College of Paramedicine
PRINCE EDWARD ISLAND

Standards of Practice

Adopted by Council – September 14, 2026

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Version History

Date Approved	Updates
April 1, 2024	Initial Version Adopted
September 14, 2026	Updated to reflect PERR's

Acknowledgements

The College of Paramedicine of Prince Edward Island (CoPPEI) Standards of Practice was adopted and further updated from the Emergency Medical Technicians Regulations (Schedules I and II) as the legislation governing paramedicine practice prior to the transition to the Regulated Health Professions Act. The College recognizes the work in creating and maintaining this document since its inception by the Emergency Medical Services Board of Prince Edward Island. The original document was adapted from the 2011 National Occupational Competency Profile (NOCP) which was developed by the Paramedic Association of Canada.

Introduction

The College of Paramedicine of Prince Edward Island ("College") is legislated by the Regulated Health Professions Act (RHPA) to establish the Standards of Practice ("Standards") for paramedicine to ensure safe care to all PEI residents and visitors. The Standards are established to provide paramedics, patients, and the public with an understanding of the minimum competencies required by paramedics in the course of their professional interactions to serve and protect the public interest. The Standards also serve as a guide for paramedics in maintaining their obligation of self-reflection and continuous improvement as part of their mandatory participation in the College's Continuing Competency and Education Program. Additionally, the Standards are used to evaluate a paramedic's competency and professional obligations in the event of a professional misconduct or incompetence complaint.

There are four levels of paramedic education recognized by the College, each corresponding to a sub-register in the *Paramedics Regulations:*

- Primary Care Paramedic (PCP)
- Intermediate Care Paramedic (ICP)
- Advanced Care Paramedic (ACP)
- Critical Care Paramedic (CCP)

The Standards are tiered to align with the progressive structure of paramedic education in Canada, where each program of study builds upon the knowledge, skills, and training gained in the previous program, and where scope of practice and level of autonomy increase with each advancement in education level.

Paramedics registered in the Intermediate Care Paramedic (ICP) sub-register have completed additional education and training beyond the PCP level. However, this paramedic level is not recognized nationally by the Paramedic Association of Canada's National Occupational Competency Profile nor by the Canadian Organization of Paramedic Regulators (COPR).

Therefore, only those registrants registered as an Emergency Medical Technician Level II under the Emergency Medical Technicians Act on March 31, 2024, will be transitioned to the ICP sub-register. No further registrations for the ICP sub-register will be approved by the College.

The College recognizes that the paramedic profession has evolved significantly since the release of the 2011 National Occupational Competency Profile and its subsequent adoption into the previous governing legislation. Paramedics can be employed in various practice settings outside of the traditional ambulance service, including but not limited to hospitals, community care, clinics, education, research, administration, management, and health promotion. Paramedics must use their best professional judgment to distinguish competencies in the Standards that are specific to ambulance services and may not be relevant to their current practice setting, such as preparing or driving an ambulance.

Paramedics are authorized to perform only those competencies listed in the Standards for which they have received appropriate training, are competent to perform, and are current in practice, subject to any conditions or restrictions placed on their registration. Paramedics are also authorized to practice competencies in accordance with the legislation, protocols, policies, procedures, and guidelines of their practice or employment setting, with the understanding that different competencies are required based on the needs of each setting. Paramedics are only authorized to perform reserved activities in accordance with the Regulated Health Professions Act and the Paramedics Regulations, and any competencies cited in these Standards have been adopted from the Paramedics Regulations dated March 16, 2024.

Development

The College will regularly evaluate and update the Standards of Practice as the Paramedicine profession continues to evolve in Prince Edward Island and across Canada. Any updates to the standards will be appropriately communicated to all registered paramedics and the public.

Overview

The Regulatory Practice Standards are:

1	Scope of Practice
2	Competence
3	Cultural Safety and Humility
4	Privacy and Confidentiality
5	Professional Boundaries
6	Duty to Report
7	Patient Assessment, Diagnosis, and Interventions
8	Communications
9	Collaboration and Professional Relationships
10	Documentation and Record Keeping

How to Read the Standards of Practice

- Each Standard of Practice is structured to act as a stand-alone document or as part of a set. Therefore, some requirements that are key for public protection appear in several standards.
- The Standards of Practice are outcomes based and aim to provide the fewest prescriptive requirements possible while protecting public safety. The content of these standards is determined by the level of risk to the public.
- Standards of Practice are applicable in all practice settings. For example, a paramedic/EMR educator modelling treatment while teaching a learner is expected to meet the requirements set out in the standards.
- Paramedics/EMRs may apply the Standards of Practice in a way that is appropriate for their designation if they first meet all the minimal requirements outlined in each standard and meet the expectations of the CoPPEI.

