



Dave Reed speaks at the AGM with Keeper

2016 Council Election and AGM

The 2016 Annual General Meeting was held on Monday, May 2 in Regina at the Travelodge Hotel and Convention Centre. Approximately 100 members attended the full day networking event.

The theme of the meeting was, "Quality Patient Care Through Member Wellness." Members enjoyed several presentations throughout the day from local and international speakers.

Gary Wingrove, President of The Paramedic Foundation and chair of the International Roundtable on Community Paramedicine (IRCP), described how Community Paramedicine has evolved in North America and provided a glimpse into the future. He discussed evolving process and outcome measures and provided a preview of the 2016 IRCP meeting sessions in Saskatoon.

Brent Stewart, Program Head, Saskatchewan Polytechnic Paramedic Programs, spoke about SaskPoly's Community Paramedicine Program.

David Reed, Regional Sergeant Major and Advanced Care Paramedic with Regina EMS, gave a moving presentation about his experiences with post-traumatic stress disorder (PTSD). He introduced his service dog, Keeper, educating us all on the importance of asking for help.

On the business side of things, votes for the Council election this year were submitted once again online in a quick and easy process for both members and College staff. The College thanks those members who ran for positions, and those who voted.

The AGM was the first opportunity for members to meet their new Council for 2016 – 2017.

Newly elected Aristathemos (Aris) Scott will join Council for a two year term as a member-at-large. An ACP based out of Saskatoon, Aris is a flight paramedic and nurse with STARS and Saskatchewan Air Ambulance.

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Kyle Sereda, first elected to Council in 2014, was re-elected for a two year term as a member-at-large. Kyle is an ACP based out of Moose Jaw.

Christopher Fay, ACP and field trainer with Regina EMS, has been appointed for a one year term on Council, to fill the member-at-large position vacated by Bill Fischer. Bill Fischer, ACP with Regina EMS, has been elected Vice President of Council as Jason Trask, ACP in Saskatoon, moves on to the role of President.

Those in attendance at the AGM also voted to pass a bylaw amendment that would prorate yearly registration fees on a quarterly basis. This bylaw results from a resolution passed by the membership at the 2014 AGM.

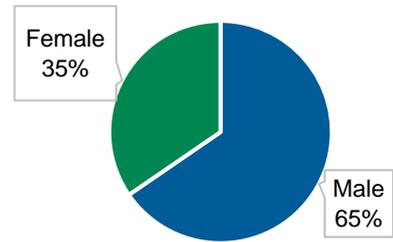
The College also provided an update on a resolution passed at the 2015 AGM regarding the establishment of a new level of paramedic, Critical Care Paramedic. SCoP is looking to establish a critical care paramedic (CCP) licence level, which includes developing the continuing medical education requirements for the CCP level, and incorporating the CCP level into the Paramedic Clinical Practice Protocols.



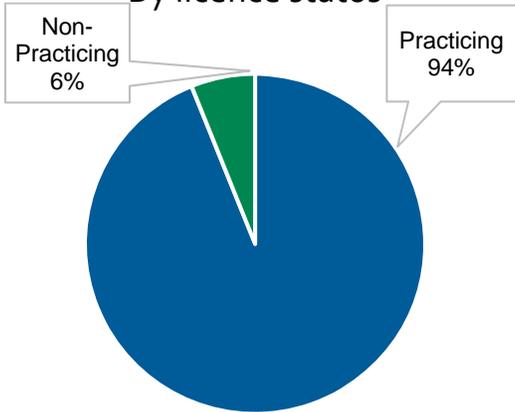
2016-2017 SCoP Council Members, from left to right: Olumide Adetunji, LL.B, LL.M (Public Representative); Kael Irvine (Member-at-large; Fire representative); Jason Trask (President), Kyle Sereda (Member-at-large), Betty Hoffart, FCMA (Public representative); Bill Fischer (Vice President). Missing: Aristathemos Scott (Member-at-large), Christopher Fay (Member-at-large), Tom Janisch (Public representative).

AGM attendance by the numbers

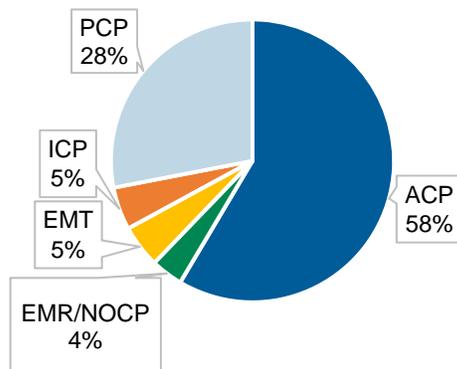
By gender



By licence status



By licence level



Member wellness position statement from SCoP

Why wellness?

