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Assessment of Patients with Possible COVID-19: Auxiliary Medical Directive

On April 8th 2020, the Emergency Health Regulatory and Accountability Branch of the Ministry of Health released the ALS PCS version 4.7. Within this updated version is contained a new PCP and ACP auxiliary medical directive entitled **Assessment of Patients with Possible COVID-19**.

Please read the below questions and answers explaining the purpose of this directive and ongoing work that is occurring at SWORBHP, Regionally and Provincially in preparation for its potential authorization.

What is the purpose of this auxiliary medical directive?

This directive was developed as a strategy to help reduce a potential surge in patient volumes during the COVID-19 pandemic. This directive would allow paramedics to identify patients with COVID-19 symptoms and with lower acuity that could be released from care during a surge that would overwhelm the regular response system.

Why is it an auxiliary directive?

This is an auxiliary directive as surge may occur in different parts of the province or within a specific region within the province. As such, this allows for these affected areas to implement the directive when a surge occurs in a specific area.

Is SWORBHP authorizing this directive?

At this time, hospital occupancy rates, ED volumes and paramedic call volumes are lower than normal. As such, there is not a surge occurring related to the COVID-19 pandemic in the SWORBHP region. Given the intent of this directive is to reduce surge, there is no <u>current</u> need to authorize this directive.

What is being done to prepare for a potential surge in patient volumes due to COVID-19?

- 1. Education
 - a. is being released to all Services who are interested in having this as an auxiliary directive shortly. All active paramedics within the Service would be required to complete the training prior to Service wide implementation if the directive is authorized.



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- 2. <u>Alternative Patch Logistics</u>
 - a. SWORBHP is looking at ways to make our current patch system within the Region more amendable to increased patch volumes and the time required for any release on scene patch calls. This would be a centralized system with one dedicated patch physician on call for the entire Region.
- 3. <u>Triggers for Authorization</u>
 - a. SWORBHP is working with various Regional stakeholders to develop criteria for triggering the authorization of this directive. This includes, but is not limited to paramedic call volumes, ED volumes, off-load delay times, hospital occupancy.

Once I finish the education component of this directive, can I use this directive?

No. Education is being completed in anticipation of a potential surge. If a surge does occur as identified by key metrics, the directive will be authorized and paramedics will be able to utilize it immediately after authorization.

Are there any risks to patient safety with this directive?

As with all things in the medical world, there is always risk. Risk can be mitigated but never eliminated completely. The COVID-19 screen does not have a high specificity. What this means is that it will also capture many other disease processes that are not COVID-19 through a positive screen. As a result, there is inherent risk to patient safety, as many other diseases requiring ED assessment, investigations, treatments and or hospitalizations could also result in a positive COVID-19 screen. In a pandemic surge, the benefits of this directive would outweigh the risks to patient safety.

Why am I required to do education if it isn't currently authorized?

Completing the education beforehand will allow for an instant implementation of this directive into practice if the need arises. In addition, there is a great deal of valuable information contained within the education package that will be helpful in your everyday practice.

Will the Nasopharyngeal Swabs component of the directive be implemented?

SWORBHP will work with each Service if this component of the directive is requested. This requires multiple local stakeholder collaboration that would be unique to each Service.