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Navigating the Regulatory Practice Standards

Each regulatory practice standard is organized by the following headings:

Patient Outcome	What patients can expect from registered, licensed, or certified paramedics who are meeting the Standards.
Paramedic Outcome	The expected outcome for which the registered, licensed, or certified paramedics are responsible.
Requirements	The minimum requirements to which all registered, licensed, or certified paramedics must adhere in order to meet the Standards.
Glossary Terms	Key terms are defined in the Glossary in a separate document. The first time a key term appears in each Standard, it is **bolded**

Standard 1: Scope of Practice

Patient Outcome	Paramedic Outcome
The patient receives care that is within the paramedic's legislated scope of practice, regulatory practice standards and guidelines, practice settings, and the paramedic's personal level of competence.	The paramedic is accountable to regulate themselves within the legislated scope of their practice, practice standards and guidelines, practice settings, and the paramedic's personal level of competence.

Requirements:

The paramedic must

1. Practice within their designation-specific regulated scope of practice.
2. Understand the differences between regulated scope of practice, scope of employment, and personal level of competence.
3. Practice independently, often in unscheduled, unpredictable, or dynamic settings.
4. Assess patients across their lifespan, and make a differential diagnosis, treat patients, and manage acute and chronic health conditions in any setting, including emergency, urgent, acute, and primary care.
5. Engage in other services, roles, functions, and activities as prescribed in legislation and/or regulation.

Standard 2: Competence

Patient Outcome	Paramedic Outcome
The patient receives safe, effective patient care that reflects the competencies and regulatory practice standards.	The paramedic practises safe, effective, competent patient care in their designated role and practice setting throughout their career, including attending to continuing competence.

Requirements:

The paramedic must

1. Practise safely, competently, compassionately, and ethically, and be accountable for their competence to patients, the regulator, the employer, the profession, and the public.
2. Attain, maintain, and demonstrate the appropriate competencies (knowledge, skills, and attitudes) to practise safely and provide patient-centred care.
3. Demonstrate behaviours that uphold the public's trust in the profession.
4. Have the knowledge, skills, and attitudes to perform procedures undertaken in the course of practising the profession.
5. Take responsibility for decisions and actions, including those undertaken both independently and as a team member.
6. Work with other members of the care team to achieve the best possible outcomes for patients.
7. Contribute to safe, supportive, and high-quality practice environments.
8. Advocate for and contribute to the development and implementation of policies, programs, and practices that are relevant to the practice setting and that improve paramedic practice and health care (for example, best practice, patient's rights, and quality practice environments).
9. Recognize, intervene, and report near misses, no harm incidents, and harmful incidents in their practice environments, where patient safety and well-being are potentially or actually at risk.
10. Adhere to all relevant provincial and federal legislation, regulations, and guidelines governing the practice of paramedicine.
11. Be accountable, and accept responsibility for their actions, inactions, decisions, and the evaluation of their own practice.
12. Participate in continuing professional development, including compliance with regulatory continuing competence requirements.

Standard 3: Cultural Safety and Humility

Patient Outcome	Paramedic Outcome
The patient receives culturally safe care that reflects their identity, culture, and community.	The paramedic provides culturally safe care by seeking to find common ground and showing respect by actively listening to what the patient says about their needs, life, and experience.

Requirements:

The paramedic must

1. Practise self-awareness and reflect on how to minimize personal bias, cognitive biases, and positions of power which may impact the relationships with patients from **equity-deserving** groups (for example, patients from Black, Indigenous, and People of Colour communities or patients who are **underhoused**, regardless of **gender identity** or **sexual orientation**).
2. Demonstrate respect and **cultural humility** when engaging with patients, and integrate their understanding of **health**, well-being, and healing into the services provided.
3. Recognize the potential for **trauma** (personal or intergenerational) in patients' lives, and adapt the approach to be thoughtful and respectful of this, including seeking permission before engaging in **assessment** or treatment.
4. Recognize that trauma, **structural racism**, and **colonialism** may affect how patients view, access, and interact with the health care system.
5. Focus on the resilience and strength that patients bring to their health care encounters.
6. Facilitate the involvement of the patient's **family** and others (such as interpreters, community workers, Elders, and Indigenous cultural navigators) as needed and requested.
7. Evaluate and seek feedback on their own behaviour toward equity-deserving groups.
8. Contribute to a practice environment that provides **culturally safe care** (an environment that is **inclusive**—for example, not **ableist**, **ageist**, **racist**, or **sexist**).
9. Recognize that Indigenous women, girls, two-spirit, queer, and transgender people are disproportionately impacted by Indigenous-specific racism in the health care system and consider the impact gender-specific trauma may have on patients.

