

Course Code: ACP-B

Course Name: Advanced Care Paramedic - Bridging Program
 Program Type: Certificate

Course Description	Course Grading		
Through a prior learning assessment and recognition (PLAR) the Advanced Care Paramedic Bridging (ACPB) program provides Paramedics licensed with Nova Scotia Regulator of Paramedicine (NSRoP) through the NSRoP Registration and Licensure Policy 3.2 Restricted Temporary ACP Licensure Criteria for International Applicants Eligible for an Expedited Pathway to Registration and Licensure. The PLAR has been designed to facilitate acquisition of the required competencies to meet the required competency standard as described by the NSRoP's competency profile. The ACPB Program will ensure that successful graduates have the appropriate knowledge and skills to provide out of hospital care at the ACP level. Through synchronous lecture, case studies, self-directed learning, simulation, and cadaveric experience the learner will possess sound knowledge and skills, an unwavering commitment to excellence in all that they do, and a deep sense of professionalism and caring. Successful graduates of the ACPB Program will be prepared to function as part of the health care team incorporating the additional competencies into their standard of care. The ACPB Program is a competency-based program that will provide a foundation for the ACP as described by NSRoP, the Canadian Organization of Paramedic Regulators (COPR), and the Paramedic Association of Canada (PAC). The ACPB program meets NSRoP bridging education requirements for registrants, from Australia, who possess a conditional ACP license through the Regulator of Paramedicine Registration and Policy 3.2 Restricted Temporary ACP Licensure Criteria for International Applicants Eligible for an Expedited Pathway to Registration and Licensure. The regulator used their assessment of Australia's regulatory systems and principles, paramedic registration and licensure requirements, competencies, scope of practice, education curricula and accreditation standards, as well as the individual registrant's self-assessment of competence to determine the bridging education requirements. The program is designed, based on this analysis provided by NSPoR to provide the acquisition of concepts and theories, mastery of professional skills as outlined in the analysis, in the out-of-hospital paramedic context of practice.	Evaluations	Comments	Grade
	Precourse Evaluation Competency Simulation Short courses Cadaveric Learning Clinical Evaluation Postcourse Evaluation	MC Test based on ACP scope Obtain prescribed competencies in simulation Obtain prescribed competencies in simulation Based on specific course completion requirements Completion of 10 successful endotracheal intubations Completion of 5 successful endotracheal intubations MC Test based on ACP scope, Provincial Exam Prep	No grade obtained Successful Successful Successful Successful Successful No grade obtained
	Resources		
	Resources International Trauma Life Support (9th ed.) Basic Life Support, Heart and Stroke (2020) Advanced Cardiac Life Support, Heart and Stroke (2020) Pediatric Advanced Life Support, Heart and Stroke (2020) 2020 Handbook of Emergency Cardiovascular Care for Healthcare Provider Medics Little Helper Coaching the Emergency Vehicle - Ambulance (CEVO)	Suggested Resources Emergency Care in the Streets (8th ed.)	Online Resources moodle.medaviehealthed.com wei.courses.com aimeairway.ca
	Program Prerequisites		
Licensed with NSRoP (Restricted Temporary ACP Licensure) Proof of program completion from previous jurisdiction (ACP or equivalent) Provide a copy of the self-assessment completed for NSRoP			
	Hourly Breakdown		
	Didactic Self-directed Simulation Cadaveric Clinical	79.0 3.0 131.0 12.0 8.0 (minimum to obtain competencies) Total Program Hours 233.0	
Attendance is mandatory for this program. Refer to Policy 6-10 (Program Attendance) for more information.			

