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SAR Medical Director: Medical Instructions and Information

17 July 2015:

TRAUMA TREATMENT: IMPORTANCE OF HYPOTHERMIA PREVENTION

BLUF – Trauma patients get cold easily, when they get cold they cannot clot their blood and as a result are at high risk of bleeding to death. To prevent this, all trauma patients must be kept warm, warmed with a warming blanket, and given warmed IV fluid whenever possible.

Besides the obvious addition of the TXA protocol, treatment of trauma for the SAR and EMS worlds has evolved. There is a new emphasis on the **prevention of hypothermia** to reduce mortality. This important issue must be emphasized and incorporated into training and standards.

It has come to our attention that some personnel seem to be under the impression that the Geratherm warming blanket is only for the treatment of hypothermia. It is important everyone understands that this piece of equipment is also used to keep patients warm and is therefore a critically important part of the management of every trauma patient.

Similarly, once the IV fluid warmer is available it should also be used routinely in almost all patients receiving IV fluid. During a squadron SAREX recently, a healthy volunteer patient became seriously hypothermic simply due to the administration of cold IV fluid.

Keeping patients warm is so important, that in the future failure to do so will be considered a critical miss during simulations and medical recertification and will result in failure of that scenario. Contraindications to warming such as hyperthermia, myocardial infarction and stroke are obvious exceptions to this policy.

Please make maximal effort to incorporate this into training, testing and standards so that we can continue to provide excellent care to our patients.

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Aeromedical Programs Flight Surgeons

SAR Medical Director: Medical Instructions and Informa on

10 September 2015

HYPOGLYCEMIA TREATMENT CHANGE

BLUF – The 250mL bag of $D_{10}W$ IV fluid is no longer available. The solution is to use a 250mL Normal Saline IV bag and add the entire 50mL of a $D_{50}W$ syringe to it. It can then be used in place of the 250 mL bag of $D_{10}W$ called for the Hypoglycemia Protocol.

Due to $D_{10}W$ no longer being available in the 250mL size a slightly modified approach to giving dextrose to hypoglycemic patients is needed. Since this requires a change in IV fluids the opportunity has also been taken to reduce the amount of fluid carried in the Pen Kit.
The Pen Kit will now hold:

1. 1x RL 1L bag;
2. 2x NS 250mL bags; and
3. 1x $D_{50}W$ 50mL syringe

To treat a hypoglycemic patient, inject all 50mL of the $D_{50}W$ syringe into one of the 250mL bags of NS. This will produce a solution of D_8W (actually $D_{8.1\%}$/NS). This can for all practical purposes be considered interchangeable with the $D_{10}W$ for the treatment according to the 4.2 Hypoglycemia Protocol. To give the *identical* amount of sugar as per the protocol, you should give 150 mL of the D_8W.

So *for adults*, give 150mL boluses of D_8W.

For children, the pediatric dosing by fluid volume needs to be adhered to as currently printed (5mL/kg) but using the D_8W.

This change is effective upon receipt. Units may continue to use current stocks of $D_{10}W$ until they expire.

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SAR Medical Director: Medical Instructions and Information

4 Sep 2020:

USE OF NEBULIZED MEDICATION DURING COVID-19 PANDEMIC

Due to the increased risk of disease transmission, operational use of nebulizers is suspended until this Medical Directive is cancelled. Inhalers are to be used instead.

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SAR Medical Director: Medical Instructions and Information

4 Sep 2020

COVID-19: PRECAUTIONS AND PROCEDURES/PROTOCOLS FOR AEROSOL GENERATING MEDICAL PROCEDURES (AGMPs)

BLUF - SAR Techs may perform or assist with AGMPs during missions or ASM provided that appropriate PPE is worn and correct procedures are followed.

AGMPs are any procedures that involve increased production of aerosol particles from a patient's respiratory tract so increasing the risk of COVID-19 transmission to providers who are not properly protected. This includes CPR, BVM, Intubation, administration of nebulized medication, BiPaP etc.

The training value of these procedures during ASM is high, and in live missions they may be life-saving. Although there is an increased risk of transmission the risk can be suitably mitigated by PPE and adherence to relevant procedures.

SAR Techs performing or assisting with any AGMP in a COVID-19 confirmed positive or suspect patient must wear the appropriate PPE, (i.e. N95 mask, eye protection/face shield, gloves and gown plus any additional precautions mandated by their place of work if doing ASM). Viral filters are to be used on BVMs. All other relevant procedures related to infectious disease and/or COVID-19 are to be followed with effective personal donning/doffing and disinfection afterwards.

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SAR Medical Director: Medical Instructions and Information

27 Nov 2020

ASM IN THE COVID ENVIRONMENT

BLUF – With PPE, PHMs and compliance with COVID protocols, the risk of contracting COVID during ASM shifts is low. At present, there will be no blanket waivers for ASM.

Background

While we understand the potential risk of COVID to individuals and SAR operational posture, the fact remains that SAR Techs are health care providers and need to maintain clinical skills at a level commensurate with delivering care to members of the public. The requirement for 4 days annual ASM is an absolute minimum to maintain this. The 2020 requirement for ASM has already been reduced to 2 days due to the impact of COVID. While as always there will be consideration of waiver requests for specific individual circumstances, there will be no blanket waiver issued unless the providers once again exclude learners until after the end of the year. However, I am authorizing an extension to the end of Jan 2021 for all Units to complete the 2020 requirement.

Individual Risk

While the risk of contracting COVID in a health care facility exists, with proper PPE and PHMs it remains low. As the risk of transmission exists in all environments as well as the in-hospital ASM setting, the additional risk to individual SAR Techs following PHM and COVID protocols from 2 days of ASM is low. As further assurance, SAR Techs participating in ASM are not required to participate in Aerosol Generating Medical Procedures (AGMPs) involving COVID suspect patients and may also decline interactions with COVID-suspect patients.

Risk to operations

Any number of cases in a SAR Sqn would represent a threat to operations. Again, with mask wearing, social distancing and PHMs the risk of this occurring should be reduced to an acceptable level. Nevertheless if a unit has an occurrence of 1 or more SAR Tech cases (from any source) that represents a threat to operational continuity, the ASM requirement for that unit will be reconsidered on a case-by-case basis.

Directive Summary

The 2020 ASM requirement is 2 shifts to be completed by the end of Jan 2021.
This requirement will only be reviewed if:

- Local facilities exclude learners and there is no practical alternative available.
- An outbreak involving 1 or more SAR Tech cases occurs at a unit and represents a direct threat to operational continuity.

SAR Techs are not required to take part in/assist with AGMPs and may decline interactions with COVID suspect patients.
As always requests for waivers will be considered on a case by case basis.
There will be no blanket waivers.

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