



# ANNUAL REPORT 2019/20



Emergency Medical Assistants Licensing Board

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# LETTER FROM THE CHAIR

July 2020

The Honourable Adrian Dix  
Minister of Health  
Room 337 Parliament Buildings  
Victoria BC V8V 1X4

Dear Minister Dix,

On behalf of the Emergency Medical Assistants Licensing Board (the “Board”), I am pleased to present you with our 2019/20 Annual Report, in accordance with the Emergency Health Services Act, section 6(8).

It has been a busy ten weeks since my appointment April 27, 2020. With much to learn and disrupted operations due to the COVID-19 pandemic, it has been an exciting time to say the least. The members of the Board and branch staff have been extremely supportive and welcoming as I have joined the team during these tumultuous times.

Through the 2019/20 reporting year, the Board has continued to focus its efforts to support Ministry priorities of improved patient safety and public health outcomes, integrated health care delivery and investments in prehospital and transport medicine.

Maintaining communications and collaboration with key stakeholder organizations remained a major priority for the Board. Ongoing dialogue with first responder organizations, paramedic organizations, training agencies, and government authorities including BC Emergency Health Services, served to facilitate addressing common issues relating to the regulation of Emergency Medical Assistants (EMAs). The Board found all stakeholders to possess a strong and consistent commitment to ensuring patient safety, improving the quality of out-of-hospital care, and advancing the EMA profession. This collaboration has been critical to the design of effective policy that supports stakeholders in their development and delivery of excellent patient care.

The Board reinforced its support of innovation and expansion of out-of-hospital care services through its advisory efforts in assisting stakeholders develop implementation plans that remain compliant with the current regulatory framework.

With respect to complaint management, the protection of the public, the promotion of high standards of professionalism, and a clear focus on patient-centered care, are the central and enduring values of the Board. The Board remains committed to maintaining fairness, clarity and respect in its adjudicative processes. Wherever possible, the Board pursued rehabilitative

avenues which have been shown to be superior in effectiveness and generating lasting change compared to solely punitive measures. Although the Board regards patient safety as the highest priority, it is also dedicated to ensuring that EMAs have opportunities for professional growth.

The past year also presented some major challenges for the Board and branch including rapidly adapting to COVID-19 and supporting EMAs in their tireless and admirable efforts with respect to the provincial pandemic response. Widespread public protests and an increased global awareness of systemic racism and bias provided an opportunity for the Board to examine its own practices and re-affirm the EMA Code of Ethics. The Board remains committed to ensuring the public receives appropriate, current, and respectful care from EMAs of all licence levels. The provincial government's response to the Cayton Report, a shifting health care landscape, advances in out-of-hospital care, and the rapid change in medical technologies have prompted the Board to look forward to future stages of EMA education and regulation.

This annual report will provide you with a comprehensive overview of the work of the EMA Licensing Board and branch in its regulatory management of over 15,000 licensees. The Board would be pleased to meet with you at your convenience to discuss the report's contents and/or any topic pertaining to EMA regulation. On behalf of all members of the Board and the branch, I wish to express our enthusiasm and gratitude to be part of the province's efforts to ensure high standards of patient safety and delivery of emergency health services.

Sincerely,



Ryan Sinden  
Chair  
Emergency Medical Assistants Licensing Board

# LETTER FROM THE REGISTRAR

July 2020

The Honourable Adrian Dix  
Minister of Health  
Room 337 Parliament Buildings  
Victoria BC V8V 1X4

Dear Minister Dix,

On behalf of the Emergency Medical Assistants Licensing Branch (the “branch”), I am pleased to advise on the work of the branch for the 2019/20 reporting period. I was appointed to the position of EMA Licensing Branch Director/Registrar in March 2018.

Earlier in the year, the branch and the Board had the pleasure of responding to the Steering Committee on Modernization of Health Professional Regulation regarding *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act*. We look forward to working with stakeholders on the implementation of future regulatory model changes.

In December 2019, we bid farewell to Patricia Lane who had served a two-year appointment as Chair of the Board. Dr. Phil Yoon served as Interim Chair until Ryan Sinden was appointed in April 2020. Ryan brings both paramedic and fire first responder experience which is a welcome addition to the Board. Branch members and I are looking forward to establishing a cooperative working relationship with Ryan in conjunction with our existing relationship with Dr. Philip Yoon and Grant Ross.

The branch pivoted quickly near the end of this reporting year as the reality of COVID-19 impacted British Columbians. In consultation with stakeholders, EMAs were granted examination and licence renewal extensions, as well as continuing competence exemptions to allow them to prioritize the delivery of pre-hospital care.

