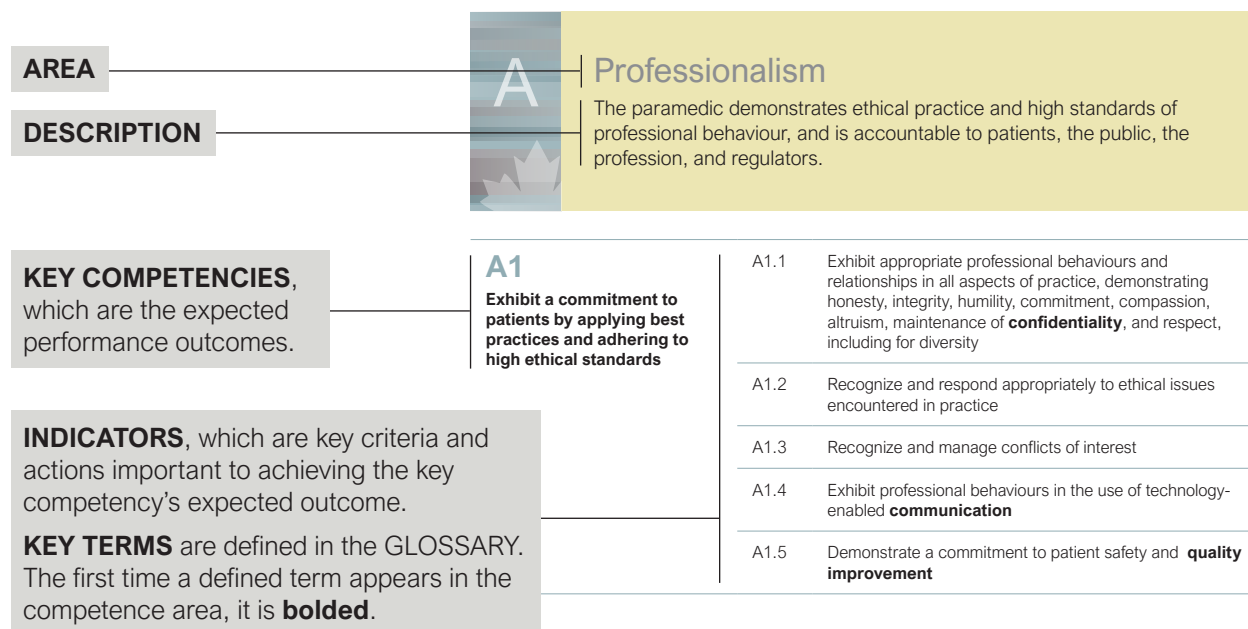
Areas of Competence

The overlapping colours in the centre of the diagram capture the complementary nature of the areas of competence, highlighting that a competent EMR will continually draw from each of the areas, at times simultaneously.

1. Adapted from the CanMEDS Physician Competency Framework with permission of the Royal College of Physicians and Surgeons of Canada. Copyright © 2015.

Navigating the Competencies

Each area of competence contains the following information.

AREA	**A** Professionalism
DESCRIPTION	The paramedic demonstrates ethical practice and high standards of professional behaviour, and is accountable to patients, the public, the profession, and regulators.

KEY COMPETENCIES, which are the expected performance outcomes.

A1

Exhibit a commitment to patients by applying best practices and adhering to high ethical standards

A1.1	Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, altruism, maintenance of **confidentiality**, and respect, including for diversity
A1.2	Recognize and respond appropriately to ethical issues encountered in practice
A1.3	Recognize and manage conflicts of interest
A1.4	Exhibit professional behaviours in the use of technology-enabled **communication**
A1.5	Demonstrate a commitment to patient safety and **quality improvement**

INDICATORS, which are key criteria and actions important to achieving the key competency's expected outcome.

KEY TERMS are defined in the GLOSSARY. The first time a defined term appears in the competence area, it is **bolded**.

Appendix A contains an expanded list of foundational knowledge and minimum entry to practice skills for the Care Along a Health and Social Continuum competence area.

A NOTE REGARDING COMPETENCE

Competence is the level at which individual paramedics and EMRs demonstrate their knowledge, skills, and attitudes to carry out safe, effective practice. Regulators, educators, examination and accreditation bodies, employers, paramedics, EMRs, and members of the public look to competencies to define performance expectations.

