

# REGULATION RESPECTING THE PROFESSIONAL ACTIVITIES THAT MAY BE ENGAGED IN WITHIN THE FRAMEWORK OF PRE-HOSPITAL EMERGENCY SERVICES AND CARE

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## **Medical Act**

(R.S.Q., c. M-9, s. 3)

## **Professional Code**

(R.S.Q., c. C-26, s. 94, par. *h*)

## **DIVISION I**

### **GENERAL**

1. The purpose of this Regulation is to determine, amongst the professional activities that physicians may engage in, the professional activities that, pursuant to the terms and conditions set out in the Regulation, may be engaged in by a first responder, an ambulance technician, an ambulance technician trained in advanced care and by other persons within the framework of pre-hospital emergency services and care, with a person who has a health problem that requires an emergency intervention.

O.C. 26-2012, s. 1.

1.1. The professional activities determined in Divisions II to V are engaged in under the clinical intervention protocols determined and approved, after consultation with the Collège des médecins du Québec, by the Minister of Health and Social Services, in accordance with the third paragraph of section 3 of the Act respecting pre-hospital emergency services (chapter S-6.2).

O.C. 119-2019, s. 1.

## **DIVISION I.1**

### **FIRST PERSON ON THE SCENE**

2. In the absence of a first responder or ambulance technician, any person may use of the automated external defibrillator when performing cardio-respiratory resuscitation.

O.C. 26-2012, s. 2; O.C. 164-2013, s. 1.

3. In the absence of a first responder or ambulance technician, any person may

(1) administer adrenalin with an auto-injector device in the case of a severe anaphylactic allergic reaction; and

(2) administer naloxone intranasally or intramuscularly to a person experiencing respiratory depression and significant alteration of consciousness caused by the administration of opioids.

O.C. 26-2012, s. 3; O.C. 164-2013, s. 2; O.C. 923-2017, s. 1.

**REGULATION RESPECTING THE PROFESSIONAL ACTIVITIES THAT MAY BE ENGAGED IN WITHIN THE  
FRAMEWORK OF PRE-HOSPITAL EMERGENCY SERVICES AND CARE**

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4. In the absence of a first responder or an ambulance technician, any person having received training in the administration of glucagon, given by a physician or nurse, may administer glucagon to a person in a hypoglycemic state who is unconscious, convulsing, unable to swallow or confused.

O.C. 26-2012, s. 4.

5. Any person having received training in the administration of oxygen may administer that substance to a person while awaiting the arrival of pre-hospital emergency services.

O.C. 26-2012, s. 5.

6. Any police officer employed by a police force and holding a valid certificate issued by the police force indicating that the police officer has successfully completed training in particular in basic life support, in techniques of wound packing using hemostatic gauze and tourniquet may perform wound packing using hemostatic gauze.

O.C. 26-2012, s. 6; O.C. 119-2019, s. 2.

**DIVISION II  
FIRST RESPONDER**

7. The first responder may

(1) use the automated external defibrillator for cardiopulmonary resuscitation;

(2) administer adrenalin via subcutaneous or intramuscular route in the case of a severe anaphylactic allergic reaction;

(3) assist ventilation with a bag valve mask;

(4) insert a nasopharyngeal airway;

(5) administer glucagon in a case of severe hypoglycemia to a person who is unconscious, convulsing, unable to swallow or confused;

(6) administer naloxone intranasally or intramuscularly to a person experiencing respiratory depression and significant alteration of consciousness caused by the administration of opioids;

(7) perform wound packing using hemostatic gauze.

In this Regulation, “first responder” means any person whose name is on the list of first responders drawn up by an agency referred to in section 339 of the Act respecting health services and social services (R.S.Q., c. S-4.2) or by the Corporation d'urgences-santé referred to in section 87 of the Act respecting pre-hospital emergency services.

O.C. 26-2012, s. 7; O.C. 923-2017, s. 2; O.C. 119-2019, s. 3.

**DIVISION III  
AMBULANCE TECHNICIAN**

8. To engage in the professional activities determined in section 9, an ambulance technician must be registered in the national workforce registry of ambulance technicians established pursuant to subparagraph 10 of the second paragraph of section 3 of the Act respecting pre-hospital emergency services and have obtained an ambulance technician qualification certificate allowing the ambulance technician to engage in those activities.

O.C. 26-2012, s. 8.

9. In addition to the activities referred to in section 7, an ambulance technician may

- (1) assess the presence of signs or symptoms allowing the application of the protocols referred to in section 6;
- (2) insert a double lumen esophageal-tracheal tube or a supraglottic device in a person experiencing cardiopulmonary arrest or with an impaired state of consciousness;
- (3) administer the necessary substances or medications via sublingual, oral, intranasal, subcutaneous, intramuscular, transdermal or inhalation route;
- (4) introduce an intravenous solution not containing medication using a short peripheral catheter at the request and in the presence of an ambulance technician trained in advanced care;
- (5) use the semi-automatic defibrillator monitor for cardiopulmonary resuscitation;
- (6) provide clinical monitoring of the condition of a person;
- (7) mechanically assist ventilation, including through an endotracheal tube already in place;
- (8) suction secretions from a person with a tracheotomy;
- (9) irrigate and maintain or stop the prescribed flow rate of an intravenous infusion not containing medication;
- (10) adjust the flow rate of an intravenous infusion not containing medication, further to an individual prescription;
- (11) remove a peripheral intravenous catheter;
- (12) perform a laryngoscopy of a person whose respiratory tract is obstructed by a foreign body and proceed to withdraw it;
- (13) remove or reinstall the inner cannula tube of tracheostomy;
- (14) perform the irrigation, draining or removal
  - (a) of a free-draining urinary catheter;
  - (b) of a free-draining nasogastric tube;

(15) perform the draining of an intestinal ostomy.