Module	1	2	3	4	5	
Topics	Introduction Orientation Medicolegal	Orientation to simulation Scenarios	Patient Handling and Moving	ITLS Fracture Reduction	ITLS	
Suggested Time	Didactic 6 Self-directed 3 Simulation	Didactic 1 Self-directed Simulation 5	Didactic 1 Self-directed Simulation 5	Didactic 3 Self-directed Simulation 3	Didactic 3 Self-directed Simulation 3	14 3 16
	Total (Hrs): 9	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	33
Learning Objectives	Understand legal system within Canada Discuss regulator and self-regulation Define the roles of a paramedic in Canada Define the legal responsibilities of paramedicine and how it relates to patient care Compare and contrast ethical and legal issues within EMS Discuss the components of an EMS system in Canada Demonstrate an inclusive environment	Understand the expectations of simulation during the program Demonstrate a safe work environment Participate in patient simulation scenarios	Be able to utilize different devices to move patients Perform safe lifting procedures Adapt proper lifting techniques. Integrate safe and proper lifting techniques.	Assess and manage critical trauma patients Demonstrate reduction of fractures and dislocations	Assess and manage critical trauma patients Demonstrate reduction of fractures and dislocations	
Learning Objectives (PERRS EEResources)		10 Disaster response (e.g., natural occurrences, terrorism)		29.3 Reduce fractures	29.3 Reduce fractures	
Competency Obtainment (NSRoP)		8.2.b Work within a incident management system (IMS)		5.7.c Reduce fractures and dislocations	5.7.c Reduce fractures and dislocations	
Reading and Resources	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS ITLS Textbook	Lecture notes LMS ITLS Textbook	
Learning Activities		Simulation	Simulation	Simulation	Simulation	
Assessments		SC - Incident Command Structure - 100 (ICS-100)		Competency Assessment	Competency Assessment ITLS Written Evaluation	

Day	6	7	8	9	10	
Topics	Vascular Access	Pharmacology Overview Medication Administration	Venipuncture ABG/VBG Core temperature	Airway management Skills - Adjuncts Skills - SGA Skills - BVM	Airway management Lecture - ET Skills - ET Suction	
Suggested Time	Didactic 2	Didactic 3	Didactic 3	Didactic 1	Didactic 2	11
	Self-directed 4	Self-directed 3	Self-directed 3	Self-directed 5	Self-directed 4	0
	Simulation 4	Simulation 3	Simulation 3	Simulation 5	Simulation 4	19
	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	30
Learning Objectives	Discuss the differences in administration of intravenous fluid including: Crystalloids Colloids Volume expanders Conduct peripheral access utilizing: Intravenous Intraosseous Discuss the purposes and indications for pressure infusion Demonstrate the use of an IV pump for the purposes of infusing fluid or medications	Demonstrate medication administration through the following routes: IO ET PR Discuss the medication classifications and commonly utilized medications as per the provincial list.	Demonstrate obtaining blood samples for: Common bloodwork (venipuncture) ABG/VBG Compare and contrast methods of obtaining a temperature including: Core temperature Tympanic Oral	Demonstrate insertion of primary adjuncts including: OPA NPA Demonstrate insertion of supraglottic airways Demonstrate ventilation with a positive pressure device	Demonstrate suctioning beyond the oropharynx Demonstrate insertion of airway devices requiring visualization of the vocal cords including DL VL	
Learning Objectives (PERRS EEResources)	27A.2 Maintain peripheral intravenous (IV) access devices and infusions of crystalloid solutions without additives 27A.3 Conduct peripheral IV cannulation 27A.4 Conduct intraosseous needle insertion 27A.5 Administer crystalloid solutions 27A.6 Utilize direct pressure infusion devices with IV infusions 27A.7 Administer volume expanders (colloid and non-crystalloid)	5.12 Administration routes, associated approved medications and substances; characteristics of injection sites 32 Administer medications and substances using the following routes: (Buccal; Endotracheal; Inhalation, not including oxygen; Intramuscular; Intranasal; Intraosseous; Intravenous; Oral; Rectal; Subcutaneous; Sublingual; Topical)	9.1 Basic understanding of technique and function, including quality assurance and limitations 9.2 Common findings 9.3 Basic interpretation (e.g., differentiation between normal and abnormal results, implications) 9.4 Point-of-care testing (Urinalysis and Phlebotomy) 9.5 Diagnostic tests (Diagnostic imaging, ECG, Ultrasound) 19.4 Peripheral venipuncture 19.5 Arterial blood samples (via radial artery puncture, arterial line access) 19.6 Invasive core temperature monitoring		21.3 Suction beyond oropharynx 21.7 Utilize airway devices introduced endotracheally	
Competency Obtainment (NSRoP)	5.5.d Conduct peripheral intravenous (IV) cannulation. 5.5.e Conduct intraosseous needle insertion. 5.5.f Utilize direct pressure infusion devices with intravenous infusions. 5.5.e Conduct intraosseous needle insertion. 5.5.f Utilize direct pressure infusion devices with intravenous infusions. 5.5.g Administer volume expanders (colloid and non-crystalloid). 5.5.v Maintain peripheral IV pumps* 5.5.w Maintain peripheral intravenous (IV) access devices and infusions of crystalloid solutions with non-EHS additives * (e.g. heparin, oxytocin, vasopressors, TPN)*	5.8.a Recognize principles of pharmacology as applied to the medications listed in Appendix 5. 5.8.f Administer medication via intraosseous route. 5.8.g Administer medication via endotracheal route. 5.8.l Administer medication via rectal route. 5.8.o Provide patient assist according to provincial list of medications	4.5.d Conduct peripheral venipuncture. 4.5.e Obtain arterial blood samples via radial artery puncture. 4.5.f Obtain arterial blood samples via arterial line access. 4.5.g Conduct invasive core temperature monitoring and interpret findings.		5.1.c Suction beyond oropharynx. 5.1.h Utilize airway devices requiring visualization of vocal cords and introduced endotracheally.	
Reading and Resources	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS	
Learning Activities	Simulation	Simulation	Simulation	Simulation	Simulation	
Assessments						

