MN Metro Region EMS System
COVID-19 Response Matrix
Approved March 12, 2020 EMS TOC Executive Committee

Metro Region EMS System

	Conventional (Few cases)	Contingency (Many cases)	Crisis (Overwhelming number cases)
Dispatch	• Travel and exposure screening • Communicate information to crews via CAD	• Possible travel and exposure screening • Increased dispatch discretion for call/acuity priority	• No travel screening • Auto-answer system may be needed – emergency calls only – roll info and other calls to 311 or other hotlines • Additional call triage – possibly with paramedic / MD assistance • Consider recommend private transport if delays >30min to answer priority calls • Modify/suspend Pre-Arrival Instructions
Send	• Full response	• May institute selective response (i.e. sending fire or EMS alone on certain responses to conserve resources – fire only on down, PI, EMS only for CP, SOB, etc. – see call code document)	• Consider community paramedic response? • Scheduled BLS provider? WC van? • Consider sending taxi/Uber/other? • Police or fire transport?
Staffing	• Normal staffing	• Curtail special event staffing? • Adjust shift duration? • Supervisors on streets? • MDs on streets?	• Paramedic and EMT-B crews? • EMR drivers? • MFD / first response agency drivers? • Public works drivers? • National Guard?
Destination	• Hospital of choice	• Closest hospital • Batch transports?	• Closest hospital • Alternate care location • Batch transports as appropriate
Lefts	• Per SOP	• Broaden discretion with call to MD	• Broaden discretion for lefts (HC pandemic plan) • Consider restricting cardiac arrest resuscitations
PPE	• Mask symptomatic patients • N95, barrier gown, eye protection, gloves for suspect cases	• Mask symptomatic patients • N95, barrier gown, eye protection, gloves for suspect cases • Simple mask, gloves, eye protection on all calls	• Wearing of simple masks by all patients encouraged • Staff may need to wear N95 all patients vs. selected • Daily temperature and symptom checks • Consider work when ill with mask / early return after illness
Supplies	• Per usual	• Conserve, substitute, adapt, re-use medications / supplies as required based on shortages	• Allocate medications / supplies to most likely to benefit (per MD guidelines)

Notes:

- Strategies may vary by the day and shift (i.e. may have to adjust dispatch priority / institute selective response during daytime hours and not at night)
- Strategies are not listed in order – at dispatch level will create thresholds – changes should be least intensive first – i.e. closest hospital, then selective response, then batch transports, then increased discretion to send EMS/recommend private transport

MN Metro Region EMS System
Crisis Contingency Strategies
Approved March 12, 2020 EMS TOC Executive Committee

Real Time Adaptations

Trigger:
- Emergent requests for service in queue
- No mutual aid available
- Duty Chief Authorization

- Hold over crews
- Closest Hospital
- Limit responders – per call type, limit initial response to EMS or Fire only

>1h anticipated duration ?

No → Resume Normal Operations

Yes

Notify primary PSAPs & MRCC of change to limit responders and consider auto-answer
MRCC will create an advisory on MNTrac
Request supervisor / MD / CP jump car to augment ambulances

Able to resume normal operations?

Yes → Resume Normal Operations

No

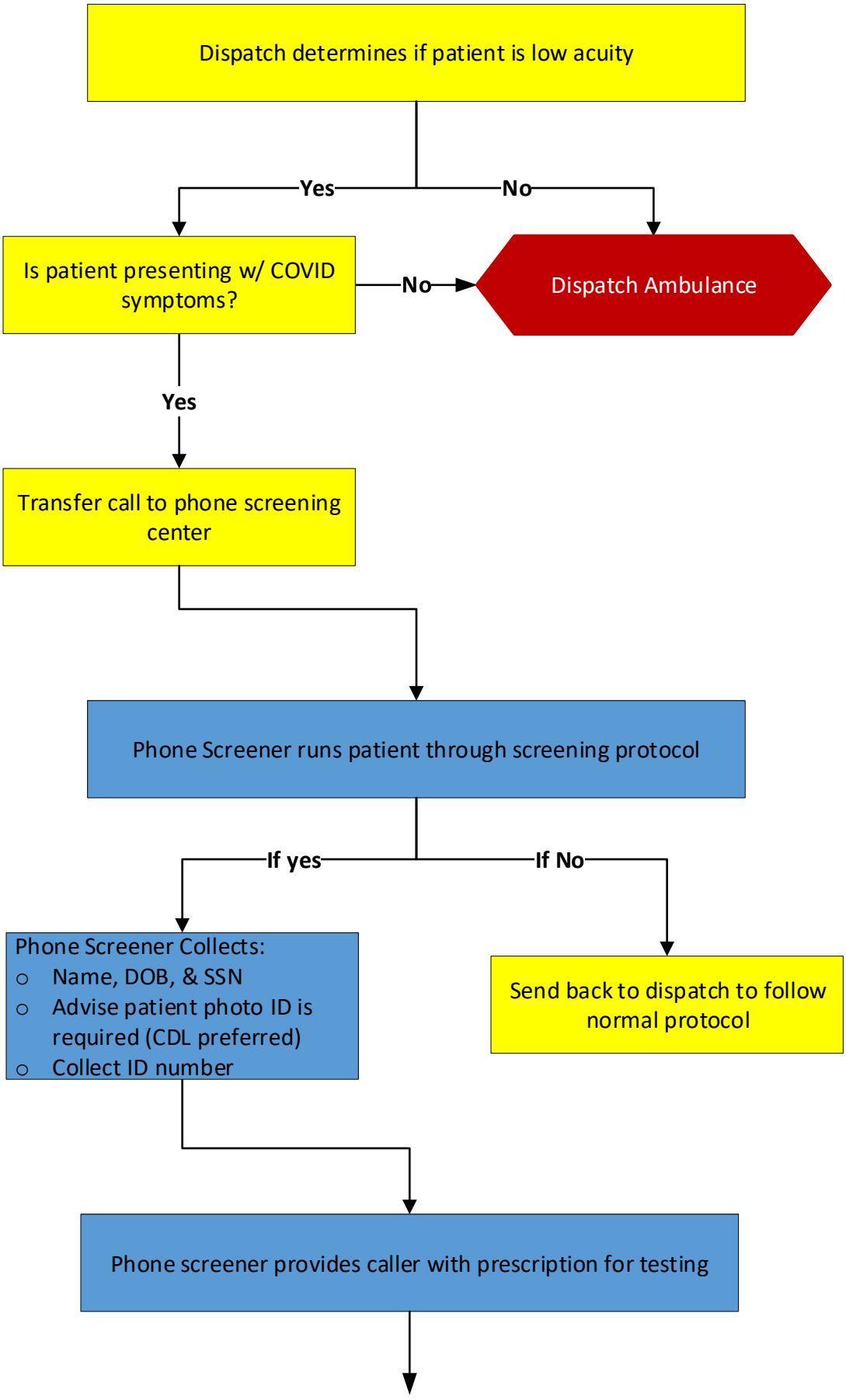
Medical Director consultation to approve: Reference Response Matrix
- Discretionary 'left' SOP
- Batch transport
- Limit responses based on availability of private transport or patient complaint relative to resources available (may involve RN or MD call screening depending on duration)
- Coordinate alternate transportation – Metro Mobility, BLS, WC, ride-share, etc.
- Cardiac arrest – VF resuscitation only, consult with MD if no response to airway, initial meds, three shocks
- If further triage of calls needed may implement real-time MD review/call-taking subject to resources available