10. Take active steps toward **reconciliation**, including to identify, address, prevent, and eliminate Indigenous-specific racism.
11. Learn about the Indigenous communities located in the areas where the paramedic works, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.
12. Seek out resources to help develop culturally safe care and inclusive approaches.

Standard 4: Privacy and Confidentiality

Patient Outcome	Paramedic Outcome
The patient's personal and health information, privacy, and confidentiality are securely protected.	The paramedic respects and maintains the privacy and confidentiality of the patient and their personal and health information.

Requirements:

The paramedic must

1. Comply with all applicable privacy legislation, regulations, and guidelines (federal, provincial, regulatory, and employer).
2. Understand the rules that govern consent for decisions that involve personal and health information and are found in provincial and federal privacy acts, regulations, and guidelines.
3. Understand that under all applicable privacy legislation, regulations, and guidelines about consent to collect, access, use, and disclose personal information, the paramedic must ensure that:
    a. the patient knows the purpose of the collection, use, and disclosure and may give, withhold, or remove consent at any time
    b. the consent relates to personal and health information
    c. the consent is not obtained through deception or coercion
    d. the patient consents before disclosing required personal and health information to a person outside the patient's circle of care
    e. the patient consents or implies consent for the paramedic to disclose required personal and health information within the patient's circle of care for health care purposes (in certain situations, consent to collect personal and health information can be implied, such as when the patient voluntarily completes and returns a health history form to the paramedic).
4. Obtain consent from the patient's substitute decision-maker for the collection, use, and disclosure of personal and health information if the patient does not have capacity to consent.
5. Collect, use, and disclose only personal and health information that is necessary to meet patients' health needs or to eliminate or reduce a significant risk of bodily harm.

6. Provide access to personal and health information to only authorized persons except as required or allowed by law.
7. Allow patients to access their own personal and health information (such as details about blood pressure).
8. Discuss patients' personal and health information in only a way that ensures patients' privacy (for example, avoid treatment-related conversations in non-private places).
9. Use electronic communications, social media, patient booking software, management software, and other forms of digital technology ethically and professionally, in a way that protects patient privacy and confidentiality.
10. Store, share, transfer, and dispose of patient data on personal devices in a way that maintains patient privacy and confidentiality.
11. Comply with requirements for mandatory reporting of privacy breaches.
12. Disable all audio, video, and photographic transmitting and recording functions of all devices unless both of the following apply:
    a. the paramedic obtains informed consent for the use of audio, video, and photographic recording equipment
    b. the recording functions are for assessment, treatment, and/or educational purposes.

Standard 5: Professional Boundaries

Patient Outcome	Paramedic Outcome
The patient is cared for with respect and not taken advantage of or sexually, physically, or verbally abused by a paramedic.	The paramedic provides the patient with respectful and equitable care, recognizes the inherent power imbalance, and ensures that the paramedic does not take advantage of or abuse the patient sexually, physically, or verbally.

Requirements:

The paramedic must

1. Establish and maintain appropriate professional **boundaries** in relationships with patients, colleagues, students, and others.
2. Maintain professional boundaries, and not make abusive, suggestive, or harassing comments or engage in an inappropriate sexual, physical, or verbal manner with patients, colleagues, students, and others.
3. Engage the patient's **family** and/or supports to ensure that respect is maintained throughout care.
4. Ensure that boundary crossings that cannot be avoided (for example, treatment of a family member or friend in a specialized or rural practice) are reported to the appropriate authority (such as the manager or team leader) and strategies to manage the situation are **documented** (for example, in the patient file or record).
5. End any **therapeutic relationship** with the patient where professional boundaries cannot be maintained or re-established, by **transferring care** as required.
6. Be sensitive to their position of relative power or influence in professional relationships, and not use this status to take physical, sexual, or financial advantage of patients, colleagues, students, and others.
7. Understand the impact of power, trust, respect, and physical closeness on relationships with patients, colleagues, students, and others.
8. Be sensitive to each patient's individual culture, experience, gender, age, and history, which may influence sensitivity to touch and touching certain areas.
9. Treat sensitive areas (such as breasts, inner thighs, and perineum) under only the following conditions:
    a. treatment is clinically indicated