Day	11	12	13	14	15	
Topics	Airway management Skills - ET Skills - ET (Bougie)	Airway management Mechanical Vents CPAP RSI/PS	Airway management Can't Intubate, Can't Ventilate (CICV)	Simulation - Scenario Based Evaluations	Simulation - Scenario Based Evaluations	
Suggested Time	Didactic Self-directed Simulation Total (Hrs): 6	Didactic 3 Self-directed Simulation 3 Total (Hrs): 6	Didactic 1 Self-directed Simulation 5 Total (Hrs): 6	Didactic Self-directed Simulation 6 Total (Hrs): 6	Didactic Self-directed Simulation 6 Total (Hrs): 6	4 0 26 30
Learning Objectives	Demonstrate suctioning beyond the oropharynx Demonstrate insertion of airway devices requiring visualization of the vocal cords including DL VL Demonstrate insertion of airway devices without being able to visualize the vocal cords (Bougie)	Discuss the indications and contraindications for mechanical ventilation Demonstrate mechanical ventilation Discuss RSI and PS including indications, contraindications, benefits and risks	Discuss procedures correlating with a CICV situation including: Percutaneous cricothyroidotomy Surgical cricothyroidotomy Bougie assisted SC	Assess and treat simulated patients (Airway management focus)	Assess and treat simulated patients (Airway management focus)	
Learning Objectives (PERRS EEResources)	21.7 Utilize airway devices introduced endotracheally	26 Administer mechanical positive pressure ventilation (i.e., ventilator) 26.1 Provide mechanical ventilation 26.2 Vent circuit 26.5 Intermittent mandatory ventilation, continuous mandatory ventilation, assist control, inverse ratio 26.6 Continuous positive airway pressure, positive end expiratory pressure, non-invasive positive pressure ventilation 26.9 Plateau, inspiratory, expiratory, peak expiratory pressure 26.11 Adjust parameters based on changes in ventilatory and hemodynamic status	21.7 Utilize airway devices introduced endotracheally 21.10 Conduct percutaneous cricothyroidotomy 21.11 Conduct surgical cricothyroidotomy			
Competency Obtainment (NSRoP)	5.1.g Utilize airway devices not requiring visualization of vocal cords and introduced endotracheally. 5.1.h Utilize airway devices requiring visualization of vocal cords and introduced endotracheally.	5.1.m Rapid Sequence Intubation* 5.4.b Recognize indications for mechanical ventilation. 5.4.c Prepare mechanical ventilation equipment. 5.4.d Provide mechanical ventilation. 6.1.r Perform Procedural Sedations*	5.1.k Conduct percutaneous cricothyroidotomy. 5.1.l Conduct surgical cricothyroidotomy.			
Reading and Resources	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS	
Learning Activities	Simulation	Case studies Simulation	Case studies Simulation	Scenario based assessments	Scenario based assessments	
Assessments						