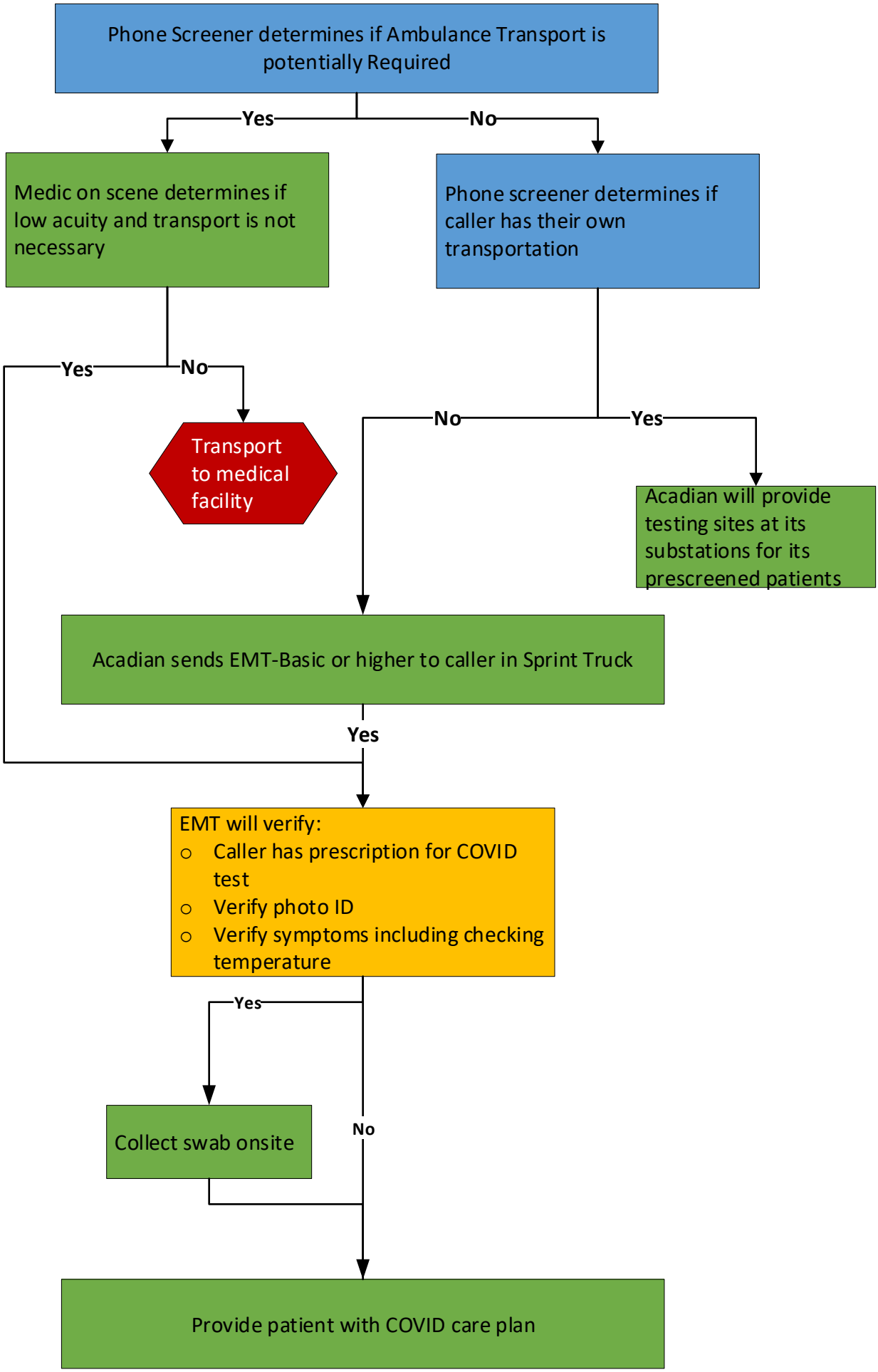
As system volumes allow, work backwards up algorithm to normal operations;
Update MRCC as needed

Shift Adaptations

- Jump car(s)
- Adjusted shift duration / frequency (open additional shifts / ill calls)
- EMR / paramedic staffing
- FF / paramedic staffing (paramedic drives to scene, FF drives to hospital)
- Staff some ambulances BLS

911 Communications Center




Phone Screener determines if Ambulance Transport is potentially Required
Yes
No
Medic on scene determines if low acuity and transport is not necessary
Phone screener determines if caller has their own transportation
Yes
No
Transport to medical facility
No
Yes
Acadian will provide testing sites at its substations for its prescreened patients
Acadian sends EMT-Basic or higher to caller in Sprint Truck
Yes
EMT will verify:
Caller has prescription for COVID test
Verify photo ID
Verify symptoms including checking temperature
Yes
Collect swab onsite
No
Provide patient with COVID care plan

ALAMEDA COUNTY EMS – ASSESS AND REFER FORM

ASSESS AND REFER CRITERIA

The patient, parent or guardian meets all of the following:

1. Is an adult (18 or over), or if under 18 legally emancipated
2. Is oriented to Person, Place, Time, and Situation
3. Exhibits no evidence of:
   - Altered level of consciousness
   - Alcohol or drug ingestion that impairs Decision Making Capacity
4. Exhibits evidence of Decision Making Capacity to understand the nature of the medical condition, as well as the risks, and consequences of not seeking additional medical care/transport

PATIENT NAME_____**DATE** _____**INCIDENT #** _____

INCIDENT LOCATION _____**PHONE #** _____

TRANSPORTATION MODE_____ **REFERRAL DESTINATION**_____

ACKNOWLEDGMENT OF INFORMATION

I have been offered an evaluation, medical care and referral to a medical facility. I have been advised and understand the risks and consequences, including the fact that not complying with the medical care and referral recommendation(s) could be hazardous to my health, and under certain circumstances, include disability and/or death.

