government business.

### EC2004-731

### ENVIRONMENTAL PROTECTION ACT A CODE FOR PLUMBING SERVICES REGULATIONS **AMENDMENT**

Pursuant to section 25 of the Environmental Protection Act R.S.P.E.I. 1988, Cap. E-9, Council made the following regulations:

- 1. Appendix B of the Environmental Protection Act A Code for Plumbing Services Regulations (EC666/86) is revoked and the Appendix B as set out in the Schedule to these regulations is substituted.
- 2. These regulations come into force on December 25, 2004.

SCHEDULE	
APPENDIX B	
1. (1) The following fees are prescribed:  (a) on application for a permit  (i) except as provided in clauses (ii) and (iii)\$10 per fixture (\$20 minimum)  (ii) for a prefabricated home on a foundation\$50  plus \$10 per fixture added on site, plus \$10 per connection to a municipal water or sewage system  (iii) for an extension or alteration to an existing plumbing system that does not involve the addition of a fixture	Fees
(2) For the purposes of clause (1)(b), the rate of travel expenses payable is based on the rates in effect pursuant to the collective agreement between the province and the P.E.I. Union of Public Sector	Travel expenses
Employees for reimbursement for the use of private motor vehicles on	

### **EXPLANATORY NOTES**

The amendments change the fees payable in respect of plumbing permits and for the inspection of plumbing work.

### EC2004-732

### ENVIRONMENTAL PROTECTION ACT SEWAGE DISPOSAL SYSTEMS REGULATIONS **AMENDMENT**

Pursuant to section 25 of the Environmental Protection Act R.S.P.E.I. 1988, Cap. E-9, Council made the following regulations:

1. Subsection 5(1) of the Environmental Protection Act Sewage Disposal Systems Regulations (EC403/03) is revoked and the following substituted:

### **FEES**

<b>5.</b> (1) The fees payable for an application are as follows: (a) for an application by a contractor for a sewage disposal		Fees
system permit	\$ 75	
(b) for an application by a dwelling owner for a sewage	<b>#</b> 100	
disposal system permit	\$100	
(c) for an application for a site suitability assessment per		
lot	\$ 65	
(d) for an application for, or renewal of, a pumper's		
licence (2 yrs)	\$250	
(e) for an application for, or renewal of, a contractor's		
licence (2 yrs)	\$250	
(f) for an application for, or renewal of, a qualified site		
assessor's licence (2 yrs)	\$250	
(g) for an application to be registered as a registered		
installer, or to renew a registration as a registered		
installer (2 yrs)	\$ 25	
	¥ <b>_</b> _0	

### 2. These regulations come into force on December 25, 2004.

### **EXPLANATORY NOTES**

The amendment revises the fees payable for applications for permits, assessments and licenses required under these regulations.

### EC2004-733

EXECUTIVE COUNCIL ACT MINISTER OF AGRICULTURE, FISHERIES AND AQUACULTURE AUTHORITY TO ENTER INTO AN AGREEMENT (COLLATERAL AGREEMENT FOR THE CANADIAN AGRICULTURAL SKILLS SERVICE UNDER THE CANADA-PRINCE EDWARD ISLAND IMPLEMENTATION AGREEMENT) WITH THE **GOVERNMENT OF CANADA** 

Pursuant to clause 10(a) of the *Executive Council Act* R.S.P.E.I. 1988, Cap. E-12 Council authorized the Minister of Agriculture, Fisheries and Aquaculture to enter into an agreement with the Government of Canada, as represented by the Minister of Agriculture and Agri-Food, to set out terms and conditions of funding the Canadian Agricultural Skills Service Program for the fiscal years 2004-2005 to 2007-2008, such as more particularly described in the draft agreement.

#### EC2004-734

# EXECUTIVE COUNCIL ACT MINISTER OF AGRICULTURE, FISHERIES AND AQUACULTURE AUTHORITY TO ENTER INTO AN AGREEMENT (RE: CANADIAN AGRICULTURAL SKILLS SERVICE PROGRAM) WITH HOLLAND COLLEGE

Pursuant to clause 10(d) of the *Executive Council Act* R.S.P.E.I. 1988, Cap. E-12 Council authorized the Minister of Agriculture, Fisheries and Aquaculture to enter into an agreement with Holland College, to provide for delivery of key aspects of the Canadian Agricultural Skills Service Program to Prince Edward Island participants, such as more particularly described in the draft agreement.

