

## Draft Regulations

### Draft Regulation

Environment Quality Act  
(R.S.Q., c. Q-2)

#### Greenhouse gas emissions from motor vehicles — Amendment

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1) and section 124 of the Environment Quality Act, that the Regulation to amend the Regulation respecting greenhouse gas emissions from motor vehicles, appearing below, may be made by the Government on the expiry of 60 days following this publication.

This amendment is mainly to consider the vehicle fleet of a manufacturer that complies with the provisions of the federal regulation for greenhouse gas emissions of passenger automobiles or light trucks as complying with Québec standards for the 2012-2016 model years.

The draft Regulation also allows a manufacturer to agree with the Minister on the information and documents that are to be filed so that the Minister may assess the greenhouse gases produced by the vehicle fleet marketed in Québec by the manufacturer.

The impact of the draft Regulation on enterprises will be more flexibility to comply with Québec standards regarding greenhouse gas emissions from motor vehicles.

Further information may be obtained by contacting Guylaine Bouchard, Bureau des changements climatiques, Ministère du Développement durable, de l'Environnement et des Parcs, telephone: 418 521-3868, extension 4626; fax: 418 646-4920.

Any person wishing to comment on the draft Regulation is requested to submit written comments within the 60-day period to Guylaine Bouchard, Ministère du Développement durable, de l'Environnement et des Parcs, édifice Marie-Guyart, 675, boulevard René-Lévesque Est, 6<sup>e</sup> étage, boîte 30, Québec (Québec) G1R 5V7.

PIERRE ARCAND,  
*Minister of Sustainable Development,  
Environment and Parks*

### Regulation to amend the Regulation respecting greenhouse gas emissions from motor vehicles\*

Environment Quality Act  
(R.S.Q., c. Q-2, s. 31, 1st par., subpars. c, d and e)

**1.** The Regulation respecting greenhouse gas emissions from motor vehicles is amended in section 21 by adding the following paragraph at the end:

“A person responsible under section 11 who provides the Minister with equivalent annual information and data, pursuant to an agreement entered into under section 12 of the Act respecting the Ministère du Développement durable, de l'Environnement et des Parcs (R.S.Q., c. M-30.001), is exempted from the obligations provided for in the first and second paragraphs.”.

**2.** The following is inserted after section 25:

“**25.1.** For each 2012-2016 model years, the provisions of Chapter II and of Division I of Chapter III do not apply to vehicle manufacturers that comply with the provisions of the Passenger Automobile and Light Truck Greenhouse Gas Emission Regulations (SOR/2010-201) made by the Governor General in Council.”.

**3.** This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

1458

### Draft Regulation

Professional Code  
(R.S.Q., c. C-26)

#### Physicians — Activities that may be engaged in within the framework of pre-hospital emergency services

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), that the “Regulation respecting the professional activities that may be engaged in within the framework of pre-hospital

\* The Regulation respecting greenhouse gas emissions from motor vehicles, made by Order in Council 1269-2009 (2009, G.O. 2, 4217), has not been amended since it was made.

emergency services and care”, made by the board of directors of the Collège des médecins du Québec, may be submitted to the Government, which may approve it with or without amendment, upon the expiry of 45 days following this publication.

The purpose of this Regulation is principally to authorize new medical activities to the ambulance technician trained in advanced care. It also authorize any person having received training on the administration of oxygen to administer that substance to a person while awaiting the arrival of pre-hospital emergency services.

The draft Regulation has no impact on enterprises, including small and medium-sized businesses.

Further information may be obtained by contacting, Mre Linda Bélanger, Legal Advisor, Collège des médecins du Québec, 2170, boulevard René-Lévesque Ouest, Montréal (Québec) H3H 2T8; telephone number: 514 933-4441, extension 5362, facsimile number: 514 933-5374, e-mail: lbelanger@cmq.org

Any person having comments to make on the following text is asked to send them, before the expiry of the 45-day period, to the Chair of the Office des professions du Québec, 800, place D'Youville, 10th floor, Québec (Québec) G1R 5Z3. Comments will be forwarded by the Office to the Minister of Justice, namely the Collège des médecins du Québec, as well as to interested persons, ministries and organizations.

JEAN PAUL DUTRISAC,  
*Chair of the Office des  
professions du Québec*

## **Regulation respecting the professional activities that may be engaged in within the framework of pre-hospital emergency services and care**

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

### **DIVISION I GENERAL PROVISIONS**

**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 herein, may be engaged

in by a first responder, an ambulance technician, an ambulance technician trained in advanced care or by other persons within the framework of pre-hospital emergency services and care, for a person with a health problem that requires emergency intervention.

**2.** In the absence of a first responder or ambulance technician, any person who has received training in cardiopulmonary resuscitation meeting the standards prescribed by the American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care and including the use of the defibrillator may use the automated external defibrillator when performing cardio-respiratory resuscitation.