RELEASE OF LIABILITY

By signing this form, I am releasing the County of Alameda, the responding Provider Agency(ies) of any liability or medical claims resulting from my decision to accept the medical care and referral recommendation(s) offered.

I have read and understand the "Acknowledgment of Information" and "Release of Liability".

Signature: _____ ❒ **Refused to sign**

Relationship (if not the patient): Lawful: ❒ parent ❒ guardian ❒ conservator (pertains to a **child or dependent only**)

❒ This form was read to the individual by:_____ (name)

❒ Interpreter used:_____ (name)

DISPOSITION

❒ Released in care or custody of self

❒ Released in custody of law enforcement

Agency: _____

Badge #:_____

Released in care or custody of:

❒ Parent ❒ Guardian

❒ Other: _____

REFERRAL INSTRUCTIONS / RECOMMENDATIONS

1. **If you change your mind or your condition changes, call 9-1-1 (in an emergency), go to an emergency department in your area, or call your private doctor (if appropriate).**
2. _____
3. _____
4. _____
5. _____

Witness Information

Signature:_____ Name _____

Address: _____ City:_____

State:_____ Zip:_____ Phone: (_____) _____ Driver's License #:_____

COMPLETED BY: **Print** _____ **Sign**_____

Copy 1: Provider Agency **Copy 2:** Provider Agency Quality Assurance **Copy 3**: Patient 04/10/2018

ADULT PROTOCOL

COVID 19 TRANSPORT Supplement

03.22.2020

Known or suspected Covid 19 Patient

One or more viral symptoms present;

- Fever
- Cough
- Nasal / Chest Congestion
- Sore Throat
- Body Aches

Provider and Patient PPE for droplet precautions per most current guidelines

Limit number of providers with patient contact, only as many as required for indicated interventions

UNIVERSAL PATIENT CARE PROTOCOL

Conduct Patient Assessment – EMS Taken Vitals

Stable for NO TRANSPORT

Vital Signs – ***All***

- SBP ≥ 100
- Resp < 22
- Spo2 ≥ 94 RA
- HR < 110
- No decreased LOC

Patient Medical History - ***All***

- Age < 60 > 3 years
- Not ESRD on dialysis
- No CAD/HF
- No lung or heart disease
- Not immunocompromised
- No History of HTN

Determine Suitability for Home Care

- Appropriate Care Givers are available (if needed)
- There is separate space for the patient to recover without sharing with others
- The patient has access to food, water, and other necessities
- There are no household members with high risk history (Noted above)

Release without transport to care of self with standard non-transport release if patient consents to non-transport. Contact Medical Control only if the patient does not consent. Medical Control contact not required if within above criteria.

Provide patient resources for hotlines, testing, and / or telemedicine.
Complete thorough PCR regarding assessment and instructions given.

Unstable - TRANSPORT

Vital Signs – ***Any***

- SBP < 100
- Resp > 22
- Spo2 < 94 RA
- HR > 110
- Decreased LOC

Patient Medical History - ***Any***

- Age > 60 < 3
- ESRD on dialysis
- Lung or heart disease
- Immunocompromised
- History HTN/CAD/HF

Patient Complaint - ***Any***
Chest Pain, Shortness of breath, or Syncope

ALS ASSESSMENT (WHERE AVAILABLE)

Minimize aerosol or droplet producing procedures unless required such as CPAP and aerosol treatments

TRANSPORT to appropriate facility
CONTACT receiving facility as early as possible to indicate a person of interest for Covid 19.
Follow Hospital instructions for access to Hospital once at destination.
CONSULT Medical Direction where indicated

Remove PPE with caution following established doffing techniques and discard appropriately. Through decontamination for ambulance and equipment following current disinfection standards.

EMT Intervention | AEMT Intervention | PARAMEDIC Intervention | MED CONTROL Consult

COVID 19 TRANSPORT Supplement

History	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
• Flu-like Illness	• Fever greater than 100.4 F • Upper respiratory infection • Cough • Chills • Weakness • Body Aches • Diarrhea, plus one of the above	• Cancer / tumors / lymphoma • Medication or drug reaction • Hyperthyroidism • Heat related emergency • Meningitis • Pneumonia • Influenza A/B or RSV

KEY POINTS
• If a patient is not transported from a location other than home, discourage the use of public transportation. • Please do not enter the Emergency Department with a suspected COVID-19 patient until you have verified the ED is ready to receive the patient. This usually involves clearing hallways of other personnel/patients, preparing isolation rooms, and closing other patient's doors.
TREATMENT POINTS
• If the patient has a metered dose inhaler, make sure this goes with the patient if transported. EMS may utilize patients MDI in place of standard aerosol treatments to help minimize risk of these procedures in these patients. • When high risk droplet procedures are required, the provider is recommended to wear a minimum of eye protection, gown, gloves and a N95. This may include intubation, CPAP, suction, aerosol treatments or care management of symptomatic tracheostomy patient. • If nebulized treatments must be given, attempt to give in location other than the ambulance, but also nowhere that will expose others. • In-line HEPA filters, where available, should be utilized during ventilation of patients with ETT or supraglottic airway. Use with CPAP or nebulized treatments can vary with product. If using in-line sampling capnography as well, make sure the HEPA filter is placed closest to the patient and capnography sampling connector is after the HEPA filter. • Consider the use of IM epinephrine or IV magnesium per standard respiratory distress protocols for severe cases. This is indicated earlier and for milder symptoms in these cases to help minimize the risk associated with nebulized treatments. • If a patient has an unstable airway, done PPE as described above and place an advanced airway. An extraglottic airway creates less exposure to aerosols / droplets and is preferred. Intubation is permitted as a backup.