"Minimal" or "essential" competence focuses on the usual day-to-day work that is expected to be accomplished by paramedicine professionals with the same designation (in the case of this document, the EMR). "Minimal" is often used to assess performance at entry to designation or to identify underperformance (for example, was the minimal performance level met?). "Essential" is a broader term that reflects the necessary performance throughout the professional's career, including at entry to designation. While "essential" and "minimal" are interchangeable in the context of this competence framework, the term "essential" is used.

A Professionalism

The EMR demonstrates ethical practice and high standards of professional behaviour, and is accountable to patients, the public, the profession, and regulators.

A1

Exhibit a commitment to patients by applying best practices and adhering to high ethical standards

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A2

Demonstrate accountability and accept responsibility for the paramedic's own decisions and actions

A2.1	Demonstrate trustworthiness
A2.2	Respond to and report unprofessional, unethical, or oppressive behaviour when observed and as required
A2.3	Be accountable for all decisions made and actions taken in the course of practice

A3

Adhere to regulatory requirements, including practice standards and guidelines

A3.1	Respect the laws, practice standards, rules, and regulations that govern paramedicine
A3.2	Work within the regulator-defined **scope of practice** and within the paramedic's **personal level of competence**
A3.3	Obtain and maintain informed **consent** in a way that is appropriate for the practice context
A3.4	Respect professional **boundaries**

B Patient- and Community-Centred Communication

The EMR communicates with patients, their **families**, communities, and those in patients' **circle of care** to meet needs in an accessible, equitable, compassionate, safe, and effective way.

B1

Establish professional **therapeutic relationships** with patients, their families, and those in patients' circle of care

B1.1	Communicate using a **patient-centred** approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
B1.2	Optimize the physical environment for patient comfort, dignity, **privacy**, engagement, and safety
B1.3	Recognize when the values, biases, and perspectives of patients, their families, and other health care professionals may have an impact on the quality of care, and modify the patient approach accordingly
B1.4	Enhance communication by recognizing and responding to patients' non-verbal behaviours
B1.5	Manage disagreements and emotionally charged conversations using de-escalation techniques
B1.6	Adapt to the unique needs and preferences of each patient and to their clinical condition and circumstances

B2

Gather and synthesize accurate, relevant information compassionately and respectfully, incorporating the perspectives of patients, their families, and those in patients' circle of care

B2.1	Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
B2.2	Provide a clear structure for the patient and family to manage the flow of an entire patient encounter
B2.3	Seek out and synthesize relevant information from other sources, including patients' families and circle of care, with patients' **consent**

B3

Share patient health care information and plans after obtaining the appropriate patient consent

B3.1	Share clear, accurate, and timely information and explanations, while checking for understanding from patients, families, and those in the circle of care
B3.2	Disclose harmful patient safety incidents accurately and appropriately to patients, families, and those in the circle of care

B4

Document written and electronic information about the patient encounter to optimize team-wide clinical decision-making and patient safety

B4.1	Document clinical encounters in an accurate, complete, timely, and accessible manner and in compliance with clinical, regulatory, and legal requirements
B4.2	Communicate effectively using written health records, electronic medical records, and other digital technologies
B4.3	Share information with patients and others in a manner that respects patient privacy and **confidentiality** and enhances understanding

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C Integrated Collaborative Health Care

The EMR demonstrates effective interprofessional practice with paramedic and EMR colleagues, public safety personnel, and other care team members to provide and support integrated health and social services with and for patients across sectors and in diverse environments, settings, and geographies.

C1
Maintain professional relationships with other paramedics/EMRs, public safety personnel, and all care team members

C1.1	Respond appropriately to requests for help or advice
C1.2	Accommodate requests from team members for assistance or advice in patient management within the **scope of practice** and ability of the paramedic/EMR and the team members

C2
Work effectively as part of a care team to provide **patient-centred care**

C2.1	Negotiate overlapping and shared responsibilities with fellow paramedics/EMRs and the team in episodic and ongoing care
C2.2	Optimize patient care through involving other care professionals and delegating appropriately
C2.3	Coordinate the activities and interactions of multiple team members in complex situations or cases where the skills mix deems it appropriate
C2.4	Solicit feedback and communicate effectively with the team to ensure appropriate care plan development and effective care
C2.5	Engage in respectful, shared decision-making with team members

C3
Work with fellow paramedics/EMRs, public safety colleagues, and other care team members to promote understanding, manage differences, and resolve conflicts that arise in the course of scene management, delivery of care, or other paramedicine-related work

C3.1	Interact respectfully
C3.2	Support a collaborative culture by promoting understanding, managing differences, and resolving conflicts

C4

Transfer patients, when appropriate, to another paramedic/EMR or care team member to facilitate continuity of safe, effective care

C4.1	Determine when care should be transferred to another paramedic/EMR or team member
C4.2	Demonstrate safe handover of care, using both oral and written **communication**, during a patient transition to a different team member, setting, or stage of care

D Continuous Learning and Adapting to Evidence

The EMR engages in professional development and scholarship, maintains **competence**, and uses **evidence-based practice** with peers, colleagues, and students to benefit patients, partners, communities, and the profession.