    b. the paramedic first obtains the patient's informed **consent.**
10. Never sexually abuse patients. "**Sexual abuse**" means action or interaction (physical, verbal, or visual) that is imposed on any individual without consent and violates the victim's sexual integrity. This may include:
    a. sexual intercourse or other forms of physical sexual relations between the paramedic and patient
    b. touching of a sexual nature of the patient by the paramedic
    c. behaviour or remarks of a sexual nature by the paramedic toward the patient. "Sexual nature" does not include touching, behaviour, or remarks of a clinical nature appropriate to the care being provided.
11. Recognize that patient consent is never a defense for inappropriate or sexual touching or sexual relationships.
12. Explain to patients beforehand any procedures that could be misinterpreted (for example, removal of clothing, touching, or physical closeness), and obtain ongoing informed consent.
13. Ensure patient physical and personal **privacy**, including using draping and adjusting mirrors in a treatment area.
14. Never physically abuse patients. "**Physical abuse**" of a patient includes any act or attempted act committed by the paramedic and directed to the patient and to which the patient has not consented.
15. Never verbally abuse patients. Verbal abuse of a patient includes:
    a. the use of any kind of hate speech by the paramedic
    b. insults or other harsh language used by the paramedic with the intention to unnecessarily frighten, terrorize, or mistreat the patient.
16. Use de-escalation **communication** strategies as an alternative to physical **interventions** (for example, for disruptive or violent patients) and use firm and direct language. The intent or action should not be threatening or humiliating or cause pain to the patient.
17. Disable all audio, video, and photographic transmitting and recording functions of all devices when providing care unless both of the following apply:
    a. the paramedic obtains informed consent for the use of audio, video, and photographic recording equipment
    b. the recording functions are for **assessment**, treatment, and/or educational purposes.
18. File a **mandatory report** with the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a paramedic regulatory authority, and/or police) if the paramedic has reasonable grounds to believe that another paramedic or regulated professional has failed to maintain professional boundaries with a patient.

Standard 6: Duty to Report

Patient Outcome	Paramedic Outcome
The patient has confidence that their health and safety guide the requisite notification of the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a regulatory authority, and/or police) if required.	The paramedic promptly self-reports or notifies the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a regulatory authority, and/or police) regarding actions undertaken to ensure safe, effective patient care (for example, in cases of suspected abuse toward a patient, incapacity, or incompetence).

Requirements:

The paramedic must

1. Restrict, withdraw, or limit themselves from practice if they are no longer able to provide safe, competent patient care.
2. Self-report to the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a paramedic regulatory authority, and/or police) on any health condition or circumstance that may reasonably affect the paramedic's practice of paramedicine. The condition or circumstance can include a physical or mental condition or disorder, such as any substance abuse disorder or addiction, that may impair their ability to engage in safe, effective practice.
3. Self-report to the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a paramedic regulatory authority, and/or police) regarding actions the paramedic has undertaken to ensure safe, effective paramedic care once they become aware of any of the following:
    a. being the subject of a review or finding of conduct unbecoming, professional misconduct, **dyscompetence, incompetence, incapacity**, or lack of **fitness to practise** a health profession in the current jurisdiction or elsewhere
    b. being the subject of a denial to practise a health profession or occupation in the current jurisdiction or elsewhere

