



## COVID-19 UPDATE

12 June 2020

### UTILISATION OF ER24 / EMS PERSONNEL IN MEDICLINIC DURING COVID-19

Prehospital Emergency Medical Service (EMS) personnel may be considered to provide care in Mediclinic wards/ Emergency Centres under the following circumstances and conditions only during the declaration of a Major Incident at the hospital requesting assistance:

1. The provision of clinical care by ER24 personnel in the prehospital setting takes preference above providing care in the hospital environment.
2. That prehospital EMS personnel are placed by temporary employment services, and not be appointed in permanent positions.
3. No EC or ICU nursing category can be replaced by an EMS, however, specific functions in the EC, wards or ICU can be allocated to an EMS staff member, e.g. triage and resuscitation.
4. The EMS personnel must report to the PN (professional nurse) shift leader (and cannot replace the shift leader or work without supervision of the PN).
5. Pre-hospital EMS may not exceed their scope of practice.
6. It is preferred that Advanced Life Support (ALS) be utilised in the EC and ICU environment, however this scarce resource may be required by EMS, hence other levels of care may assist with tasks according to their scope of practice.
7. For the purpose of this document, the following historic or new qualifications are considered ALS (PN):
  - CCA or National Diploma Emergency Medical Care graduate
  - Graduates from the B Tech advanced 4 year course leading to registration as an ECP
  - Graduate with the new N Dip registration (2 year course) such as those graduates from Mediclinic EMS training

The following qualifications are excluded from the definition of ALS and may be utilised during COVID-19 in a ward environment in support of nursing teams providing strict adherence to protocol is maintained. Supervised practice is required within a hospital environment:

- BLS (Basic Life Support) (ENA)
- AEA (Ambulance Emergency Assistant) (EN)
- ECT (Emergency Care Technician) (EN/ PN)

### Proposed skills for EMS during COVID-19

- Assist and support professional nurse during day to day ward activities
- Basic oxygen administration
- Monitoring vital signs
- Assistance with prone positioning in ICU environment
- Triage
- Access control monitoring
- Resuscitation (ALS only)
- Mobilisation for toiletry or other activities daily living

### Comparison between nursing and paramedic qualification

It is obvious that the nursing scope is defined with concepts, focussing on the continuous and comprehensive management of patients from admission to discharge. The SOP of the PN also includes coordination of care and supervision of ENs and ENAs. In clear contrast, the paramedic is primarily a resuscitator, with a scope that is very objectively defined in a list of specific interventions

The table below indicates what a paramedic could and could not do in the EC:

Function	Can the EMS staff do this?	Motivation
Shift management/Coordination of healthcare regimes	No	This function is not listed in their SOP (standard operating procedure). Additionally, the EN (enrolled nurse) and ENA (enrolled nurse auxiliary) specifically need the supervision of a PN to function in scope.
Triage	Yes	ALS and ILS are able to do all the vital signs necessary and independently.
Resuscitation	Yes	Primary function for ALS. Could be included in emergency response team.
Make a nursing diagnosis	No	They do manage symptoms, obtained through a patient clinical assessment.
Medication administration	Yes/No	Very specific medications that may be administered (without a prescription) are listed in their SOP.
Basic wound care and suturing	Yes/No	Since ALS/ paramedics mostly work in the pre-hospital environment, their suturing skills may be limited.
Airway management	Yes/No	Includes definitive airway placement. Awaiting clarity regarding proposed changes to clinical practice guidelines. If these go ahead only B Tech paramedics will be permitted to intubate.
Oxygenation and ventilation	Yes	Awaiting clarity regarding scope. Proposed only B Tech paramedic may manage ventilated neonate.

Intravenous cannulation and fluid administration	Yes	ILS and ALS levels of care.
ECG monitoring and (limited) analysis	Yes	Interpretation usually follows ACLS guidelines. ALS skill
Emergency obstetric management	Yes	ALS
Spinal motion restriction	Yes	BLS/ ILS/ ALS
Blood glucose measurement	Yes	BLS/ ILS/ ALS
Urinary catheterisation	No	

### Comparison of nursing versus EMS scope of practice.

	PN	EN	ENA	ALS	ILS/ BLS	MCSA current practise
Make a nursing diagnosis	Yes	*No	*No	No	No	*These elements are included in assessment and admission of patients in the various units. It includes triage in the emergency centre.
Create a nursing problem list	Yes	*No	*No	History, own notes	Own notes	
Compile nursing care plan	Yes	*No	No	No	No	
Execute a nursing care plan	Yes	SV	SV	Yes (according to scope)		
Execute a prescribed treatment plan	Yes	*No	No	Yes (according to scope)		*ENs and ENAs follow a prescribed treatment plan under supervision of the PN.
Medication administration	Yes	*No	No	According to scope		*Oral medication administration is included in the SANC (South African Nursing Council) training regulation for an EN however the MCSA training curriculum includes oral and intra-muscular administration of medication.
Prevent disease and promote health	Yes	SV	SV	Limited		
Obtain and record vital signs	Yes	SV	SV	Yes	Yes	
Supervise and maintain oxygen supply	Yes	SV	SV	Yes	Yes	
Supervise and	Yes	SV	No	Yes (according to		