The branch continues to proudly provide exemplary examination, training, and continuing competence maintenance services to over 15,000 EMAs throughout the province and will continue to do so through these challenging times.

Sincerely,



Amanda Saville  
Registrar  
EMA Licensing Branch

## Board Composition

The Board currently has three members appointed by Order-In-Council. By regulation, appointments must include one licensed emergency medical assistant and one medical practitioner.

### Patricia Lane, (former) Chair

Ms. Lane was appointed as Board chair on December 31, 2017 and completed her two-year term on December 31, 2019.

### Ryan Sinden, PCP, BBA, Chair



Ryan Sinden works in both the fire service and BC Emergency Health Services (BCEHS). Ryan started his full-time firefighting career in 2006. Within the fire service Ryan has and continues to be involved in many different specialty teams including high angle and confined space rescue, urban search and rescue, trench rescue, vehicle extrication, and water/ice rescue. Ryan has also been active in the private sector, developing and teaching courses and providing contract rescue services in industry.

Ryan's career in paramedicine started in 2007 with BCEHS as a primary care paramedic. Working in the Okanagan, Whistler, and the Metro Vancouver areas for the last number of years, Ryan has enjoyed experiencing the variety in service delivery that comes with different areas. Ryan's interest in training and education continued with his position as an instructor with the Justice Institute starting in 2008 where he teaches the PCP program.

In 2017, Ryan accepted a role with BCEHS Learning as a clinical educator. Ryan currently teaches various continuing education courses offered to BCEHS paramedics. Continuing education is important to Ryan leading him to complete his diploma in EMS from the Justice Institute in 2015 and Honours Degree in Business Administration from Simon Fraser University in 2016.

Ryan was appointed to the Board April 27, 2020, for a term ending April 22, 2021.

### Dr. Philip Yoon, MD, MBA, Vice Chair

Dr. Yoon is a staff emergency physician at the Royal Columbian and Eagle Ridge Hospitals and is a Clinical Professor within the Department of Emergency Medicine at the University of British Columbia. He completed his medical and business administration training at the University of Alberta and has been in active emergency medicine practice for over 25 years.





Phil has worked in clinical, administrative, educational and research roles in emergency medicine and EMS in Alberta, Nova Scotia and British Columbia. He maintains a clinical and academic interest in pre-hospital and transport medicine and other areas related to medicine in austere environments.

Dr. Yoon also serves as a Navy Reserve Medical Officer in the Canadian Armed Forces. Since 2013, he has held the position of Medical Director of the EMS Physician Online Support (EPOS) service with British Columbia Emergency Health Services.

Dr. Yoon was appointed to the Board on November 8, 2012, and reappointed in December of 2018 for a two-year term, ending December 31, 2020.

## Grant Ross, Member

Grant Ross is a career paramedic, working for the British Columbia Ambulance service since 1987. Starting as a Primary Care Paramedic in the Vancouver post, he obtained his Advanced Care Paramedic certification in 2006 and then completed his Critical Care/Flight Paramedic training in



2014. He is currently working at the Vancouver Airevac station. Throughout his career, Grant has contributed to the professional development of his peers as a preceptor, mentor and field trainer at all paramedic levels.

In addition to patient care delivery, for the last 25 years, Grant has volunteered for the Paramedic Association of Canada and the Ambulance Paramedics of BC writing, reviewing and revising the corporate bylaws. He is also the Chair of the Paramedic Association's Benevolent Committee. This committee is tasked with providing support to families of paramedics killed in the line of duty.

Grant is also the Past President and founding Board member of the Canadian Paramedic Memorial Foundation, a registered charity seeking to build a national monument in Ottawa to showcase paramedicine and pay respect to fallen Canadian paramedics.

Grant was appointed to the Board on December 31, 2018, for a two-year term ending December 31, 2020.

## Board Roles and Responsibilities

The Emergency Medical Assistants Licensing Board's mandate is to ensure all Emergency Medical Assistants (EMA) in British Columbia comply with the *Emergency Health Services Act* and the Emergency Medical Assistants Regulation. This provides assurance to the public that competent, consistent, and appropriate care will be available during medical emergencies and inter-facility patient transfers.

The Board is empowered under *the Act* to examine, register and license EMAs practicing throughout British Columbia and to set licence terms and conditions. Annual continuing competence requirements are enforced by the Director and individuals are directed to the Board as necessary to ensure licensees maintain a high standard of patient care.

Finally, the Board reviews and recommends legislative and regulatory changes to the Minister of Health, liaises with other emergency care bodies, and maintains collaborative relationships with other stakeholders in health care.



## Investigations Committee of the Board

The Investigations Committee is appointed by the Board and acts independently to assist the Board in assessing patient care complaints. The Investigations Committee has historically been comprised of four individuals; a physician, a registered nurse and two paramedics.