### EC2004-735

### FARM PRACTICES ACT FARM PRACTICES REVIEW BOARD APPOINTMENTS

Pursuant to subsection 3(1) of the *Farm Practices Act* R.S.P.E.I. 1988, Cap. F-4.1 Council made the following appointments:

NAME	TERM OF APPOINTMENT
via clause (a)	
Brenda Penak Summerside (reappointed)	<ul><li>25 September 2004</li><li>to</li><li>25 September 2007</li></ul>
via clause (b)	
Chris Reaman Tyne Valley (reappointed)	25 September 2004 to 25 September 2007
Lowell Vessey York (reappointed)	25 September 2004 to 25 September 2007

### EC2004-736

## FINANCIAL ADMINISTRATION ACT PRINCE EDWARD ISLAND GRAIN ELEVATORS CORPORATION GUARANTEE OF LOAN

Having under consideration the recommendation of Treasury Board (reference Minute TB268/04 of 8 December 2004), pursuant to subsection 32(1) of the *Financial Administration Act* R.S.P.E.I. 1988, Cap. F-9 Council agreed to guarantee payment of a Revolving Line of Credit loan by the Prince Edward Island Grain Elevators Corporation (hereinafter referred to as "the borrower") in

an amount not exceeding three million, two hundred and fifty thousand dollars (\$3,250,000.00) (hereinafter referred to as the "guaranteed indebtedness") together with interest thereon at the rate of prime minus one-half of one percent to the Bank of Nova Scotia of Kensington, Prince Edward Island (hereinafter referred to as "the lender"), from the 14th day of December, 2004 through to and including 1700 hours on the 31st day of December 2005, the said guarantee to be subject to and conditional upon the following terms and conditions:

- 1. The guaranteed indebtedness, including interest, shall be due and payable in full by the borrower no later than the 31st day of December 2005.
- 2. Any advances made by the lender after the 31st day of December 2005 shall not form part of the guaranteed indebtedness.
- 3. The guarantee shall absolutely expire and be null and void without notice to the lender at 1700 hours on the 31st day of December 2005 regardless of any advances that may have been made by the lender to the borrower unless on or before the 31st day of December 2005, notice has been given to the Government of Prince Edward Island, as represented by the Provincial Treasurer that the borrower has defaulted in repayment of the guaranteed indebtedness to the lender, and calling upon the Provincial Treasurer to pay the lender pursuant to the guarantee. The written notice shall include a copy of the written demand given by the lender to the borrower calling upon the borrower to pay the balance in full.
- 4. Government shall be entitled at any time to terminate the guarantee by paying to the lender such amount of the guaranteed indebtedness as may be owing by the borrower to the lender and the lender shall assign to the government all security the lender holds in connection with the guaranteed indebtedness.
- 5. The Provincial Treasurer may add such further terms and conditions to the guarantee as he considers appropriate.
- 6. The guarantee shall not become effective until the lender has agreed in writing to the terms and conditions herein contained and those imposed by the Provincial Treasurer pursuant to paragraph 5 above. The guaranteed indebtedness shall not include any advances made by the lender prior to the agreement by the lender with the terms and conditions herein contained and those imposed by the Provincial Treasurer.

### EC2004-737

### PUBLIC HEALTH ACT EMERGENCY MEDICAL SERVICES REGULATIONS AMENDMENT

Pursuant to section 23 of the *Public Health Act* R.S.P.E.I. 1988, Cap. P-30, Council made the following regulations:

- 1. Section 1 of the *Public Health Act* Emergency Medical Services Regulations (EC472/00) is amended
  - (a) in clause (a), by the deletion of the words "by a permittee"; and
  - (b) by the revocation of clause (c).

