



*Non-Transport Guidance for Minor Cases of Suspected CoVID -19

* Suspected CoVID-19 Criteria:

History

- Flu-like symptoms
- Contact with CoVID-19 patient

Signs/Symptoms

- Temperature > 100.4°
- Nasal Congestion (uncommon, but possible)
- Productive cough
- Chills
- Weakness and/or flu-like symptoms
- Body aches

** EMS Checklist: Safe to leave at home?

- Is the patient stable enough to receive care at home?
- Does the patient meet all the criteria in the algorithm?
- Does the patient have access to appropriate caregivers?
- *Recommended:* Is there separate bedroom or living area where the patient can recover isolated from other family members?
- Does the patient have access to food, phone, and other necessities?
- Does the patient and other family members/caregivers have access to appropriate PPE (minimum, gloves and facemask) and are capable of adhering to precautions as part of home care or isolation?

Other Considerations:

- For non-transport, the patient must be fully alert and able to make sound decisions as with any other patient refusal.
- Ensure that the patient does not have any obvious indications of experiencing an exacerbation of chronic illnesses such as COPD, CHF, Asthma, etc.
- If the patient's temperature remains above 100.4 and NSAIDs or Acetaminophen was utilized with the last 6 hours, transport should be highly encouraged.
- The patient must be able to contact 911 if needed again (functional phone, LifeAlert, or other appropriate means of communication).
- CoVID-19 is a droplet precaution viral disease. However, droplets may be aerosolized by coughing, sneezing, or aerosol type treatments (i.e. nebulizer) and remain in the air for several hours. Use an N95 mask on yourself and if the patient is transported, apply a surgical mask to the patient. Do NOT use N95 masks on these patients.

* Does patient present with high suspicion of CoVID-19?



Universal Precautions with appropriate PPE Utilization:

- N95 mask, gloves, eye protection, gown
- Limit patient contact to one provider if at all possible
- All providers should attempt to maintain a distance of 6 feet or more when feasible and does not interfere with indicated patient care

- Is the pt between the ages of 18 and 60?
- Is the respiratory rate between 8 and 20/min
- Is the pulse Oximeter ≥ 94% on room air?
- Is the pulse rate ≤ 120/min?
- Is the SBP ≥ 100 mmHg?
- Does the patient have a temperature ≥ 100.4° (either confirmed by EMS or home testing)?
- Does the patient have one or more viral symptoms present (cough, fever, nasal/chest congestion, sore throat, body aches)?



Refer to appropriate algorithm/protocol



Does the pt report any of the following:

- Chest pain
- Shortness of breath
- Syncope



The patient is safe not to be transported:

- Discuss non-transport risks, self-isolation (CDC guidelines), and when to seek further care (see checklist**)
- Patient must agree not to be transported, be of sound mind and judgement, and have an appropriate support system in place (see checklist**)

Transport or contact Medical Control if the patient does NOT meet or can not comply with the above criteria

Destination Guidelines:

- If patient is transported to a facility:
- Radio Report: Proceed with report as normal with one difference. Provide a covert warning to the receiving facility of the high suspicion of CoVID-19. If cellular communication is not available then the driver of the unit should enter facility to advise of the situation while the patient and provider remain in the unit awaiting further instruction.
 - At Destination: Once the patient has been moved over to facility bed and patient care has been transferred remove PPE and follow your agencies Standard Operating Procedures (SOPs) for disposal or reuse.
 - Ambulance Disinfection: At a minimum, and while utilizing appropriate PPE, carefully clean/disinfect any surface contacted by the patient or provider before returning to service. Follow your agencies SOPs for equipment and ambulance disinfection.