Effective June 2020, there is an eight-person Investigations Committee consisting of a Chair, who is an emergency physician, a registered nurse, four paramedics, and two first responders. This Committee conducts investigations and reports their findings to the Board and conducts hearings when necessary.

## The Emergency Medical Assistants Licensing Branch

The Emergency Medical Assistants Licensing Branch provides administrative support to the Board. The branch is funded and staffed by the Ministry of Health.

The Director, who also serves as the Registrar, provides leadership and direction regarding branch operational deliverables which include; examinations, licensure and registration, management of the continuing competence program, maintenance of training program recognition, and the receipt and preliminary investigation of patient care complaints. The Director ensures that all Board and branch activities are consistent with the Board's and Ministry's legislative authority and strategic direction.



# YEAR IN REVIEW

## COVID-19

On March 17, 2020, Provincial Health Officer, Dr. Bonnie Henry, declared a public health emergency in BC, giving herself power to make verbal orders to the public that are immediately enforceable. The Board communicated to licensees expressing gratitude for their commitment to their fellow British Columbians in this unprecedented health emergency. The Board has and will continue to work with its stakeholders to ensure EMAs are adequately supported in their response to the pandemic.



Licensing Branch and Board members developed and implemented plans to expedite new licence applications and licence renewals, as well as managing continuing competence reporting requirements without compromising workforce resources or patient safety and in recognition of the competing challenges facing EMAs.

## Policies

The Emergency Medical Assistants Licensing Board approves policy within its legal authority under the *Emergency Health Services Act* and Emergency Medical Assistants Regulation. In alignment with best practice, the Board publishes all policies on its [website](#). The following policies were implemented this year:

[MAiD](#) - The federal government amended the Criminal Code and passed Bill C-14 in June 2016, providing legal protection for persons who aid physicians and nurses who provide services for medical assistance in dying (MAiD). EMAs licensed or endorsed to initiate intravenous lines may do so as requested by a physician or nurse practitioner for MAiD. An EMA may not administer medication for MAiD in any circumstance.

[Procoagulants](#) - This policy clarifies the Board's position on the use of procoagulants by PCP and higher licensed EMAs. It is the Board's position that "Hemostatic Agent Dressings" or "Site Specific Procoagulants" meet the requirements under Schedule 1(3)(b)(v) of the EMA Regulation as procoagulants administered subcutaneously.

[Downgrading a Licence](#) - The EMA regulation does not provide an avenue for EMAs to downgrade a current licence to a lower licence category without meeting the requirements laid out for obtaining a licence. This policy confirms the requirements.

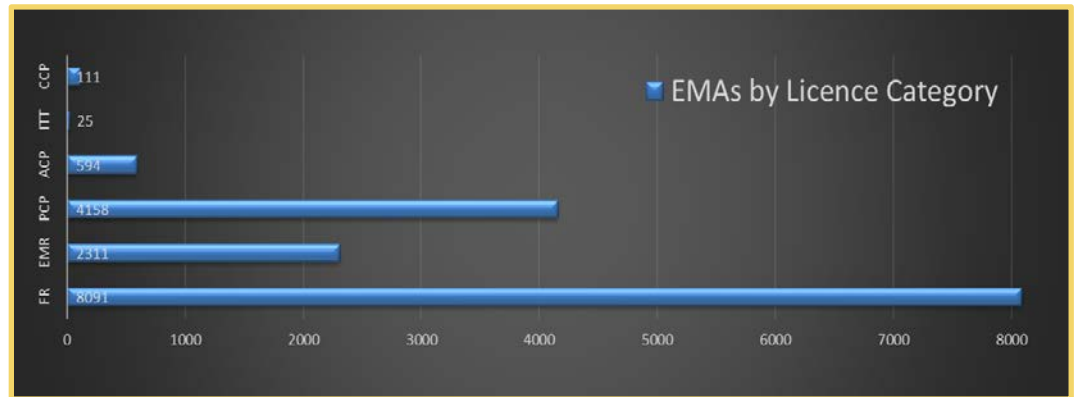


## Licenses

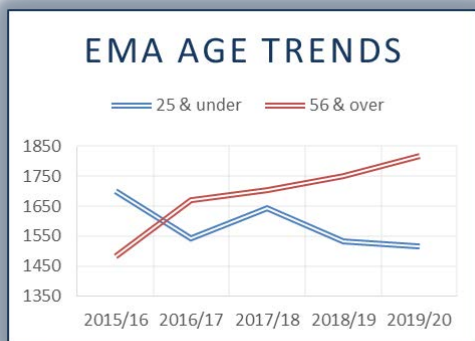
During 2019/20, there were a total of 15,290 EMA licenses held. This represents a 205 licence increase over the previous year and a 6% increase since 2015/16 (five years). In BC, First Responders (FR)

continue to represent the largest number of EMAs at 53%, which did not change from the previous year. Most licence categories increased this year, offset by minor decreases in Primary

Care Paramedics (PCP) (32) and Infant Transport Team members (ITT) (1). ITT licenses are expected to continue to decrease as there are no current recognized training programs available. ITT licence holders are expected to retire or transition to ACP or CCP licence categories.



