



Maldives Allied Health Council
Ministry of Health

Emergency Care Assistant - Scope of Practice

1. Introduction

1.1 The aim of this document is to provide clear and definitive information on the scope of practice for Emergency Care Assistant at the point of registration.

1.2 The title “Emergency Care Assistant” is protected in law, and can only be used by individuals who have successfully completed an approved program of education, and are registered with the Maldives Allied Health Council.

2. Definition of Emergency Care Assistant

2.1 An Emergency Care Assistant (ECA) is an ambulance service worker in the Maldives, to support paramedics in responding to emergency calls. They may carry out basic therapeutic procedures under the direct or indirect supervision of a paramedic or a clinically qualified practitioner.

3. Scope of Practice for Emergency Care Assistants

Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or yourself. We recognize that a registrant’s scope of practice will change over time and that the practice of experienced registrant’s often becomes more focused and specialized than that of newly registered colleagues.

3.1 Medications authorized for administration by direct verbal orders from paramedic or a clinically qualified practitioner.

- a) Activated Charcoal
- b) Salbutamol (including isomers), via inhaled administration
- c) Aspirin
- d) Epinephrine, Auto-injector
- e) Nitroglycerin (Tablet or Spray)
- f) Oral Glucose Gel (oral glucose preparations;)
- g) Oxygen
- h) Paracetamol (Syrup or Tablets)

3.2 If contact with Medical Command is not possible, the following specific medications can be administered within protocol guidelines to save life or reduce morbidity:

- a) Aspirin PO for adults with suspected cardiac chest pain
- b) Epinephrine Auto-injector
- c) Oral glucose gel
- d) Oxygen

Patients own medication that may be administered:

- a) Bronchodilators using pre-measured or metered dose inhalation device;
- b) Sublingual nitroglycerin for unrelieved chest pain, with on line medical control only;

3.3 The following skills and procedures may be performed with direct or indirect supervision by a paramedic or a clinically qualified practitioner.

- a) May serve as attendant-in-charge on an emergency vehicle/ambulance
- b) Handling and moving casualties/patients using appropriate equipment and manual handling techniques.
- c) Safe transfer of casualties/patients, to and from vehicles, including inter-hospital transfers following health and safety and other appropriate protocols and procedures,
- d) Operation of all equipment and facilities available in the ambulance
- e) Perform initial, focused, and on-going assessment.
- f) Scene assessment, triage, scene safety;
- g) Check vital signs (BP, pulse, respiration and temperature)
- h) Examine and check traumatic injuries using appropriate methods
- i) Use of emergency medical communications system;
- j) Basic airway management - provide respiratory assistance utilizing oral and nasal airways, and oxygen delivery system components.
- k) Obstructed airway management; - abdominal thrusts (also called the Heimlich maneuver) can be used to treat upper airway obstructions (or choking) by foreign objects.
- l) Provide basic first aid, and cardiopulmonary resuscitation (CPR), according to current guidelines of The International Federation of Red Cross and Red Crescent Societies (IFRC) ;
- m) Apply dressings and bandages for wound care and bleeding control
- n) Apply splints and immobilization devices.
- o) Provide ordinary reasonable care for ill and/or injured persons in accordance with established medical protocols.
- p) Maintaining patient report forms (electronic and paper-based) in accordance with the guidelines

3.4 The following skills and procedures can only be performed under the direct supervision of a paramedic or a clinically qualified practitioner:

- a) Application and use of automated defibrillators in accordance with established protocols.
- b) Transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, percutaneous endoscopic gastrostomy (PEG) tubes, or vascular access devices intended for outpatient use;
- c) Assisting in a situation of emergency childbirth
- d) Provide neonatal resuscitation
- e) Apply suctioning techniques to clear airways. (not gastric suctioning)
- f) Apply cervical and spinal immobilization devices and short and long backboards
- g) Remove helmets of injured patients
- h) Provide pediatric immobilization

Note: In the event of a disaster or emergency, the Allied Health Council may temporarily authorize the administration of procedures not listed above.