COVID-19 Auxiliary Medical Directive Frequently Asked Questions

1. What is the intent of this directive?

In response to the COVID-19 virus, the health care system is adapting alternate models of care to safely manage patients who present with respiratory symptoms should the need arise due to surge in patient volumes that may overwhelm the existing system. The new auxiliary medical directive is designed to help manage the increased volume of patients presenting with COVID-19 symptoms safely at home, lessening the burden on transport and the pressures in the Emergency Department (ED).

In addition, by allowing release from care of low acuity COVID-19 patients the directive helps limit potential further exposure of paramedics, ambulances, equipment and hospital staff.

This directive applies to all patients who have screened positive (failed screening) by using the most up-to-date screening tool as directed by the Ministry of Health (MOH), or for patients who have a confirmed COVID-19 positive test (swab confirmed positive).

COVID-19 Resource: Screening

http://www.health.gov.on.ca/en/pro/programs/emergency_health/edu/COVID_19_screening.aspx

2. Who does this directive apply to?

Any patient/Substitute Decision Maker (SDM) who has capacity and is assessed (CTAS is determined once you have completed your history and assessments) to be a:

CTAS 4 or 5

OR

CTAS 3 patient with mild or no respiratory complaints* ***AND *no comorbidities*

AND

Has screened COVID-19 positive (failed COVID-19 screening) or is known to be COVID-19 positive (swab confirmed positive).

**If you attend to a CTAS 3 patient who meets the criteria to stay home under the COVID-19 auxiliary medical directive, a Base Hospital Physician (BHP) patch for consultation is mandatory before the patient can be left at home with instructions for appropriate follow up. The physician may discuss the risks of release from care and may assist in care planning for the patient.

This applies to the CTAS level of the patient after a complete history and assessment of the patient.

CTAS Assessment Resource: Paramedic Guide

http://www.ontariobasehospitalgroup.ca/Provincial-Standards/Downloads_GetFile.aspx?id=18042

Determine the CTAS

a) Patient complaining of a sore throat, cough, SpO2 96% on room air, fever 38.3 C, HR 76 full, regular, BP 124/76, RR 18 regular, no past medical history

Answer: CTAS 4 due to low grade fever in no distress and other vital signs are within normal limits

b) Patient complaining of cough, chills, chest pain upon inspiration, recent test COVID-19 positive, SpO2 95% on room air, Temp 37.4 C, HR 68 full, regular, RR 16 regular, BP 112/68, no past medical history

Answer: CTAS 3 due to the patient's complaint of chest pain on inspiration

Determine the Correct Patient Disposition

a) Patient complaining of cough, mild SOB, SpO_2 95% on room air, fever 39 C, HR 98 full, regular, RR 20 deep, regular, BP 130/88, history of Asthma

Answer: BHP patch and consider release of care as per the COVID-19 auxiliary medical directive as the patient is a CTAS 3 with mild respiratory distress

b) Patient complaining of sore throat, cough, SpO_2 96% on room air, fever 38.3 C, HR 82 full, regular, RR 18 regular, BP 128/80

Answer: Consider release of care as per the COVID-19 auxiliary medical directive as the patient is a CTAS 5

c) Patient complaining of cough, mild SOB, SpO_2 94% on room air, HR 86 full, regular, RR 20 regular, BP 108/72, currently on Cancer medication

Answer: Transport due to immunocompromised condition as per the COVID-19 medical directive as the patient is a CTAS 3 with immunocompromise

3. What are the critical points to include in a BHP patch?

Paramedics are expected to provide an organized patch including the following information as outlined in the auxiliary medical directive and to state up front that this is a patch under the COVID-19 auxiliary medical directive.

When a patch is made to the BHP, the Paramedic will provide the following (refer to Appendix A for a table outlining the required information in a BHP patch):

- Age (gender)
- patient's COVID-19 screening result
- travel history

- history of illness and symptoms
- past medical history
- vital signs
- additional assessment findings, including respiratory assessment
- patient and/or SDM's wishes and follow-up plans (if known)

The patch to base hospital physician standard as per the BLS PCS standard (p. 18), http://www.health.gov.on.ca/en/pro/programs/emergency_health/docs/basic_life_support_patient_care_standards_v3_2_en.pdf, can also provide additional support.

4. What are the ways to mitigate potential risks of releasing the patient from care under this auxiliary medical directive?

We recognize that this is the first 'treat, educate and release from care' medical directive in the province outside of the special events medical directives, which may cause some uncertainty with regards to its application. We ask that you utilize your clinical judgment when applying this auxiliary medical directive. Best practice includes a full assessment, appropriate application of the auxiliary medical directive and a well documented follow up care plan that includes follow up with the Local Public Health Unit, education of self-isolation and symptom management.