As self-regulated professionals, paramedics routinely engage in professional development activities that support the advancement of clinical knowledge, skills, and judgement. The Saskatchewan College of Paramedics believes that the best patient care is provided when strong clinical skills are combined with overall practitioner health and wellness.

Practitioner health in this context refers to overall physical and mental health, not merely the absence of disease or illness. Wellness is an even broader concept. It reflects a condition of optimal mental and physical health in which a person is aware of their wellbeing and takes action to protect it.

The Challenge and the Evidence

Extensive research into the health and wellbeing of paramedical professionals has clearly demonstrated that daily exposure to difficult (and sometimes traumatic) situations can cause harm to the individual, sometimes resulting in varying degrees of incapacity.

Further, workplace culture has also been linked to personal health and wellness. A 2015 psychosocial factors survey of EMS workers by Alberta Health Services revealed the following:

- 52% (vs. 33% in Canadian workplaces ¹) of staff identified significant or moderate concerns with psychological protection in the workplace ²
- 9.2% (vs. 5.5% in Canadian workplaces) of employees reported experiencing discrimination in the workplace because of cultural/ethnic background, disability, sexual

- orientation, gender, or age
- 18.7% (vs. 6.7% in Canadian workplaces) of employees reported being bullied or harassed, either verbally, physically, or sexually in the workplace
- 3.4% (vs. 1.3% in Canadian workplaces) of employees reported being treated unfairly in the workplace because they have a mental illness

From the College perspective, environmental factors are important to acknowledge when considering provider incapacity and its impact on practice. Incapacity does not necessarily equate to incompetence or negligence, which creates challenges in terms of regulatory processes that emphasize these factors.

The Position...

The Saskatchewan College of Paramedics (SCoP) believes that members who are challenged with incapacity, whether temporary or permanent, should be supported in their effort to become well. This position is based on a number of overarching factors:

- The protection of the public remains paramount to the College;
- Practitioner health and wellness is a key factor in delivering optimal patient care;
- Public confidence in regulation and provider competence is essential;
- Non-punitive measures should be available where appropriate, to address situations relating to incapacity;
- Incompetence and misconduct may exist concurrently in situations where incapacity is evident;

- Practitioner supports should consider mechanisms for rehabilitation where appropriate; and
- Incapacity created through provider intent should not become an opportunity for preferential treatment.

The Opportunity...

The College of Paramedics believes that it has a unique opportunity to create a regulatory environment that supports and encourages healthy members while meeting the duty and objects of the College as defined in The Paramedics Act.

With that in mind, SCoP has assembled a "Member Wellness" working group to begin developing a framework to support this important initiative. Some of the first issues that this group will tackle include:

- Defining incapacity to the extent possible;
- Defining a process for dealing with incapacity that includes consideration of:
 - Risk and urgency;
 - Privacy considerations;
 - Collection of information/data/evidence;
 - Process for evaluation of information;
 - Desired outcomes and appropriate consequences;
 - Impact on practitioners; and
 - Other factors as identified.

¹ GM@W. (2015). EMS December 2015 GM@W Overview Report. Alberta, Canada: Alberta Health Services.

² a work environment where employees' psychological safety is ensured

Update regarding CPR “C” - HCP

The Education Committee would like our members to know of a recent statement from the Canadian Heart & Stroke Foundation regarding completion cards. According to the Canadian Heart & Stroke Foundation,

“American Heart Association (AHA) course materials are not intended for use in Canada, and cannot be used for instruction or clinical practice here.

Heart and Stroke Foundation course completion cards cannot be issued when instruction is based on AHA materials and will only be issued for courses taught using Heart and Stroke Foundation course resources”.

The Saskatchewan College of Paramedics will **no longer be accepting American Heart**

Association CPR, ACLS, or PALS certificates.

Online only courses will also not be accepted without proof of practical examination by licensed Canadian Heart and Stroke instructors. Renewal will begin in October, 2016. Please watch your email for more information on renewing your licence for 2017.

Protocol changes

Several changes are being made to the Paramedic Clinical Practice Protocols manual. These changes include:

- Asthma/COPD protocol: Intramuscular epinephrine administration in status asthmaticus is now at the PCP level.
- Poisoning and Cyclic Antidepressant Overdose protocols: in these two protocols online medical control refers to either the receiving physician or

the Poison and Drug Information Service and must be contacted prior to administering an adsorbent.

