

<b>Manitoulin-Sudbury District Services Board POLICY &amp; PROCEDURES MANUAL</b>	
Section: G. Emergency Medical Services	Effective Date: <b>April 1, 2015</b>
Topic: 1. Legislation	Replaces: <b>New</b>
Subject: 7. Community Paramedicine Program	
Policy No. G.1.7	Page 1 of 2

**POLICY**

Community Paramedicine is a program provided by paramedics where they use their traditional skills in non-traditional community-based environments. The role of a paramedic is to “conserve life, alleviate pain and suffering and promote health”<sup>i</sup>

Community Paramedicine is focused on illness and injury prevention and promoting health. The end goal is to provide the right care, at the right time, at the right place resulting in healthier communities and mitigating future emergency calls. Other potential realized benefits also include reduced hospital admissions and readmissions.

The Community Paramedicine Program will be phased in across the Manitoulin-Sudbury DSB jurisdiction station by station as resources, partnership agreements and necessary approvals are in place.

Only Paramedics who are on regular duty or who volunteer will participate in the Community Paramedicine program. The cost to the DSB will only be nominal ancillary costs.

Further, in the case of the Paramedic Community Referral program, this will be implemented in all stations effective April 1, 2015 by all paramedics who are on regular duty.

**PROCEDURE**

**Community Paramedicine Initiatives**

There are four distinct Community Paramedicine Initiatives. The first is a pan-provincial initiative whereby paramedics, using the PERILs prediction tool, will now have the ability to refer patients whom they encounter to community programs should they identify a requirement for added assistance. Doing so assists people to remain living in their home, or to receive new or additional home care.

The next three initiatives entail a group of programs where paramedics, when not otherwise occupied by emergency calls, can identify potential patients who may require interventions different from a transport to an emergency department. Typical actions in this regard can include conducting falls risk and home safety

<b>Manitoulin-Sudbury District Services Board POLICY &amp; PROCEDURES MANUAL</b>	
Section: G. Emergency Medical Services	Effective Date: <b>April 1, 2015</b>
Topic: 1. Legislation	Replaces: <b>New</b>
Subject: 7. Community Paramedicine Program	
Policy No. G.1.7	Page 2 of 2

assessments, providing education, and/or making a referral/report to an appropriate partnering agency that in turn will provide the required care or assistance. The three main identified Community Paramedicine programs where this will be put into action are:

- Wellness Clinics, where paramedics set up public clinics to provide assessments and education.
- Paramedic directed Ad Hoc home services, where paramedics provide follow up visits with community members that appear to be in need (identified either directly by paramedics or by an EMS/Paramedic Service), or those recently discharged from hospital to ensure their needs are being met.
- Circle of Care partnerships where paramedics can visit a patient in their home and act as the eyes and ears of family physicians, nurse practitioners or Family Health Teams.

Understanding that there can be a benefit to the above mentioned initiatives both in terms of citizen wellbeing and overall cost effectiveness, these programs will become operational and be maintained with nominal ancillary costs.

**REFERENCE**

---

<sup>i</sup> Paramedic Conduct Standard, Basic Life Support Patient Care Standards, Emergency Health Services Branch