Day	16	17	18	19	20	
Topics	Cardiac BLS (SC)	Cardiac EKG	Cardiac Pacing and Cardioversion Manual Defibrillation	Cardiac ACLS (SC)	Cardiac ACLS (SC)	
Suggested Time	Didactic 2	Didactic 3	Didactic 3	Didactic 3	Didactic 3	14
	Self-directed 4	Self-directed 3	Self-directed 3	Self-directed 3	Self-directed 3	0
	Simulation 4	Simulation 3	Simulation 3	Simulation 3	Simulation 3	16
	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	30
Learning Objectives	Demonstrate the fundamental skills of high-quality CPR for victims of all ages	Explain the difference between a 3-lead and a 12 lead ECG. Identify indications for the use of a 12-Lead ECG. Perform the technique of obtaining a 12-Lead ECG. Demonstrate interpretation of 12-Lead ECG	Explain the concept and purposes of defibrillation or unsynchronized cardioversion Discuss and demonstrate the use of: Transcutaneous pacing Synchronized cardioversion Unsynchronized cardioversion Discuss manual vs automatic defibrillation	Demonstrate the clinical skills, knowledge and ability in high-quality BLS. Recognition of common cardiac ECG rhythms. Effective management of airways and use of adjuncts. Recognize and initiate early management of peri-arrest conditions that may result in cardiac arrest or complicate resuscitation outcome. Demonstrate teamwork within a resuscitation	Demonstrate the clinical skills, knowledge and ability in high-quality BLS. Recognition of common cardiac ECG rhythms. Effective management of airways and use of adjuncts. Recognize and initiate early management of peri-arrest conditions that may result in cardiac arrest or complicate resuscitation outcome. Demonstrate teamwork within a resuscitation	
Learning Objectives (PERRS EEResources)		19.10 Electrocardiogram (ECG) monitoring	27A.11 Conduct manual defibrillation 27A.12 Conduct cardioversion 27A.13 Conduct transcutaneous pacing 27A.14 Maintain transvenous pacing	19.10 Electrocardiogram (ECG) monitoring 27A.11 Conduct manual defibrillation 27A.12 Conduct cardioversion 27A.13 Conduct transcutaneous pacing 27A.14 Maintain transvenous pacing	19.10 Electrocardiogram (ECG) monitoring 27A.11 Conduct manual defibrillation 27A.12 Conduct cardioversion 27A.13 Conduct transcutaneous pacing 27A.14 Maintain transvenous pacing	
Competency Obtainment (NSRoP)		4.5.n Obtain 12-lead ECG and interpret findings.	5.5.j Conduct manual defibrillation 5.5.k Conduct cardioversion. 5.5.l Conduct transcutaneous pacing. 5.5.m Maintain transvenous pacing.	4.5.n Obtain 12-lead ECG and interpret findings. 5.5.j Conduct manual defibrillation 5.5.k Conduct cardioversion. 5.5.l Conduct transcutaneous pacing. 5.5.m Maintain transvenous pacing.	4.5.n Obtain 12-lead ECG and interpret findings. 5.5.j Conduct manual defibrillation 5.5.k Conduct cardioversion. 5.5.l Conduct transcutaneous pacing. 5.5.m Maintain transvenous pacing.	
Reading and Resources	Lecture notes LMS BLS Textbook (2020)	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS ACLS Textbook (2020)	Lecture notes LMS ACLS Textbook (2020)	
Learning Activities	Videos Simulation	Simulation	Simulation	Videos Simulation	Videos Simulation	
Assessments						

Day	21	22	23	24	25	
Topics	Cardiac PALS	Cardiac PALS	Simulation - Scenario Based Evaluations	Simulation - Scenario Based Evaluations	Flight pathology CBRNE	
Suggested Time	Didactic 3 Self-directed Simulation 3 Total (Hrs): 6	Didactic 3 Self-directed Simulation 3 Total (Hrs): 6	Didactic Self-directed Simulation 6 Total (Hrs): 6	Didactic Self-directed Simulation 6 Total (Hrs): 6	Didactic 6 Self-directed Simulation Total (Hrs): 6	12 0 18 30
Learning Objectives	Recognize and respond to cardiopulmonary arrests or other cardiovascular emergencies involving pediatric patients.	Recognize and respond to cardiopulmonary arrests or other cardiovascular emergencies involving pediatric patients.	Assess and treat simulated patients (Cardiac management focus)	Assess and treat simulated patients (Cardiac management focus)	Discuss the advantages and disadvantages of using flight transportation Discuss the atmospheric principles and gas laws related to patient care during flight transportation List the environmental factors and stresses experienced in flight. Describe the preparation of patient for air medical transport List common CBRNE agents and discuss common signs and symptoms that may be present in an exposure Describe the principles of triage specific to a CBRNE incident	
Learning Objectives (PERRS EEResources)	19.10 Electrocardiogram (ECG) monitoring 27A.11 Conduct manual defibrillation 27A.12 Conduct cardioversion 27A.13 Conduct transcutaneous pacing 27A.14 Maintain transvenous pacing	19.10 Electrocardiogram (ECG) monitoring 27A.11 Conduct manual defibrillation 27A.12 Conduct cardioversion 27A.13 Conduct transcutaneous pacing 27A.14 Maintain transvenous pacing			11 Patient management following chemical, biological, radiological, nuclear, and explosives (CBRNE) incidents 31.3 Prepare patient for transfer (positioning, safety, stability, precautions, protection from the elements)	
Competency Obtainment (NSRoP)	5.5.j Conduct manual defibrillation 5.5.k Conduct cardioversion. 5.5.l Conduct transcutaneous pacing. 5.5.m Maintain transvenous pacing.	5.5.j Conduct manual defibrillation 5.5.k Conduct cardioversion. 5.5.l Conduct transcutaneous pacing. 5.5.m Maintain transvenous pacing.			7.3.a Create safe landing zone for rotary-wing aircraft. 7.3.b Safely approach stationary rotary-wing aircraft. 7.3.c Safely approach stationary fixed-wing aircraft. 7.4.a Prepare patient for air medical transport. 7.4.b Recognize the stressors of flight on patient, crew and 8.3.c Perform CBRNE scene size-up 8.3.d Conduct triage at CBRNE incident 8.3.e Conduct decontamination procedures 8.3.f Provide care to patients involved in CBRNE incident	
Reading and Resources	Lecture notes LMS PALS Textbook (2020)	Lecture notes LMS PALS Textbook (2020)	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS	
Learning Activities	Videos Simulation	Videos Simulation	Scenario based assessments CBRNE Reading Assignment	Scenario based assessments	Case studies Simulation	
Assessments						