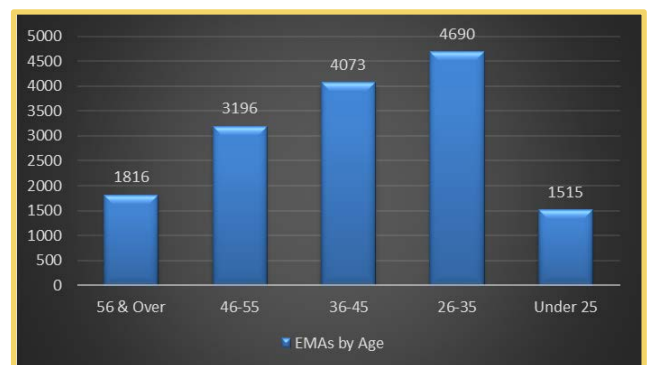
Licenses by Licence Category (2019/20). Source: EMA Licensing Branch



The average age of an EMA is 39 years, up only slightly from last year. The number of EMAs under the age of 45 has remained consistent at 67% over the last several years. The age range with the largest growth year over year is the 56 & Over category which has grown approximately 4%.

There are 371 EMAs over the age of 65, which is an 11% increase over last year (334). Those over 65 represent just over 2% of all licensed EMAs. First responders account for 56% of the total. Many EMAs retain their licence because they remain working part time, to teach, or to volunteer.

Consistent with previous years, 40% of specialized licensees are in the 46 and over age group as compared to 32% in the total EMA population and 18% are over 56 as compared to 12%. Aging trends in the EMA population raise the same concerns and are consistent with other health and allied health professions.



## Employment

EMA-FRs typically work as fire fighters/fire rescue providing emergency services such as scene assessment, CPR, and basic wound and fracture management until higher level licensees arrive on the scene. Emergency medical responders provide basic life-saving emergency medical care, typically in rural and remote areas. Primary Care Paramedics provide more advanced patient care, encompass most BC paramedics, and work throughout the province. Advanced Care Paramedics specialize in

Air Ambulance	23
Ambulance Service	4103
Other	21
Canadian Coast Guard	12
Employed Outside BC	244
Fire Rescue	8451
First Nations	47
Health Authority	67
Industry	974
Military	167
Municipal Government	22
Not Employed*	2038
Provincial Government	34
Search and Rescue	72
Self Employed	17
Ski Patrol	149
Training Institution	71
Transfer Fleet	48

advanced care of medical and trauma patients including advanced cardiac care. Critical Care Paramedics specialize in critical care services including critically ill/injured patient inter-facility transport and air medical response. CCPs, as well as Infant Transport Team paramedics, specialize in the critical care of high-risk maternity, neo-natal and pediatric patients. The figure to the left indicates EMA employment throughout BC. The Other category includes three EMAs employed in the branch.

\* includes EMAs who are not employed or have not provided the branch with their employer, despite their regulatory obligation to do so.

## Continuing Competence

The continuing competence requirements for EMAs at the Emergency Medical Responder (EMR) level and higher are outlined in Part 4 of the EMA Regulation. In each reporting period, EMAs are required to submit 20 patient contacts and 20 continuing education credits to maintain their licence. These requirements are in place to ensure EMAs maintain a high level of competent, consistent patient care.

Emergency Medical Assistants update and view their continuing competence online using the Emergency Medical Assistants Continuing Competence System (EMACCS). EMACCS allows EMAs to manage their continuing education and patient contact totals to ensure they meet their annual requirements. Licensees receive an automated notification once they have met their annual requirements and if the requirements are not met, licensees are contacted by the branch via email reminding them of their regulatory obligation.

The 2019/20 reporting year was interrupted as a result of COVID-19. Under usual circumstances, patient contacts and continuing education must be completed by March 31 and input in the system by April 30 of each reporting period. For the 2019/20 reporting period, EMAs were notified on March 19 that they were not required to submit continuing competence for this reporting period which resulted in

dramatically skewed results year over year. For this reason, year over year comparisons are not provided.

During 2019/20, the branch conducted 66 adjudications, 170 licence suspensions and 109 licenses were revoked for EMAs who were in shortfall for the 2018/19 reporting period. An additional 263 licensees relinquished their licenses.



