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 (OBHG MAC)

Special acknowledgement to author: Dr. Rick Verbeek

DATE: February 3, 2020

RE: **Considerations for Paramedics Managing Patients with Possible Novel Coronavirus (2019-nCoV)**

This memorandum is intended to provide considerations and critical thinking perspectives for paramedics regarding the application of medical directives when managing patients who have failed the novel coronavirus "(2019-nCoV) Screening Tool" found in the Ministry of Health Training Bulletin No. 120 – Novel Coronavirus (2019-nCoV) (training bulletin). These considerations apply only to these patients, and 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 Advance 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) Patients who fail 2019-nCoV screening represent extenuating circumstances.

On January 25, 2020, active screening for possible 2019-nCoV 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 2019-nCoV. As with any patient who has a history suggestive of a febrile respiratory illness, paramedics should follow personal protective equipment (PPE) recommendations issued by your Service which must be compatible with Infection Prevention and Control practices outlined in the Patient Care and Transportation Standards v2.2 as well as the training bulletin.

Paramedics should document epidemiologic and clinical information on their Ambulance Call Report (ACR) that led to the conclusion the patient is at risk for 2019-nCoV infection, as well as the results of the "(2019-nCoV) Screening Tool" using the ACR codes found in the training bulletin.

Paramedics should **CONSIDER** the following when applying medical directives to patients at risk for 2019-nCoV infection. The word "**CONSIDER**" indicates that a paramedic should provide care consistent with the context of the treatment considerations 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 if necessary.

Paramedic 2019-nCoV Treatment Considerations

A paramedic may **CONSIDER** use of these treatment considerations in a patient who has failed the 2019-nCoV screening tool.

1) Considerations for Assisted Ventilation

A Paramedic may **CONSIDER** assisted ventilation.

Indications

Respiratory rate ≥40 breath per minute **OR** <6 breath per minute

AND

(a) SpO_2 <85% (with oxygen administration)

OR

(b) $EtCO_2$ ≥50mmHg (if available) **AND** $EtCO_2$ increases by a further 5mmHg (if available)

Conditions

Bag Valve Mask (BVM) Ventilation			**Airway Adjunct**	
Age	N/A		Age	N/A
LOA	N/A		LOA	N/A
HR	N/A		HR	N/A
RR	≥40 **OR** <6		RR	≥40 **OR** <6
SBP	N/A		SBP	N/A
Other	N/A		Other	Unable to establish an airway

Orotracheal Intubation (ACP only)			**Supraglottic Airway (if available)**	
Age	N/A		Age	N/A
LOA	N/A		LOA	GCS = 3
HR	N/A		HR	N/A
RR	N/A		RR	N/A
SBP	N/A		SBP	N/A
Other	Unable to adequately manage the airway using BVM.		Other	Unable to adequately manage the airway using BVM. Patient must in cardiac arrest. (PCP only) Absent gag reflex. (ACP only)

Contraindications

Bag Valve Mask (BVM) Ventilation		**Airway Adjunct**
N/A		Patient unable to tolerate

Orotracheal Intubation (ACP only)		**Supraglottic Airway**
N/A		Active vomiting
		Inability to clear the airway
		Airway edema

		Stridor
		Caustic ingestion

Treatment
CONSIDER assisted ventilation.

2) Considerations for Use of Salbutamol for treating patients with respiratory distress under the Bronchoconstriction Medical Directive

a) For mild-moderate respiratory distress **CONSIDER** withholding Salbutamol unless respiratory distress becomes severe with no cough.
b) 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.
c) For severe respiratory distress with cough (even without the need for assisted ventilation) **CONSIDER** administering IM epinephrine per the Bronchoconstriction Medical Directive. **CONSIDER** a maximum of 2 doses. CONSIDER withholding Salbutamol.

3) Considerations for Endotracheal Medications

a) **CONSIDER** withholding endotracheal medications in all circumstances.

4) Considerations for Endotracheal and Tracheostomy Suctioning

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

5) Considerations for Croup

a) **CONSIDER** withholding nebulized epinephrine in all circumstances.

6) Considerations for CPAP

a) **CONSIDER** withholding CPAP in all circumstances.

Best Regards,

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