CALL TAKER MANDATORY MEDICAL ALERT SCREENING: DRAFT 03/18/2020

IF THE PATIENT MEETS AT LEAST (2) CRITERIA FROM BOX 1 or (1) CRITERIA FROM BOX 2
THE PATIENT IS A "POTENTIAL **MED-ALERT.**"

- Does the patient have a fever (or hot to touch in room temperature)?
- Does the patient have a cough?
- Does the patient have difficulty breathing or shortness of breath?
- Does the patient have any other flu-like symptoms (sore throat, body aches or diarrhea)?

OR

- Has the patient been tested for Coronavirus/COVID-19 or currently under investigation/isolation for Coronavirus/COVID-19 by public health or any other health care provider?
- Has the patient been in close contact with someone known to be sick with or under public health investigation/isolation for Coronavirus/COVID-19?

IF THE PATIENT IS A "POTENTIAL **MED-ALERT**"

others until EMS arrival.

- Instruct the patient **NOT** to approach Fire Rescue personnel.
- Instruct the caller (if not the patient) to stay at least 6 feet away from the patient.

COVID-19 Pandemic

3/20/20

INFORMATION

- The "Med-Alert" pre-screening process begins with dispatch. If dispatch identifies a "Potential Med-Alert" then it will be documented in the CAD system. Dispatch will instruct the patient to wait outside and isolate themselves, if able, from close contact with others until EMS arrives. The patient will be instructed not to approach Fire Rescue personnel.

- **MED-ALERT CRITERIA:** If the patient meets any **TWO BLUE** criteria from Box 1 or any **ONE RED** criteria from Box 2, the patient is considered a "Med-Alert."

ANY 2 FROM THIS CATEGORY

- **Temperature greater than 100.0° F**
- **Does the patient have a cough?**
- **Does the patient have difficulty breathing or shortness or breath?**
- **Does the patient have any other flu-like symptoms (sore throat, body aches or diarrhea)?**

OR

ANY 1 IN THIS CATEGORY

- **Has the patient been tested for Coronavirus/COVID-19 or are they currently under investigation/isolation for Coronavirus/COVID-19 by public health or any other health care provider?**
- **Has the patient been in close contact with someone known to be sick with or under public health investigation/isolation for Coronavirus/COVID-19?**

PERSONAL PROTECTIVE EQUIPMENT

- A **MINIMUM** of goggles, N95 mask, and gloves shall be worn on **EVERY** medical call during the COVID-19 pandemic.
  - N95 masks or 3M half masks can be reused after every call. Place N95 mask in a paper bag between uses and disinfect 3M half masks in between calls.
- **N95 masks will have a maximum usage of 5 shifts**
- If a "Med-Alert" is initiated, you shall utilize your 3M half mask and splash protection precautions should be donned (e.g. gowns, Tyvek suit). This protective equipment shall be donned prior to coming within 6 feet of the patient.

TREATMENT

- Place a surgical facemask on the patient unless clinically contraindicated.
- Place surgical facemask over the nasal cannula (if being utilized) when clinical signs or symptoms require oxygen therapy.
- Use a non-rebreather mask if clinically indicated.
- Limit the number of personnel who come in contact with the patient to one or two, unless additional personnel are necessary.
- All applicable protocols shall be followed for "Med-Alert" patients.
  - **Exception: DO NOT** administer Albuterol treatments.

- **i-gel® shall be used in lieu of ETT unless clinically contraindicated**

ADULT TREATMENT LISTED,(UTILIZE HANDTEVY SYSTEM FOR PEDIATRIC DOSAGES) *continued…*

BRONCHOSPASM CONFIRMED BY CAPNOGRAPHY

- EPINEPHRINE (1:1,000, 1mg/mL):
  - 0.3mg (0.3mL) IM
  - May repeat 2x prn, in 5 minutes intervals
- MAGNESIUM SULFATE : (If available)
  - **Dilute:** 2g of Magnesium Sulfate in a 50mL bag of NORMAL SALINE
    - Administer over 10 minutes IV/IO by utilizing a 15 gtt set delivering 75 gtts/min (1.25 gtts/sec)
  - Contraindication - 2nd and 3rd Degree Heart Blocks
  - Precaution - Rapid infusion may cause hypotension

TRANSPORT

- **Pre-Transport**
  - Ensure all non-essential equipment, supplies, and personal items are out of the patient transport compartment during transports.
  - Ensure all essential equipment is properly placed in cabinets and compartment doors remain closed.
- **During Transport**
  - Patients should **NOT** be accompanied by individuals (e.g. family, friends, caregivers) in the transport vehicle if possible.
  - If a patient must be accompanied, place a surgical facemask on the individual and transport them in the patient compartment only.
  - Patient transport compartment ventilation fan shall be used throughout transport.
  - Notify the receiving hospital early via radio that the arriving patient is a "Med-Alert" and advise of the use of **"Strict Respiratory Precautions"**
- **Upon Arrival To The Hospital**
  - Turn vehicle engine off.
  - After unloading patient, leave the rear and side door of the transport patient compartment open allowing for air exchange.
- **Prior To Leaving The Hospital While Wearing Full PPE**
  - Clean visibly soiled surfaces prior to disinfecting.
  - Use department provided disinfectant wipes and sprays to disinfect the entire patient compartment and all high-touch areas after **ALL** calls.
  - Pay close attention to high touch areas such as door and cabinet handles, counter tops, and the patient cot.

(Utilize your 3M half mask for any of these procedures)

- **Bag valve mask (BVM) ventilations**
- **Intubation or i-gel® insertion**
- **Cardiopulmonary resuscitation (CPR)**
- **Continuous positive airway pressure (CPAP)**
- **Airway suctioning**

COVID-19 Tool for Paramedic (>PL5) Initiated Non-Transport

This assessment tool is to inform the necessity to transport an **adult** patient when the patient presents with symptoms related to COVID-19. Symptoms include: Fever, Shortness of Breath, and Cough, that may have appeared 2-14 days after exposure.

Details of how this tool was utilized with patient responses need to be clearly documented in every ePCR.

Adult Patient Criterion for Non-Transport

Vital Signs

- ☐ Temperature < 40°C (104°F) If available
- ☐ No decreased LOC

Patient Medical History & Presentation

- ☐ Age < 60 years
- ☐ Non-diabetic
- ☐ Non-immunocompromised
- ☐ No known respiratory disease
- ☐ No known cardiac disease

Living Arrangements

- ☐ Appropriate support at home
- ☐ Patient expresses the importance and understanding to separate from cohabitants
- ☐ Access to food, water, and other necessities
- ☐ No cohabitants considered to be high risk for complications

Patient Capacity to Refuse and Follow Up

- ☐ Patient can demonstrate capacity and ability to refuse as defined by COGs
- ☐ Risk benefit disclosure read with encouragement for patient to contact primary care physician
- ☐ If patient is pregnant, then encourage her to consult both primary care and OB-GYN physicians
- ☐ Provide & review with patient - http://austintexas.gov/article/covid-19-information-those-who-are-sick, which includes Telehealth Services and Services for Uninsured.

