

**SASKATCHEWAN COLLEGE OF
PARAMEDICS**
EDUCATIONAL PROGRAM
REQUIREMENTS

EMERGENCY
MEDICAL
RESPONDER (EMR)



Version 1

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INTRODUCTION

The current Emergency Medical Responder (EMR) programs in Saskatchewan are 80 hours in length. As the health care system continues to face challenges and comes to rely on EMRs more often and in situations where a higher level of care is not available, EMRs must be prepared to manage their patients independently.

At the 2024 annual general meeting for the Saskatchewan College of Paramedics (SCoP), a resolution was put forward to increase the length of the emergency medical responder (EMR) program. A scan of the program requirements from the provinces that licence EMRs reveals that most programs now require 240-312 hours and include a minimum of 12 hours in a clinical or practicum rotation.

Additional factors that were reviewed for their potential impact on EMR programming included the adoption of COPR's Canadian Paramedic Competency Framework (CPCF). As this framework will become the foundation for the COPR licensing exam by fall 2026, all EMR programs will need to align to the CPCF by fall 2026. CPCF will increase the core knowledge of the EMR.

These newly developed EMR program requirements provide the minimum expectation for all EMR programs in Saskatchewan. It describes admission requirements, instructor/faculty expectations, program curriculum (includes didactic and simulation, clinical, and evaluation), and program quality assurance. Programs will be encouraged to exceed the minimum requirements as necessary to ensure their programming meets the needs of the learners, employers and patients.

Organizations will have until July 1, 2026 to implement these requirements. All EMR programs in Saskatchewan will need to be approved to these standards to continue providing the EMR program. All approved programs will be listed on the SCoP website.

There will be an increase to the EMR scope of practice with the changes to the programming. These changes will be announced in the fall of 2025 as well as the educational requirements for those already licensed as EMRs. Organizations who are considering the development of an EMR program are encouraged to contact the College to ensure changes to scope of practice are included in their program.

Education Program Approval Requirements for Emergency Medical Responder

The primary purpose of the program is to prepare students for work in the province of Saskatchewan as an Emergency Medical Responder (EMR). All programs must ensure that the following requirements are met. Programs looking to provide EMR education in Saskatchewan must apply to the Saskatchewan College of Paramedics using the EMR Program Approval Form.

Admission Requirements

- Students must be 18 years of age before entering an Emergency Medical Responder program.
 - o Applicants younger than 18 years of age could be considered if they meet all other criteria. These learners should contact the College prior to enrolling in the program. The program may need to include additional supports for students under 18 years of age.
- Grade 12 or equivalent
- Criminal Record Check
 - o Current within 12 months, upon admission to the program. At the discretion of the practicum/clinical agency, a student may be declined access to a practicum/ clinical based on the contents of the Criminal Record Check (CRC).
 - o CRCs received that are positive are subject to review and consultation with the Saskatchewan College of Paramedics regarding suitability for registration.
- Standard First Aid and CPR "C" AED or equivalent
 - o required prior to the start of the program and must be current.
- The program will ensure all EMR students shall meet any expectations or requirements set by the clinical/practicum agency(ies) that may not be mentioned here.

Instructors/Faculty

- Minimum EMR education with a minimum of 2 years of clinical experience without licence restrictions.

- Lead faculty member and all paramedicine specific material to be taught by persons that are registered with SCoP or the provincial regulator in the jurisdiction they are teaching in and are in good standing with that regulator.
- All faculty must receive a formal introduction and orientation to the program and have a clear understanding of the content delivery expectations.

Program Curriculum

- Program content will align to COPR's Canadian Paramedic Competency Framework (CPCF) and will include any additional competencies as identified by SCoP.
- Program delivery can be traditional in-class or a blended format. Program content and requirements remain the same regardless of the delivery format.
- Programs must highlight that all working/volunteering EMRs in Saskatchewan require SCoP licensure. This includes all forms of EMR employment and/or activities (ambulance, mine site, gas/oil sites, construction etc.).
- Program content will reflect the Paramedic Clinical Practice Protocols. The Saskatchewan Health Authority (SHA) EMS Provincial Ambulance Medications, and the SHA Provincial Interfacility Transfer Medications can be used as general reference material for the medication within the EMR scope of practice.
- Those students who are looking to be employed by an ambulance service must be made aware by the educational provider of the requirement of a minimum Class 4 for operation of an emergency vehicle.
- Resource materials will reflect Saskatchewan specific areas related to legislation (including but not limited to *The Paramedics Act*, Saskatchewan College of Paramedics Regulatory Bylaws, Standards of Practice, etc.).
- Programs will be responsible for providing any certifications required by SCoP for licensure (i.e. BLS and ITLS-Basic).
- All competency requirements will be met throughout the program.
- Those serving as preceptors in clinical sites must be an instructor associated with the program and/or a health care provider (EMR, Paramedic, RN) with appropriate training and experience with the clinical competencies required.