### 2. Section 16 of the regulations is amended

- (a) in clause 1(b)
  - (i) in subclause (i), by the deletion of the word "three" and the substitution of the word "two",
  - (ii) in subclause (ii),
    - (A) by the deletion of the word "call-outs" and the substitution of the word "callouts", and
    - (B) by the deletion of the word "three" and the substitution of the word "two"; and
  - (iii) by the revocation of subclause (iii) and the substitution of the following:
  - (iii) the applicant has successfully completed the continuing education requirements described in subsection 18(5);
- (b) by addition of the following after subsection (3):
- (4) No person shall act as an EMT unless the person

Prohibition

- (a) holds a licence; and
- (b) acts within the scope of practice of a license issued or renewed by the Board under subsection 17(2).
- 3. Section 17 of the regulations is amended
  - (a) by the revocation of subsections (2) and (3) and the substitution of the following:
- 17. (2) Where the Board is satisfied that the applicant meets the Board issues license requirements of the Act and section 16, the Board shall issue or renew an EMT license
  - (a) at the level that the Board considers is appropriate to the applicant's qualifications; and
  - (b) subject to such conditions as the Board may consider necessary.
- (b) by the revocation of subsection (3) and the substitution of the following:
- (3) An EMT license issued or renewed under this section expires two Expiry years from its effective date, except where
  - (a) an earlier expiry date is specified on the license;
  - (b) an extension of the expiry date is granted under subsection 18(3);
  - (c) the EMT license is revoked under the Act or these regulations.
  - (c) in subsection (5), by the deletion of the words "clause 16(d)" and the substitution of the words "clause 16(1)(d)".
- 4. The regulations are amended by the addition of the following after section 17:
- 17.1 On the application of an EMT, the Board may issue a temporary Temporary EMT EMT license

- (a) subject to the conditions noted on the EMT license; and
- (b) that expires on the date shown on the EMT license.
- 5. Section 18 of the regulations is amended by the revocation of subsection (3) and the substitution of the following:
- (3) Notwithstanding subsection (2), the Board may, on application Extension of expiry made by an EMT before the expiry of his or her EMT license, approve date an extension of the expiry date of the license for a period of up to 12 months from the date on which the license would otherwise expire.

(4) Subject to subsection (5), the Board may, on application of a Renewal of expired person whose EMT license has expired, renew the EMT license if the fee license is paid and

- (a) the EMT license expired not more than three years before the date of the application; or
- (b) the person has been issued a temporary EMT license under section 17.1 within the previous two years.
- (5) If the last EMT license of an applicant expired

(a) less than a year before the application, the applicant shall requirements complete, within 60 days of the application,

- (i) at least 10 emergency callouts, and
- (ii) such continuing education requirements as may be approved by the Board; or
- (b) one year to three years before the application, the applicant shall complete, within six months of receiving approval under subsection
  - (i) at least 420 hours of supervised training approved by the Board at the EMT license level he or she held prior to the expiry of the EMT license.
  - (ii) at least 75 patient care trips, including not less than 15 emergency callouts, and
  - (iii) such continuing education requirements as may be approved by the Board.
- (6) Where an applicant has commenced, but not completed, the Requirements requirements set out in subsection (5) within the time periods specified, incomplete the Board may extend the time period for the completion of the requirements.

(7) In subsection (5), "supervised training" means on-the-job training "supervised under the direct supervision of a preceptor who is an EMT licensed training", defined under these regulations or who holds the equivalent license or registration in another province or territory.

(8) Notwithstanding subsection (5), the Board shall renew the Transitional temporary EMT license of the applicant at the license level held by the applicant immediately before the coming into force of this section, if the applicant

- (a) has commenced a refresher course acceptable to the Board; and
- (b) successfully completes the course within three months of the coming into force of this section.

### 6. Subsection 20(1) of the regulations is revoked and the following substituted:

20. (1) There are three levels of EMT license that may be issued, known Levels of EMT as EMT, Level I; EMT, Level II; and EMT, Level III.

(2) The minimum competencies required for each level of EMT license Minimum pertaining to the areas of assessment and diagnostics, and therapeutics competencies and integration are as set out in the Schedule.

(3) The minimum standards for all EMTs pertaining to the competency Professional areas of professional responsibilities, communication, health and safety, responsibilities and transportation are as set out in written policies established by the Board.

(4) The performance by an EMT of the competencies set out in the Subject to medical Schedule is subject to the defined medical protocols endorsed by a protocols permittee's medical advisor and any conditions that may be noted on the EMT's license.