If Sending the Patient Home from a Public Location

- ☐ Place a surgical mask on the patient
- ☐ Have the patient directly transport themselves home while minimizing exposure to others/community
- ☐ Discourage public transportation

Consult OLMC if:

1. Patient vital signs or criterion are in-between non-transport and transport values.
2. Patient refuses paramedic (≥PL5) initiated non-transport or required transport decision.

Adult Patient Criterion Requiring Transport

Vital Signs & Patient Presentation

- ☐ Temperature > 40°C (104°F)
- ☐ Acute pain or chest pressure
- ☐ Decreased LOC

Patient Capacity

- ☐ Patient cannot demonstrate capacity or the ability to refuse as defined by COGs

COVID-19 Tool for Paramedic (>PL5) Initiated Non-Transport

This assessment tool is to inform the necessity to transport a **pediatric** patient when the patient presents with symptoms related to COVID-19. Symptoms include: Fever, Shortness of Breath, and Cough, that may have appeared 2-14 days after exposure.

Details of how this tool was utilized with patient responses need to be clearly documented in every ePCR.

Pediatric Patient Normal or Abnormal Criterion

Airway & *Appearance*

- ☐ NORMAL: Normal cry or speech. Responds to parents or to environment. Good muscle tone. Voluntary movement in all extremities.
- ☐ ABNORMAL: Abnormal or absent cry or speech. Decreased response to parents or environment. Floppy or rigid muscle tone or not moving.

Work of *Breathing* & Respiratory Effort

- ☐ NORMAL: Easy respiratory effort. Breathing appears regular without excessive respiratory muscle effort. No audible respiratory/breathing sounds.
- ☐ ABNORMAL: Increased respiratory effort. Nasal flaring, retractions, or abdominal muscle use. Decreased or absent respiratory effort. Noisy, grunting, or audible respiratory/breathing sounds.

Circulation to Skin

- ☐ NORMAL: Color appears normal for ethnicity. No significant bleeding.
- ☐ ABNORMAL: Cyanosis, mottling, paleness/pallor. Obvious significant bleeding.

Patient Medical History or Presentation

- ☐ Non-immunocompromised
- ☐ No history of cardiac or respiratory dysfunction
- ☐ Blood glucose level: 80-140, and Non-diabetic

Refusal, Follow Up, Living Arrangements

- ☐ Parent/Guardian can demonstrate capacity and ability to refuse as defined by COGs
- ☐ Risk benefit disclosure read with encouragement for contact with primary care physician or pediatrician.
- ☐ Child and Parent/Guardian have access to food, water, and other necessities.
- ☐ Appropriate support to care for sick pediatric patient.
- ☐ Parent/guardian express the importance and understanding to separate cohabitants.
- ☐ No cohabitants considered to be high risk for complications.
- ☐ Provide & review with parent/guardian - http://austintexas.gov/article/covid-19-information-those-who-are-sick, which includes Telehealth Services and Services for Uninsured.

If Sending the Patient Home from a Public Location

- ☐ Place a surgical mask on the patient
- ☐ Have the patient directly transported home by parent/guardian while minimizing exposure to others/community
- ☐ Discourage public transportation

Any pediatric patient with an abnormal Appearance, Breathing, Circulation criterion is to be transported.

Any pediatric patient that meets all criterion is capable of Paramedic (≥PL5) initiated non-transport.

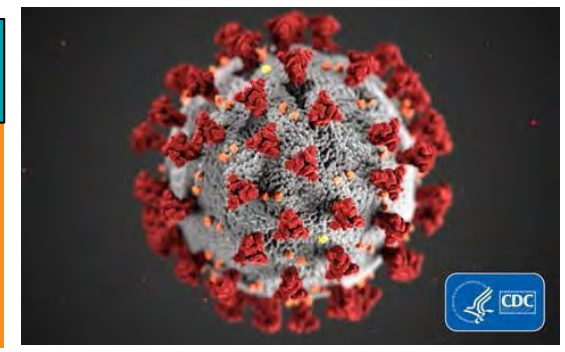
Consult OLMC if:

1. Parent/Guardian refuses paramedic (≥PL5) initiated non-transport or required transport decision.
2. Normal Appearance, Breathing, and Circulation criterion but missing criterion for history/presentation or refusal/follow up/arrangements.

COVID-19: Emergency Medical Services Non-Transport Guidance

Purpose

To identify patients that are safe to assess and not transport to a hospital during widespread cases of confirmed COVID-19 patients.



Indication for COVID-19 Non-Transport Protocol

- This guidance is only applicable if local EMS agency medical direction has decided to enact non-transport guidelines based on local indications and in consultation with hospital community leaders, EM, DOH, etc.
- Healthcare infrastructure is overwhelmed
  - Hospitals are exceeding maximum census
  - Hospitals and stand-alone emergency departments are experiencing significant overcrowding

1. Initial Assessment

- If call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate PPE before entering the scene.
- Initial assessment should begin from a distance of at least 6 feet from the patient and be limited to one EMS provider if possible.

2. Patient Assessment

- Does the patient have a fever that has been greater than 100.4 degrees?
- Does the person have fever **or** symptoms of lower respiratory illness (e.g., cough, shortness of breath)?
- Is the patient older than 50 years old?
- Are vital signs not within the following limits?
  - Respiratory Rate >8 or <20
  - O2 Saturation > 94%
  - Heart Rate < 100 bpm
  - Systolic BP at least 100
  - GCS 15

Yes to Any →

Proceed with standard medical treatment protocols if no to any questions.

No to All

3. Exclusions?

- Chest pain, other than mild with coughing
- Shortness of breath with activity
- Syncope
- Diaphoretic
- Cyanotic
- Respiratory Distress
- Other exclusions defined by the medical director

YES to Any

Proceed with standard medical treatment protocols if yes to any questions.

No to All →

4.Non-Transport Disposition

- The patient has a support system.
- The patient is competent.
- The patient consents to not being transported.
- The EMS provider notifies local public health authorities.
- Patient should be followed up by local public health authorities, EMS agency community paramedicine programs, or other mechanisms.

