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February 14, 2022

To: Ontario Health Regional Leads, Paramedic Service Chiefs,
First Nations, and Ornge

From: Susan Picarello
Assistant Deputy Minister
Emergency Health Services Division

Peter Kaftarian
Assistant Deputy Minister
Hospitals and Capital Division

RE: Paramedic Guidance for Addressing 9-1-1 Patient Flow
Issues in Hospitals due to COVID-19 Omicron Variant

To begin, we would like to acknowledge the ongoing efforts of paramedics, ambulance services and regional base hospitals throughout the province in response to the spread of the Omicron variant. As we work together to manage and protect the capacity of Ontario's hospitals and emergency health services (EHS), the Ministry of Health (ministry), in collaboration with Ontario Health and other partners, are releasing guidelines for strategies to address offload delays and enable ambulance resources to return to the community quickly to respond to 911 calls.

The implementation of strategies below for addressing the current pressures in hospitals and EHS will vary across communities, depending on local collaboration and capacity. The ministry encourages paramedic services and their hospital partners to utilize existing resources for tailored solutions that meet the needs of their community and specific patient populations. Furthermore, the ministry recommends collaboration with regional base hospitals to support seamless care from the pre-hospital environment to the entire patient care journey.

These solutions may be in place for short-to-medium term implementation to meet service delivery demands, with the ministry assessing alignment to provincial strategies for potential long-term implementation.

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Paramedics will continue to provide patient care in accordance with published ministry standards referenced under O. Reg 257/00 as made under the Ambulance Act. For patient care or paramedic practices outside of the current published ministry standards, paramedic services are required to consult and seek approval from the ministry. Inquiries can be directed to ParamedicStandards@ontario.ca.

Transport to Other Hospital Destinations

In accordance with the *Patient Care and Transportation Standards v2.6* and the *Basic Life Support Patient Care Standards v3.3* published by the ministry, as those documents may be amended from time to time, paramedic services are encouraged to consider destinations outside of the emergency department **capable of providing the medical care apparently required by the patient**.

Options should be limited to hospital-based facilities¹ such as urgent care centres and clinical assessment centres. Considerations for implementation include:

- updated patient priority systems;
- agreement between respective hospital(s) and paramedic service(s); and
- activation and deactivation thresholds for initiating transport to these destinations and a plan for return-to-normal service.

Paramedic Monitoring of Multiple Patients during Offload Delays

As ambulances face increasing offload times in hospitals, expansion of consolidation (“batching”) of patients during offload delays may be considered as a strategy to enable paramedic crews to return to service more promptly. The ministry understands that this practice has been used by various paramedic services across the province. Hospitals and paramedic services that are considering further expansion and formalization of the batching of patients may work towards establishing a memorandum of understanding (MOU) between the hospital(s) and paramedic service(s) that includes the assignment of liability (e.g. with appropriate municipal council/DSSAB approvals where the Single/Upper Tier Municipality/DSSAB employs and delivers paramedic services).

Paramedic services that enter into MOUs should provide a copy of the MOU to the Emergency Health Services Division’s local Field Office for deployment purposes. Paramedics shall use all knowledge, training, skill and clinical judgment to ensure patient safety and appropriate patient care are maintained during offload delays.

Considerations for implementation include, but are not limited to:

- **Patient acuity and care** – consider patient acuity and care requirements to determine appropriate consolidation of patients.

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¹ hospital-based locations are those facilities which have been approved as hospital premises under subsection 4(2) of the Public Hospitals Act.

- **Paramedic-to-patient ratio** – consider paramedic level² in conjunction with patient acuity and care requirements to determine safe paramedic-to-patient ratio.
- **Transfer of care** – paramedics must adhere to requirements in the *Transfer of Care Standard* in the *Basic Life Support Patient Care Standards v3.3*.
- **Documentation** – paramedics must adhere to requirements in the *Ontario Ambulance Documentation Standards v3.0*.
- **Infection prevention and control (IPAC)** – maintain IPAC measures as per hospital policy and in accordance with the *Patient Care and Transportation Standards v2.6*, where appropriate.
- **Equipment/medications** – hospital emergency departments should consider additional resources required for monitoring patients during offload delays (e.g. additional cardiac monitors, medications, stretchers, etc.).
- **Implementation** – consider parameters for initiation and then return-to-normal service.
- **CACC operations** – consider potential updates to CACC protocols, as needed.

Utilization of Alternate Medical Services

The ministry continues to monitor the implementation of the *Assessment of Patients with Possible COVID-19 Auxiliary Medical Directive* across the province to evaluate community and system-level impacts. Further analysis and consultations with key EHS and hospital partners are being conducted to assess options for updating this auxiliary directive and expanding beyond COVID-positive patients.

Alternate medical services available through a hospital (e.g. virtual emergency department) may also be available in select areas or communities in the province. Paramedic services may work with their regional base hospital and hospital partners to consider utilizing such resources as an option to appropriate care alternatives for 9-1-1 patients. Interested services are encouraged to consult the ministry to assess implementation options.

If you have any questions regarding these strategies or considerations, please contact ParamedicStandards@ontario.ca.

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² There are three levels of a paramedic in Ontario: Primary Care Paramedic (PCP), Advanced Care Paramedic (ACP) and Critical Care Paramedic (CCP).

The Ministry anticipates that these measures will help alleviate pandemic-related stressors contributing to ambulance offload delays and other hospital pressures. We would like to thank our EHS and hospital sector partners for their collaboration during this crisis.

Sincerely,



Susan Picarello
Assistant Deputy Minister
Emergency Health Services Division



Peter Kaftarian
Assistant Deputy Minister
Hospitals and Capital Division