D1
Contribute to the education of students, patients and their families, and colleagues, including other health care professionals

D1.1	Support the maintenance of a safe learning environment
D1.2	Be vigilant about patient safety when learners are involved
D1.3	Support psychologically safe approaches to timely feedback to enhance learning and performance

D2
Apply current practice guidelines

D2.1	Identify, select, and navigate current practice guidelines and resources
D2.2	Provide feedback to systems when practice guidelines do not reflect best practice

D3
Engage in **continuing competence** through ongoing learning and professional development

D3.1	Participate in learning opportunities to stay up to date
D3.2	Maintain continuing competence as required

E Health of Professional

The EMR manages personal, professional, and contextual dimensions of **competence** that support personal safety and wellness.

E1
Understand the role of the paramedic/EMR's **health** within the evolving profession of paramedicine

E1.1	Describe the ways that paramedics/EMRs can remain healthy throughout their career
E1.2	Recognize the impact on the paramedic/EMR's health of the sociocultural factors of the patients and communities with whom the paramedic/EMR works
E1.3	Recognize the impact on the paramedic/EMR's health of the organizational and factors in the paramedic/EMR's work setting
E1.4	Describe the ways that paramedics/EMRs can adapt their practice and remain healthy as they meet the evolving needs of patients and communities

E2
Describe the influences and challenges that may affect the paramedic/EMR's ability to perform throughout their career

E2.1	Understand the ways in which people's individual experiences and sociocultural identities may influence their responses and coping mechanisms
E2.2	Articulate the differences between common stressors (for example, potentially psychological **traumatic** events, **occupational stress injury**, and chronic stress)
E2.3	Describe the ways in which operational and organizational factors affect health
E2.4	Describe the ways in which both personal and systemic factors influence resilience

E3
Demonstrate a commitment to personal health and well-being through integration of experiences and self-reflective practices that contribute to safe, effective patient care

E3.1	Monitor personal health and well-being
E3.2	Recognize and act on warning signs of personal ill health
E3.3	Remove themselves from practice if unwell or unable to self-regulate or cope effectively

E4 Engage in activities and behaviours that support and maintain personal physical and mental health throughout their career	E4.1	Maintain personal health and well-being through daily health habits and regular health monitoring with the paramedic/EMR's primary care provider
	E4.2	Employ healthy coping mechanisms for dealing with and discharging stress
	E4.3	Develop and regularly access personal and professional support systems
E5 Support the health and well-being of fellow paramedics/EMRs and other care team members	E5.1	Recognize others' need for assistance, including warning signs of ill health
	E5.2	Offer non-judgmental assistance to help colleagues seeking support

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F   Advocacy for Health, Equity, and Justice

The EMR demonstrates patient and systems advocacy for health, equity, and justice throughout the health care system, with a particular focus on those traditionally underserved, and contributes to addressing both social injustice and health inequities.

F1

Respond to patients' health needs by advocating with and for them

F1.1	Contribute to making a practice environment that provides **culturally safe care** for **equity-deserving** groups (an environment that is **inclusive**—for example, not **ableist**, **ageist**, **racist**, or **sexist**)
F1.2	Practise self-awareness to minimize personal bias, cognitive bias, and inequitable behaviour–based factors, such as **gender identity** and **sexual orientation**, which affect social position and power
F1.3	Demonstrate respect and humility when engaging with patients, and integrate their understanding of health, well-being, and healing into the care provided
F1.4	Work with patients to address **determinants of health** that affect them and their access to needed health services or resources (such as a lack of literacy, insufficient social supports, or unhealthy work conditions and environment)

G Leadership

The EMR provides situational leadership and manages systems for paramedic practice to meet patients' needs using health care resources, technologies, quality indicators, improvement practices, and evidence to determine the services and distribution pathways required.

