

 Shared health Soins communs Manitoba	X01 - POLICY & PROCEDURE (SECTION A) CHANGE TRACKING	
	Version date: 2024-01-25	Publication Date: 2024-02-13

A01 - OVERVIEW OF CLINICAL CARE
<p>2023-10-22:</p> <ul style="list-style-type: none"> • Simplified language and alignment with CPMB regulations & practice directions • Title change <p>2022-08-25:</p> <ul style="list-style-type: none"> • Compliance statement moved out of header to become policy & procedure A03 • Work scope statement added to header • Clarification of definitions (care map, standing order, delegation) • Removal of “interim order” from definitions (replaced by instruction to consult medical lead) • Addition of EMR work scope identifier to section A, note 8. • Clarification of responsibility when co-signing PCR <p>2022-03-14:</p> <ul style="list-style-type: none"> • Minor reformatting (removal of change tracking from care map) <p>2022-01-05:</p> <ul style="list-style-type: none"> • Addition of compliance statement • Temporary removal of advanced work scope • Definition of standing order (medication document) and interim order. • New work scope 3-letter indicators & statement (appendix A) <p>2021-06-01:</p> <ul style="list-style-type: none"> • Clarification of standing orders and temporary delegations • Inclusion of section on scope of work • Reformatted <p>2021-01-29:</p> <ul style="list-style-type: none"> • New note 2 added to Section B regarding medication administration <p>2021-01-08:</p> <ul style="list-style-type: none"> • Consolidation and revision / reformatting of previous A01 and A02. • Alignment with College of Paramedics regulatory authority • Clarified definitions, standardized terminology, and age ranges • Adjustment to patient monitoring expectations <p>2017-05-04:</p> <ul style="list-style-type: none"> • Original version
A02 — OLMS & PHYSICIAN ORDERS
<p>2022-12-19:</p> <ul style="list-style-type: none"> • Deleted (replaced by A07 & A08) <p>2022-08-25:</p> <ul style="list-style-type: none"> • Compliance statement moved out of header to become policy & procedure A03 • Work scope statement added to header • Clarification of standing order and delegation)

- ~~Removal of “interim order” (replaced by direction to consult medical lead)~~
- ~~Clarification of on-scene physician role~~

2022-03-14:

- ~~Minor reformatting (removal of change tracking from care map)~~

2021-12-12:

- ~~A02.1 and A02.2 combined~~
- ~~Scope of work section replaced by compliance statement in header~~
- ~~Affiliated physicians defined~~
- ~~STARS TP now provides support for all trauma bypass candidates~~

2021-06-01:

- ~~Clarification of standing orders and temporary delegations~~
- ~~Reformatted~~

2021-01-13:

- New document

A03 - HIGH ALERT MEDICATION

2023-12-15:

- New

~~A03 - COMPLIANCE~~

2023-10-10:

- Deleted (covered by CPMB regulations & A06)

2022-07-12:

- ~~New policy replaces compliance statement previously in each individual care map and standing order~~

A04 - TRANSPORTING MENTAL HEALTH PATIENTS

2023-10-20:

- Identifier legend at bottom of flow chart replaces work scope statement in header

2022-09-08:

- New

A05 - TREATMENT & TRANSPORT REFUSALS

2024-01-18:

- Emphasis on refusals
- Identifier legend at bottom of flow chart replaces work scope statement in header

2022-09-08:

- Compliance statement moved out of header to become policy & procedure A03
- Work scope statement added to header
- Simplified flow chart
- Further clarification around principles of valid consent, capacity, and mature / emancipated minors
- Removal of table A (no current treat & release protocols)
- Appendix A converted to reference H05

2022-03-14:

- Minor reformatting (removal of change tracking from care map)

2022-01-05:

- New document

A06 - EMS WORK SCOPE

2024-01-25:

- Asthma up to 5 years of age added to footnote “g”
- Manual defibrillation added to primary work scope
- Procedures removed from intermediate work scope: deep pharyngeal suctioning; nasal packing; needle decompression; tooth re-implantation; tissue adhesive; and vaccine administration
- Medications removed from ERS formulary: diphenhydramine, insulin, and tetracaine removed

2023-10-22:

- Retitled
- Preamble removed & abbreviations standardized to eliminate duplication and align with CPMB regulations and practice directions
- Temporary exemption for EMRs to insert BIAD (iGel) during COVID pandemic has now elapsed
- Cardiac rhythm interpretation during cardiac arrest removed from PCP work scope as ERS-based training not provided
- Bullet point j (“Do not establish IO only to give medication”) removed as unnecessary for this document
- Footnote f (Only during the IERHA Paramedics Providing Palliative Care pilot project”) removed as project is completed

