



Paramedic Working in the COVID-19 Immunization Clinic (CIC) Emergency Situations – Medical Directive

Medical Advisory Committee Approved: 05JAN2021

Harmonized

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Authorizing Prescriber(s)

Lakeridge Health (LH) Physician(s) for the COVID Immunization Clinic (CIC), Occupational Health (OH), Safety and Healthy Workplace Department (herein after referred to as Occupational Health) at LH.

Authorized to Whom

Paramedics working in the CIC and/or OH with the knowledge, skill, judgement to administer oxygen, administer intramuscular (IM) treatments, administer a substance by injection or inhalation, and administer oral or intramuscular (IM) treatments as per the Hypoglycemia Protocol ([Appendix B](#)).

Advanced care paramedics with the knowledge, skill and judgement to insert a Peripheral Vascular access device (PVAD) and administer a substance by injection including 0.9% NaCl Intravenous (IV) fluid and D50W IV.

Patient Description/Population

Any patient or Lakeridge Health colleague (LHC), 16 years of age and older, for which a peripheral vascular device and/or hypoglycemia protocol and/or oxygen administration is indicated as per the order table form in [Appendix A](#).

LHCs include:

- employees,
- privileged staff (physicians, dentists, midwives),
- volunteers,
- board members
- contract workers, and
- students

Order and/or Procedure

Delegated Controlled Acts within this medical directive:

- Performing a procedure on tissue below the dermis, below the surface of a mucous membrane
- Administering a substance by injection or inhalation

Document Sponsor/Owner Group: Interprofessional Practice, Date Approved 30DEC2020

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These procedures are not presented in sequential order; any one of or combination of the procedures below may be performed by an authorized healthcare professional as time permits until either an authorized prescriber or appropriate emergency response personnel are present.

Peripheral Venous Access Device Insertion (PVAD)

- Insert up to two peripheral vascular access device(s) and initiate fluid as per [Appendix A](#).
- Notify MRP and/or activate the appropriate emergency response as needed.

Oxygen Administration

- Patients/LHCs to achieve SpO₂ of 92-98%.
- Patients/LHCs with a known history of COPD to achieve SpO₂ of 88-92%.
- Notify MRP and/or activate the appropriate emergency response as needed.

Hypoglycemia Protocol

- Treat blood glucose levels less than 4 mmol/L as per the Hypoglycemia Protocol ([Appendix B](#)).
- Notify MRP, most responsible nurse and/or activate the appropriate emergency response as needed.
- Document a patient note:
 - **significant event** if blood glucose value 2.8 to less than 4 mmol/L
 - **critical event** if the blood glucose is less than 2.8 mmol/L
- Wait 15 minutes from treatment and repeat blood glucose sampling.

Indications to the Implementation of the Directive

- Any patient with indications for PVAD insertion including: acute chest pain, shortness of breath, signs of dehydration, altered level of consciousness, hypotension, requires intravenous medications or if an IV access is required in the professional judgment of the health care provider.
- Any patient with indications for oxygen administration including respiratory distress and/or evidence of hypoxemia. For adult patients: SpO₂ less than 92%; for COPD patients SpO₂ less than 88% or if oxygen is required in the professional judgment of the healthcare provider.
- Any patient/LHC exhibiting signs and symptoms of possible hypoglycemia or hyperglycemia indicating a need for capillary blood glucose sampling.
- Any patient/LHC, 16 years of age or older, with a blood glucose level less than 4 mmol/L

Contraindications to the Implementation of the Directive

The medical directive must not be implemented in the following circumstances:

- The patient refuses to consent to the procedure
- Procedure specific contraindications in the Order Table within [Appendix A](#)

Consent

The paramedic implementing the medical directive must obtain consent, if the patient is capable of providing it. In an emergency situation, if the patient is not capable of providing consent, the healthcare provider may administer treatment without consent if, in his or her opinion, all of the following are true:

- the patient is incapable with respect to the treatment;
- the patient is experiencing severe suffering or is at risk, if the treatment is not administered promptly, of suffering serious bodily harm; and
- it is not reasonably possible to obtain a consent or refusal on the person's behalf, or the delay required to do so will prolong the suffering that the patient is experiencing or will put the patient at risk of suffering serious bodily harm.