- in addition to the documentation process, preceptor training should include but is not limited to an understanding of the PERRs competencies, proficiency expectations, policies and expectations related to critical incidents and/or student suitability/fitness concerns, student evaluation and feedback policies and procedures. Education providers are responsible for ensuring appropriate preceptor training.

Direct supervision by a qualified preceptor must be ensured at all times during a student's physical skill application.

- Proficiency Expectations

- On completion of the EMR program, students are expected to have met proficiency standards. Proficiency involves the demonstration of skills, knowledge and abilities in accordance with the following principles:
 - Consistency (the ability to repeat practice techniques and outcomes; this requires performance more than once)
 - Independence (the ability to practice without assistance from others)
 - Timeliness (the ability to practice in a time frame that enhances patient safety)
 - Accuracy (the ability to practice utilizing correct techniques and to achieve the intended outcomes)
 - Appropriateness (the ability to practice in accordance with clinical standards and protocols outlined within the practice jurisdiction)
- A physical fitness test which reflects the physical requirements for working in an emergency services environment is required prior to completion of the program. Students should be capable of using a variety of equipment and lifting techniques commonly used in the work environment.

a. Didactic and Simulated Content

A minimum of 300 contact hours to deliver a variety of self-directed learning and in-person learning with lectures, presentations, subject matter experts, skills stations, simulation, scenarios and examinations and evaluations.

*Please note emphasis should be placed on ensuring reasonable opportunities to attempt competencies and demonstrate proficiency. Additional hours may be required.

- Scenarios provide opportunities for students to practice the reasoning, technical skills, communication, planning and organization needed in their eventual practice. These experiences are enhanced through student preparation and reading for the simulation and by debriefing following the scenario, where there is opportunity to reflect and to extend learning.
- Scenarios and task-based simulation of skills also provide an opportunity for assessment of student practice before students enter the clinical and/or ambulance practicum.
- The student must demonstrate proficiency in a designated performance environment.
 - o Students must demonstrate proficiency in the competencies prior to progressing to the related clinical experience components.
- Students should have multiple opportunities to demonstrate proficiency and are required to demonstrate competencies more than once and in a variety of methods which relate specifically to the competency being assessed.

b. Clinical

Clinical competencies are new for EMR Programs. The intent of clinical placement is to ultimately gain confidence and experience using their skills in a real-life situation.

- A minimum of 12 hours in a clinical environment is required. Emphasis should be placed on ensuring reasonable opportunities to attempt competencies and demonstrate proficiency.
- Clinical sites must be in Saskatchewan (other Canadian placement may be considered with prior approval of SCoP).
- For EMR programs, clinical sites are defined as any location outside the classroom that will provide the student with real life opportunities to gain experience. These include the following settings:
 - o ambulance service
 - o hospital
 - o health clinic

- medical office
- nursing home
- high fidelity simulation may be considered (may include the use of standardized patients)
- Alternate clinical settings may be considered as a part of the clinical practicum and must be appropriate to the specific competencies being evaluated.
- Direct supervision by a qualified preceptor must be ensured at all times during a student's physical skill application.
 - Alternate clinical settings must be approved by both the program and the clinical site coordinator/designate prior to student attendance for the purposes of clinical preceptorship. This is to ensure safety and program compliance for the student, the preceptor, the clinical site and the patients/clients involved.
 - Alternate clinical settings can include vaccination clinics/centers, blood pressure/vital sign clinics at various locations.

c. Evaluation

- Before the conclusion of the education program, the student will successfully complete a summative or cumulative (including both didactic and skill-based content) evaluation.
- Upon successful completion of the program, students must be awarded a certificate of completion.

Program Quality Assurance

- The program will have an annual quality assurance/quality improvement (QA/QI) process for program, faculty, and preceptor evaluation. Information will be used for program, faculty, and preceptor improvement.
- The program will have a process for collaboration with stakeholders within their QA/QI program.
- The ratio of faculty to students shall be no more than 1:8 to ensure adequate

supervision and monitoring for scenario and skill performance.

- The program should review and evaluate graduate success in the licensing examination.