

The Pulse

Paramedics: Trusted – Professional

Saskatchewan College of Paramedics • Newsletter #8, May 2012

SCoP has a new Council



Derek Dagenais,
SCoP President

Derek Dagenais, an EMT-P/ACP with Humboldt EMS, has recently become SCoP's president for 2012-14, replacing outgoing president Brent Stewart who played a major role in the evolution of the College.

Dan Lewis, an advanced care paramedic with the Regina Qu'Appelle Health Region, was just elected vice-president of the College for a two-year term. The results of the election were announced at SCoP's AGM on April 20th.

Derek Dagenais became an EMT in 1992 and has been working with the Humboldt EMS ever since. He completed his EMT Advanced in 1998 and then completed the EMT Paramedic program in 2000. He has also been heavily involved in instructing programs such as PCP and ICP, ITLS and ACLS.

He became involved with the College of Paramedics in 2006 and has been a member of the executive ever since. He continues to be involved with SCoP because he believes the College has made great progress and will ensure high quality EMS in Saskatchewan into the future.

Dan Lewis is an advanced care paramedic who started his career as a volunteer first responder in Manitoba, in 1990, while working as a church pastor. In 1995, he took the EMT exam and moved to Regina in 1996. Dan began working for the

Regina Qu'Appelle Health Region in 1998. In 2004, he went back to school to get his ACP accreditation and has been working as such ever since.

Dan has been actively involved with SCoP since before its inception. He was on the board of the Paramedic Association before it evolved into SCoP and participated in the evolution to SCoP. He has continued to remain actively involved by serving on committees. The 2012-14 Council and their terms of office are indicated below.

SCoP Council

President

Derek Dagenais (2012-14)

Vice-President

Dan Lewis (2012-14)

Member-at-Large (Fire)

Lindsay Holm (2011-14)

Members-at-Large

Jon Antal (2010-13)

Cari Evenson-Carleton (2010-13)

Karen Bullock (2011-14)

Public Representatives (appointed)

Jamie Struthers, Q.C. (2012-15)

There are also two vacant positions for publicly appointed members.



Photo member cards required by 2013

All SCoP membership cards will soon be required to include a photo of the SCoP member. No membership cards will be issued after January 1, 2013, without a member photo.

To ensure you don't experience delays when you renew in 2012, SCoP is encouraging you to provide a photo of yourself to the College as soon as possible. The photo needs to be provided to the College electronically in jpeg format. It should be a head and shoulders shot in a wallet/passport size. The photo needs to be certified as an image of the member/licensee by a facilitator, manager or notary public. All photos will need to be updated every five years.

Mark your calendars!

We've booked the date and location of SCoP's 2013 AGM. Our next exciting AGM will take place on April 19th in Saskatoon and will be hosted by Saskatoon Fire Services. More information on location of the meetings and the associated educational session will be sent to members in the fall... be sure to mark your calendars now so that you can be with us at the Saskatoon Inn on April 19, 2013!



**SASKATCHEWAN
COLLEGE OF
PARAMEDICS**

Members hear – SCoP’s membership continues to grow



Lindsay Holm addresses the AGM.

SCoP’s 2012 AGM and pre-AGM STARS presentation on April 20th saw a good number of members turn out, including many that had never attended an AGM before. A total of 53 people took part in the day long event. For the first time ever, SCoP provided 15 Continuing Medical Education (CME) credits to each member that attended both the STARS presentation and the

AGM. The charts on the right give a break down of members who attended the event.

“By attending the AGM and AGM educational sessions, members had the opportunity to learn about the development of their profession in the province, and about a new airborne emergency medical system which will soon be available in Saskatchewan,” said Sheri Hupp, Executive Director, SCoP.

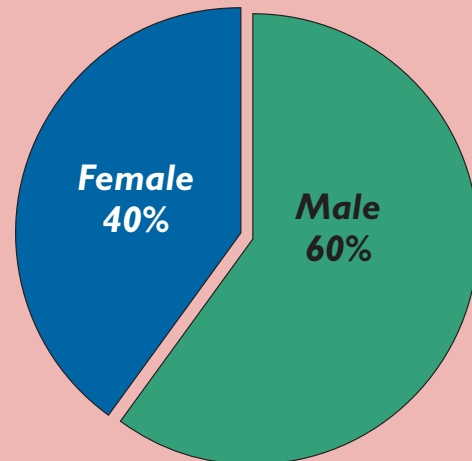
AGM participants heard that the number of paramedics registered in the province has grown every year since the organization was formed, so that in 2012 there are 2,013 paramedic practitioners registered in the province. They also heard that all members were able to be successfully registered through the new on-line registration system in 2012.