- Pulmonary edema protocol: the administration of a diuretic in routine care of a patient with pulmonary edema is no longer appropriate. Medical control must be contacted prior to its administration.
- Airway Management procedures (BVM, Combitube, Endotracheal Intubation, Ling LT, and LMA)

PEEP valves can be used at the PCP, ICP, and ACP levels following approved training in their use.

- Patients with Medical Devices in Place procedure: PCP, ICP, and ACP may manage PEG tubes.
- Vascular access procedure; ACPs can now access Port-a-Caths for fluid and medication administration as needed.

A notice will be sent out by email when these changes are reflected in the manual.

Strategic Plan

Our new strategic plan document has now been posted on the SCoP website. This document represents the SCoP planning activity that occurred during 2015/16, and was used to define desired outcomes and targets within the College workplan.

As a part of this effort, the mission and vision statements were updated to reflect the progress made to date and the direction for professional regulation moving into the future.

The College identified strategic drivers that will have impact over the next three to five years within the categories of Social/Demographic and Environmental Trends, Public and Member Expectations, Economic/Political Trends, Health Sector, Technology, Environment, Uncertainties.

The College also identified the most significant external threats/opportunities and internal strengths and weaknesses. Planning

participants voted on factors that were most significant and needed to be addressed in the strategic plan.

Priority goals were also identified amongst these four themes: strengthen organization sustainability, strengthen processes for evaluating applicants, enhance the role of professional development, and improve stakeholder engagement.

Visit www.collegeofparamedics.sk.ca to read the entire plan.

Student restricted licences

Effective March 1, 2016, individuals who have recently completed a paramedic program at a level higher than their current licence level are now eligible for a student restricted licence.

The student restriction will allow the

member to work at the higher level while supervised by a member of the same licence level or higher, and to work at their lower level when not supervised.

For example, a PCP who has completed all portions of the ACP

program and is waiting to complete the national exam may request an ACP student restricted licence. They may work at the PCP level with full scope of practice and also work as a restricted ACP when supervised. Supervision by other health professionals is not permitted.

Full policy: Active Practicing Member Awaiting Examination

Principle: Members should have the ability to provide patient care at an appropriate licence level upon meeting all standards as determined by the College.

1. Licencing Provision:

Members holding an active licence in good standing with the Saskatchewan College of Paramedics (SCoP), who are waiting to successfully complete the licencing examination may:

- Apply for a (full) practicing licence at the member's current active licencing level; plus,
- Request a licence restriction that permits practice at a higher level while supervised.
 - Example: PCP licenced member is waiting to write the ACP national licencing exam; the member may work at the PCP level with full scope of practice and also work as an ACP restricted when supervision is available.

1.1 Practice Parameters:

- Member will be able to practice at their existing (lower) level full scope of practice and can work at this level at any time.
- Member will be licenced to practice under direct supervision at the higher scope of practice; the member cannot work at this level for any period of time, unless supervised by another member who is fully licenced at the higher level or greater (i.e.: fully licenced PCP 2011 NOCP or fully licenced ACP). Supervision by other health professionals is not permitted.

1.2 Eligibility:

- Member must have held an active licence in good standing with SCoP or another paramedic regulator (in the case of Agreement for Internal Trade "AIT" applicants) for the previous 24 months.
- Non-practicing members will not be eligible to access this licence provision.
- Non-practicing members may apply for a change of status to practicing (must meet all requirements) in order to access this licence provision.
- Member must meet all criteria for licensure with the exception of the licencing examination.
- Member must be eligible to write the licencing examination.
- Individuals who have written the examination previously, and have expended the maximum number of attempts allowed, will not be eligible to hold this licence condition until successful completion of a refresher program has been demonstrated.

SCoP Reserve Funds FAQ

On occasion, members have questions about the funds that the College holds in reserve. In response to these inquiries, we have compiled the following list of frequently asked questions, which was distributed at the AGM.

1. What are Reserve funds for?

- Reserves are funds that are set aside by an organization to address risk associated with unexpected situations.
- These funds exist outside of a normal operational budget and are not relied upon to support the day to day operation of the business.
- **SCoP** has established reserve funds (also called “restricted funds”) in the following areas:
 - **Contingency** – funds are intended to cover unanticipated catastrophic financial situations.
 - **Legal** – funds are directed to cover legal expenses that exceed the budget allocations.
 - **Capital** – funds are used to cover capital purchases (i.e.: photocopier; computer equipment; furniture; etc.)
 - **Projects** – funds are intended to cover large project expenses including bi-annual system upgrades, on-line exam registration, and (future) computerization of EMR exams.
 - **Research and Development** – funds are available to support research conducted (alone or in partnership with other agencies) to advance the mandate of the College and paramedic practice.