G1
Serve as a role model for practitioners entering the field

G1.1	Demonstrate helping behaviours, and facilitate integration of new paramedics/EMRs
G1.2	Motivate colleagues to strive for excellence

G2
Manage incident scenes using practice guidelines

G2.1	Assume incident command when first at incident scene
G2.2	Recognize the need for additional resources

Care Along a Health and Social Continuum

H

The EMR provides safe and effective health care along a health and social continuum, across practice settings, within the EMR's scope, and within regulatory practice standards to determine the most appropriate health and social care pathways that meet patients' needs and improve outcomes.

H1

Work within the regulator-defined **scope of practice** for their designation, within regulatory practice standards and guidelines, and within their **personal level of competence**

H1.1	Demonstrate a commitment to high-quality patient care
H1.2	Integrate all roles into the paramedic's practice of paramedicine
H1.3	Apply knowledge of the clinical and biomedical sciences relevant to the paramedic's designation
H1.4	Prioritize clinical care based on patient **consent**, **assessment**, and reassessments
H1.5	Recognize and manage emergency, urgent, and routine situations in a timely and professional manner
H1.6	Manage critically ill patients to the best of the EMR's ability and scope, including using additional resources, higher levels of care, and prompt **transfer of care**

H2

Perform **patient-centred** clinical assessments and implement patient care plans based on practice guidelines, including reassessing patients as their condition requires

H2.1	Perform timely, accurate, and complete physical and mental health assessments of patients as indicated by patient presentation
H2.2	Perform timely and focused clinical reassessments to facilitate and monitor patient condition and treatment effectiveness
H2.3	Gather patient history in a thorough, timely, and focused manner to inform actions
H2.4	Complete assessments with patients and, where appropriate, their **families** in a resource-effective and ethical manner
H2.5	Interpret assessment results to inform ongoing care plans and transfer of care
H2.6	Use clinical reasoning and judgment to establish patient-centred care plans, using available clinical and diagnostic information
H2.7	Establish **goals of care** in collaboration with patients and their families, which may include declining **interventions**, slowing disease progression, treating symptoms, achieving a cure, improving function, and providing palliative care

H3

Carry out plans for accurate oral and written transfer of care based on practice guidelines

H3.1	Implement appropriate interventions, procedures, and therapies
H3.2	Obtain and **document** informed consent, explaining the risks and benefits of and the rationale for a proposed investigation, procedure, or therapy

H4

Provide accurate oral and written transfer of care to other care team members or **discharge** within the defined scope of practice for the designation, individual competence, and employment or practice setting

H4.1	Determine the discharge or transition of care plans
H4.2	Prepare patients for transfer of care or discharge
H4.3	Ensure effective information-sharing

Appendix A

Expanded List of Foundational Knowledge and Minimal Entry to Practice Skills for **Care Along a Health and Social Continuum** (Care)

The expanded list was developed in an effort to create a pan-Canadian reference that is reflective of the expected knowledge, skills, concepts, approaches, and strategies for each designation. As with most professions, there will be unique circumstances and exceptions in scopes of practice that apply to one or more jurisdictions and designations. Transparency of differences and similarities is key to pan-Canadian collaboration and compliance with the guidelines of the Canadian Free Trade Agreement, Chapter 7. Jurisdictional differences are recorded by COPR in a separate document.

Foundational Knowledge

Foundational knowledge is common across designations, but varies in terms of depth and breadth. EMRs have basic knowledge in the following areas to support the fundamental out-of-hospital care they provide.

GENERAL CONTENT

1	**Medical, EMR/paramedic, pharmacological terminology**
	Vocabulary
	Acronyms
	Abbreviations

2	**Human anatomy, neuroanatomy, and physiology applied to all body systems across the lifespan, including pregnancy and aging (includes terminology, structures, and function of all systems)**
	Neuroanatomical development and terminology
	Respiratory • Defense mechanisms, mechanics of respiration • Pulmonary circulation, gas transport/exchange, control of ventilation • Breath sounds, breathing patterns, lung volumes, oxygen saturation

Cardiovascular
- Mechanical and electrical function of the heart, hemodynamics, coronary, cerebral and peripheral circulation
- Normal heart rate, blood pressure
- Blood pressure regulation

Gastrointestinal
- Food breakdown and motility through the gastrointestinal (GI) tract
- Digestion
- Absorption
- Elimination of waste

Genitourinary
- Blood filtration and kidney function
- Elimination of waste

Reproductive
- Sexual differentiation and puberty
- Sexually transmitted infections

Gynecological/obstetric
- Menstrual cycle, fertilization
- Pregnancy and postpartum
  – Fetal development
  – Labour and delivery
  – Postpartum changes

Integumentary
- Characteristics of skin, hair, nails, glands
- Skin functions: protection, regulation, healing, sensations