   c. their authority to practise paramedicine or any other health profession being suspended, restricted, or revoked in the current jurisdiction or elsewhere
   d. any breach of their practice restrictions, conditions, or limitations or an undertaking imposed by the current jurisdiction or any other authority
   e. any voluntary or involuntary loss or restriction of their paramedicine practice established by an administrative authority in a hospital, health authority, university, or discipline, or any self-resignation in lieu of further administrative action
   f. being charged or convicted or pleading guilty to a criminal offence or an offence under any narcotic or controlled substances legislated in any jurisdiction
   g. being the subject of a claim, having settled a claim, or having had a judgment against them in civil court respecting their professional practice or professional activities
   h. a violation of sexual **boundaries** with a patient where "violation" is defined by the current jurisdiction
   i. their circumstances diminish their ability to practise paramedicine safely and competently.
4. Self-report notwithstanding any non-disclosure or other agreement regarding **confidentiality** signed by an institution or organization and the paramedic.
5. Report to the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a paramedic regulatory authority, and/or police) the name and particulars of another regulated professional of whom the paramedic reasonably believes any of the following:
   a. is unfit to practise or incompetent
   b. suffers from a mental or physical disorder or illness that may affect their fitness to practise
   c. has professional circumstances that diminish the professional's ability to practise safely and competently.
6. Report notwithstanding any non-disclosure or other agreement regarding confidentiality signed by an institution or organization and the paramedic.
7. When the patient discloses information leading the paramedic to believe that another regulated professional has abused a patient (for example, **child abuse, elder abuse, physical abuse,** or **sexual abuse**), the paramedic who receives the disclosure must undertake all of the following actions:
   a. assist the patient to develop a safety plan and to access appropriate supports
   b. provide the patient with information about how to file a complaint

   c. report to the appropriate responsible party or parties (for example, child/youth protection services, a health organization, a paramedic regulatory authority, and/or police)
   d. **document** the known or suspected abuse including action taken.
8. When the paramedic becomes aware of and/or has reasonable grounds to believe that abuse is occurring (for example, child abuse, elder abuse, intimate partner violence, or sexual abuse), the paramedic must undertake all of the following actions:
   a. assist the patient to develop a safety plan and to access appropriate supports
   b. report to the appropriate responsible party or parties (for example, child protection services, a health organization, a paramedic regulatory authority, and/or police)
   c. document the known or suspected abuse including action taken.

Standard 7: Patient Assessment, Diagnosis, and Interventions

Patient Outcome	Paramedic Outcome
The patient receives paramedic care that is evidence-based, safe, effective, and patient-centred.	The paramedic provides paramedic care that is evidence-based, safe, effective, and patient-centred.

Requirements:

The paramedic must

1. Use critical analysis to assess the medical, psychological, and social needs of patients.
2. Establish **patient-centred** care plans based on comprehensive **assessments**.
3. Perform safely and effectively the assessment and **intervention** tasks and activities within their designation-specific **scope of practice**, practice setting scope, and personal expertise, including assessment, working **diagnosis**, treatment, and education.
4. Demonstrate adherence to all appropriate infection prevention and control measures.
5. Demonstrate safe administration, management, storage, and disposal of medications and controlled substances while complying with all statutory requirements (Canadian Drug Safety Act, organizational policies, and relevant legislation and regulations).
6. Practise within the regulator's scope of practice for their designation, including only those restricted activities that are authorized by the paramedic's regulation and that the paramedic is educated, trained, and competent to perform.
7. Practise within any restrictive conditions placed on their practice permit.
8. Practise within their **scope of employment**, including guidelines, policies, and procedures.
9. Seek assistance as needed from other paramedics and team members (for example, call online medical support or a supervisor).
10. Monitor the effectiveness of patient care plans and revise appropriately and in collaboration with the care team.
11. **Document** the assessments, decisions about patient status, care plans, interventions, and outcomes. The documentation can be written and/or electronic and must be completed in an accurate and timely way.

12. Engage in **transfer of care** or **discharge** the patient to another health care provider.
13. Participate in **quality improvement** activities that support personal learning, integration of new information, and **evidence-based practice**.

Standard 8: Communications

Patient Outcome	Paramedic Outcome
Patient Outcome: The patient receives the information needed to make an informed decision about their care and is given the opportunity to ask questions of the paramedic.	The paramedic clearly provides the patient with the information required to make informed decisions about their care and communicates professionally.

Requirements:

The paramedic must

1. Communicate effectively and respectfully with patients in a manner that promotes continuity and the delivery of safe, competent, compassionate, and ethical care.
2. Engage patients in dialogue to ensure that they are given the opportunity to discuss their **goals of care**, raise concerns, ask questions, participate in decision-making, and suggest changes.
3. Use effective **communication**, including plain language and active listening, to accurately transmit information about actions or activities.
4. Adapt communication according to the patient's understanding, needs, and preferences.
5. Allow a third party chosen by the patient to be present to assist with communication when requested or the assignment of a interpreter when a language barrier has been identified by the paramedic.
6. Provide relevant information to patients regarding their health.
7. Promote patients' involvement to establish their goals of care.
8. Respect and promote patients' rights to informed decision-making and informed **consent**.
9. Obtain the patient's informed consent prior to initiating an **assessmen**t or **intervention**. Consent must involve a discussion with the patient including the following elements:
    a. the nature of the action or activity
    b. expected benefits
    c. risks and side effects
    d. alternative courses of action
    e. likely consequences of not completing the action or activity

    f. the fact that the patient has a right to ask questions about the information provided and that the action or activities will be stopped or modified at any time upon the patient's request.