## Examinations

Successful completion of licensing examinations provides the Board with assurance that candidates possess the necessary knowledge, abilities, skills, and judgments for entry to practice into the emergency response and paramedic professions. All written and practical examinations are reviewed or renewed on a rotational basis. New continuing competence examinations are instituted each year for the EMR, PCP, and ACP licence categories.

## Practical Exams

The EMA Licensing Branch administered 1668 practical exams during 2019/20, up 50% from the previous year. Of the 1668 exams, 1622 were administered for EMRs. The purposes of the examinations are as follows: 1591 to obtain a new licence or new licence level (previous EMA-FR); 20 resulted from Board hearings; 9 were to remove suspensions and the remaining 2 were licence reinstatements.

The other 46 were First Responder (2) and PCP (44) practical exams. The First Responder exams were to obtain a new licence whereas the purposes of the PCP examinations are as follows: 33 to obtain a new licence or new licence level (previous EMR); 2 resulted from Board hearings; 3 were to remove suspensions and the remaining 6 were licence reinstatements. Suspensions are most often the result of failing to complete continuing competence within the regulated timeframe including the adjudication period.

## Written Exams



Written examinations totaled 815; up 18% from the previous year. Written examinations were primarily written by candidates who were applying for an initial licence or a new licence level (93%) while the remainder wrote for continuing competence (3%), reinstatement (2%), suspension removal (not statistically significant) or exams pertaining to hearings (2%).

**NOTE:** The variance in both practical and written exam volumes from one year to the next is the result of varying rates of failure/retake and/or candidates taking examinations in two different reporting years.

## Jurisprudence Exams

The jurisprudence exam addresses legislation, regulation, and policies and are administered to ensure EMAs are familiar with the governance of EMA practice. The branch administered 1410 jurisprudence exams up slightly from the previous year. The majority (1082) were candidates applying for an initial licence in the category. Of the remainder, 259 were candidates transferring to British Columbia through the Agreement on Internal Trade (AIT); 22 were transferring internationally; and, the remaining 47 were licence reinstatements, suspension removals, or requirements of continuing competence or hearings.

## Canadian Organization of Paramedic Regulators Exams

The Canadian Organization of Paramedic Regulators' (COPR) Entry to Practice Examination was developed through a rigorous process and is periodically evaluated. COPR has offered national examinations for PCPs and ACPs since 2012. The COPR written examination is "blueprinted" using the National Occupational Competency Profile (NOCP) for paramedics.

The EMA Licensing Board approved adoption of the COPR Entry to Practice Examination for PCP and ACP licence categories in BC in November 2015. During 2019/20, 331 COPR exams were attempted by BC candidates; 19 in the ACP and 312 in the PCP licence categories. Candidates had an 80% success rate down from 82% in the previous year.



# LOOKING AHEAD TO 20-21

## Pandemic Impact on Examinations

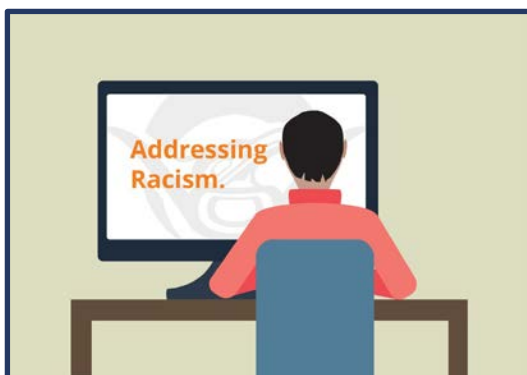
Following the recommendation and direction of the Ministry of Health, the branch cancelled all scheduled April and May 2020 practical examinations for all locations. The branch developed options to ensure that emergency medical assistants are available to support the provincial response to the public health crisis. As the regulator for the province's emergency medical assistants, it is important that paramedics and EMRs have a current active licence and are competent to practice.

For the near future, practical examinations will be conducted in a controlled environment within the Ministry of Health. As contracted facilities provide evidence of the ability to meet public health requirements, and contracted examiners and branch staff members are available to travel, additional examination locations will become accessible. This public health crisis is expected to be a prolonged and challenging ordeal. The Board and the branch will continue to monitor the Public Health Officer's guidance and orders to ensure the safety of everyone involved in the practical examination process.

## Racism in Health Care

On June 11, 2020, the Board issued a Position Statement Against Racism given recent and escalating world events. As health care professionals, the Board is aware of the impact racism has on the health and well-being of our communities. Global mass demonstrations of protest and vocal demands for change highlight the insidious racial injustices that permeate our society.