### (5) The Board may

(a) by written policy, approve competencies for EMTs beyond the minimum set out in the Schedule; and

- (b) endorse on an EMT's license any of the competencies described in clause (a).
- (6) The functions to be performed within the terms of an EMT license Function, scope of and the scope of practice of an EMT are as set out in this section.

practice

### 7. Section 21 of the regulations is revoked and the following substituted:

21. An EMT shall administer only those types of medications at the Medication EMT's license level set out in written policies of the Board made under subsection 25(3) of the Act.

### 8. Section 29 of the regulations is amended

### (a) in subsection (1),

- (i) by the revocation of subclause (r)(ii) and the substitution of the following:
- (ii) 1 infant resuscitator with infant mask;

- (ii) by the revocation of clause (x) and the substitution of the
- (x) two blood pressure cuffs: 1 adult size and 1 pediatric size; and 1 stethoscope;
- (b) by the revocation of subsection (2) and the substitution of the following:
- (2) Every ambulance operator shall ensure that its ambulance is Defibrillator equipped with a defibrillator that has a monitor and a recording device.
  - (c) by the revocation of clause (3)(h) and the substitution of the following:
  - (h) blood pressure cuff and stethoscope;
- 9. The regulations are amended by the addition of the following before section 32 under the heading "MISCELLANEOUS":
- 31.1 Where written policies have been established by the Board under Effect of written clause 25(3)(c) of the Act, they shall have the same force and effect as if policies the written policies were set out in these regulations.
- 10. Subsection 32(1) of the regulations is revoked and the following substituted:
- 32. (1) The following fees are prescribed, and are payable to the Fees Provincial Treasurer:
  - (a) for a permit of any kind, including renewal ......\$50
  - (b) for a license of any kind, including a renewal or temporary
  - renewal .....\$20 (c) late renewal fee for a permit, in addition to the permit fee ......\$25
  - (d) late renewal fee for a license, in addition to the license fee ....\$10
- 11. The regulations are amended by the addition of the Schedule as set out in the Schedule to these regulations.
- 12. (1) Subject to subsection (2), these regulations come into force on December 25, 2004.
  - (2) Section 6 of these regulations comes into force on April 1, 2005.

### **SCHEDULE**

### **SCHEDULE**

### MINIMUM COMPETENCIES AND SCOPE OF PRACTICE

Note:

All = EMT levels I, II and III

II, or III = the corresponding EMT level

N/A = not applicable to any level unless the Board has included the skill in written policies

	EMT
	level
1. ASSESSMENT AND DIAGNOSTICS	
1.1 Conduct triage	
(a) rapidly assess a scene based on the principles of a	All
triage system	
(b) assume different roles in a mass casualty incident	All
(c) manage a mass casualty incident	All
<b>1.2</b> Obtain patient history	
(a) obtain list of patient's allergies	All
(b) obtain list of patient's medications	All

(c) obtain chief complaint and/or incident history from patient, family members, and/or bystanders	All
(d) obtain information regarding patient's past medical	All
history	All
(e) obtain information about patient's last oral intake	All
(f) obtain information regarding incident through	All
accurate and complete scene assessment	
<b>1.3</b> Conduct complete physical assessment demonstrating	
appropriate use of inspection, palpation, percussion	
and auscultation, and interpret findings	
(a) conduct primary patient assessment and interpret	All
findings (b) conduct secondary patient assessment and interpret	All
findings	All
(c) conduct cardiovascular system assessments and	All
interpret findings	
(d) conduct neurological system assessments and	All
interpret findings	
(e) conduct respiratory system assessments and	All
interpret	
findings	A 11
(f) conduct obstetrical assessments and interpret findings	All
(g) conduct gastrointestinal system assessments and	All
interpret findings	All
(h) conduct genitourinary system assessments and	All
interpret findings	1 111
(i) conduct integumentary system assessments and	All
interpret findings	
(j) conduct musculoskeletal assessments and interpret	All
findings	
(k) conduct assessment of the immune system and	All
interpret findings	All
(l) conduct assessment of the endocrine system and interpret findings	All
(m) conduct assessment of the eyes, ears, nose and	All
throat and interpret findings	1 111
(n) conduct multisystem assessment and interpret	All
findings	
(o) conduct neonatal assessments and interpret findings	All
(p) conduct psychiatric assessments and interpret	All
findings	
1.4 Assess vital signs	4.11
(a) assess pulse	All
(b) assess respiration (c) conduct non-invasive temperature monitoring	All All
(d) measure blood pressure by auscultation	All
(e) measure blood pressure by auscurtation  (e) measure blood pressure by palpation	All
(f) measure blood pressure with non-invasive blood	All
pressure monitor	
(g) assess skin condition	All
(h) assess pupils	All
(i) assess level of mentation	All
1.5 Use diagnostic tests	
(a) conduct oximetry testing and interpret findings	All
(b) conduct end-tidal CO2 monitoring and interpret	II, III
findings (a) conduct always strips and interpret findings	All
(c) conduct glucometric testing and interpret findings (d) conduct peripheral venipuncture	II, III
(e) obtain arterial blood samples via radial artery	N/A
puncture	11/71
(f) obtain arterial blood samples via arterial line access	N/A
(g) conduct invasive core temperature monitoring and	N/A
interpret findings	