10. If attending a patient who is unconscious, unresponsive, or otherwise unable to provide informed consent, reasonably determine that implied consent exists if one of the following applies:
    a. the patient was the one for whom emergency medical services was called but was unconscious, unresponsive, or unable to provide informed consent upon the paramedic's arrival
    b. the patient was involved in any event that rendered them unable to provide informed consent
    c. a **substitute decision-maker** is not available to give consent.
11. Ensure that all forms of communication (spoken and written **documentation**, including paper and electronic) are respectful, ethical, and professional and that patient **privacy** and **confidentiality** are maintained at all times.
12. Maintain appropriate **boundaries** within professional and **therapeutic relationships** with patients, and take appropriate actions when those boundaries are not maintained.
13. Uphold ethical and legal responsibilities related to maintaining patient confidentiality in all forms of communication (such as e-records and verbal and written communication).

Standard 9: Collaboration and Professional Relationships

Patient Outcome	Paramedic Outcome
The patient understands that the paramedic will work with other health care providers as required to offer the best care to meet the patient's needs.	The paramedic practises in collaboration with patients, health care professionals, and others involved in the patient's care to provide safe, effective care.

Requirements:

The paramedic must

1. Take reasonable steps to understand what other care the patient is receiving and to ensure that the patient care plan complements the care provided by other team members within the **circle of care**.
2. **Document** in the patient's health record significant collaboration and professional relationships relevant to the proposed patient care plan, including the following:
    a. reports received for examinations, tests, consultations, or treatments
    b. the details of team member consultations and conversations.
3. Allow other care team members within the circle of care to have access to the patient's health record where such access is reasonably necessary to provide health care unless the patient has expressly instructed the paramedic not to provide such access.
4. Manage differences and resolve conflicts that may arise between the paramedic and other care team members.
5. Protect patient **privacy** and **confidentiality** in accordance with the Regulatory Practice Standard: Privacy and Confidentiality.

Standard 10: Documentation and Record Keeping

Patient Outcome	Paramedic Outcome
The patient has confidence that their information is accurate, complete, and documented in a timely fashion and that they can access personal health records as needed.	The paramedic creates timely records or reports that accurately and completely reflect what has been carried out and safeguards the information.

Requirements:

The paramedic must

1. Maintain timely, accurate, legible, and complete **documentation** of provision of care.
2. Access and collect patient health record information only for purposes that are consistent with organizational policies and relevant legislation and regulations.
3. Document patient care activities in the patient health records (paper or electronic) as soon as reasonably possible after provision of care.
4. Ensure that patient health records comply with relevant legislation, regulations, and employer policies and expectations.
5. Ensure that patient health records for each patient encounter, including those related to **non-transport**, include all of the following:
    a. date and time
    b. presenting concern; relevant findings, including mental status of patient; **assessment** and plan; treatment provided; outcomes; and **transfer of care** when indicated
    c. all pertinent aspects of patient care and all procedures performed, including any treatments and descriptions of and reasons for deviations from standard procedures on order forms, treatment prescriptions, patient health records, or other relevant documentation
    d. all images and data, marked with the patient's identity
    e. interactions with other databases, clinical information systems, and patient health record keeping systems
    f. documentation of patient **consent**, including details of acknowledgement and comprehension of risks, consequences, benefits, and alternative courses of action

   g. witness information
   h. signature form for refusal of care, if applicable
   i. a detailed account of the explanation and rationale leading to the non-transportation of a patient, including the details of the **capacity** assessment, if applicable
   j. paramedic's signature and designation.
6. Amend or correct patient health records in accordance only with relevant legislation, regulations, and employer policies and procedures and through an initialed and dated addendum or tracked change.
7. Provide the patient with access to information in their health records, as requested.
8. Provide information to patients about how to access health records, if requested.
9. Protect patient **privacy** and **confidentiality** in accordance with the Regulatory Practice Standard: Privacy and Confidentiality.