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

As of March 5, 2020

Suspected COVID-19 Non-Transport *3/20/20*

INFORMATION

- This protocol is to assist with the potentially overwhelming surge to our local healthcare infrastructure. The following information will allow Fire Rescue to identify patients who are appropriate for non-transport to a hospital during widespread cases of suspected COVID-19 patients.
- **At no time will Fire Rescue deny a patient's request to be transported to the hospital.**
- MIH will be monitoring and assisting patients that agree they do not need to be transported to the hospital via a telehealth system that will check in with the patient daily for 14 days to assess symptoms and needs.
- **Patient phone number should be documented in SafetyPad for all Non-Transport patients.**

PATIENT ASSESSMENT

- **Age:** 50 and over
- **Respiratory Rate:** Greater than 20 or less than 8
- **SpO_2:** Less than 94%
- **Heart Rate:** Greater than 110
- **Systolic BP:** Less than 100mm Hg
- **CGS:** Less than 15

→ **IF YES TO ANY** → **TREAT APPROPRIATELY AND TRANSPORT**

IF NO TO ALL

CONTINUE ASSESSMENT

- Is the patient experiencing any of the following:
  - Chest pain/pressure
  - Difficulty breathing/SOB
  - Syncope
  - Diaphoresis
  - Cyanosis
  - New confusion or inability to arouse

→ **IF YES TO ANY** → **TREAT APPROPRIATELY AND TRANSPORT**

IF NO TO ALL

NON-TRANSPORT

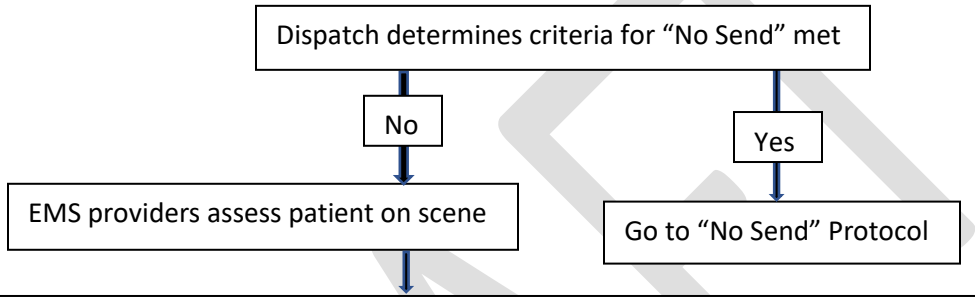
- Educate patient on the possible risks associated with transport and non-transport options.
- Encourage patient to stay home and self-monitor for signs and symptoms.
- Ensure patient has a support system (e.g. family, spouse).
- Ensure patient is medically competent.
- Create MIH referral in SafetyPad, include patient phone number, and inform patient they will be contacted by our MIH telehealth system within 24 hours.
- Have patient sign ***Out of Hospital Evaluation*** Form and upload to SafetyPad as attachment.

DRAFT Generic No-transport Criteria

INDICATIONS FOR IMPLEMENTATION – Local EMS Medical Director has decided to enact protocols to limit unnecessary 911 responses for minor complaints OR "worried well" and/or limit transports to local hospitals in order to:

1) Protect availability of 911 resources for response to emergencies
2) Protect hospitals from significant overcrowding with non-emergent patients
3) Conserve PPE resources by preventing unnecessary use

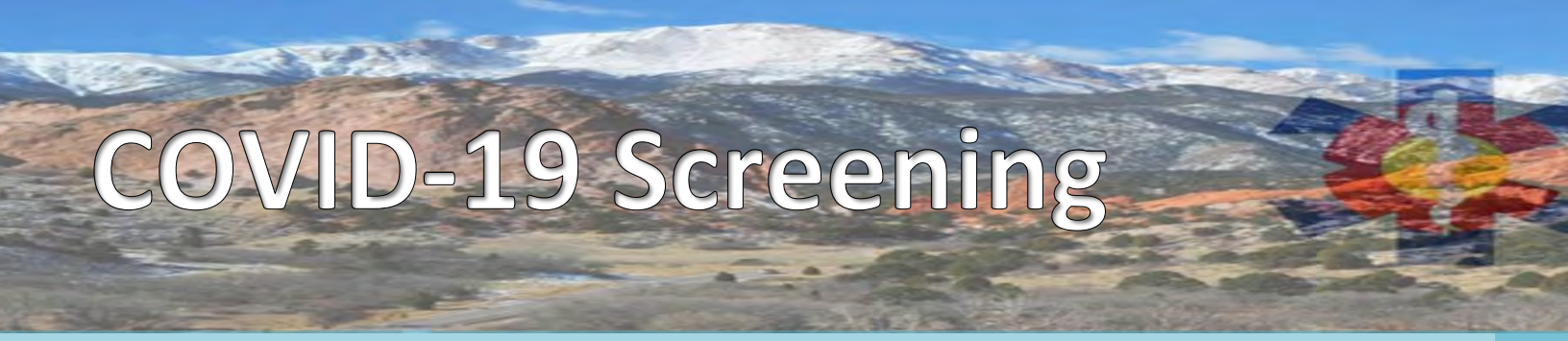
Additional indication - Region / RAC has agreed all EMS agencies should go to "no transport" protocols



Patients with URI or ILI symptoms (or other minor non-ILI complaints) AND meet all criteria below:

1) Under age 65
2) Normal vitals
    a. Systolic BP 100-180
    b. Resp rate 8-20
    c. O2 saturation >94%
    d. Heart rate <110
    e. GCS 15
    f. ETCO2 >25
3) No difficulty breathing, chest pain (other than mild with cough), syncope, or altered mental status
4) No comorbid conditions
    a. Weakened immune system – immunosuppressants, cancer/chemo, immune modulator meds, etc.
    b. Heart disease
    c. Lung disease
    d. Uncontrolled diabetes
    e. ESRD / Dialysis
    f. Asthma / COPD
5) Has a reliable caretaker / system of care at home (may include nursing home patients)

1) Local agency medical control process
2) Refer patient to primary care physician OR local public health department for assessment for local testing / follow up protocol
3) Provide patient with local public health instructions on isolation
4) IF ILI symptoms, provide local public health with patient information



COVID-19 Screening

Description

a. This guideline helps prehospital providers evaluate, screen for, and decide whether or not to transport a suspected Novel Coronavirus 19 (COVID 19) Patient.