While a majority of members were positive about the new system, a few members had challenges with the system and a number of others advised they were unaware of the new registration requirements. SCoP Executive Director Sheri Hupp advised that the organization is examining options to help members who have difficulty with the technology – but she is also encouraging all members to ensure they are up to date on all information sent out from the College.

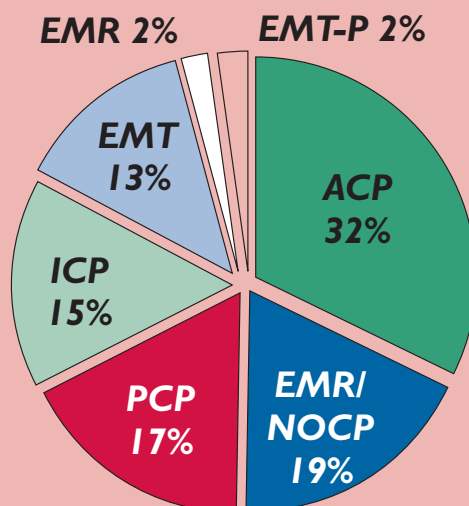
As well, she advised that the use of an electronic registration system will enable SCoP to improve its statistical information and move to an on-line CME tracking system, reducing the work of CME reporting submissions in December. She finished by thanking members for their patience and willingness to tackle a new system.

Who attended the Annual General Meeting?

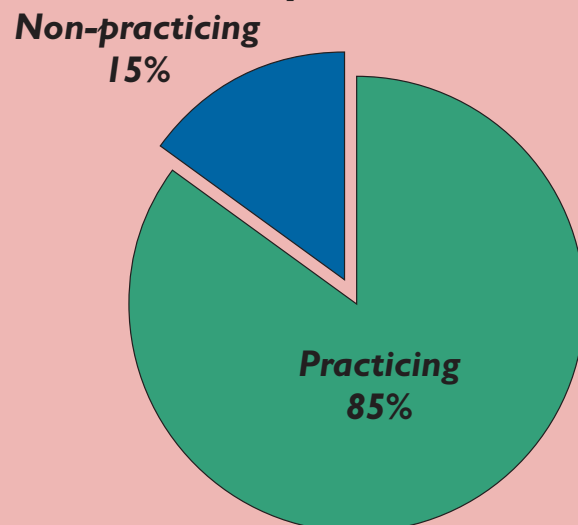
By gender



By license level



By status



Resolutions from the 2012 Annual General Meeting

I. COUNCIL AND COMMITTEES

1.1 Terms of Office

BE IT RESOLVED the Council amendment to *Administrative Bylaws, October 28, 2011*, be confirmed as follows:

6. Terms of Office

6.1 The term of office for the elected members of the Council, including the president and vice-president, shall be two years and shall begin at the close of the annual meeting at which the member is elected. The term of office for the president and vice-president is non-renewable...

6.4 If the vice-president succeeds to the office of president during the first year of the previous president's term, the person:

6.4.1 holds office as president for the remainder of the predecessor's term of office; and

6.4.2 continues in office thereafter as president for a further one year.

6.5 If the vice-president succeeds to the office of president during the second year of the previous president's term, the person:

6.5.1 holds office as president for the remainder of the predecessor's term of office; and

6.5.2 continues in office thereafter as president for a further two years.

15. Election of Council

15.1 For the purposes of clause 8(2)(a) of the Act, the total number of practising and non-practising members to be elected to comprise the Council is six, including:

15.1.1 the president;

15.1.2 the vice-president;

15.1.3 one member-at-large nominated from the members employed within the fire-fighting sector; and

15.1.4 three members-at-large nominated from the members registered as EMRs, EMTs, EMT-As and EMT-Ps.

15.2 Subject to 6.4 and 6.5, Council members shall be elected for two-year terms on a staggered basis.



Incoming SCoP President Derek Dagenais thanks his predecessor, Brent Stewart, for his many contributions.

40. Nominations Committee

40.1 The membership of the Nominations Committee shall be:

40.1.1 two members elected by ballot for a two-year term on a staggered basis; and

40.1.2 one member with previous Council experience and one public appointee with previous board or committee experience, both of whom shall be appointed by Council for a two-year term on a staggered basis.