It is our duty as health care professionals to advocate for the vulnerable, the disenfranchised, and the victims of hate. Section (c) of the EMA Regulation Code of Ethics states that an EMA must "protect and maintain the patient's safety and dignity, regardless of the patient's race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex or sexual orientation". EMAs must hold themselves and others accountable for identifying and addressing racism and discrimination, whether in overt or subtle forms.



The Board and the branch are committed to never tolerating racism; to promoting and enforcing a professional standard that ensures the provision of safe, respectful and equal emergency health care for all; and, to listening and learning from the diverse communities of the province that we serve.



# COMPLAINTS

## Closed Complaints and Outcomes

The EMA Licensing Board, in support of its mandate to protect the public, is empowered under the *Emergency Health Services Act* to investigate complaints regarding patient care, breaches of the EMA Code of Ethics (Schedule 3 of the EMA Regulation), breaches of the terms and conditions of an EMA licence, and when necessary, conduct hearings.

Section 7 of *the Act* provides that the Board may make determinations that an EMA incompetently carried out the duties of an EMA, breached a term and condition of his or her licence, or suffers from a physical ailment, emotional disturbance, or an addiction to alcohol or drugs that materially impairs his or her ability to act as an EMA.

The Board has continued to make significant efforts, begun the previous year, to reduce complaint processing times. From April 1, 2019, to March 31, 2020, the Board closed 52 complaint investigations; an 11% increase in closed cases over the previous year which had a previously unprecedented volume of cases closed. Of these 52 closed investigations, twenty-four related to breaches of the EMA Code of Ethics (term and condition of licence); eight involved incompetence in carrying out the duties of an EMA; and, twenty related to both.

The Board uses hearings, alternative dispute resolutions (ADR) and agreements to achieve resolution. Although the Board may require a registrant to complete actions such as research papers, courses and/or clinical consults depending on the circumstances of the complaint and the findings of the Investigations Committee and/or hearing, the focus is turning away from punitive measures towards collaboration and education. Also, as a result of the findings in *An Inquiry into the Performance of the College of Dental Surgeons of British Columbia and the Health Professions Act*, actions emphasize what the complainant has learned from the incident. The Board may also determine if time-limited conditions or suspensions should be imposed on a registrant's licence.

Of the 52 closed cases, fourteen resulted in disciplinary action being taken and thirty-eight resulted in no disciplinary action. The details of these cases can be found on the following pages.

## Complaint Investigations

### Investigations & Complaints Considered by the Board Resulting in Disciplinary Action

EMA	Complaint Type	Outcome
Anderson, Teresa Redick, Scott	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMAs (2) failed to move the patient to ambulance or wheelchair.  EMAs signed an ADR agreement and completed a clinical consultation.
Degraaf, Diana	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	Ms. Degraaf acknowledges and admits to submitting to their employer false claims for hours worked.  EMA signed an ADR agreement and completed a clinical consultation.
Gadsby-Haner, Joseph	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA acknowledges and admits to submitting to their employer false claims for hours worked.  EMA signed an ADR agreement and completed a clinical consultation.
Gruen, Sarah V.	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	Ms. Gruen acknowledges and admits to submitting false continuing competency submissions for the 2018/2019 reporting year.  EMA signed an ADR agreement, their licence is revoked and is unable to reapply for licensure with the Board for a period of three (3) years.
Holden, Kristopher	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA acknowledges and admits to submitting to their employer false claims for hours worked.  EMA signed an ADR agreement and completed a clinical consultation.
J.P. (as per agreement)	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The Attendant acknowledges and admits to breaching a term or condition of their licence by submitting false claims for hours worked which did not comply with the policies of their employer.  EMA signed an ADR agreement and completed a clinical consultation.
Joe, Sylvia C.	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	Ms. Joe acknowledges and admits to breaching a term and condition of her licence by practicing as an Emergency Medical Assistant, for about a year, without being licensed to practice.  EMA signed an ADR agreement and is unable to reapply for licensure with the Board for a period of two (2) years.

