

REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

	CLINICAL CONSIDERATIONS
2020	DURING THE COVID-19 PANDEMIC
General	 The COVID-19 considerations apply to all patients with respiratory symptoms or in cardiac arrest. Paramedics should screen every patient using the "COVID-19 Screening Tool for Paramedics." Follow the Infection Prevention and Control practices outlined in the Training Bulletin Don appropriate PPE as indicated in the Training Bulletin for all airway procedures all cardiac arrests all patients with respiratory symptoms or hypoxia (SpO2 < 92%) all patients who have a positive screen for COVID-19
Airway Management & Ventilation	 Withhold CPAP. Withhold intubation (SGA and ETT) unless the patient is in cardiac arrest. Withhold suction via an endotracheal or tracheostomy tube unless using a closed system suction catheter. Withhold manual ventilation in any spontaneously breathing patient unless severe hypoxia (SpO2 < 85%) is not improving with other therapies. Administer naloxone for patients with opioid toxicity and inadequate respiration. Apply an in-line filter as close to the patient as possible when providing manual ventilation. Pause BVM ventilation to face mask or SGA when transporting a patient through public buildings.
Resuscitation	 Withhold chest compressions during advanced airway insertion. Insert either SGA or oral ETT as soon as possible in cardiac arrest. When an SGA is used, the gastric/suction port should be occluded prior to insertion. Use the advanced airway technique with which you are most comfortable.
Oxygen Therapy	 Use a maximum of 6 L/min oxygen via nasal cannula. Use a maximum of 15 L/min via non-rebreather mask or BVM. Preferentially use high concentration/low flow masks with a hydrophobic submicron filter for patients who require high concentration oxygen.
Medication Administration	 Withhold endotracheal medications. Withhold nebulized medications. Withhold intra-nasal and buccal medication administration when alternative routes exist. Use an MDI with spacer for patients without a cough who are in severe respiratory distress due to bronchoconstriction.
Hospital Bypass	 Transport STEMI patients with chest pain consistent with myocardial ischemia/myocardial infarction directly to a cardiac centre if they meet all the documented indications and none of the contraindications.

This is a summary. For complete information, see the most recent MAC memo, "Considerations for Paramedics Managing Patients during the COVID-19 Pandemic" and the Ministry of Health Training Bulletin - Novel Coronavirus (COVID-19) Issue Number 120.