(h) conduct pulmonary artery catheter monitoring and interpret findings	N/A
(i) conduct central venous pressure monitoring and	N/A
interpret findings  (j) conduct arterial line monitoring and interpret	N/A
findings (k) interpret lab and radiological data	III
(l) conduct 3-lead electrocardiogram (ECG) and	All
interpret findings	2 111
(m) obtain 12-lead electrocardiogram and interpret findings	III
2. THERAPEUTICS	
2.1 Maintain patency of upper airway and trachea  (a) use manual maneuvers and positioning to maintain	All
airway patency	
(b) suction oropharynx	All
(c) suction beyond oropharynx	All
(d) use oropharyngeal airway	All
(e) use nasopharyngeal airway  (f) use airway devices not requiring visualization of	All All
vocal cords, and not introduced endotracheally	All
(g) use airway devices not requiring visualization of	All
vocal cords, and introduced endotracheally	
(h) use airway devices requiring visualization of vocal	II, III
cords, and introduced endotracheally	4 11
(i) remove airway foreign bodies (AFB)	All
(j) remove foreign body by direct techniques (k) conduct percutaneous needle cricothyroidotomy	II, III III
(l) conduct surgical cricothyroidotomy	III
2.2 Prepare oxygen delivery devices	
(a) recognize the indications for oxygen administration	All
(b) take appropriate safety precautions	All
(c) ensure adequacy of oxygen supply	All
(d) recognize different types of oxygen delivery systems	All
(e) use portable oxygen delivery systems	All
2.3 Deliver oxygen and administer manual ventilation	
(a) administer oxygen using nasal cannula	All
(b) administer oxygen using low concentration mask (c) administer oxygen using controlled concentration	All All
mask	
(d) administer oxygen using high concentration mask	All
(e) administer oxygen using pocket mask <b>2.4</b> Prepare mechanical ventilation equipment	All
(a) provide oxygenation and ventilation using bag-	All
valve-mask	7 111
(b) recognize indications for mechanical ventilation	III
(c) prepare mechanical ventilation equipment	III
(d) provide mechanical ventilation	III
<b>2.5</b> Implement measures to maintain hemodynamic stability	
(a) conduct cardiopulmonary resuscitation (CPR)	All
(b) control external hemorrhage through use of direct	All
pressure and patient positioning (c) maintain peripheral IV access devices and infusions	All
of crystalloid solutions without additives	
(d) conduct peripheral IV cannulation	All
(e) conduct intraosseous needle insertion (f) use direct pressure infusion devices with intravenous	III
infusions	
<ul><li>(g) administer volume expanders (colloid and non- crystalloid)</li></ul>	III
(h) administer blood and blood products	III
(i) conduct automated and semiautomated external	All
defibrillation	777
(j) conduct manual defibrillation	III