Best practices includes, before release from care, the patient should be able to:

a) verbalize/communicate an understanding and appreciation of their clinical situation
b) verbalize/communicate an understanding and appreciation of the applicable risks
c) verbalize/communicate the ability to make an alternate care plan
d) verbalize/communicate an understanding of how to self-isolate for 14 days

A conversation with your patient surrounding risks should include determinations that they have capacity (see Aid to Capacity Assessment in ACR Completion Manual), that they are free to make decisions related to their care, and to outline the health risks related to release from care. Finally, the patient should be instructed to call 911 (ensuring they have the means to call) if their health status changes. All of this should be fully documented in the ACR.

Follow the principles of consent/refusal:

- patient has capacity (described above; link to aid to capacity assessment in the ACR completion manual below)
- relates to patient disposition decision (in this case)
- informed (fully informed; not just what the patient asks)
- voluntary (without coercion/threats)
- without misrepresentation or fraud (open and honest, as unbiased as possible)

Additional Resources

Self-isolation guidelines as per Ontario Public Health

https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources

ACR Completion Manual: Aid to Capacity Assessment (51)

http://www.health.gov.on.ca/en/pro/programs/emergency_health/docs/ehs_acr_completion_man_v3_en.pdf

5. What documentation steps are required should a patient elect to not be transported with or without treatment as per the COVID-19 auxiliary medical directive?

Documentation must include the patient's understanding of the clinical situation, applicable risks, and alternate care plan. In addition, the patient/SDM's capacity assessment must be assessed and documented in the Remarks section of the ACR.

Clearly document the conversation about symptom management, instructions to contact Public Health, possible family physician follow up, and specific symptoms to monitor in the Remarks section of the ACR.

- Describe all aid to capacity assessments completed and who they refer to (i.e. patient or SDM),
- Describe all actions taken with regards to the directive,
- Describe all discussions had with the patient with regards to the directive,
- Describe the alternate care plan discussed with the patient/SDM including a plan to self-isolate for 14 days.

Review the Aid to Capacity Assessment section of the ACR Completion Manual for information on what to document.

ACR Completion Manual: Aid to Capacity Assessment (51)

http://www.health.gov.on.ca/en/pro/programs/emergency_health/docs/ehs_acr_completion_man_v3_en.pdf

***Example*: Statement for Paramedic's to document for the Treat, Educate and Release from Care**

Under the Remark/Orders section of the ePCR/ACR, please document the following:

A full assessment has been completed on the patient (+/- a consultation with a Base Hospital Physician) who meets the auxiliary medical directive for Assessment of Patients with Possible COVID-19, and they will be released from care. The patient has been educated on the following: symptom management and the possible progression of symptoms, how to perform self-isolation, including all members living in the same household. They have been provided with information regarding their local assessment centres and contact information for their local Public Health Unit should they require further information. The patient has been instructed that should symptoms become unmanageable at home, they can call their family doctor, Telehealth, Public Health Unit or 911. The patient (or SDM) understand the potential benefits/ risks and an alternate care plan. *(Document specific risks and care plan discussed)*

6. Do I need to obtain a signature to release a patient from care under the COVID-19 auxiliary medical directive?

If following this auxiliary medical directive and the patient remains at home, there is **NO** need to acquire a refusal signature. However, assessment of capacity should be documented in the remarks section of the ePCR along with the additional information listed in FAQ #5 above.

In addition to this information, there will be a new 'code' added to the ACR shortly which will allow us to track calls specific to this COVID-19 auxiliary medical directive; we ask that you utilize it when releasing a patient from care under this directive.

Refusal of Transport of Patient

If a patient initiates a refusal of treatment and/or transport outside of this auxiliary medical directive, the completion of the aid to capacity including patient/SDM signatures are required as well as appropriate documentation in the remarks of any discussions with the patient/SDM regarding the refusal.

> ***Example***: Hypoglycemic diabetic patient has screened positive for COVID-19 (failed screening), is treated and regains consciousness (GCS 15). This may lead to either a refusal or transport. Regardless of the patient's decision, it is important to proceed with assessment, treatment and documentation as per your usual process.

7. What are the comorbidities included for consideration in the COVID-19 auxiliary medical directive?

Hypertension, coronary artery disease, cerebrovascular disease, diabetes, chronic lung disease, chronic kidney disease, immunocompromised (this list may not be all inclusive; if uncertain consider transport or a patch to the BHP for consultation)

8. What patients are considered immunocompromised?

Patients who state that they are immunocompromised, cancer treatment with past 6 weeks, HIV/AIDS, organ transplant patient on immunosuppressive medication (if uncertain consider transport or a patch to the BHP for consultation).