EMA	Complaint Type	Outcome
Johanson, Eric G.	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA acknowledges and admits to submitting to their employer false claims for hours worked. EMA signed an ADR agreement and completed a clinical consultation. Case is closed.
Nikodem, Grzegorz	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> .	EMA failed to consider the seriousness of the patient's injuries; failed to do a thorough assessment of the patient; failed to transport the patient to the hospital; failed to practice in scope by advising the patient to apply heat and have a hot bath for her leg pain; failed to complete a Patient Care Report; and failed to contact the EPOS physician or obtain a signed release waiver for refusal to transport to hospital.  EMA signed an ADR agreement, completed a research paper and a clinical consultation.
Ninnim, Syerra	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA acknowledges and admits to submitting to their employer false claims for hours worked. EMA signed an ADR agreement and completed a clinical consultation.
Page, N.	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA acknowledges and admits to submitting false claims for hours worked to their employer. EMA signed an ADR and will not apply for a licence in BC for three years.
Szabella, Steve	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA failed to use C-spine precautions and a lifting device; and improperly lifting the patient by his armpits and legs from the ground to the stretcher.  The Board directed the Investigation Committee to investigate the complaint. The Board determined the driver and driving student played a minor role in the patient care and sent a letter and a discussion reminding the EMAs of the Code of Ethics and duty to advocate for a patient.  Mr. Szabella signed an ADR, completed a research paper and a clinical consultation.
Taylor, Bryan R	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	Mr. Taylor was unethical and unprofessional when communicating with their regulatory authority. A hearing was held. Mr. Taylor did not attend, and his licence is revoked.
Walter, Klaryssa	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA acknowledges and admits to submitting to their employer false claims for hours worked. EMA signed an ADR agreement and completed a clinical consultation.

Investigations & Complaints Resulting in No Disciplinary Action - therefore names withheld

EMA	Complaint Type	Outcome
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	EMA was alleged to have provided morphine to a pregnant, laboring patient.  The Board considers that the complaint was not justified as the EMA acted within their regulated licence services.
Name Withheld (3 EMAs)	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	Allegations withheld as per agreement.  The Board resolved the matter with an agreement with the EMAs.
Name Withheld (2 EMAs)	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	EMAs (2) were alleged to have used a device outside their scope of practice.  Board deemed the issue was adequately addressed.
Name Withheld (2-4 EMAs)	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	EMAs (3-4) are alleged to have not called for a clinical assessment from a higher licence level.  The Board considers that the complaint was not justified, and it was dismissed.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	EMA was alleged to have cancelled an ambulance and transported a patient in their personal vehicle.  The Board considers that the complaint was not justified, and it was dismissed.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	EMA was alleged to have administered an overdose of Morphine to an infant patient.  The Board considered that the EMA followed the standard operating procedures for medication errors and their employer's internal process.
Names Withheld (2 EMAs)	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	A news article published an image with EMAs (2) allegedly performing outside of their licence services.  The Board considers that the complaint is not justified as the image was initially published in 2016, and it was dismissed.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .	EMA was alleged to have performed outside their licence services.  The Board resolved the matter with an agreement with the EMA.
Names Withheld (2 EMAs)	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> .	EMAs (2) were alleged to have improperly applied a portable suction to the patient, did not determine and verify the absence of vital signs, and made inappropriate and insensitive comments to family members.  The Board resolved the matter with an agreement with the EMAs.
Names Withheld (2 EMAs)	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> .	EMAs (2) were alleged to have made a patient who was suffering from back pain walk across the street to the ambulance.  The Board considers that the complaint was not justified, and it was dismissed.
Names Withheld (4 EMAs)	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> .	EMAs (4) were alleged to have engaged in copyright infringement.  The Board resolved the matter with an agreement with the EMA(s).

EMA	Complaint Type	Outcome
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> .	EMA was alleged to have allowed a non-patient to administer a drug to themselves.  Upon further review, the Board considers that the complaint was not justified, and it was dismissed.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA was alleged to have instructed a patient on what to say to receive hospital care.  The Board considers that the complaint was not justified, and it was dismissed.
Names Withheld (2 EMAs)	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMAs (2) were alleged to have accused patient of lying about their symptoms and made inappropriate comments.  The complainant withdrew the complaint. The Board considers that the complaint was not justified, and it was dismissed.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA was alleged to have been rude, condescending, unprofessional and disrespectful to a health professional in front of the patient.  The Board resolved the matter with an agreement with the EMA.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA was alleged to have yelled and screamed at a patient.  The Board resolved the matter with an agreement with the EMA.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA was alleged to have been was rude, unprofessional and threatened to refuse care to a patient.  The Board resolved the matter with an agreement with the EMA.
Names Withheld (2 EMAs)	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMAs (2) were alleged to have signed off on an IV start in a clinical setting although they were not EMA preceptors or PCP instructors and were outside an approved setting.  The Board resolved the matter with an agreement with the EMAs.
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA was alleged to have dismissed a responding agency without obtaining their assessment briefing and refused to take their patient care documents.  The Board resolved the matter with an agreement with the EMA.
Names Withheld (2 EMAs)	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMAs (2) were alleged to have not advocated for and abandoned a vulnerable patient.  The Board considers that the complaint was not justified, and it was dismissed.

