

Ministry of Health

# COVID-19 Guidance: Paramedic Services

Version 4 – October 1, 2020

## Highlights of changes

- Reference to [COVID-19 Reference Document for Symptoms](#)
- Reference to [Directives, Memorandums and Other Resources](#) page
- Expanded guidance on active paramedic screening
- New pre-shift screening guidance section added
- Updated Testing for COVID-19 guidance

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment. In the event of a conflict between this Guidance and a Directive of the Chief Medical Officer of Health, the Directive prevails.

- Please check the Ministry of Health (MOH) [COVID-19 website](#) regularly for updates to this document, the latest [COVID-19 Reference Document for Symptoms](#), mental health resources, other guidance documents and COVID-19 related information.
- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives.
- Additional information for paramedics can be found in the [Training Bulletin No. 120 – Novel Coronavirus \(COVID-19\)](#) and in the [COVID-19 Screening Tool for Paramedics](#).

## Screening

1. Central Ambulance Communications Centres (CACC)/Ambulance Communications Officers (ACO) are conducting active screening for COVID-19 and will communicate results with paramedics and receiving facilities.

- Note: In addition to Febrile Respiratory Enteric Illness (FREI) screening, ACOs in CACCs are conducting a supplemental COVID-19 specific screening based on the latest [COVID-19 Patient Screening Guidance Document](#).
2. Paramedics should also screen for COVID-19 using the latest [COVID-19 Screening Tool for Paramedics](#), which can be found on the Emergency Health Services (EHS) website, and communicate the results to CACC/ACO and receiving facility.

### **CACC screening over the phone:**

- When a suspect patient receives a "COVID-19 screen positive result" according to the [COVID-19 Patient Screening Guidance Document](#), the CACC will notify the responding paramedics crew.
- The responding paramedics should be appropriately protected using Droplet and Contact Precautions. Droplet and contact precautions includes gloves, face shields or goggles, gowns, and surgical/procedure masks.
- The CACC will determine the destination emergency department based on the acuity of the patient.

### **Active paramedic screening and risk assessment on scene:**

- A point-of-care risk assessment (PCRA) must be performed by every paramedic before every patient interaction. When conducting point of care risk assessments, paramedics should consider that transmission of COVID-19 can occur through direct or indirect contact, droplet and possibly when performing aerosol-generating procedures.
- If a patient screens positive on scene, the patient should be instructed to wear a surgical/procedure mask (if tolerated).
- In scenarios where result of patient screening is deemed "unknown" (e.g., unconscious patient or extreme language barrier) paramedics should be appropriately protected, at minimum using Droplet and Contact Precautions.
- If a patient suspected of COVID-19 is anticipated to require a necessary aerosol generating medical procedure (AGMP), paramedics should, based on a point of care risk assessment and clinical and professional judgement, change into an N95 respirator, or approved equivalent or better protection.
- Paramedics should notify the CACC and attempt to notify the receiving facility of probable cases so that precautions can be taken for the arrival of the patient.

- Point-of-care risk assessments should include considerations to determine whether an escort is permitted to accompany a patient in non-emergency scenarios.
  - The primary objectives in determining whether to permit an escort should be safety of the paramedic crew and patient wellbeing
  - Where a patient escort is permitted, escorts should be instructed to wear a surgical/procedure mask
- For more information on point-of-care risk assessments and required precautions please see [Directive #4](#).

### Pre-Shift Screening

- All paramedic staff should perform pre-shift self-assessments as per policy/procedures set by local paramedic service operators. Staff should be instructed to [self-monitor](#) for COVID-19 at home and at work and be made aware of early signs and symptoms as described by the [COVID-19 Reference Document for Symptoms](#)
- Staff who have symptoms that align with COVID-19 should complete the [self assessment tool](#) and go to an assessment center (e.g., emergency department and/or an [assessment center](#)) for testing.
- All staff who have been advised to self-isolate should contact their supervisor as soon as possible for further instructions.

## Testing for COVID-19

3. Some regions of Ontario may have policies in place allowing for paramedic services to participate in testing. Where absent, all testing for COVID-19 will take place in primary care clinics, hospitals or a testing location (e.g., emergency departments, drive-thru testing centres, and/or assessment centres).
4. If patients are referred to a hospital or an assessment centre, paramedics should make efforts to educate the patient on safe arrangements for travel to the hospital or testing location that maintains isolation (i.e., patient should wear a surgical/procedure mask and should not take public transit).

## Reporting

5. COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the [Health Protection and Promotion Act](#).

## Health & Safety

6. For all interactions within 2 meters with patients who screen negative, paramedics should be wearing a surgical/procedure mask and should consider use of eye protection (e.g., face shield or eye goggles).
7. If transporting or caring for a suspected COVID-19 patient, paramedics should use Droplet and Contact Precautions (surgical/procedure mask, long sleeved gown, gloves and eye protection). A fluid-resistant N95 respirator should only be used to perform aerosol-generating medical procedures.
8. If the initial assessment and triage by Emergency Department (ED) staff indicates that COVID-19 is suspected, the paramedics should continue Droplet and Contact Precautions (surgical/procedure mask, long sleeved gown, gloves and eye protection) until environmental cleaning and decontamination of the ambulance have been completed. These environmental cleaning and decontamination processes will be conducted according to local paramedic service policies.
9. Paramedic Services can consult [Patient Care and Transportation Standards](#) for additional information on infection prevention and control.
10. If COVID-19 is suspected or diagnosed in staff, return to work should be determined by the individual in consultation with their health care provider, the [local public health unit](#), and the [Quick Reference Public Health Guidance on Testing and Clearance](#) document.
  - a. Detailed occupational health and safety guidelines for COVID-19 are available on the Ministry of Labour, Training and Skills Development (MLTSD) [website](#).
11. Where a case involves staff considered likely to have been infected as a result of a workplace exposure, employers are reminded of their duty to notify the MLTSD, Joint Health and Safety Committee and labour union, as appropriate.