Endocrine
- Hormone mechanisms of action
- Metabolism

Neurological
- Central and peripheral nervous systems
- Nervous system responses to injury
- Neurotransmission, muscle tone, motor function, sensory/normal processing

Musculoskeletal
- Posture, balance, coordination, agility, dexterity
- Mobility – gait, locomotion
- Bone structure/physiology
- Muscle structure/physiology
- Connective tissue structure/physiology

Hematologic
- Blood components and their functions
- Coagulation
- Fetal hematology: transitions between labour, delivery

Immunologic
- Typical immune responses

Ear-eye-nose-throat (EENT) systems
- Hearing, balance, and the vestibular system
- Nasopharynx function; air filtration, voice production
- Passage of air, food, liquid
- Vision, pupillary response

3 Cognition

Arousal, attention, orientation, emotion, processing, registration of information

Retention, memory, recall

Communication, verbal/non-verbal, processing, verbalizing, language proficiency

Perception, decision-making as it relates to autonomy, disclosure, consent

4 Pathology/Pathophysiology

Diseases, illnesses, injuries, causes:
- Respiratory
- Cardiovascular
- Gastrointestinal
- Genitourinary
- Reproductive
- Gynecological/obstetric
- Integumentary
- Endocrine
- Neurological
- Musculoskeletal
- Hematologic
- Immunologic
- Ears-eyes-nose-throat systems
- Toxicology

5 Pharmacology

EMR role

Medication sources, drug classifications, names (e.g., chemical, generic, trade, official)

Dosage calculation

Desired effect(s) of medications

Medical conditions and indications, relative and absolute contraindications, side effects, dosage parameters, and safe administration process for medication

Relevant medication reference data

Relationship of medication, dosage, and frequency to patient

The "rights" of medication administration

Administration routes, associated approved medications and substances; characteristics of injection sites

Patient and supply preparation

Procedures related to medication administration errors

6 | Unique characteristics and their impact on care needs of patients who are equity-deserving, traditionally marginalized, racialized, or underserved

Identity and intersectional factors: gender, age, ethnicity, race, Indigenous identity, religion, gender and sexual identity, abilities, function

Impact on physical, emotional, and social development

Care needs specific to stages of life, relating to individual's age, developmental stage, and life circumstances

Healthy behaviours, disease prevention, harm reduction, quality of life

Environmental factors impacting health

Impact of social determinants of health (e.g., employment, social inclusion, education)

CONTENT SPECIFIC TO PARAMEDICINE

7 | General topics in paramedicine

EMR's role, scope of practice; paramedic roles

Clinical presentations

Assessment and intervention approaches used in paramedicine

Interactions between systems, interventions, and patient clinical presentations

Management of ill and injured persons

Adverse events (e.g., failure to perform an intervention that is within the standard of care could trigger an adverse event, such as permanent impairment or death)

Factors influencing outcomes (e.g., environment, self-care practices, toxicology, mechanisms of injury)

Therapeutic methods (indications, contraindications, precautions, potential complications)

Adjust to changes in patient, environmental, or situational presentation

Principles of resuscitation

Goals of care

8 Infection prevention and control

Common routes for transmission of disease and infection

Routine practices and additional precautions for preventing the transmission of infection; safe handling procedures

Limitations of current infection control and prevention techniques; areas of failure and appropriate responses

Proper sequencing for precautions

Use of personal protective equipment

Equipment, supplies, and work areas requiring cleaning or disinfection

Cleaning and disinfection methods and techniques

Disposal of sharps and contaminated supplies

Aseptic and sterile techniques

Adaptations for non-sterile environments

9 Point-of-care and diagnostic test results

Basic understanding of technique and function, including quality assurance and limitations

Common findings

Basic interpretation (e.g., differentiation between normal and abnormal results, implications)

EMERGENCY PREPAREDNESS AND MANAGEMENT

10   Disaster response (e.g., natural occurrences, terrorism)

Triage, movement coordination system

Systems support requirements

Response to changing dynamics of situation

Psychological impact on community resources and first responders

11   Patient management following chemical, biological, radiological, nuclear, and explosives (CBRNE) incidents

Organic compounds and their hazards

Fundamental biochemical reactions

Predicted effects of hazardous materials on body systems

WHMIS and Safety Data Sheets (SDS)

CBRNE agents

Signs and symptoms of agent exposure

Potential dissemination devices

Levels and limitations of personal protective equipment

Safety procedures, precautions

Avoidance of agents and hazards

Defining inner and outer perimeters

Principles of CBRNE triage

Need for and control of human decontamination

Chemical countermeasures

12 Patient management following environmental emergency (e.g., heat exhaustion, cold injury, barotrauma)

Causes

Signs and symptoms of exposure

Treatment of patients following exposure

13 Unique needs of neonatal, pediatric, geriatric, bariatric patients, and patients with different abilities, mental health, addictions, and/or psychiatric conditions

Developmental parameters, effects on lifespan, abilities, etc.