Day	26	27	28	29	30	
Topics	AIME	AIME	Cadaver	Cadaver	NG/OG Catheters and Ostomies Chest tubes Lab data/Radiological data	
Suggested Time	Didactic 3	Didactic 3	Didactic 3	Didactic 3	Didactic 4	10
	Self-directed 3	Self-directed 3	Self-directed 6	Self-directed 6	Self-directed 2	0
	Simulation 3	Simulation 3	Simulation 6	Simulation 6	Simulation 2	20
	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	30
Learning Objectives	Discuss indications for advanced airway management Discuss predictors of difficult airways Demonstrate approaches to the difficult airway Discuss RSI and Awake intubations Demonstrate insertion of airway devices requiring visualization of the vocal cords including DL VL	Discuss indications for advanced airway management Discuss predictors of difficult airways Demonstrate approaches to the difficult airway Discuss RSI and Awake intubations Demonstrate insertion of airway devices requiring visualization of the vocal cords including DL VL	Perform airway management technics utilizing medical grade cadavers including: Adjuncts (OPA, NPA) Supraglottic Airways DL VL	Perform airway management technics utilizing medical grade cadavers including: Adjuncts (OPA, NPA) Supraglottic Airways DL VL	Demonstrate insertion and care of: NG Tube OG Tube Urinary Catheter Demonstrate care and monitoring of chest tubes Discuss and interpret common lab data Discuss and interpret common radiological data	
Learning Objectives (PERRS EEResources)	21.7 Utilize airway devices introduced endotracheally	21.7 Utilize airway devices introduced endotracheally	21.7 Utilize airway devices introduced endotracheally	21.7 Utilize airway devices introduced endotracheally	28.1 Urinary catheters 28.2 Ostomy drainage systems 28.3 Non-catheter urinary drainage systems 28.4 Monitor chest tubes	
Competency Obtainment (NSRoP)	5.1.g Utilize airway devices not requiring visualization of vocal cords and introduced endotracheally. 5.1.h Utilize airway devices requiring visualization of vocal cords and introduced endotracheally. 5.1.m Rapid Sequence Intubation* 6.1.r Perform Procedural Sedations*	5.1.g Utilize airway devices not requiring visualization of vocal cords and introduced endotracheally. 5.1.h Utilize airway devices requiring visualization of vocal cords and introduced endotracheally. 5.1.m Rapid Sequence Intubation* 6.1.r Perform Procedural Sedations*	5.1.g Utilize airway devices not requiring visualization of vocal cords and introduced endotracheally. 5.1.h Utilize airway devices requiring visualization of vocal cords and introduced endotracheally.	5.1.g Utilize airway devices not requiring visualization of vocal cords and introduced endotracheally. 5.1.h Utilize airway devices requiring visualization of vocal cords and introduced endotracheally.	4.5.o Interpret radiological data 4.5.l Interpret laboratory data as specified in Appendix 5. 4.5.p Interpret data from CT, ultrasound and MRI 5.5.p Provide routine care for patient with ostomy drainage 5.5.q Provide routine care for patient with non-catheter urinary drainage system. 5.5.r Monitor chest tubes. 5.5.t Conduct oral and nasal gastric tube insertion. 5.5.u Conduct urinary catheterization.	
Reading and Resources	Lecture notes LMS AIME Textbook (Online) https://www.aimeairway.ca/	Lecture notes LMS AIME Textbook (Online) https://www.aimeairway.ca/			Lecture notes LMS	
Learning Activities	Lecture Videos Simulation	Lecture Videos Simulation	Cadaveric Simulation	Cadaveric Simulation	Case studies Simulation	
Assessments						