2023-06-08:

- Correction to include IM epinephrine for asthma
- IM route added for dimenhydrinate

2023-02-13:

- Exemption for nebulizer use during COVID for croup
- Addition of indication & route for each medication
- Clarification regarding administration of IO meds when IO not already established (footnote j)
- Clarification of work scope for midazolam (procedural sedation - ICP only)

2022-11-01

- Removal of manual positioning for uterine inversion

2022-07-25:

- Parenteral fentanyl can now be administered with primary work scope

2022-07-12:

- Compliance statement moved out of header to become policy & procedure A03
- Work scope statement added to header

2022-04-07:

- Revised preamble language more closely aligned with CPMB regulations
- “By injection into a subcutaneous port” at primary & intermediate scope added
- Nitroglycerin and IN glucagon require OLMS consultation at basic scope added
- Amiodarone for post arrest (ROSC) and stable VT or WCT at intermediate scope added
- Transport with established running central line at primary scope added
- “Injection into central line” revised (“during critical situation” removed)
- Hydromorphone removed and replaced by new table D for all medications during patient transport

2022-03-14:

- Removal of nitroglycerin from basic (EMR) work scope
- Minor reformatting (removal of change tracking from care map)

2022-02-02:

- TEMPORARY removal of advanced work scope and related medical functions to facilitate the urgently needed and complex task of revising all the clinical document.
- Specification of procedures for obstetrical emergencies & wound repair with tissue adhesive.
- Expanded list of established devices that can be managed during patient transport.
- Addition of IV fluid with & without added electrolytes
- Addition of calcium chloride for magnesium toxicity
- Addition of furosemide, haloperidol, and hydrocortisone at primary level
- Removal of IM epinephrine for bronchospasm & glucagon for anaphylaxis due to lack of evidence of benefit
- Removal of amiodarone for stable VT
- Remdesivir & tocilizumab moved to established medication infusions (G01)

2021-11-17:

- Addition of oral hydromorphone to PCP scope of work with an interim order
- Addition of remdesivir and tocilizumab for COVID pandemic

2021-08-13:

- Addition of gastric tube insertion through i-Gel airway
- Correction of midazolam to PCP level

2021-06-01:

- New document

A07 - WHO TO CALL (CLINICAL SUPPORT)

2024-01-14:

- New

A08 - WHO CAN GIVE ORDERS (STANDING ORDERS & DELEGATIONS)

2023-11-25

- New

A09 - AEROSOL GENERATING MEDICAL PROCEDURES

2024-01-12:

- Inclusion of influenza, ILI, RSV, and TB
- Correction of CPAP when COVID not suspected (removal of “on interfacility transfer”)

2023-09-17:

- Retitled (from MEDICAL PROCEDURES DURING COVID)
- Salbutamol by nebulizer may be used in young children who cannot comply with MDI administration

2022-10-07:

- Addition of nebulized epinephrine for croup
- Revised directions for CPAP and PPV based on COVID status
- Clarification of unknown COVID status
- Removal of reference to laryngoscopy for foreign body removal
- Note about avoiding AGMP in public spaces

2022-07-12:

- Compliance statement moved out of header to become policy & procedure A03
- Work scope statement added to header

2022-05-06:

- PPV without sealing the airway can be considered in appropriate cases
- Clarification that CPAP is not recommended with positive or unknown COVID status
- Addition of sublingual medication administration & BiPAP to permitted procedures
- Link to new C12 (removal of reference to E23)

2022-03-14:

- Minor reformatting (removal of change tracking from care map)

2021-12-14:

- Reformatting only; no content change

2021-10-02:

- CPAP ventilation during IFT in a patient tested negative for COVID-19 that day is now allowed with extended PPE
- Addition of scope of work statement

2021-05-12:

- Intranasal medications now permitted procedure

2020-07-07:

- Clarification of situations requiring droplet & precaution PPE
- Inclusion of oxygenation by NRB mask as permitted procedure
- Clarification regarding newborn PPV

2020-05-05:

- Regrouped & reordered for quick access
- Reference to Shared Health policy on PPE definitions (removal of same)
- Clarification based on consensus for defibrillation, chest compression and nitroglycerin administration

2020-04-13:

- New document