Anatomical and physiological differences

Modifications in approaches to assessment, treatment, communication, use of equipment

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Minimum Entry to Practice Skills

ASSESSMENT AND DIAGNOSTICS

14 | **Continually assess the practice environment**

Conduct point of care risk assessment

Maintain situational awareness

Maintain safety

Secure additional resources

15 | **Obtain patient and incident history**

Primary complaint and/or incident history from patient, family members, and/or bystanders

List of medications (prescribed, over the counter, recreational, natural/herbal), and patient adherence

Allergies, including to medications

Medical history

Last oral intake, bowel movement, menstrual cycle

Integrate above information into assessment

16 | **Conduct complete physical assessment**

Determine immediate threats to life

Further assess based on patient presentation, including level of distress, pain

Conduct in-depth assessment of systems and patient as appropriate

17 | **Determine mental health status**

Assess patient's capacity to consent to care decisions

Consider risk and cognitive factors

Recognize substance use, addictions, mental health and psychiatric conditions in patients

18   Assess vital signs and interpret findings

Pulse (rate, rhythm, quality)

Respiration (rate, effort, depth, symmetry)

Non-invasive temperature monitoring

Blood pressure
- Auscultation
- Palpation
- Non-invasive blood pressure monitoring

Skin condition (temperature, colour, moisture, turgor)

Pupils (size, symmetry, reactivity)

Level of consciousness: Alert, Voice, Pain, Unresponsive (AVPU), Glasgow Coma Scale (GCS)

19   Utilize diagnostic tests and/or interpret findings, using:

Pulse oximetry

Glucometric testing

20   This section does not apply to the Emergency Medical Responder. See other designations for more information.

THERAPEUTICS

21   Maintain patency of upper airway and trachea

Use manual maneuvers and positioning to maintain airway patency

Suction oropharynx

Utilize oropharyngeal airway

Utilize nasopharyngeal airway

Remove airway foreign bodies by indirect techniques

22   Administer oxygen

Determine purpose, indications, potential complications, and safety issues

Select and prepare device

Ensure safe handling

Perform adjustments and necessary troubleshooting

Identify replacement needs

23   Use oxygen delivery systems

Nasal canula

Low concentration mask

Increase/decrease oxygen concentration

High concentration mask

24   Administer ventilation (in the context of 25 and 26 below)

Determine purpose, indications, potential complications, and safety issues

Select ventilation system type

Ensure safe handling

Perform adjustments and necessary troubleshooting

Identify replacement needs

25   Administer manual positive pressure ventilation (i.e., bag valve device)

Provide oxygenation and ventilation using manual positive pressure devices

Rate, rhythm, volume, compliance

One- or two-person application

Pulse oximetry

26   This section does not apply to the Emergency Medical Responder. See other designations for more information.

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27 Hemodynamic stability

27A FLUID AND RESUSCITATION

Conduct cardiopulmonary resuscitation (CPR), including mechanical

Maintain peripheral intravenous (IV) access devices and infusions of crystalloid solutions without additives

Conduct automated external defibrillation

27B HEMORRHAGE CONTROL

Control external hemorrhage

Tourniquets and hemostatic dressings

Pelvic binding

28 Provide routine care

Urinary catheters

Ostomy drainage systems

Non-catheter urinary drainage systems

Tissue and minor wound care

29 Provide care for fractures

Immobilize actual and suspected fractures involving appendicular skeleton as appropriate

Immobilize or stabilize actual and suspected fractures involving axial skeleton, as appropriate.

30 Provide care for dislocations

Stabilize actual and suspected dislocations

31 Patient handling and movement

Assess patient risk profile

Prepare practice environment appropriate to patient presentation and characteristics

Prepare patient for transfer (positioning, safety, stability, precautions, protection from the elements)

Accompany patient during transfer

Transfer patient to higher level of care when warranted

32 Administer medications and substances using the following routes:

Buccal

Inhalation, not including oxygen

Intramuscular

Intranasal

Oral

Sublingual

Topical

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Notes

Notes