2. How much is enough? Do you have a cap?

- Each SCoP reserve fund has a recommended contribution limit. These limits were established based on a review of factors that impact the College (i.e.: court cases pending; system development required; anticipated capital cost; one-time expenditures that are unexpected).
- Contributions are reviewed by Council yearly, and currently reflect the following amounts:
 - **Contingency:** \$200,000
 - **Legal:** \$300,000
 - **Capital Reserve:** \$150,000
 - **Projects:** \$150,000
 - **Research and Development:** \$100,000
 - **Unallocated Restricted Funds:** these funds are typically derived from interest earned and may be re-allocated to individual reserve accounts as required.

3. What is CPI and why do you need these increases?

- The **Consumer Price Index (CPI)** is an indicator of changes in consumer prices experienced by Canadians.
- The index is calculated by comparing the cost of a fixed basket of goods and services purchased by consumers over time.
- SCoP uses Saskatchewan CPI calculated annually as of October of each year. The 2015 CPI showed a 1.4% increase over the prior 12 months.
- We rely on CPI increases to balance inflationary increases that are applied to both fixed and variable operational costs.

4. What is the College plan for Research?

- SCoP utilizes an evidence based approach to support decisions impacting clinical care.
- SCoP has applied for grant funding to support specific research and project initiatives. In some cases, the organization needs to match funds with the granting facility.
- Current research initiatives include:
 - Joint project with eHealth Saskatchewan to pilot paramedic access to the patient electronic health

- record
- Research partnership with the Justice Institute of British Columbia: “Paramedics in Industry”
- Joint project with the Saskatchewan College of Respiratory Therapists (SCRT): Licencing Equivalency Assessment for Internationally Trained Applicants.
 - SCoP/SCRT applied for provincial funding for this project and received \$40k in support of the initiative.
 - The funds were matched by the College's through in-kind and financial means.

5. What are the College’s future Information Technology needs?

- The SCoP licencing system requires ongoing support and upgrades; development and programming is typically outsourced; testing and data integrity checks are done internally.
- Every two years, a major upgrade is completed at a cost of ~50k
- In 2016/2017, SCoP will be upgrading the member platform to reflect a more user friendly interface. SCoP is also working on a revision to the website within this project.

6. How do you decide what goes in the budget?

- SCoP uses the strategic plan as a key point of reference for determining College priorities.
- Funds are allocated in the budget based on the strategic priorities and target outcomes for each year.
- Budget reporting takes place monthly, with bi-monthly variance reporting provided to the Audit Committee.
- The College currently budgets over a 3 year horizon; strategic planning typically spans a 3-5 year timeframe.

7. Why do you budget for 3 years, when things change over time?

- Three years is a long time to try and predict priorities and costing. That said we establish basic targets that are revised annually based on a scan of the operating environment.
- This approach allows the College to be responsive to shifts in health system priorities without compromising long term financial stability.

8. Do you have insurance to cover court costs and legal fees?

- The College carries liability insurance to address financial risk associated with large court costs.
- The current insurance policy covers court costs only if the College loses; this is based on the premise that if we win in court, the costs will be charged back to the member.
- In reality, it has proven very difficult to recover costs from members who have not renewed their licence.

9. How much does it cost to go through a discipline process?

- Costs vary depending on the nature of the case and can be very unpredictable. Typically, most expenses arise from the following:
 - Committee meetings
 - Investigative charges
 - Hearing costs – space; court reporter; witness travel; lawyers; etc.
 - Court costs – brief preparation; witness preparation; document assembly; transcription; etc.
 - General costs – legal advice to the College; preparation of documents; notification requirements; etc.
- It is not uncommon to incur \$25-50k for a single case file.
- A recent case file that involved appeal cost approximately \$140k in just legal and hearing costs.

SCoP Award goes to Colby Burwell, ACP

This year's Annual General Meeting focused on paramedic wellness. In order for patients to receive the best care possible, we recognize that our members need to remain healthy!

To begin the conversation, members were encouraged to research and write a short essay on the connection between the health of the paramedic and the provision of high quality patient care.

The first ever SCoP Award, a \$500 cash prize, was presented to Colby Burwell, ACP in Regina.

The entire essay is online at www.collegeofparamedics.sk.ca

Congratulations Colby!