Day	31	32	33	34	35	
Topics	Blood products Urinalysis	Infusions PICC Lines Artlines	Coaching the Emergency Vehicle Operator	Integration	Integration Closing	
Suggested Time	Didactic 4	Didactic 4	Didactic 6	Didactic	Didactic	14
	Self-directed	Self-directed	Self-directed	Self-directed	Self-directed	0
	Simulation 2	Simulation 2	Simulation	Simulation 6	Simulation 6	16
	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	Total (Hrs): 6	30
Learning Objectives	Demonstrate administration of blood products Demonstrate urinalysis by macroscopic method	Demonstrate maintaining infusions with or without a volumetric pump Discuss monitoring and findings of: Arterial lines PICC Lines Central infusions	Discuss defensive driving in emergency and non-emergency situations Discuss use of lights and sirens Discuss due regard, inspections, and distracted driving	Assess and treat a variety of patient conditions integrating appropriate competencies (variety of complaints or injuries)	Assess and treat a variety of patient conditions integrating appropriate competencies (variety of complaints or injuries) Complete required documentation Complete program survey	
Learning Objectives (PERRS EEResources)	9.4 Point-of-care testing (Urinalysis and Phlebotomy) 9.5 Diagnostic tests (Diagnostic imaging, ECG, Ultrasound) 19.11 Urinalysis 27A.8 Monitor an infusion of blood and/or blood products 27A.9 Administer blood and/or blood products	19.5 Arterial blood samples (via radial artery puncture, arterial line access) 19.9 Arterial line monitoring				
Competency Obtainment (NSRoP)	4.5.q Conduct urinalysis by macroscopic method 5.5.h Administer blood and /or blood products.	4.5.k Conduct arterial line monitoring and interpret findings 5.5.v Maintain peripheral IV pumps* 5.5.w Maintain peripheral intravenous (IV) access devices and infusions of crystalloid solutions with non-EHS additives * (e.g. heparin, oxytocin, vasopressors, TPN)* 5.5.y Maintain and access central IV infusions with or without additives* 5.5.x Maintain central IV with no infusions* 5.5.z Maintain capped arterial lines*				
Reading and Resources	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS	Lecture notes LMS	
Learning Activities	Lecture Videos Simulation	Lecture Videos Simulation	Simulation	Simulation	Simulation	
Assessments						