Examples of immunosuppressive medications (this list may not be all inclusive)

- corticosteroids (prednisone, dexamethasone)
- cyclosporine
- tacrolimus (Prograf)
- mycophenolate (CellCept, Myfortic)
- antibody therapy

9. How is mild respiratory distress is defined?

Dyspnea, SOB on exertion, no obvious increased work of breathing, able to speak full sentences, RR < 22 bpm, $SpO_2 \geq 94\%$

10. What does symptom management mean?

Specific to COVID-19 related symptoms.

The patient should be able to complete activities of daily living at home by themselves, or with assistance from family. The patient should have the necessities of sustenance (food, water, warmth, shelter, etc.).

Patients should be informed of the possible progression, sometimes rapid progression, of their specific illness or complaint, in addition to progression of respiratory symptoms related to COVID-19, and given information for contacting PH, primary care (if able), paramedics, or arranging transport to the ED if they are able.

Please provide follow up instructions as per your Regional Base Hospital.

Be aware that many COVID-19 symptoms are non-specific and can be related to many other pathological processes in combination or on their own. This may require emergent assessment, investigations and treatment to discern as to whether or not these symptoms are related to COVID-19 or other emergent/urgent pathologies.

COVID-19 Symptoms may include but are not limited to:

- Fever
- Dry cough
- Shortness of breath
- Fatigue
- Lack of appetite
- Body aches
- Sore throat
- Stuffy/runny nose
- New vomiting/diarrhea/abdominal pain with no pre-existing condition
- Loss of smell/taste disturbance

Additional Resources

- https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources
- https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html
- https://www.toronto.ca/home/covid-19/covid-19-health-advice/

11. Who might benefit from ED assessment regardless of meeting criteria within the directive?

Paramedics are encouraged to use sound clinical judgment and if required, or they are uncertain, consider consultation with a BHP. Patching to a BHP for consultation can help identify patients who may require ED referral for assessment versus non-transport or alternate follow-up for patients with capacity.

12. What if a patient meets the criteria to stay at home but still wants transport to the hospital?

Ultimately, the patient has a right to seek medical services as required. If the patient is still requesting transport, then they should be transported to the Emergency Department for assessment.

13. What if the patient agrees they should not go to the hospital but still requires management/treatment for their complaint (ex. chronic pain, sprained ankle, etc)? What resources can be provided?

This directive is for COVID-19 symptoms only. If the patient does **not** meet the indications/conditions of this directive, treat the patient as per usual process/medical directives.

14. Where can I find the latest MOH approved COVID-19 Paramedic Screening Tool?

You can find the Paramedic Screening Tool on the OBHG mobile app as well as at the following:

http://www.health.gov.on.ca/en/pro/programs/emergency_health/edu/COVID_19_screening.aspx

15. Can a pregnant patient be considered for release from care under the COVID-19 auxiliary medical directive?

No, these patients should all be transported to hospital.

Nasopharyngeal Swabs

1. **Who can perform a nasopharyngeal swab?**

   Only those paramedics who have received education, are authorized and supplies are locally available to perform a nasopharyngeal swab with appropriate PPE, may do so. The decision to swab a patient will differ between public health units.

   If a Paramedic Service, in collaboration with the RBH and local public health unit, decides to participate in a public health unit screening program additional training will be provided at the local level.

2. **What is a nasopharyngeal swab?**

   A nasopharyngeal swab is used to collect a sample in order to test for the presence of the COVID-19 virus as well as a number of other respiratory viruses. There are specific guidelines to follow which may differ between Local Public Health units depending on collection process/requirements, testing criteria as well as supplies.

   For your interest:
   - https://www.ottawapublichealth.ca/en/professionals-and-partners/how-to-collect-a-nasopharyngeal--np--swab.aspx
   - https://www.youtube.com/watch?v=DVJNWefmHjE

3. **For paramedics who are authorized to perform nasopharyngeal swabs please refer to the conditions and contraindications listed below.**

CONDITIONS:

Nasopharyngeal Swab	
Age	N/A
LOA	N/A
HR	N/A
RR	N/A
BP	N/A
Other	Transport of patient not intended at time of swab **AND** Meets COVID-19 testing criteria or as requested by local Public Health

CONTRAINDICATIONS:

Nasopharyngeal Swab
Patient or SDM (substitute decision maker) does not provide consent.
Current epistaxis or recent significant facial trauma.

