



Date Thursday, October 21, 2021  
To Paramedics of SWORBHP Region  
From Dr. M. Davis  
Subject **Considerations for Paramedics Managing Patients During the COVID-19 Pandemic**

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On October 19<sup>th</sup>, 2021, The Ontario Base Hospital Group Medical Advisory Committee (OBHG MAC) released an updated version of the **Considerations for Paramedics Managing Patients During the COVID-19 Pandemic**. This version replaces all other the previous versions of the memorandum. We have taken some time to discuss these changes at SWORBHP medical council and develop a plan for dissemination of information surrounding some of the nuances within this document. Our intent is to help explain and expand on elements, to make the changes as clear as possible, hence resulting in a slight delay of release of this memo within the SWORBHP Region.

This updated version allows for Paramedics to utilize clinical judgement when rendering treatments that were previously restricted. This has been accomplished with “softening” of some of the language contained within the document. We have taken the liberty to highlight all the changes that are contained within this version compared to the previous iteration. These changes are highlighted in yellow.

In summary, the initial statement in the **Directions for use of these Considerations** section states that “Paramedics **may** use these recommendations in all patients with respiratory symptoms or in cardiac arrest, regardless of COVID screening.” As such, language has also been changed in some sections to “**Paramedics may**”. The intent of this wording is to allow you to use your clinical judgement as to whether or not to provide standard BLS/ALS PCS treatment or continue to utilize treatment as outlined within this Considerations Document. **Either treatment options are deemed acceptable** and will be decided upon by you as the attending Paramedic and you will have our support.

We have also taken the liberty of anticipating some FAQs. Please see the additional document that outlines some anticipated FAQs and corresponding answers, that will impact your treatment, from SWORBHP medical council. As always, if other questions arise, please submit them to ASK MAC.

It is my hope (but not a promise!) that this is the last iteration of this document and that our next communication around this document will be one whereby we can rescind these treatment considerations.

I understand the difficulties in providing care when treatments have been changing over the course of the pandemic. You have been doing a fantastic job of providing excellent prehospital care and advancing safe care in our communities. Thank you.

On behalf of SWORBHP Medical Council

A handwritten signature in black ink, appearing to read 'Matthew Davis', with a stylized flourish at the end.

Matthew Davis, M.D., M.Sc., FRCP(C)  
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# ASK MAC Questions and Answers

## Question

If I believe that CPAP will benefit my patient and the risk of COVID-19 is low, can I utilize it?

## Answer

The pandemic is an ever-evolving entity, with a fluctuating incidence rate that has brought about 4 waves thus far. Given the considerations document allows for more clinical judgement to determine if CPAP is an appropriate treatment, you should risk-stratify each case, taking into patient characteristics such as being fully vaccinated, no known exposures to COVID-19, risk of this AGMP versus benefit for the patient, as well as community characteristics (ex - low case count). As always, if you elect to use CPAP, ensure that you are donning your PPE and doffing safely.

## Question

How do I decide when risk-stratifying the use of CPAP, “if alternative treatments are available/appropriate”?

## Answer

Consider the patient presentation and other treatment per the Bronchoconstriction or Acute Cardiogenic Pulmonary Edema Medical Directives. If you think the patient would benefit from CPAP, you can evaluate risks (as in the above question) by considering patient characteristics such as being fully vaccinated, no known exposures to COVID-19, risk of this AGMP, community characteristics (ex - low case count) versus benefit for the patient. If you elect to use CPAP, ensure that you are donning your PPE and doffing safely. As stated in the Considerations Document, Paramedics may always initiate a patch to the Base Hospital Physician regarding treatment decisions.

## Question

If I elect to use CPAP or another AGMP like nebulized epinephrine for croup, are there any other things I should consider during the treatment?

## Answer

Given CPAP and nebulization are AGMPs, please ensure that you are in full appropriate PPE. Prior to initiating CPAP or nebulized epinephrine, make sure that others in the environment who are not in PPE remove themselves from that area. Consider delaying the initiation of CPAP or nebulized epinephrine if in a populated environment, or an environment where others may not be afforded the opportunity to properly distance themselves.

## Question

I see that some hospitals have designated rooms, or areas for AGMPs. How does this impact treatment if the patient would benefit from CPAP or nebulized epinephrine and is low risk for COVID-19?

## Answer

Medical Council advises that CPAP and nebulized epinephrine be stopped when in an environment where others may not be in the proper PPE (ex – hospital hallways). As such, we advise you to stop CPAP or nebulized epinephrine once you arrive at the hospital and switch to oxygen while in the back of the ambulance before unloading to avoid AGMP exposure to others. Please notify on handover that the

patient was on CPAP or received nebulized epinephrine and provide information regarding the impact the treatments had on the patient (improvement, no improvement, condition worsened).

#### Question

Can I use salbutamol nebulizers?

No. Ventolin nebulizers are contraindicated. As per the Clinical Considerations within the Bronchoconstriction Medical Directive, “nebulization is contraindicated in patients with a known or suspected fever **or in the setting of a declared febrile respiratory outbreak by the local medical officer of health**”. Furthermore, unlike treatment for croup, there exists an alternative and more efficacious route (MDI) for salbutamol administration.

#### Question

The Considerations Document states that nebulized epinephrine can be used as per the Croup Medical Directive. Why is this nebulized route allowed, but I cannot administer salbutamol via nebulizer?

#### Answer

Again, the Considerations Document allows for more clinical judgement when deciding on the administration of nebulized epinephrine. Unlike salbutamol, nebulized epinephrine is the only current prehospital treatment for patients with croup who are in **severe** respiratory distress.

#### Question

There seems to be a discrepancy in the document whereby one section states that Paramedics may administer naloxone via the IN route (Part A, Section 6), and another section states that the IN route should be withheld (Part B, Section 4). Which is correct?

#### Answer

SWORBHP Medical Council would advocate for utilizing other routes for medication administration other than IN. However, there may be certain clinical situations whereby IN is the only feasible route. SWORBHP Medical Council believes that if in your clinical judgement, IN is the only route feasible to administer the medication, then this is acceptable. As always, solid documentation of this rationale will provide our auditors with the information they require to close any calls where a variance may have been flagged.

#### Question

I notice that the previous Supraglottic Airway Insertion and Orotracheal Intubation Medical Directives Section is no longer present within the document and this section stated that “Paramedics should consider, in all cases, withholding supraglottic airway (SGA) insertion or oro-tracheal intubation (ETT) unless the patient is in cardiac arrest”. Can I utilize an advanced airway in patients outside of cardiac arrest now?

#### Answer

You can utilize an SGA or ETT as per your Supraglottic Airway Medical Directive and Orotracheal Intubation Medical Directive. If there is a high suspicion for COVID-19 infection, or known COVID-19 infection, Paramedics can utilize their clinical judgement and manage the airway via BVM or advanced airway.