Resolution submitted by: Council

Mover: Jon Antal, Member-at-Large

Seconder: Karen Wallace, Public Representative on Council
Carried

1.2 Membership on the Nominations Committee

BE IT RESOLVED the Council amendment to *Administrative Bylaws, October 2011*, to section 40.1.2 be confirmed as follows:

40.1 The membership of the Nominations Committee shall be:

40.1.2 one member and one public appointee, both with previous board or committee experience and both of whom shall be appointed by Council for a two-year term on a staggered basis.

Resolution submitted by: Council

Mover: Karen Todd, Public Representative on Council

Seconder: Jamie Struthers, Q.C., Public Representative on Council
Carried

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AGM Resolutions (continued)

2. ELECTIONS

2.1 Voting

BE IT RESOLVED the Council amendment to *Administrative Bylaws, March 16, 2012*, be confirmed as follows:

19. Voting

19.1 Each member who votes shall:

19.1.1 vote for the required number of candidates to fill each vacancy, as indicated on the ballot; and

19.1.2 deliver the ballot to the executive director in a secure manner before noon on polling day.

20. Counting the Ballots

20.1 In order to be counted, ballots must reach the executive director by noon on polling day.

20.2 The executive director shall appoint at least two scrutineers, and any candidate for election is entitled to have a scrutineer present when the ballots are confirmed.

20.3 The executive director or his or her designate shall certify the eligibility of each voter and shall deliver the secured ballots to the scrutineers who shall confirm the electronic count of the votes and report the result of the vote to the executive director.

20.4 In the case of a tie vote for any office, the president shall cast the deciding vote.

Resolution submitted by: Council

Mover: Brent Stewart, President

Second: Karen Bullock, Member-at-Large

Carried

3. MAINTAINING ELIGIBILITY AS A MEMBER

3.1 Late Fee Clarification

BE IT RESOLVED the Council amendment to *Administrative Bylaws, March 16, 2012*, be confirmed as follows:

3.2 If a person fails to submit the required electronic renewal, the evidence that the person has met the educational requirements required to maintain eligibility as a member and pay the required licensing fee on or before December 1 in the year prior to the licensing year, a penalty in the form of a late fee shall be charged. The late fee will be \$50 payable on December 2nd and will escalate weekly by \$25 beginning the Monday after December 2nd, to a maximum of \$275 up to January 31 after which the member will have to apply to be reinstated.

Resolution submitted by: Council

Mover: Brent Stewart, President

Second: Karen Bullock, Member-at-Large

Carried

3.2 Continuing Education

BE IT RESOLVED THAT: the Minister of Health be requested to amend the *Regulatory Bylaws* to allow Council the ability to set the exact number of continuing education credits that are required to maintain eligibility for a practicing membership by each license level in each year.

Resolution submitted by: Council

Mover: Brent Stewart, President

Second: Jamie Struthers, Q.C., Public Representative on Council

Carried



Members at the Annual General Meeting

Member profile – Providing health services to industry

A sometimes solitary role...

Sharon Teske has worked as a primary care paramedic for nearly six years... but she's never worked for a health care organization.

In 2003, she became a volunteer first responder for her health region. She later graduated from Weyburn South East Community College through SIAST in 2007 as a PCP. Her intentions were to work for an ambulance service; she had never even thought to look for work in the oil industry, but she was approached by a friend and recruited by HSE Integrated Ltd., right out of school. She has been happily working as a paramedic in the oil patch ever since.

HSE Integrated Ltd. is Canada's largest national industrial safety services company. It provides a comprehensive and integrated suite of health, safety and environmental monitoring services. Industrial organizations regularly contract with HSE to provide safety services for either short or long-term projects.

The ever growing Weyburn HSE station employs 50 personnel, medics, firefighters, and airmen, with projects in Saskatchewan and Manitoba primarily focused around the oil patch. Teske says all HSE medics and firefighters are registered with SCoP. Medics are located on site in an MTC (medical treatment centre) or in a trailer and act as a temporary health facility to address health issues until an ambulance can get to the site.

“... industrial medics are the fastest growing sector of the paramedic profession.”

“We either see minor cuts or very serious injuries – there's almost no in between,” said Teske.

What makes the role even more challenging is that, in most instances, there is just one paramedic working on an industrial site.

“You're usually working completely by yourself. In most instances, there are no other paramedics on site. We could be asked to work on a remote location that is two to four hours away from a hospital, often with limited resources.”