**3.** In the absence of a first responder or ambulance technician, any person having received training in the administration of adrenalin approved by the regional or national medical director of pre-hospital emergency services may administer adrenalin with an auto-injection device to a person in the case of an acute anaphylactic allergic reaction

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

**5.** The professional activities authorized in this regulation are engaged in under the clinical protocols developed by the Minister of Health and Social Services pursuant to section 3 of the Act respecting pre-hospital emergency services (R.S.Q., c. S-6.2) and approved by the Collège des médecins du Québec.

### **DIVISION II ACTIVITIES AUTHORIZED FOR A FIRST RESPONDER**

**6.** The first responder may:

- (1) use the automated external defibrillator for cardiopulmonary resuscitation;
- (2) administer adrenalin with an auto-injection device in case of an acute anaphylactic allergic reaction.
- (3) assist ventilation with a bag valve mask;
- (4) insert a nasopharyngeal airway.

First responder” means a person whose name is on the list of first responders drawn up by an agency pursuant to section 339 of the Act respecting health services

and social services (R.S.Q., c. S-4.2) or by Corporation d'urgences-santé pursuant to section 87 of the Act respecting pre-hospital emergency services (R.S.Q., c. S-6.2).

### SECTION III

#### ACTIVITIES AUTHORIZED FOR AN AMBULANCE TECHNICIAN

**7.** To be authorized to engage in the professional activities described in section 8, the ambulance technician must be registered with an active status in the national workforce registry established and maintained by the Minister of Health and Social Services.

**8.** In addition to the activities contemplated in section 6, the ambulance technician, may:

(1) assess the presence of signs or symptoms allowing the application of the protocols contemplated in section 5 in a person with a health problem that requires emergency intervention;

(2) insert a dual lumen esophago-tracheal tube in a person experiencing cardiopulmonary arrest or with an impaired state of consciousness and a respiratory rate of less than 8 breaths per minute;

(3) administer necessary substances or medications sublingually, orally, intranasally, subcutaneously, intramuscularly, transcutaneously or by inhalation;

(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) aspirate secretions in a person with a tracheotomy.

**9.** Authorized to engage in the professional activities referred to in sections 6 and 8 is any person to whom a valid identity card and a compliance certificate has been issued by a regional board or Corporation d'urgences-santé between April 1, 2000 and April 1, 2003, and who is registered in the national workforce registry of ambulance technicians.

### DIVISION IV

#### ACTIVITIES AUTHORIZED FOR AN AMBULANCE TECHNICIAN TRAINED IN ADVANCED CARE

**10.** In order to be authorized to engage in the professional activities described in sections 12 and 13, the ambulance technician trained in advanced care must:

(1) have relevant experience totalling 24 months full time and have practiced for at least 700 hours during the last two years;

(2) have a university diploma in advanced emergency pre-hospital care issued by a Québec university;

(3) be registered in the national workforce registry of ambulance technicians with an active status authorizing the practice of advanced pre-hospital care.

**11.** Likewise authorized to engage in the professional activities described in sections 12 and 13 is the ambulance technician trained in advanced care who, as of April 1, 2002, has passed the advanced care training recognized by 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 him 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 emergency pre-hospital care, supplementary training of 175 hours involving in particular:

a) cardiology;

b) neurology;

c) pharmacology;

d) pneumology;

e) physiology;

f) pre-hospital protocols.

**12.** The ambulance technician in advanced care, in addition to the activities contemplated in Divisions II and III, may:

(1) assess the condition of a person;

(2) administer intravenously or endotracheally substances and medications to an adult person;

(3) perform a direct laryngoscopy of a person whose respiratory tract is obstructed by a foreign body and proceed to withdraw it;

(4) perform a manual defibrillation;

He 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.

**13.** The ambulance technician in advanced care, in addition to the activities contemplated by section 12 and in Divisions II and III, may, further to an individual prescription:

(1) administer intraosseously required substances or medications;

(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)* apply external cardiac stimulation;

*c)* perform cardioversion;

*d)* perform a percutaneous cricothyroidotomy.

The first paragraph notwithstanding, if the communication with a physician is impossible, the ambulance technician in advanced care, may, for an unstable patient, use the invasive techniques provided in subparagraph (2) of the first paragraph.

## DIVISION V

### ACTIVITIES AUTHORIZED FOR A STUDENT

**14.** A student duly enrolled in a program of studies leading to a collegial diploma in emergency pre-hospital care, in the presence of a physician, another qualified professional, a medical resident or an ambulance technician recognized as an instructor by an institution of collegial studies, may engage in the professional activities contemplated by sections 6 and 8 insofar as they are required for the completion of this program.

**15.** A student duly registered in a program of studies leading to a diploma contemplated in paragraph (2) of section 10, 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 program of studies, may engage in the professional activities contemplated by sections 12 and 13 insofar as they are required for the completion of this program.

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

**17.** This regulation comes into force on the fifteenth day that follows the date of its publication in the *Gazette officielle du Québec*.

1474