b. If questions regarding care or transport contact Medical Directors through Pulsara

Dispatch will utilize predesignated screening questions via the Emerging Infectious Disease (EID) Surveillance Tool via EMD protocols and notify responding agencies if a patient has a NEGATIVE or POSITIVE screen

NO ← **POSITIVE Screening Questions** → **YES**

Do NOT solely rely on EMD to identify a potential exposure patient:
- **EMD may be constrained by time and caller information**
- **Obtain your own history and assess for clinical signs and symptoms**
- **Limit the number of providers to those necessary for care (2 in/2 Out)**

- **1 person in full PPE enter to assess the need for more resources**
- **If the patient can self-apply a mask, give them one from a distance, otherwise, place one on the patient.**

COVID-19 TREATMENT CONSIDERATIONS
- **If possible, avoid Aerosol Generating Procedures (AGPs)**
  - **BVM, suctioning, CPAP, nebulizers**
- **Avoid ibuprofen, If needed administer *ACETAMINOPHEN***
- **Advanced Airway: Use igel, DO NOT intubate**

Does the patient have?
Fever, S/Sx of Lower Respiratory Illness (e.g. cough or shortness of breath), &/or Diarrhea

YES

Patient:
- **Place surgical mask, have the patient cover mouth and nose when coughing**
- **If oxygen needed, use NRB Mask with a surgical mask placed over it; AVOID AGPs**

Prehospital Providers: Utilize contact, droplet, and airborne precautions
- **Gloves AND gown AND Eye protection (goggles or face shield)**
- **Surgical mask or Powered Air Purifying Respirator (PAPR) (any provider in the ambulance cab)**
  - **Reserve N-95 masks for confirmed COVID-19 patients**

NO

Exit to Appropriate Guideline

A — Objective Criteria
- **RR <8 or >20**
- **O_2 Saturation <90%**
- **HR >100 or age appropriate**
- **SBP < 100 >180 or age appropriate**
- **GCS < 15**
- **$EtCO_2$ between <30 or >55 mmHg**
- **Syncope**
- **Significant respiratory distress**
- **Diaphoresis or cyanosis**
- **Chest pain other than with coughing**
- **Inability to care for themselves/not safe to leave in place**
- **Provider discretion**

B — Risk factors
- **Age < 2 > 60 years**
- **Diabetes, COPD or lung disease**
- **Heart disease (CHF, CABG, Coronary disease)**
- **Immunosuppression cancer undergoing chemotherapy, transplant patient, HIV, etc.)**

Positive Box A → **EMS Transport**
- **Notify the receiving facility as soon as possible to allow for room and equipment preparation**
- **Coordinate with receiving facility staff prior to entering hospital**
- **Provide General Supportive Care**

Negative Box A AND Positive Box B → **EMS Non-Transport**
- **Telemedicine**
- **Private vehicle**
- **Scheduled ambulance transport**
- **3rd Party same day transport**
- **911 transport OK per resource availability**

Negative Box A AND Negative Box B → **Non-Tranport Self Quarntine**
- **Give standard COVID-19 Home Care Instructions**

E011 Revised: 3/26/2020

Medical Directive # 2003004
FOR IMMEDIATE DISTRIBUTION
Date 03/24/2020

OFFICE OF THE MEDICAL DIRECTOR
EMERGENCY PHYSICIANS ADVISORY BOARD

Medical Oversight for the MedStar System

Effective: 03/25/2020 Expiration:

Replaces Medical Directive #:

Subject: COVID-19 Pandemic – Non-transport and Referral

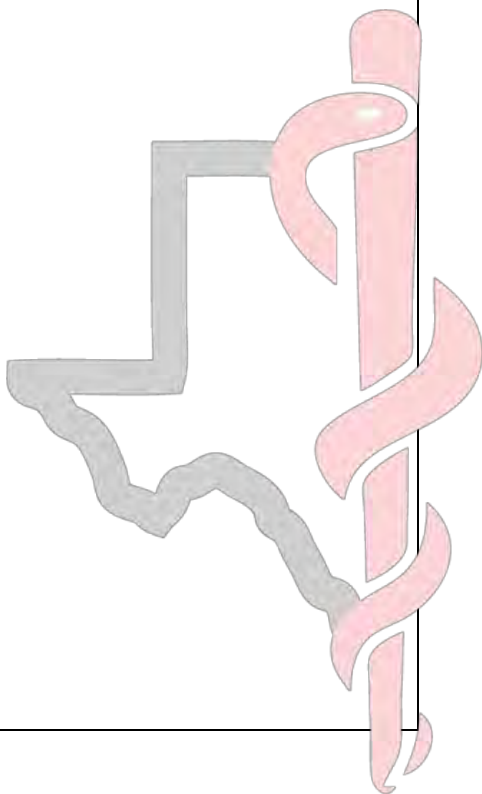
Purpose: The purpose of this directive is to provide guidance for evaluation, non-transport, and referral of low acuity patients with signs and symptoms consistent with COVID-19 during times of pandemic declaration within the jurisdiction of the Metropolitan Area EMS Authority (MAEMSA). This directive may be utilized by all Basic, Assist, and Advanced credentialed providers.

Indications:

1. Age 5-64 years
2. Patients with signs and symptoms consistent with COVID-19:
    a. Fever
    b. Cough
    c. Shortness of breath
    d. Sore throat
    e. Nasal congestion
    f. Body aches
    g. Headache
    h. Chills
    i. Fatigue
    j. Nausea / vomiting
    k. Diarrhea

If any of the following, begin standard stabilization, treatment, and transport:

1. Abnormal vital signs
    a. Systolic blood pressure < 90 mmHg (or age-specific)
    b. Heart rate ≥ 110 or ≤ 50 beats per minute
    c. Respiratory rate > 20 or < 8 breathes per minute
    d. Pulse oximetry $< 94\%$ on room air
2. High-acuity symptoms:
    a. Syncope
    b. Ischemic chest pain
    c. Severe shortness of breath
3. High-acuity physical exam findings:
    a. Neck pain or rigidity
    b. Signs of hypo-perfusion or dehydration
    c. Abnormal breath sounds or respiratory distress
4. High-risk medical history
    a. Immunocompromised, e.g., chemotherapy, HIV
    b. Pregnant women or within 2-weeks postpartum
    c. Unsafe to leave in place or inability to care for themselves
5. EMS provider suspicion for severe illness



2900 Alta Mere Dr. | Fort Worth, Texas 76116

(817) 923-1500 | FWOMD.ORG

Procedure:

1. For patients who meet indications with no criteria for transport, complete a full history and physical.
2. Inform the patient that they do not meet indications for transportation by ambulance to the emergency department.
3. Provide the patient with the "COVID-19 Related Illness" home care instructions, and instruct the patient to follow the home care and home isolation guidance described.
4. Instruct the patient to contact their healthcare provider for further medical care, or call 911 if their condition becomes severe.
5. Inform the patient that they can be screened and evaluated for COVID-19, including testing as indicated, using the Health System websites and phone numbers in the handout.
6. Complete a patient care report and select "COVID-19 Non-transport and Referral" in the Incident / Patient Disposition dropdown.
7. If the patient continues to request transport to the ED, contact OLPG.
8. If need for further guidance or questions, contact OLPG.