maintain electrolytes and acid base balance				scope/ personal skill)		
Wound and skin care	Yes	SV	SV	Yes, personal skill dependant		
Body mechanics	Yes	SV	SV	Limited		
Hygiene	Yes	SV	SV	Yes	Yes	
Nutrition	Yes	SV	SV	No	No	
Elimination	Yes	SV	SV	No	No	
Communication	Yes	SV	SV	Yes	yes	
Environment	Yes	SV	SV	Limited		
Preparation and assistance for theatre or procedure	Yes	SV	SV	Personal experience and training	No	
Patient advocacy	Yes	SV	SV	Yes	No	
Coordination of healthcare regimes	Yes	No	No	Yes (within scope)	No	
Care of the recently deceased and dying	Yes	SV	SV	Yes, includes declaration	No	

SV: Direct or indirect supervision from PN

### Emergency Care Capabilities

Capability	BAA	ILS	ECT	ALS: CCA, NDIP, ECP
Finger Sweep	x	x	x	x
Head-tilt-chin lift	x	x	x	x
Jaw-thrust	x	x	x	x
Suction of the airway	x	x	x	x
Airway obstruction removal techniques	x	x	x	x
Use of Magil's forceps		x	x	x
Oropharyngeal airway insertion	x	x	x	x
Nasopharyngeal tube airway insertion	x	x	x	x
Cricoid Pressure		x	x	x
Orotracheal intubation				x
Nasotracheal Intubation				x
Blind Nasotracheal intubation				x
Digital endotracheal intubation				x
Retrograde intubation				x
Supraglottic extraglottic airway insertion			x	x

Orogastric tube insertion			x	x
Nasogastric Tube insertion			x	x
Needle cricothyroidotomy		x	x	x
Surgical Cricothyroidotomy				x
Rapid Sequence intubation				X (ECP only)
Oxygen Therapy	x	x	x	x
Nebulization (medication)		x	x	x
Use of pulse oximetry		x	x	x
Needle thoracentesis		x	x	x
Bag valve mask ventilation	x	x	x	x
Bag valve tube ventilation	x	x	x	x
Mechanical ventilation				x
Use of PEEP				x
Use of capnography			x	x
Blood Pressure Measurement	x	x	x	x
Peripheral intravenous cannulation >8y/o		x	x	x
Peripheral intravenous cannulation All ages			x	x
External jugular vein cannulation			x	x
Femoral vein cannulation				x
Intra-osseous insertion			x	x
Umbilical vein insertion			x	x
Fluid administration		x	x	x
Intravenous drug administration			x	x
Intraosseous drug administration			x	x
Subcutaneous drug administration		x	x	x
Intramuscular drug administration			x	x
Endotracheal tube drug administration				x
Drug infusions and use of infusion devices				x
Use of syringe drivers				x
use of non-invasive blood pressure monitors	x	x	x	x
Use of PASG (Pneumatic Anti-shock garment)				x
Automated external defibrillation	x	x	x	x
Manual defibrillation		x	x	x
Synchronised cardioversion				x
Vagal manoeuvres				x
Central line management				x
Transcutaneous cardiac pacing				x
3 Lead ECG monitoring		x	x	x
12 Lead ECG monitoring				x
Fibrinolysis				X (ECP only)
Normal sinus rhythm		x	x	x
Sinus bradycardia		x	x	x
Sinus tachycardia		x	x	x
Ventricular fibrillation		x	x	x

Ventricular tachycardia		x	x	x
Asystole / PEA (Pulseless e)		x	x	x
All other cardiac dysrrhythmias				x
Obstetric Management				
Normal vaginal delivery	x	x	x	x
Prolapsed cord management	x	x	x	x
Breech delivery management	x	x	x	x
Mal presentation management	x	x	x	x
Preterm labour management	x	x	x	x
Obstructed labour management	x	x	x	x
Fundal massage	x	x	x	x
Bimanual compression				x
Tocolysis				x
CPR	x	x	x	x
Patient clinical assessment	x	x	x	x
Vital Signs Assessment	x	x	x	x
Finger prick and blood glucose measurement	x	x	x	x
Cervical spinal clearance			x	x
Application of Cervical Collar	x	x	x	x
Application of head blocks	x	x	x	x
Application of spider harness	x	x	x	x
Spinal immobilisation using scoop stretcher & long spinal board	x	x	x	x
Spinal immobilisation using an extrication device	x	x	x	x
Application of vacuum mattress		x	x	x
Use of stretchers	x	x	x	x
Urinary catheterisation			x	x
Basic wound care and application of dressings	x	x	x	x
Suturing		x		x
Declaration of death withdrawal of resuscitation efforts		x	x	x
Declaration of death: withholding resuscitation	x	x	x	x
Administration of medication as per current HPCSA protocol	x	x	x	x
General patient inter-facility transfer	x	x	x	x
Intensive Care Transfer				x
Neonatal transfer (non-intubated patient)		x	x	x
Neonatal intensive care transfer				x