Documentation Requirements

In addition to standard documentation practices, the paramedic implementing this medical directive must document in the order section of the chart (if documenting electronically, document in assessment form or patient note) the following:

- The procedure performed on the patient
- The name of this medical directive
- The name of the implementer
- Legible signature of implementer including credentials (unless documenting electronically)
- Date and time (unless documenting electronically)

For example, July 20, 2017 1000 IV inserted and infusing 0.9% Sodium Chloride at 30 mL/hr as per Emergency Situations Medical Directive, B. Smith RRT

OR

July 20, 2017 2200 PIV inserted and infusing 0.9% Sodium Chloride at 30 mL/hr and Oxygen administered to keep SpO₂ between 88-92% as per Emergency Situations Medical Directive, K. Smith RN

Review/Evaluation Process

This medical directive is to be reviewed every two years by Interprofessional Practice.

References

Georgian Bay Hospital (2015). *Emergency Department Medical Directive: General Procedures.*

Georgian Bay Hospital (2015). *Emergency Department Medical Directive: General Procedures Order Table.*

Healthcare Consent Act, (1996). *Emergency treatment without consent.* S25

Neonatal Resuscitation Program (2016). Canadian Paediatric Society.

Rouge Valley Health System (2009). *Medical Directive & Delegated controlled acts- Management of Hypoglycemia & Obtaining venous sample to confirm point of care capillary glucose results for adult patients.*

Rouge Valley Health System (2008). *Medical Directive & Delegated Controlled Acts- Initiation of peripheral/central access intravenous access in a cardiac emergency.*

Regulated Health Professions Act (1991). S 27, 28(1) retrieved from:
<http://www.ontario.ca/laws/statute/91r18>



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These tables must not be used independently apart from the Medical Directive

Appendix A: Order Table Form

| Order | Indication | Contraindication |
|--|--|--|
| Initiate intravenous with 0.9% Sodium Chloride to saline lock OR 0.9% Sodium Chloride at 30 mL/hr | Acute chest pain, shortness of breath, signs of dehydration, altered level of consciousness, hypotension, requires intravenous medications Or, if an IV is required in the professional judgment of the health care provider. | |
| Oxygen Administration | All patients: Respiratory Distress, Evidence of hypoxemia All Patients (except COPD patients): SpO ₂ less than 92% COPD Patients: SpO ₂ less than 88% Or, if oxygen is required in the professional judgment of the healthcare provider. | All Patients: SpO ₂ 99-100% COPD patients: SpO ₂ greater than 92% |



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| Order | Indication | Contraindication |
|---|--|-------------------------|
| Capillary Blood Glucose sampling | Patient exhibiting signs and symptoms of possible hypoglycemia or hyperglycemia. | |
| Hypoglycemia Protocol (refer to the Protocol in Appendix B) | Any patient with a blood glucose less than 4 mmol/L | |



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Appendix B: Hypoglycemia Protocol

| Conscious patient and not NPO | | |
|--|----------------------------|---|
| | Blood Glucose Level | Treatment |
| Mild-moderate hypoglycemia | 2.8 to less than 4 mmol/L | Four glucose 4 g tablets = (16 g) OR 3 packets of sugar* (15 g) in 60 mL water |
| Severe hypoglycemia | Less than 2.8 mmol/L | Five glucose 4 g tablets = (20 g) OR 4 packets of sugar* (20 g) in 60 mL water |
| Patients with depressed level of consciousness, NPO or with difficulty swallowing | | |
| IV access | 2.8 to less than 4 mmol/L | D50W 30 mL IV below the drip chamber over 1 - 3 minutes |
| IV access | Less than 2.8 mmol/L | D50W 50 mL IV below the drip chamber over 1 - 3 minutes |
| Without IV access | Less than 4 mmol/L | Glucagon 1 mg IM (unless anaphylactic or hypersensitive to Glucagon) |
| *Sugar is not the preferred choice and cannot be used for patients treated with Acarbose | | |