During her career with HSE, Teske has become increasingly interested in ensuring employees have the



Sharon Teske

skills required to deliver care on site. A number of years ago, she took on the role of lead medic and now delivers training to HSE medics. She is a coordinator for SCoP and facilitates CME training for her crew, as an ITLS, CPR and first aid instructor (St. John's Ambulance, Red Cross, as well as Heart and Stroke) and also as an EMR and first responder instructor.

“Regular and continuous training is crucially important to keep skills sharp. These people work in remote locations, usually on their own; we deal with a low call volume but see very unique situations that most urban medics and firefighters never see.”

Teske also sits as the industrial medic on PESPC (Provincial Emergency Services Practice Committee) and on the Education Committee for SCoP. “I wanted industry to have a strong voice in regard to its educational needs.”

Teske said industrial medics are the fastest growing sector of the paramedic profession.

“Paramedicine is definitely branching out. We are seeing an increasing number of medics entering the industrial sector daily; I believe industry will play a very important role in the future of EMS,” she said.

As growth in the industry continues, she feels her job will be to help ensure that all HSE medics and firemedic employees have the knowledge and skills to do their jobs in remote locations, on their own, effectively and with confidence.



Drug addiction in health care

Does understanding the affects of drug abuse safeguard you from addiction?

A Spiritwood paramedic who's recently come forward to tell his story says, "No."

Devon Beauchesne has been a paramedic with Spiritwood Ambulance since 1999. He's had increasingly responsible roles in the organization and has been a long-time, trustworthy employee. However, in 2009, he started down a road that would have a significant, and negative, impact on his career and personal life.

It all started with headaches – he received a prescription for Tylenol 3 to deal with persistent head pain. The pills addressed the pain, but he discovered that he liked the way he felt when he took them. As a result, he started taking them even when they weren't needed. The way the meds made him feel led him to think about the use of other meds. In 2009, while dealing with some personal struggles, he began taking oral narcotics... and then in the fall of 2010 he took IV morphine for the very first time – and was instantly hooked.

"It took away all my fears. Everything bad in the world – it took it all away. I've been around drug addicts, I knew

better. I remember having the conversation with myself, 'I shouldn't even be trying this because I know what could happen,' but something just overpowered that," said Devon.

He began by using morphine recreationally... but it quickly progressed to much more serious use. As director of operations for Spiritwood Ambulance, Devon was in charge of medication orders, which gave him easier access to meds. With some work, he found "loopholes" in the system... and once he found them, it was "game on."

"It was a very secretive world for me. I was able to hide it so well that no one knew," he said.

In early 2011, Devon's parents began to suspect he had a problem. They came to his home and performed a "mini intervention." He said they made him realize that he had a serious problem.

"I thought I was good – I thought OK – I've been caught. I felt like a bottom feeder – but I thought that was it. I thought I could stop it – it was over."

So Devon "cleaned up" for nearly a month, but he hadn't made any changes in his life, and he thought about the drugs constantly. It wasn't long before he was back on morphine.

This time, his usage was much more serious. Before long, he was taking meds daily,

sometimes twice a day... and then he began stealing oral narcotics from his grandfather, a man for whom he has huge respect.

"Before this all started, I was a guy you could totally trust. I had strong morals and integrity. If I made a promise, it was a stronger bond than a signature. The drugs changed that."

In the summer of 2011, his parents again confronted him about his drug usage.

"I will never forget the question my dad asked; he said, 'Can you quit on your own?' It was then that I realized I couldn't."

Devon said it was a tough thing to admit because he felt it meant he was weak. With the support of his family, he checked himself into a month-long rehabilitation program in Quebec. Initially, he planned to tell no one about why he was leaving; but the night before he departed, he decided he needed to tell his employers and own up to his problem.

He went over to his employers' house

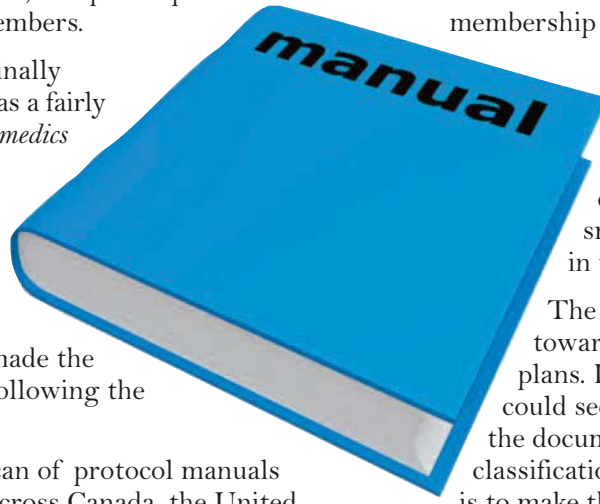
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Protocol Manual to be revised

SCoP is looking at options to revise the current Protocol Manual, so that it is less complex, less prescriptive and more “user-friendly” for members.