Area	NSPR	Competency	Subcompetencies	Level	Performance	Min. # of	Day (s)
					Area	times	Competency
					Area	Verified	Didactic/Simulation
Area 4	4.5.d	Conduct peripheral venipuncture.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	8
Area 4	4.5.e	Obtain arterial blood samples via radial artery puncture.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	8
Area 4	4.5.f	Obtain arterial blood samples via arterial line access.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	8
Area 4	4.5.g	Conduct invasive core temperature monitoring and interpret findings.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	8
Area 4	4.5.k	Conduct arterial line monitoring and interpret findings	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	32
Area 4	4.5.l	Interpret laboratory data as specified in Appendix 5.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	30
Area 4	4.5.n	Obtain 12-lead ECG and interpret findings.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	3	17,19,20
Area 4	4.5.o	Interpret radiological data	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	30
Area 4	4.5.p	Interpret data from CT, ultrasound and MRI	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	30
Area 4	4.5.q	Conduct urinalysis by macroscopic method	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	31
Area 5	5.1.c	Suction beyond oropharynx.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	10
Area 5	5.1.g	Utilize airway devices not requiring visualization of vocal cords and introduced endotracheally.	As per Advanced Care Paramedic Program Profile	ACP	Cadaveric	5	11,26,27,28,29
Area 5	5.1.h	Utilize airway devices requiring visualization of vocal cords and introduced endotracheally.	As per Advanced Care Paramedic Program Profile	ACP	Cadaveric	6	10,11,26,27,28,29
Area 5	5.1.k	Conduct percutaneous cricothyroidotomy.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	13
Area 5	5.1.l	Conduct surgical cricothyroidotomy.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	13
Area 5	5.1.m	Rapid Sequence Intubation*	As per Advanced Care Paramedic Program Profile	ACP	Academic	3	12,26,27
Area 5	5.4.b	Recognize indications for mechanical ventilation.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	12
Area 5	5.4.c	Prepare mechanical ventilation equipment.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	12
Area 5	5.4.d	Provide mechanical ventilation.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	12
Area 5	5.5.d	Conduct peripheral intravenous (IV) cannulation.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	6
Area 5	5.5.e	Conduct intraosseous needle insertion.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	6
Area 5	5.5.f	Utilize direct pressure infusion devices with intravenous infusions.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	6
Area 5	5.5.g	Administer volume expanders (colloid and non-crystalloid).	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	6
Area 5	5.5.h	Administer blood and /or blood products.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	31
Area 5	5.5.j	Conduct manual defibrillation	As per Advanced Care Paramedic Program Profile	ACP	Simulation	5	18,19,20,21,22
Area 5	5.5.k	Conduct cardioversion.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	5	18,19,20,21,22
Area 5	5.5.l	Conduct transcutaneous pacing.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	5	18,19,20,21,22
Area 5	5.5.m	Maintain transvenous pacing.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	5	18,19,20,21,22
Area 5	5.5.p	Provide routine care for patient with ostomy drainage system.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	30
Area 5	5.5.q	Provide routine care for patient with non-catheter urinary drainage system.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	30
Area 5	5.5.r	Monitor chest tubes.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	30
Area 5	5.5.t	Conduct oral and nasal gastric tube insertion.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	30
Area 5	5.5.u	Conduct urinary catheterization.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	30
Area 5	5.5.v	Maintain peripheral IV pumps*	As per Advanced Care Paramedic Program Profile	ACP	Simulation	2	6,32
Area 5	5.5.w	Maintain peripheral intravenous (IV) access devices and infusions of crystalloid solutions with non-EHS additives * (e.g. heparin, oxytocin, vasopressors, TPN)*	As per Advanced Care Paramedic Program Profile	ACP	Academic	2	6,32
Area 5	5.5.x	Maintain central IV with no infusions*	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	32
Area 5	5.5.y	Maintain and access central IV infusions with or without additives*	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	32
Area 5	5.5.z	Maintain capped arterial lines*	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	32
Area 5	5.7.c	Reduce fractures and dislocations	As per Advanced Care Paramedic Program Profile	ACP	Academic	2	4,5
Area 5	5.8.a	Recognize principles of pharmacology as applied to the medications listed in Appendix 5.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	7
Area 5	5.8.f	Administer medication via intraosseous route.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	7
Area 5	5.8.g	Administer medication via endotracheal route.	As per Advanced Care Paramedic Program Profile	ACP	Simulation	1	7
Area 5	5.8.l	Administer medication via rectal route.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	7
Area 5	5.8.o	Provide patient assist according to provincial list of medications	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	7
Area 6	6.1.r	Perform Procedural Sedations*	As per Advanced Care Paramedic Program Profile	ACP	Academic	3	12,26,27
Area 7	7.3.a	Create safe landing zone for rotary-wing aircraft.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	25
Area 7	7.3.b	Safely approach stationary rotary-wing aircraft.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	25
Area 7	7.3.c	Safely approach stationary fixed-wing aircraft.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	25
Area 7	7.4.a	Prepare patient for air medical transport.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	25

Area	NSPR	Comptency	Subcompetencies	Level	Performance Area	times Competency Verified	Day (s) Competency Delivered Didactic/Simulation
Area 7	7.4.b	Recognize the stressors of flight on patient, crew and equipment, and the implications for patient care.	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	25
Area 8	8.2.b	Work within a incident management system (IMS)	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	2
Area 8	8.3.c	Perform CBRNE scene size-up	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	25
Area 8	8.3.d	Conduct traige at CBRNE incident	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	25
Area 8	8.3.e	Conduct decontamination procedures	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	25
Area 8	8.3.f	Provide care to patients involved in CBRNE incident	As per Advanced Care Paramedic Program Profile	ACP	Academic	1	25

Please note:

Competency Verified refers to the number of the times the competency has been delivered (lecture or demonstration) and/or evaluated (simulation) in the program.