EMA	Complaint Type	Outcome
Name Withheld	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA was alleged to have been investigated for workplace harassment, bullying and retaliation.  The Board decided to take no further action after it received confirmation that the alleged behaviour involved no patient safety concerns.
Names Withheld (7 EMAs)	Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMAs (7) were alleged to have not attended to a patient or to request medical attention for them.  The Board considers that the complaint was not justified, and it was dismissed.
Names Withheld (2 EMAs)	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> .	EMAs (2) were alleged to have made jokes, mocked and made inappropriate remarks to a patient.  The Board resolved the matter with an agreement with the EMA.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> .	EMA was alleged to have used a Continuous Positive Airway Pressure (CPAP) device on a patient in respiratory distress.  The Board resolved the matter with an agreement with the EMA.
Names Withheld (2 EMAs)	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> .	EMAs (2) were alleged to incorrectly assess the patient, not provide proper interventions, failed to utilize proper spinal management, unsafely transferred patient from chair to stretcher, and made inappropriate comments to family members.  The Board considers that the complaint was not justified. The case was dismissed.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> .	EMA was alleged to have not transported patient to appropriate trauma destination hospital.  The Board considers that the complaint was not justified. The case was dismissed.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> .	EMA was alleged to have failed to anticipate treatment and did not initiate an IV access for a patient with a history of seizures and did not transport appropriately.  The Board considers that the complaint was not justified. The case was dismissed.
Names Withheld (2 EMAs)	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> .	EMAs (2) are alleged to have not stopped the patient from being threatened and assaulted in the back of the ambulance by a police officer and told the patient to stop yelling.  The Board considers that the complaint was not justified, and it was dismissed.



EMA	Complaint Type	Outcome
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA was alleged to have abandoned a patient during a transfer and then mocked and bullied another EMA not to express their concerns or file a report about the incident.  The Board resolved the matter with an agreement with the EMA.
Names Withheld (2 EMAs)	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMAs (2) were alleged to have attempted to release a patient into police custody without medical assessment by BCAS.  The Board considers that the complaint was not justified. The case was dismissed.
Names Withheld (2 EMAs)	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMAs (2) are alleged to have not taken vital signs, refused a stretcher, made the patient walk to the ambulance, and did not place a neck brace on the patient.  The Board directed the Investigation Committee to investigate the complaint. The Board determined that the EMAs performed acceptable patient care.
Names Withheld (2 EMAs)	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	The Board directed the Investigation Committee to investigate the complaint. The Board determined the driver and driving student played a minor role in the patient care and sent a letter and a discussion reminding the EMAs of the Code of Ethics and duty to advocate for a patient in conjunction with Mr. Szabella's case listed above.
Name Withheld	Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i> .  Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i> , namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).	EMA was alleged to have walked a patient with an unstable C2 fracture, threatened the patient's family members who tried to assist the patient, and lacked empathy.  The Board resolved the matter with an agreement with the EMA.

EMA	Complaint Type	Outcome
Names Withheld (2 EMAs)	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <p>Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i>, namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).</p>	<p>EMAs (2) were alleged to have failed to act on a report from another medical professional, failed to assess and treat their patient, and failed to convey/document the patient's condition upon transfer of care to the hospital.</p> <p>The Board directed the Investigation Committee to investigate the complaint. The Board considers that the complaint was not justified, and it was dismissed.</p>
Names Withheld (3 EMAs)	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <p>Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i>, namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).</p>	<p>EMAs (3) were alleged to have refused to allow the patient to lie down on a stretcher, made the patient walk, threatened, made fun of and joked at the patient.</p> <p>The Board directed the Investigation Committee to investigate the complaint. The Board considers that the complaint was not justified as the EMAs provided reasonable care. The case was dismissed.</p>
Names Withheld (2 EMAs)	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <p>Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i>, namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).</p>	<p>EMAs (2) were alleged to have minimized the patient's symptoms, refused the patient a stretcher and insisted the patient walk to the ambulance when it was confirmed that they were not ambulatory.</p> <p>The Board resolved the matter with an agreement with the EMAs.</p>
Names Withheld (2 EMAs)	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <p>Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i>, namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).</p>	<p>EMAs (2) were alleged to have made a delirious, unwell patient sit, stand and walk unsafely to the ambulance.</p> <p>The Board resolved the matter with an agreement with the EMA.</p>
Name Withheld	<p>Incompetently carried out the duties of an EMA -7 (1) (a) of the <i>Emergency Health Services Act</i>.</p> <p>Breached a term or condition of their licence - 7 (1) (b) of the <i>Emergency Health Services Act</i>, namely a violation of the Code of Ethics (Schedule 3 of the EMA Regulation).</p>	<p>EMA was alleged to have performed outside their licence services.</p> <p>The Board resolved the matter with an agreement with the EMA.</p>