ONTARIO BASE HOSPITAL GROUP
MEDICAL ADVISORY COMMITTEE

M E M O R A N D U M

TO: Ontario Paramedics

FROM: Ontario Base Hospital Group—Medical Advisory Committee (OBHGMAC)

DATE: April 6th, 2020

RE: **Considerations for Paramedics Managing Patients during the COVID-19 Pandemic**

Regardless of COVID screening, consider applying these additional recommendations and considerations to the Paramedic Medical Directives to all patients with respiratory symptoms or in cardiac arrest.

Revision points:

IN ALL CASES WITHHOLD;

- Nebulized medications
- Endotracheal medications
- Suction via an endotracheal or tracheostomy tube unless using a closed system suction unit
- CPAP
- Nasal Intubations

IN ALL CASES of patients with opioid toxicity, naloxone may be administered without the requirement of "the inability to adequately ventilate"

OXYGEN;

- **IN ALL CASES** do not exceed 5 L/min oxygen via nasal cannula
- **IN ALL CASES** where **adult** patients require high concentration oxygen, **use high concentration/low flow masks with a hydrophobic submicron filter**
- **IN ALL CASES** where **pediatric** patients require high concentration oxygen, **use pediatric high concentration/low flow masks (if available) with a hydrophobic submicron filter**
- **IN ALL CASES** high flow oxygen delivery should be avoided (unless via ETT/SGA)

ALS PCS CONSIDERATIONS;

- **CONSIDER** withholding orotracheal intubation or SGA insertion (if available and authorized) unless patient is in cardiac arrest
- **CONSIDER** withholding manual ventilation in any spontaneously breathing patient
- **CONSIDER** withholding intra-nasal (IN) and buccal administration of all medications where alternative routes exist
- **CONSIDER** administering IM epinephrine, for severe respiratory distress with cough, only in the setting of asthma, as per the Bronchoconstriction Medical Directive
- **CONSIDER** withholding CPR while attempting insertion of Endotracheal Tube or SGA
- **CONSIDER** in cardiac arrest, the use of SGA and ETT (if available and authorized) as options for advanced airways. Some will be more comfortable with SGA insertion (if available and authorized) as their preferred airway. An airway should be inserted as soon as feasible, withholding chest compressions during insertion, and using the technique the provider is most comfortable with. All airway strategies are a potential risk to paramedics and should be considered and balanced
- **CONSIDER** temporary pause in manual ventilation via BVM while maintaining a "Tight Seal" of the mask, and as well with SGA's, when transporting a patient through Long Term Care Homes, Hospital hallways, or other enclosed public buildings. Clinical judgement will be required for long extrication times and need for ventilation. Always consider the risk to bystanders in the vicinity without appropriate PPE

BLS PCS CONSIDERATIONS;

- **CONSIDER** donning appropriate PPE for all airway procedures (BVM, SGA, etc), all cardiac arrests, and all patients with respiratory symptoms or hypoxia (SpO2 < 92%)
- **CONSIDER** applying an inline filter as close to the patient as possible when providing manual ventilation
- **CONSIDER** pre-alerting receiving facilities (Hospitals, Bypass centers, Maternity wards, etc.) if patient's COVID-19 screen is positive

This memorandum is intended to provide considerations and critical thinking perspectives for paramedics regarding the application of medical directives when managing all patients with respiratory symptoms and for patients in cardiac arrest.

For the most up to date "COVID-19 Screening Tool for Paramedics" please refer to Ministry of Health Emergency Health Services – Paramedic Practice Document website. The training bulletin can also be found on the Ontario Paramedic Clinical Guide App under the Medical References tab. These considerations now apply to all patients with respiratory symptoms and for patients in cardiac arrest. They are written from a paramedic safety perspective with the goal of minimizing exposure to respiratory droplets while still providing sound patient care.

Please note, these considerations do not represent a change to the current medical directives found in the Advanced Life Support Patient Care Standards (ALS PCS). Any treatment paramedics provide as a result of this memo is compatible with the "Comprehensive Care" approach outlined in the preamble of the ALS PCS which states, "It is acknowledged that there may be circumstances and situations where complying with ALS PCS is not clinically justified, possible or prudent (e.g. multiple crews, trapped patient, extenuating circumstances, competing patient care priorities)." (p.4) The global COVID-19 pandemic represents an extenuating circumstance. As in any circumstance or situation, the Base Hospital Physician (online medical consultation/patch) is available for advice.

On January 25, 2020, active screening for possible COVID-19 infections began at all provincial Central Ambulance Communication Centres / Ambulance Communication Services. Paramedics who are dispatched to these calls are pre-notified when responding to a patient at risk for COVID-19. As with any patient who has a history suggestive of a febrile or acute respiratory illness, paramedics should follow personal protective equipment (PPE) recommendations issued by your Paramedic Service.

Paramedics should document epidemiologic and clinical information on their Ambulance Call Report (ACR) that led to the conclusion the patient is at risk for COVID-19 infection, as well as the results of the "COVID-19 Screening Tool for Paramedics" using the ACR codes found in the training bulletin. Paramedics should **CONSIDER** the following when applying medical directives that contain treatments or procedures that may result in aerosolization of COVID-19. The word "**CONSIDER**" indicates that a paramedic should provide care consistent with the context of the treatment considerations in this document unless there is strong clinical rationale to do otherwise.

Additional information related to these considerations and critical thinking perspectives regarding application of medical directives will be circulated as necessary.

Paramedic Treatment Considerations during the COVID-19 Pandemic

1) Considerations for Supraglottic Airway Insertion or Orotracheal Intubation Medical Directives

a) **IN ALL CASES (including cardiac arrest) withholding chest compressions during insertion of SGA or performing ETI.**

2) Considerations for Bronchoconstriction Medical Directive

a) **IN ALL CASES withholding nebulized salbutamol**
b) For mild-moderate respiratory distress **CONSIDER** withholding salbutamol unless respiratory distress becomes severe with no cough.
c) For severe respiratory distress and no cough, **CONSIDER** administering salbutamol using an MDI and spacer device. Administer salbutamol using a "tidal breathing" technique whereby the patient takes 5 normal breaths through the spacer device rather than a single deep breath with a breath hold.
d) For severe respiratory distress with cough **CONSIDER** administering IM epinephrine, only for known asthma patients, per the Bronchoconstriction Medical Directive. (maximum of 2 doses of epinephrine, 5 min intervals)

3) Considerations for CPAP Medical Directive

a) **IN ALL CASES** withholding CPAP.

4) Considerations for Endotracheal & Tracheostomy Suctioning Medical Directive

a) **IN ALL CASES** withholding suction via an endotracheal or tracheostomy tube unless using a closed system suction unit.

5) Considerations for Croup Medical Directive

a) **IN ALL CASES** withholding nebulized epinephrine. Consider a BHP patch for croup.

6) Considerations for Endotracheal Medications

a) **IN ALL CASES** withholding endotracheal medications.

7) Considerations for Midazolam, Naloxone, and Fentanyl administration

a) **CONSIDER withholding intra-nasal** (IN) **and buccal** administration of all medications where alternative routes exist.

Best Regards,

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