



# London Health Sciences Centre

## Southwest Ontario Regional Base Hospital Program

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To SWO Paramedics  
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Subject Key Changes for Treatment Considerations

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The fourth iteration of the **Considerations for Paramedics Managing Patients during the COVID-19 Pandemic** has been released and goes into effect immediately. You will notice that the format of the memo has been revamped in an attempt to help with clarity and ease of use.

The document now has a table of contents to assist with locating information. The memo has been broken down into 3 sections: Part A – ALS PCS Medical Directives with COVID-19 Treatment Considerations; Part B – Additional COVID-19 Treatment Considerations and Part C: Infection Prevention and Control. A reference section has also been added.

The treatment recommendations now align with the Ontario Agency for Health Protection and Promotion (Public Health Ontario) Guidelines. Although there are some language changes to assist with clarity, there are very few changes to practice and these changes are only minor. Below are the key changes:

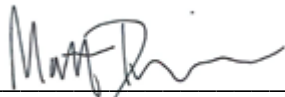
### Key Changes:

- Page 3 - **When an SGA is used, the gastric/suction port should be occluded prior to insertion.**
  - This has been previously covered in SWORBHP “Tip of the Week” and in SWORBHP Podcast #2. Please review this on the SWORBHP website for more information.
- Page 4 - **Withholding manual ventilation in any spontaneously breathing patient unless severe hypoxia (SpO<sub>2</sub> < 85%) is not improving with other therapies.**
  - Manual ventilation with a BVM is permitted if other therapies have not resulted in adequate oxygenation AND the patient’s SpO<sub>2</sub> is less than 85% despite these treatments (ex – high concentration oxygen via Flo2Max, HiOx).
- Page 5 - **Using a maximum of 6 L/min oxygen via nasal cannula.**
  - Changed from 5 L/min. This now aligns with the PHO guidelines.

- Page 5 - **Avoiding oxygen delivery rates  $\geq$  16 L/min via a non-rebreather mask or BVM.**
  - Oxygen flow rates should not exceed 15 L/min (ex. 15 L/min maximum flow rate).
  - This aligns with the PHO guidelines which no longer consider this an AGMP.
  - **SWORBHP recommendations do not change from previous:**
    - For patients that require higher flows of oxygen than what can be delivered by nasal canula, High Flow/Low Concentration masks are the preferred oxygen delivery systems (Flo2Max, HiOx mask).
    - Start at lower flow rates and titrate up as required to obtain adequate oxygenation, **but do not exceed 15 L/min.**
    - These High Concentration/Low Flow masks have built in viral filters and are considered to be a closed system. As such, thought to reduce potential for viral transmission when compared to a Non-rebreather (NRB) face mask which does not have the viral filter.
    - Suggest only using NRB if stock of NRB depleted or High Concentration/Low Flow masks are not available.
    - For manual ventilation with BVM, do not exceed 15 L/min. Recommend using lowest flow rate that allows for reservoir bag to be filled.
  
- Page 5 - **STEMI Hospital Bypass Protocol**
  - This does not change any current COVID-19 practices for paramedics in SWORBHP Region.
  
- Page 6 - **Documentation**
  - Documenting on the ACR the clinical findings and the circumstances of any care where the paramedic did not apply the current patient care standards and/or considerations during the COVID-19 pandemic.

SWORBHP will highlight some of these changes via Tip of the Week and our 3<sup>rd</sup> podcast which will be recorded and released the week of May 11<sup>th</sup>.

If there are any questions, please review ASK MAC on the WORBHP website. If you cannot find the answer there, please submit your question and we will do our best to answer and post the question within 48 hours.




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