

Pan-Canadian Essential  
Regulatory Requirements **PERRs**

**CANADIAN PARAMEDIC  
COMPETENCE FRAMEWORK**  
for the

**Emergency Medical  
Responder**

2023

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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.



## The Canadian Paramedic Competence Framework

The eight areas of competence that form the paramedic's expertise are based on the CanMEDS Physician Competency Diagram,<sup>1</sup> 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

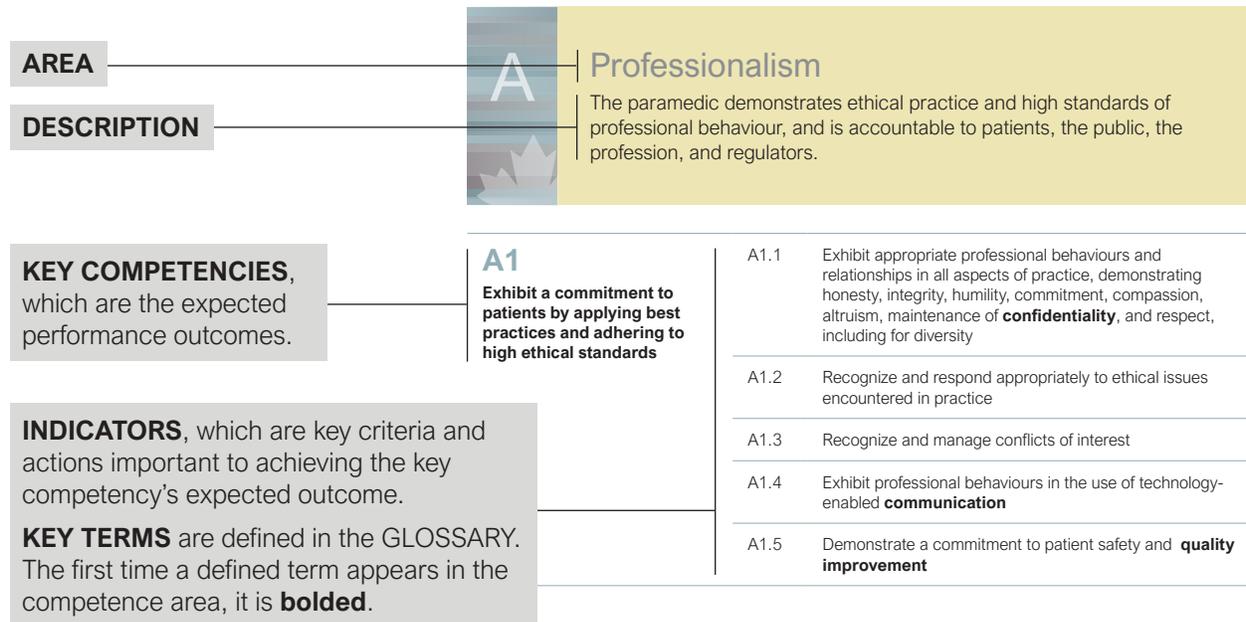
The overlapping colours in the centre of the diagram capture the complementary nature of the areas of competence, highlighting that a competent EMR will continually draw from each of the areas, at times simultaneously.



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.



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.



# 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

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**

## 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

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## B4

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

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- |      |  |
|------|--|
| 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 <b>confidentiality</b> and enhances understanding               |
-



# 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

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## 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

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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

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# 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

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## 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

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E4.2 Employ healthy coping mechanisms for dealing with and discharging stress

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E4.3 Develop and regularly access personal and professional support systems

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## 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

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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

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- 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**)
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- 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
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- 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

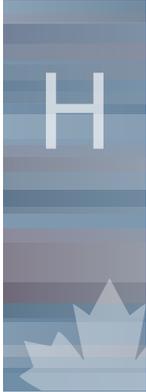
G1.2 Motivate colleagues to strive for excellence

### 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

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**

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H1.1 Demonstrate a commitment to high-quality patient care

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H1.2 Integrate all roles into the paramedic's practice of paramedicine

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H1.3 Apply knowledge of the clinical and biomedical sciences relevant to the paramedic's designation

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H1.4 Prioritize clinical care based on patient **consent, assessment,** and reassessments

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H1.5 Recognize and manage emergency, urgent, and routine situations in a timely and professional manner

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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**

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## H2

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

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|------|--|
| 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 <b>families</b> 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 <b>goals of care</b> in collaboration with patients and their families, which may include declining <b>interventions</b> , slowing disease progression, treating symptoms, achieving a cure, improving function, and providing palliative care |
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## H3

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

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- |      |   |
|------|---|
| H3.1 | Implement appropriate interventions, procedures, and therapies  |
| H3.2 | Obtain and <b>document</b> informed consent, explaining the risks and benefits of and the rationale for a proposed investigation, procedure, or therapy |
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## 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

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- |      |   |
|------|---|
| 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, paramedic, pharmacological terminology**

**2**

**Human anatomy, neuroanatomy, and physiology applied to all body systems across the lifespan**

**3**

**Cognition**

**4**

**Pathology/Pathophysiology**

**5**

**Pharmacology**

**6**

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

## CONTENT SPECIFIC TO PARAMEDICINE

**7**

General topics in paramedicine (e.g., EMR's role and scope of practice, approaches to care, patient presentation and management, goals of care)

**8**

Infection prevention and control

**9**

Point-of-care and diagnostic test results

## EMERGENCY PREPAREDNESS AND MANAGEMENT

**10**

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

**11**

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

**12**

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

**13**

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

# 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

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## 18 Assess vital signs and interpret findings

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Pulse (rate, rhythm, quality)

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Respiration (rate, effort, depth, symmetry)

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Non-invasive temperature monitoring

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Blood pressure

- Auscultation
  - Palpation
  - Non-invasive blood pressure monitoring
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Skin condition (temperature, colour, moisture, turgor)

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Pupils (size, symmetry, reactivity)

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

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

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Pulse oximetry

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Glucometric testing

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

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### THERAPEUTICS

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## 21 Maintain patency of upper airway and trachea

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Use manual maneuvers and positioning to maintain airway patency

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Suction oropharynx

---

Utilize oropharyngeal airway

---

Utilize nasopharyngeal airway

---

Remove airway foreign bodies by indirect techniques

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## 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

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#### 27A FLUID AND RESUSCITATION

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Conduct cardiopulmonary resuscitation (CPR), including mechanical

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

Conduct automated external defibrillation

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#### 27B HEMORRHAGE CONTROL

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Control external hemorrhage

Tourniquets and hemostatic dressings

Pelvic binding

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## 28

### Provide routine care

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Urinary catheters

Ostomy drainage systems

Non-catheter urinary drainage systems

Tissue and minor wound care

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## 29

### Provide care for fractures

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Immobilize actual and suspected fractures involving appendicular skeleton as appropriate

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

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## 30

### Provide care for dislocations

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Stabilize actual and suspected dislocations

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## 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

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## 32

### Administer medications and substances using the following routes:

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Buccal

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Inhalation, not including oxygen

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Intramuscular

---

Intranasal

---

Oral

---

Sublingual

---

Topical

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