The Protocol Manual was originally created in the mid-1980s and was a fairly prescriptive document. *The Paramedics Act*, which was created in 2008, introduced a fairly tight interpretation of how the manual was to be followed. The dated nature of the manual and the prescriptive nature of the legislation have made the delivery of quality care while following the manual challenging.

SCoP has recently initiated a scan of protocol manuals used by paramedic regulators across Canada, the United States and Europe. It will take the best information it can find and use it to create a revised draft of the manual. The revised draft will then be taken to the Provincial Emergency Services Practice Committee (PESPC).



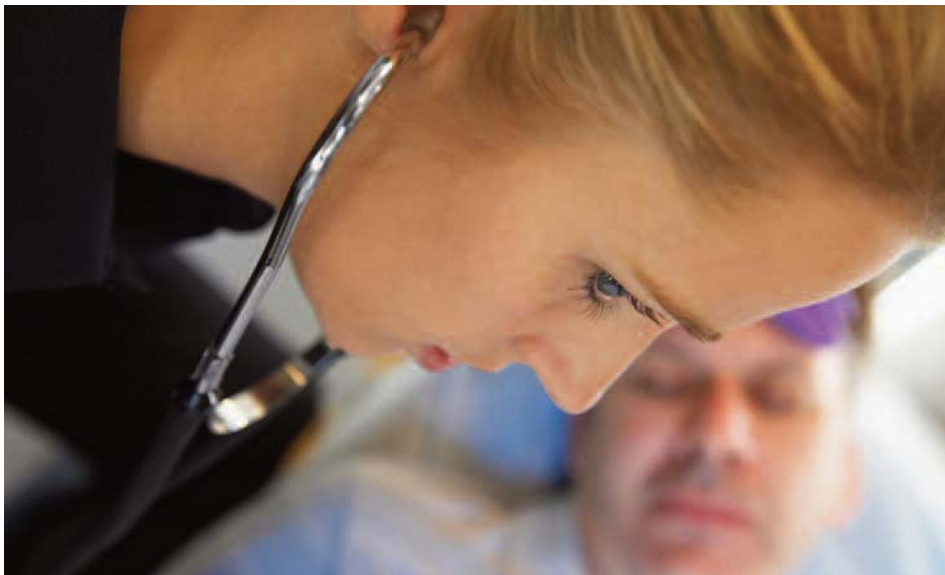
SCoP will also be asking for members input into the revised manual. A survey will be sent to the SCoP membership in early fall of 2012.

The College has also had discussions with a consulting firm about changing the manual from a paper-based to an electronic document, enabling members to access it from smartphones and tablets while working in the field.

The revisions will move the manual more towards a focus on patient-centred care plans. It will be less prescriptive in nature and could see specific drug names removed from the document and replaced with drug classifications. The intent of the revision process is to make the manual as functional as possible, within the resources available for the project.

More information on the revision process will be made available in upcoming editions of *The Pulse* and in member e-mails from SCoP.

All uses of MFI procedures to receive special scrutiny



The recently introduced protocol allowing advanced care paramedics to administer the Medicated Facilitated Intubation (MFI) procedure will receive special scrutiny from the College and the Ministry of Health.

Because there is significant risk

associated with the procedure, it is critical that health providers use this procedure appropriately.

All advanced care paramedics using, or attempting to use, the procedure are required to report both the use and any attempts to the auditor within 30 days of application. All applications of the procedure will

then be reviewed by a special panel to ensure the procedure is being applied appropriately.

The review panel will be made up of the medical advisor for the Ministry of Health, the health region’s medical advisor, representatives from SCoP, and SCoP members with clinical and educational expertise on MFI. SCoP and Ministry of Health officials are currently in the process of appointing the panel.

Each MFI application and attempt will be reviewed by the panel. A report on each procedure will be generated and sent back to the health region. The report may contain recommendations to improve the process used. The intent is to educate members about improper or inappropriate use and ensure the procedure is being applied properly.

MFI allows advanced care paramedics to administer additional pharmacological agents to help manage a difficult airway when traditional methods are not effective.