(k) conduct cardioversion	III
(l) conduct transcutaneous pacing	III N/A
(m) maintain transvenous pacing	N/A
(n) maintain intra-aortic balloon pumps (o) provide routine care for patient with urinary catheter	N/A All
(p) provide routine care for patient with utilitary carried	All
drainage system	7 111
(q) provide routine care for patient with non-catheter	All
urinary drainage system	
(r) monitor chest tubes	III
(s) conduct needle thoracostomy	III
(t) conduct oral and nasogastric tube insertion	III
(u) conduct urinary catheterization	III
<b>2.6</b> Provide basic care for soft tissue injuries	
(a) treat soft tissue injuries	All
(b) treat burn	All
(c) treat eye injury	All
(d) treat penetration wound	All
(e) treat local cold injury	All
2.7 Immobilize actual and suspected fractures	All
(a) immobilize suspected fractures involving appendicular skeleton	All
(b) immobilize suspected fractures involving axial	All
skeleton	All
2.8 Administer medications	
(a) recognize principles of pharmacology as applied to	All
the medications listed in Board Policy	
(b) follow safe process for responsible medication	All
administration	
(c) administer medications via subcutaneous route	All
(d) administer medications via intramuscular route	II, III
(e) administer medications via intravenous route	II, III
(f) administer medications via intraosseous route	III
(g) administer medications via endotracheal route	II, III
(h) administer medications via sublingual route	All
(i) administer medications via topical route	II, III
(j) administer medications via oral route	All
(k) administer medications via rectal route	II, III
(l) administer medications via inhalation	All
2 INTERCOLATION	
3. INTEGRATION	
<b>3.1</b> Use differential diagnosis skills, decision-making skills and psychomotor skills in providing care to patients	
(a) provide care to patient experiencing illness or injury	All
primarily involving the cardiovascular system	7 111
(b) provide care to patient experiencing illness or injury	All
primarily involving the neurological system	
(c) provide care to patient experiencing illness or injury	All
primarily involving the respiratory system	
(d) provide care to patient experiencing illness or injury	All
primarily involving the genitourinary or	
reproductive	
system	A 11
(e) provide care to patient experiencing illness or injury primarily involving the gastrointestinal system	All
(f) provide care to patient experiencing illness or injury	All
primarily involving the integumentary system	4 111
(g) provide care to patient experiencing illness or injury	All
primarily involving the musculoskeletal system	
(h) provide care to patient experiencing illness or injury	All
primarily involving the immune system	
(i) provide care to patient experiencing illness or injury	All
primarily involving the endocrine system	
(j) provide care to patient experiencing illness or injury	All
primarily involving the eyes, ears, nose or throat	
(k) provide care to patient experiencing illness or injury	All
due to poisoning or overdose	A 11
(l) provide care to patient experiencing non-urgent	All

medical problem	
(m) provide care to patient experiencing terminal illness	All
(n) provide care to patient experiencing illness or injury	All
due to extremes of temperature or adverse	
environments	
(o) provide care to patient based on understanding of	All
common physiological, anatomical, incident and	
patient-specific field trauma criteria that determine	
appropriate decisions for triage, transport and	
destination	
(p) provide care to patient experiencing psychiatric	All
crisis	
(q) provide care to patient in labour	All
<b>3.2</b> Provide care to meet needs of special patient groups	
(a) provide care for neonatal patient	All
(b) provide care for pediatric patient	All
(c) provide care for geriatric patient	All
(d) provide care for physically-challenged patient	All
(e) provide care for mentally-challenged patient	All
3.3 Conduct ongoing assessments and provide care	
(a) conduct ongoing assessments based on patient	All
presentation and interpret findings	
(b) re-direct priorities based on assessment findings	All

### **EXPLANATORY NOTES**

**SECTION 1** revokes a definition and deletes some unnecessary words.

SECTION 2 changes a requirement for an applicant's successful completion of training from three years to two years, corrects a word and clarifies the continuing education requirements.

SECTION 3 deals with the expiry of EMT licenses and corrects an incorrect reference to a clause.

**SECTION 4** provides for temporary EMT licenses.

**SECTION 5** deals with the extension of an expiry date of a license, renewals of licenses that have expired within the last three years, and education, experience and training requirements for renewals.

**SECTION 6** deals with the functions and scope of practice of EMTs as described in the Schedule.

SECTION 7 revokes provisions that are being moved to Schedule 1 and states that administration of medication by an EMT is subject to the Board's policies.

**SECTION 8** clarifies some terminology respecting some of the patient care equipment carried by an ambulance.

**SECTION 9** adds a provision respecting the effect of the written policies of the Board.

**SECTION 10** revises some fees.

**SECTION 11** adds a Schedule.

 $\pmb{SECTION\ 12}$  provides for the commencement of these regulations.