

The Ministry of Health completed an extensive consultation process with the SHA, College of Physicians and Surgeons of Saskatchewan, Saskatchewan College of Paramedics (SCoP), Paramedic Services Chiefs of Saskatchewan, and Saskatchewan Polytechnic on potential increases to the Advanced Care Paramedic scope of practice.

The recommendation following this consultation was a recommendation for increasing the scope of practice for Advanced Care Paramedics (ACP) to utilize cyanoacrylate, staples, and suturing (referred to wound closure). The Paramedic Practice Committee and the College of Physicians and Surgeons of Saskatchewan have approved this change to scope of practice.

With the addition of the wound closure endorsement, ACP and CCP members can assess and treat minor lacerations when required. These paramedics can help support the most appropriate care at the most appropriate location for Saskatchewan patients. We hope to better support patients in Saskatchewan by providing wound closure and decreasing the need to transport to emergency departments for non-emergent treatment.

As not all Advanced or Critical Care Paramedics may require these skills, the College has developed a Wound Closure endorsement. The skills included in the wound closure competency profile are also included in the Community Paramedic endorsement for ACP/CCP. Only ACPs and CCPs who hold either the Community Paramedic or wound closure endorsement will be permitted to perform these skills.

If patients require an update to their tetanus immunization, paramedics can consult with the 811 Triage physician for a prescription that can be offered at the closest pharmacy. Those ACP/CCPs working within a health care facility who may have access to the tetanus toxoid vaccine would be able to administer with a physician order.

If the patient requires an antibiotic, paramedics can consult with the 811 Triage physician and administer an antibiotic with a physician order.

Additional training will be required for those ACP/CCPs wanting to perform this skill. Only those who complete the required training and who have acquired the endorsement can provide any of the wound closure methods described. Saskatchewan Polytechnic currently offers the only approved course, [Suturing for Health Care Prov \(EMER-1701\)](#). Once the education is complete, the application for the endorsement can be accessed through the paramedic's member account.

The employer will develop and perform a standardized quality assurance (QA) review of all instances where an ACP/CCP performed wound closure. This review is mandatory in all cases. Additional information on the QA process will be made available in the coming weeks.

It is the paramedics' professional responsibility to ensure they are competent in any assessment or skill they perform.

Identify indications and selection criteria for wound closure.

- Simple laceration to arms or legs for sutures
- Minor lacerations for cyanoacrylate

Recognize contraindications to wound closure.

Provide local anesthetic.

- Topical
- Infiltration
- Field block

Explore and debride skin and underlying tissue in laceration type wounds
prepare patient and equipment.

Perform wound closure of uncomplicated lacerations/simple wound closure

- Cyanoacrylate
- Sutures
- Staples

Seek appropriate consultation as necessary.

Perform suture and staple removal.

Assess tetanus status.

Assess antibiotic need.

Perform tetanus administration.

Perform antibiotic administration.

Complete all required documentation.

Wounds not considered appropriate for closure with cyanoacrylate

Lips and mucosa
Over joints

Wounds not considered appropriate for closure by the ACP/CCP

By Location

Head/neck/face
Hands/feet
Groin/Genitals/Buttocks
Chest/Back/Abdomen
Over a joint

By Mechanism

Crush injury
Stabbing
Shooting

Possible associated injury

Fracture/dislocation
Tendon
Artery/vein

Others

Under 18 years of age
Wound age over 12 hours or indetermined
Extreme pain
Uncontrolled bleeding
Deep wounds (wounds that go down to the fat, muscle, bone, or other deep structures) or those of undetermined depth
Grossly contaminated wounds
Possible foreign bodies
Immunocompromised patients (ex. HIV/AIDS, diabetes, steroid use)
Bleeding disorders or major illness that may complicate wound healing