

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
BLS, ILS, ALS**

PROCEDURE: COVID-19 Non-Transport Procedure

Overview: The COVID-19 Non-Transport Protocol was developed to ensure EMS system capacity and responsible use of available healthcare resources and PPE during a widespread COVID-19 outbreak. This protocol is designed to provide clear guidance for EMS providers on when to recommend self-care vs transport to the emergency department for patients with symptoms of COVID-19.

INFORMATION NEEDED

- Dispatch information – Pandemic Screening Information
- Patient's signs and symptoms
- Patient age
- Vital signs
- Previous medical history

OBJECTIVE FINDINGS

- Age 50 or less
- Fever of ≥ 100.4 F
- Signs of viral illness
- Cough, nasal congestion, sore throat, body aches, lack of smell or taste

Vital Signs –Normal Limits

- Respiratory Rate ≤ 22
- SpO2 $\geq 92\%$ on room air
- Heart Rate is > 50 and ≤ 110
- Systolic Blood Pressure ≥ 90 or greater than age appropriate lower limits
- GCS 15

PROCEDURE

- Limit number of providers exposed.
- Start assessment / screening at least 6 feet from patient.
- Patient should be encouraged to meet the senior EMS provider outside if possible
- Patients with fever and signs of viral illness under the age of 50 should be encouraged to remain home and care for their illness.

Original SMO Date: 03/20
Reviewed:
Last Revision:

PROCEDURE: COVID-19 Non-Transport:

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PROCEDURE (continued)

SELF-CARE Patients

- Patients must meet the following criteria to be recommended to ‘self-care’
 - Age ≤ 50
 - Vital signs within normal limits – see above
 - Patients must have available caregivers (family, friends, etc.)
 - Patients must have decision making capability
 - Patients must have access to food, water and sanitation (toilet, garbage removal)
 - Patient has the ability to isolate in the residence
 - No household members are immunocompromised, or ‘high risk’
- Exclusion criteria
 - Chest pain – other than that associated with coughing
 - Repeat 911 call for patient with worsening symptoms
 - Shortness of breath with activity – new onset or more than usual
 - Syncope
 - Cyanosis
 - Diaphoretic patients
 - Pregnant patients
 - Diabetic patients
 - Pre-existing hypertension, heart or lung disease
 - Cancer patients
 - Chronic renal disease patients (dialysis patients)
 - Residents of Long Term Care Facilities/Nursing Homes
 - Immunocompromised patients or on immune suppressant medications (chemotherapy, HIV, Lupus)

If No Exclusion Criteria Present – Recommend Self-Care - Patients must sign Region I Refusal Form

- For patients signed off to self-care
 - Isolation recommended for patient and those sharing the household
 - Acetaminophen or nonsteroidal anti-inflammatory drug (NSAIDs) recommended for fever control
 - Increase oral fluid intake to prevent dehydration
 - Advise patient to contact their PCP
 - Advise patient to call 911 for respiratory distress

When contact is complete, dispose of all PPE in RED biohazard bags and dispose at hospital. Disinfect all patient care equipment with sanitizing wipes

Not eligible for SELF-CARE Patients

- For patients ineligible for self-care
 - Treat per appropriate SMO
 - Limit number of providers exposed
 - Wear appropriate PPE
 - Minimize aerosol generating procedures
 - Metered dose inhalers (MDI) preferred if available
 - Place procedure mask over end of nebulizer
 - Discontinue nebulizer upon arrival at hospital
 - Methylprednisolone and Magnesium Sulfate as indicated
 - Transport to Emergency Department
 - Use fewest crew members possible to provide direct care to patient
 - Ambulance driver should wear mask and isolate compartment
 - Use exhaust fan in patient care compartment to facilitate negative pressure
 - Maintain procedure mask on patient
 - Bring patient’s home medications
 - Notify ED of suspected COVID -19 patient ASAP
 - Remain in ambulance until ED staff comes to meet you
 - Separate patient from others as much as possible

*When transport is complete, dispose of all used PPE in **RED** biohazard bags. Dispose of biohazard bags in appropriate receptacles at hospital. Disinfect ambulance per established procedure.*

Medical Control Contact Criteria
<input type="checkbox"/> Contact Medical Control whenever a question exists as to the best treatment course for the patient

Documentation of adherence to SMO

- All objective findings
- Criteria and/or exclusion criteria for self-care patients
- Criteria for non-self care patients when appropriate
- PPE utilized and proper disposal of PPE
- Refusal of transport form

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PRECAUTIONS AND COMMENTS

- **Provide patient with a procedure mask**
- Minimize the number of crewmembers contacting suspected COVID – 19 patients (1 for stable patients)
- Full PPE should be when working within 6 feet of patient
 - Gloves
 - wraparound eye protection
 - Procedure mask / N-95 for high risk patient and/or aerosol generating procedure
 - Gown (if shortage save for high risk patient and/or aerosol generating procedure)
- All EMS agencies shall maintain a temperature log all providers at the start and end of shifts

Indication for COVID-19 Non-Transport Protocol:

COVID-19 Non-Transport Protocol may only be enacted by the EMS Medical Director.

1. If EMS Medical Direction has decided to enact non-transport guidelines based on local indications and consultation with local health experts or observing indications the healthcare infrastructure is overwhelmed.
2. Indications that healthcare infrastructure is overwhelmed and patient care may be compromised:
 - A. Hospitals are exceeding maximum census
 - B. Hospitals and stand-alone emergency departments are experiencing significant overcrowding
 - C. Hospitals have enacted surge plans (Alternative care sites, incident command activated, etc.)
 - D. Lack of negative pressure rooms
 - E. Lack of PPE for healthcare providers
 - F. Lack of ventilators for critical patients
 - G. Multiple hospitals on diversion