Competency Located (Didactic/Simulation) refers to the specific scheduled day of the program that the competency has been provided or

Examination and Education Resources (EER)
Cross Reference

Outcome	Level	Min. # of times Competency Verified	Outcome Located Didactic/Simulation
5 Pharmacology	ACP		
5.12 Administration routes, associated approved medications and substances; characteristics of injection sites	ACP	1	7
9 Point-of-care and diagnostic test results	ACP		
9.1 Basic understanding of technique and function, including quality assurance and limitations	ACP	1	8
9.2 Common findings	ACP	1	8
9.3 Basic interpretation (e.g., differentiation between normal and abnormal results, implications)	ACP	1	8
9.4 Point-of-care testing (Urinalysis and Phlebotomy)	ACP	2	8,31
9.5 Diagnostic tests (Diagnostic imaging, ECG, Ultrasound)	ACP	2	8,31
10 Disaster response (e.g., natural occurrences, terrorism)	ACP	1	2
11 Patient management following chemical, biological, radiological, nuclear, and explosives (CBRNE) incidents	ACP	1	25
19 Utilize diagnostic tests and/or interpret findings, using:	ACP		
19.3 Glucometric testing	ACP	0	
19.4 Peripheral venipuncture	ACP	1	8
19.5 Arterial blood samples (via radial artery puncture, arterial line access)	ACP	2	8,32
19.6 Invasive core temperature monitoring	ACP	1	8
19.9 Arterial line monitoring	ACP	1	32
19.10 Electrocardiogram (ECG) monitoring	ACP	5	17,19,20,21,22
19.11 Urinalysis	ACP	1	31
21 Maintain patency of upper airway and trachea	ACP		
21.3 Suction beyond oropharynx	ACP	1	10
21.7 Utilize airway devices introduced endotracheally	ACP	7	10,11,13,26,27,28,29
21.10 Conduct percutaneous cricothyroidotomy	ACP	1	13
21.11 Conduct surgical cricothyroidotomy	ACP	1	13
26 Administer mechanical positive pressure ventilation (i.e., ventilator)	ACP	1	12
26.1 Provide mechanical ventilation	ACP	1	12
26.2 Vent circuit	ACP	1	12
26.5 Intermittent mandatory ventilation, continuous mandatory ventilation, assist control, inverse ratio	ACP	1	12
26.6 Continuous positive airway pressure, positive end expiratory pressure, non-invasive positive pressure ventilation	ACP	1	12
26.9 Plateau, inspiratory, expiratory, peak expiratory pressure	ACP	1	12
26.11 Adjust parameters based on changes in ventilatory and hemodynamic status	ACP	1	12
27 Hemodynamic stability	ACP		
27A FLUID AND RESUSCITATION	ACP		
27A.2 Maintain peripheral intravenous (IV) access devices and infusions of crystalloid solutions without additives	ACP	1	6
27A.3 Conduct peripheral IV cannulation	ACP	1	6
27A.4 Conduct intraosseous needle insertion	ACP	1	6
27A.5 Administer crystalloid solutions	ACP	1	6
27A.6 Utilize direct pressure infusion devices with IV infusions	ACP	1	6
27A.7 Administer volume expanders (colloid and non-crystalloid)	ACP	1	6
27A.8 Monitor an infusion of blood and/or blood products	ACP	1	31
27A.9 Administer blood and/or blood products	ACP	1	31
27A.11 Conduct manual defibrillation	ACP	5	18,19,20,21,22
27A.12 Conduct cardioversion	ACP	5	18,19,20,21,22
27A.13 Conduct transcutaneous pacing	ACP	5	18,19,20,21,22
27A.14 Maintain transvenous pacing	ACP	5	18,19,20,21,22
28 Provide routine care	ACP		
28.1 Urinary catheters	ACP	1	30
28.2 Ostomy drainage systems	ACP	1	30
28.3 Non-catheter urinary drainage systems	ACP	1	30
28.4 Monitor chest tubes	ACP	1	30
29 Provide care for fractures	ACP		
29.3 Reduce fractures	ACP	2	4,5
31.1 Assess patient risk profile	ACP		
31.3 Prepare patient for transfer (positioning, safety, stability, precautions, protection from the elements)	ACP	1	25
32 Administer medications and substances using the following routes: (Buccal; Endotracheal; Inhalation, not including oxygen; Intramuscular; Intranasal; Intraosseous; Intravenous; Oral; Rectal; Subcutaneous; Sublingual; Topical)	ACP	1	7

Please note:

Outcome Verified refers to the number of the times the outcome has been delivered (lecture or demonstration) and/or evaluated (simulation) in the program.

Outcome Located (Didactic/Simulation) refers to the specific scheduled day of the program that the competency has been provided or reviewed.