The following is an excerpt from his essay:

In the past weeks, months, and years, post-traumatic stress disorder (PTSD) has been brought to the forefront of discussion for both emergency services workers and the public at large. The discussion has centered on the overwhelming number of paramedics, police officers, firefighters, and military personnel suffering from PTSD, and even taking their own lives.

The aim of this essay, in particular, is to further this discussion and examine the mental and physical aspects of PTSD and the correlation they have on the paramedic.

Post-traumatic stress disorder itself falls under the broader, non-medical term of occupational stress injury (OSI) and is considered to be the most seriously diagnosable condition resulting from a single or recurring traumatic event. PTSD involves exposure to trauma involving death; the threat of death, or serious injury, and according to the diagnostic and statistical manual of mental disorder (DSM-IV), the fundamental feature of PTSD is the development of symptoms following a traumatic event.

In order for a diagnosis of PTSD to be made, at least one of five intrusive symptoms must be present. These symptoms include distressing memories; distressing dreams of the event; acting or feeling as if the traumatic event were recurring; intense psychological distress; and psychological reactivity, such as sweating, racing heart, etc., when reminded of the event.

Examples of these different symptoms include: efforts to avoid thoughts; efforts to avoid activities, places or people which arouse recollections of the trauma; inability to recall an important aspect of the trauma; markedly diminished interest in participation in significant activities; feelings or conversations associated with the trauma; feelings of detachment from others, including a restricted range of emotional responsiveness.

You would be hard pressed to find a paramedic who hasn't experienced or dealt with one or more of the aforementioned examples, however, the key difference between an acute response to trauma and the diagnosis of PTSD is the recurrence of symptoms thirty days following the event, persisting for that period of time.

Given the repeated trauma and dangerous situations that paramedics are routinely exposed to in their day to day work, it is not a surprise to learn that paramedics experience rates of PTSD as high as 21%, whereas the general population can experience rates as high as 9%.

High amounts of repeated daily stress endured by paramedics contribute to significant emotional toll.

As with many medical conditions, there are a number of treatment options available for individuals dealing with PTSD.

Treatments range from counseling, which includes methods like cognitive



behavior therapy, involving how thoughts, feelings, and behavior can work together, and how to deal with problems and stress; medication for managing various symptoms of PTSD such as anti-anxiety, anti-depressant, and sleep medications; support groups consisting of like-minded people or individuals in a certain demographic; newer unconventional methods like "check-ins", where a mental health professional can confidentially check-in on a paramedic after a particularly stressful or critical incident in a 1:1 environment after being referred by a coworker or supervisor- this method, in particular, has been found to identify those at the highest risk for an acute stress reaction; supervisor support, consisting of supervisors or managers following up with staff after a critical incident and showing their concern, has also been shown to prevent and mitigate emotional suffering.

*(continued at
www.collegeofparamedics.sk.ca)*

SEMSA now a member of PAC

The Saskatchewan EMS Association (SEMSA) is proud to announce it has now become the Paramedic Association of Canada (PAC) Chapter for Saskatchewan!

The Paramedic Association of Canada (PAC) is comprised of over 20,000 paramedics from coast to coast to coast. The Association is a national organization of prehospital practitioners that exists to promote quality and professional patient care through working relationships among organizations with similar interests. Protection of the Public and development of the profession in the public interest is the foundation.

To become a member of PAC and enjoy all of the benefits it has to offer, please contact the SEMSA office (306-382-2147) or visit our website for more information on how to become a member of PAC through the Saskatchewan Chapter office.

Membership into PAC through the Saskatchewan Chapter is only managed out of the SEMSA office; it does not require membership to SEMSA to participate. PAC membership is open for any licensed paramedic professional who wishes to join PAC from Saskatchewan.

One of the key benefits of membership with PAC includes

access to a Professional Liability Insurance Program underwritten by MARSH Canada, that offers coverage at competitive rates for licenced paramedic professionals. The Marsh program includes Disciplinary Legal Expense, Criminal Defense Reimbursement, Loss of Earnings Coverage, Coroner's Inquest Coverage, Cyber Security and Privacy Misconduct Coverage, Sexual Abuse Counselling, Territorial Coverage, and Student and Pro-Bono Legal Advice. As a self-regulated professional, it is important that you review your coverage and ensure that you have adequate protection in place.

EMR exam fee increase

The fee for the Emergency Medical Responder licencing exam will be increasing to \$400 beginning with the February, 2017 sitting. The PCP and ACP exams will remain at \$650 + PST.