Putting It All Together

Case 1
75-year-old female living in retirement home calls 911 complaining of chills, cough and SOB with mild chest pain on respiration

History provided
- Medical history: Mild asthma, hypertension, coronary artery disease, Atrial Fibrillation
- Medications: Metoprolol, Warfarin, ASA, Perindopril
- Allergies: Penicillin
- Vital signs: HR 70 full, irregular, BP 130/80, RR 18 shallow, regular, SpO_2 95% on room air, Temp 36.7 C, GCS 15
- Physical Exam: Looks well, flushed, mild increased work of breathing on exertion, lung sounds are clear bilaterally apex to base, abdomen is soft non-tender

Appropriate decisions as per the COVID-19 auxiliary medical directive:

1. CTAS Score:
   - CTAS 3 due to non-cardiac chest pain with mild SOB
2. Based on the COVID-19 auxiliary Medical Directive this patient has the following comorbidities/ respiratory distress/immunocompromised:
   - Comorbidities - Hypertension, coronary artery disease
   - Respiratory distress – mild due to increased work of breathing on exertion
   - Immunocompromised - none
3. Consider the following assessments for this patient:
   - 12-Lead ECG, vital signs, physical exam
4. BHP Patch:
   - No BHP patch is required under this medical directive as the patient should be transported to the closest hospital as per the medical directive as they are a CTAS 3 with co-morbidities
5. The appropriate disposition for this patient as per the COVID-19 auxiliary medical directive would be:
   - Transport to closest hospital due to CTAS 3 with co-morbidities
6. Documentation required:
   - Fully document patient assessments, treatments, rationale for transport under the COVID-19 auxiliary medical directive

Case 2
6-year-old female patient; mother calls 911 concerned that her daughter has COVID-19 and a cough. CACC COVID-19 screening is positive (failed screening)

History provided
- Patient has had a cough for 3 days with low grade fever
- Medical history: none
- Medications: none
- NKDA
- Vitals: HR 98 full, regular, RR 20 deep, regular, BP 100/50, SpO2 97% room air, Temp 38.7 C,
- Physical exam: Patient looks well, no obvious increase work of breathing, lung sounds are clear bilaterally apex to base

Appropriate decisions as per the COVID-19 auxiliary medical directive:

1. CTAS Score:
   - CTAS 4; due to temp ≥ 38.5 C in no distress; SpO2 ≥ 94% with no respiratory distress

2. Based on the COVID-19 auxiliary Medical Directive this patient has the following comorbidities/respiratory distress/immunocompromised:
   - Comorbidities - None
   - Respiratory distress – None
   - Immunocompromised - None

3. Consider the following assessments for this patient:
   - Vital signs, physical exam

4. BHP Patch:
   - No, this patient is CTAS 4 so there is no mandatory BHP patch to consider release from care as per the COVID-19 auxiliary medical directive

5. The appropriate disposition for this patient as per the COVID-19 auxiliary medical directive would be:
   - Release from care with the following information provided to the SDM.
   - Contact information for their Local Public Health, education on self-isolation and symptom management, and information for accessing assessment centre, if worse can call 911 again

6. Documentation Required:
   - Document, at a minimum, the following information on the ePCR:

     Aid to capacity assessment and SDM comfort with decision, document plan of care in remarks section, document what symptoms the patient/SDM should watch for, document that the patient/SDM is aware they can call back 911 if condition worsens

Example: Statement for Paramedic's to document for the Treat, Educate and Release from Care of a Patient

Under the Remark/Orders section of the ePCR/ACR, please document the following:

A full assessment has been completed on the patient, (+/- a consultation with a Base Hospital Physician) who meets the auxiliary medical directive for Assessment of Patients with Possible COVID-19, and they will be released from care. The patient has been educated on the following: symptom management and the possible progression of symptoms, how to perform self-isolation, including all members living in the same household. They have been provided with information regarding their local assessment centres and contact information for their local Public Health Unit, should they require further information. The patient has been instructed that should symptoms become unmanageable at home, they can call their family doctor, Telehealth, Public Health Unit or 911. The patient (or SDM), understand the potential benefits/risks and an alternate care plan. ***(Document specific risks and care plan discussed)***

Appendix A

Below is a table outlining the information to communicate to the BHP during any patch associated with the COVID-19 auxiliary medical directive.

Information to include	**Examples**
Patient's COVID-19 screening results	Patient has screened positive as per the MOH COVID-19 screening tool ***OR*** confirmed COVID-19 positive through swab testing
Travel history	Has travelled in last 14 days; if so, where did they travel from? ***OR*** Has been in contact with anyone who has travelled in last 14 days
Current history of illness and symptoms	Pertinent findings related to current complaint/illness
Past medical history	Relevant medical history including medications
Vital signs and additional assessment findings; including respiratory findings	
Patient and/or SDM's wishes	Summarize discussions had with patient/SDM
Follow-up plans (if known)	Information provided regarding follow-up with local public health unit, family physician, etc