O.C. 26-2012, s. 9; O.C. 119-2019, s. 4.

**DIVISION IV  
AMBULANCE TECHNICIAN TRAINED IN ADVANCED CARE**

**10.** In order to engage in the professional activities determined in sections 12 and 13, an ambulance technician trained in advanced care must

- (1) have experience relating to the practice of those activities totalling 24 months full time;
- (2) hold a university diploma in advanced emergency pre-hospital care issued by a Québec university under an undergraduate study program that includes a minimum of 60 credits or have received an equivalence by the national medical director, pursuant to subparagraph 8 of the first paragraph of section 6 of the Act respecting pre-hospital emergency services;
- (3) be registered in the national workforce registry of ambulance technicians and have obtained an ambulance technician qualification certificate authorizing the ambulance technician to practise advanced pre-hospital care.

O.C. 26-2012, s. 10.

**11.** An ambulance technician trained in advanced care who, on or before 1 April 2002, has passed the advanced care training recognized by the Corporation d'urgences-santé and approved by the Collège des médecins du Québec and who

- (1) is registered in the national workforce registry of ambulance technicians with an active status authorizing the ambulance technician to engage in advanced pre-hospital care;
- (2) has successfully completed, as part of a training program in pre-hospital care recognized by the national medical director of pre-hospital emergency services, pursuant to subparagraph 8 of the first paragraph of section 6 of the Act respecting pre-hospital emergency services, supplementary training of 175 hours involving
  - (a) cardiology;
  - (b) neurology;
  - (c) pharmacology;
  - (d) pneumology;
  - (e) physiology;
  - (f) pre-hospital protocols;

may also engage in the professional activities determined in sections 12 and 13.

**REGULATION RESPECTING THE PROFESSIONAL ACTIVITIES THAT MAY BE ENGAGED IN WITHIN THE  
FRAMEWORK OF PRE-HOSPITAL EMERGENCY SERVICES AND CARE**

---

O.C. 26-2012, s. 11.

**12.** An ambulance technician in advanced care may, in addition to the activities determined in Divisions II and III,

- (1) assess the condition of a person;
- (2) administer intravenously or endotracheally the required substances and medications;
- (3) *(removed)*;
- (4) perform a manual defibrillation;
- (5) introduce an intravenous solution via intraosseous route and administer, via that route, the required substances or medications;
- (6) perform an emergency electric cardioversion;
- (7) apply external cardiac stimulation.

An ambulance technician may also, as part of a research project designed to evaluate advanced pre-hospital emergency care, proceed with the endotracheal intubation of an adult person experiencing cardiopulmonary arrest or with an impaired state of consciousness.

O.C. 26-2012, s. 12; O.C. 119-2019, s. 5.

**13.** An ambulance technician in advanced care may, in addition to the activities determined in Divisions II and III, further to an individual prescription,

- (1) *(removed)*;
- (2) use the following invasive techniques:
  - (a) perform a thoracentesis using a needle technique in a patient in a preterminal state, receiving ventilation support;
  - (b) *(removed)*;
  - (c) *(removed)*;
  - (d) perform a percutaneous cricothyroidotomy.

In the absence of an individual prescription and where communication with a physician is impossible, an ambulance technician in advanced care may, for an unstable patient, use those invasive techniques.

O.C. 26-2012, s. 13; O.C. 119-2019, s. 5.

**DIVISION V  
OTHER AUTHORIZED PERSONS**

**14.** A student registered in a training program leading to a diploma of college studies in pre-hospital emergency care or an attestation of college studies in ambulance techniques recognized by the Ministère de l'Enseignement supérieur, de la Recherche, de la Science et de la Technologie may, in the presence of a physician, another qualified professional, a medical resident or an ambulance technician recognized as an instructor by an institution of college studies, engage in the professional activities determined in sections 7 and 9 insofar as they are required for the completion of the program.

O.C. 26-2012, s. 14; S.Q. 2013, c. 28, s. 204.

**15.** A student registered in a training program leading to a diploma referred to in paragraph 2 of section 10 may, in the presence of a physician, another qualified professional, a medical resident or an ambulance technician in advanced care recognized as an instructor by the university training program, engage in the professional activities determined in sections 12 and 13 insofar as they are required for the completion of the program.

O.C. 26-2012, s. 15.

**16.** The ambulance technician in advanced care referred to in section 11 may, in the presence of a physician, another qualified professional, a medical resident or an ambulance technician in advanced care recognized as an instructor by the university training program, engage in the professional activities determined in sections 12 and 13 insofar as they are required for the completion of the additional training of 175 hours referred to in paragraph 2 of section 11.

O.C. 26-2012, s. 16.

**16.1.** A person who has to serve a training period for the purposes of assessment of qualifications pursuant to subparagraph 3 of section 13 of the Regulation respecting the conditions for the registration of an ambulance technician in the national workforce registry (chapter S-6.2, r. 1) may, under the supervision of a training supervisor chosen by the regional authority in charge, engage in the professional activities determined in sections 9, 12 and 13, insofar as they are required for the purposes of the assessment.

O.C. 119-2019, s. 8.

**17.** This Regulation replaces the Regulation respecting the professional activities that may be engaged in within the framework of pre-hospital emergency services and care (c. M-9, r. 2).

O.C. 26-2012, s. 17.

O.C. 887-2006, 2006 G.O. 2, 3463

O.C. 26-2012, 2012 G.O. 2, 387

O.C. 164-2013, 2013 G.O. 2, 678

S.Q. 2013, c. 28

O.C. 923-2017, 2017 G.O. 2, 2685

O.C. 119-2019, 2019 G.O. 2, 378