OMD will complete 100% review of all patients in which this directive was used.

If you have any questions, do not hesitate to contact me directly.

Veer D. Vithalani MD, FACEP, FAEMS
Interim Medical Director

Pandemic:
Treat and Release Protocol

History:
- Flu-Like Illness
- Travel hx
- Known contact with known positive case

Signs and Symptoms (the patient has Influenza-like symptoms)
- Fever ≥ 100.4/subjective fever/ Chills
- Shortness of breath
- Cough
- Sore thoat
- Weakness/ Body aches

Differential
- Influenza A
- Influenza B
- RSV
- COVID-19
- Non influenza Viral Infections
- Respiratory Bacterial Infections

Universal Patient Care Protocol for an ADULT PATIENT with CAPACITY to make medical decisions

Patients has signs and symptoms consistent with current pandemic

No → **Proceed to appropriate protocol and recommend transport to an appropriate ED. Have patient sign refusal if transport is declined**

Yes

Universal precautions with PPE must be used to protect from droplet or airborne contamination

Obtain Vitals: HR, RR, BP, Sp02,Temp

Assessment Criteria

- Age 18 yo - 65 yrs
- Respiratory rate between 6 and 24
- Pulse oximetry greater than 94% on room air
- Heart rate less than 120
- Systolic Blood Pressure between 100-200mmHg
- GCS 15
- Low risk potential COVID-19 patients (see pearls)

If any assesment criteria is NO → **Proceed to appropriate protocol and recommend transport to an appropriate ED. Have patient sign refusal if transport is declined**

For NON-TRASNPORT patient must:
- **Meet ALL assessment criteria**
- **Be stable and able to care for self at home**
- **Have access to phone, food and other basic necessities**
- **Have appropriate caregiver at home**
- **Be capable of adhering to home isolation precations**
- **No cohabitants considered to be high risk for complications**

If all assessment criteria are YES

Does patient complain of:

- Chest pain
- Shortness of breath/ Respiratory distress
- Syncope
- Altered mental status (mental states change < 24 hrs)
- Severe Pain

Yes to ANY → **Facilitate the care option chosen by the patient. Complete the PCR per guidelines for the care option chosen. If the patient chooses to refuse these care options, the patient maintains the right to be transported to the hospital by EMS.**

No to ALL

Consider NON-TRANSPORT

Provide patient with his/her care options:
1. **Refer Pt to PCP or Rex or WakeMed urgent care**
2. **Provide Pt information on RelyMD. Inform them of the cost of this service, that they will be responsible for cost.**

For NON-TRANSPORT patients

- **Give patient COVID-19 instructions**
- **Counsel on home quarantine**
- **Instruct family on self-monitoring**
- **Review callback precautions**
- **Provide number for Health Department**

Universal Protocol Section

Pearls:
- **This protocol applies to ALL responders.**
- **Patients under 18 years of age should be evaluated case by case depending on signs and symptoms.**
- **All persons who request medical evaluation or treatment are considered patients and shall have a PCR completed. See Pearls of Universal Patient care protocol for a discussion on assessing capacity.**
- **Low risk potential COVID-19:** Patients age less than 65 years of age, with NONE of the following past medical history currently pregnant, significant comorbid disease including uncontrolled diabetes mellitus, coronary artery disease, end-stage renal failure, COPD, CHF, immunocompromise (ex. active chemo/radiation, hx of organ transplant, autoimmune disorders such as lupus taking high dose steroid or any immune modulating medication) or emergency medical condition per paramedic judgment.

COVID-19 Community Spread

Modified Service Delivery

Call Meets COVID-19 Pre-Arrival Screening Criteria

Yes → **Modify Response per Agency Guidelines:**
- Minimizer Number of Responders
- Wear Proper PPE
- ONE Provider to Complete Initial Assessment, maintaining a distance >6 feet.

No → **Do not rely solely on PSAP to identify all potential cases.**
Consider call details and modify response/practices as needed.

Legend		
S	System Responder	S
B	EMT - B	B
I	EMT- I	I
P	EMT- P	P
M	Medical Control	M

Version 1.0
3/22/2020

Screen for COVID-19 Criteria (S)
Fever (>100.4)
Cough
Respiratory Complaint

Verify Appropriate PPE (S)
Providers: Gloves, Gown, N95, Eye Protection
Patient: Face Mask

Notify Medical Director & Agency Command
Modify Clinical Practices →

Clinical Practice Modifications
Replace Nebs w/ Meter-Dose Inhalers
Use Supraglottic Airways when able
PAPR or Hoods preferred for Intubations
Video Laryngoscopy preferred over Direct
CPAP may increase risk of droplet spread
PPE Req'd for All Providers during CPR
Trauma or Pedi Arrests: No Transport w/o ROSC
Medical Arrests: Consider Early Termination

When Approved by Agency & Medical Directors

Screen for EMS No-Transport Criteria (S)
(MEETS ALL ITEMS BELOW)
- Age < 65
- SBP 100-180
- Resp Rate 8-20
- SpO2 > 94%
- HR < 110
- GCS 15 or at Baseline
- ETCO2 > 25
- No Difficulty Breathing
- No Chest Pain (Other than mild w/ cough)
- No Syncope / AMS
- Has Reliable System of Care or Caregiver
- No Comorbidities (Immunocompromised, Heart Disease, Lung Disease, Uncontrolled Diabetes, ESRD/Dialysis, Asthma/COPD)

Yes → **Initiate No-Transport Process** (S)
1) Provide Self-Care Instructions
2) Refer to Primary Care, Urgent Care, Clinic OR Public Health Department
3) Provide COVID Home Care Documents

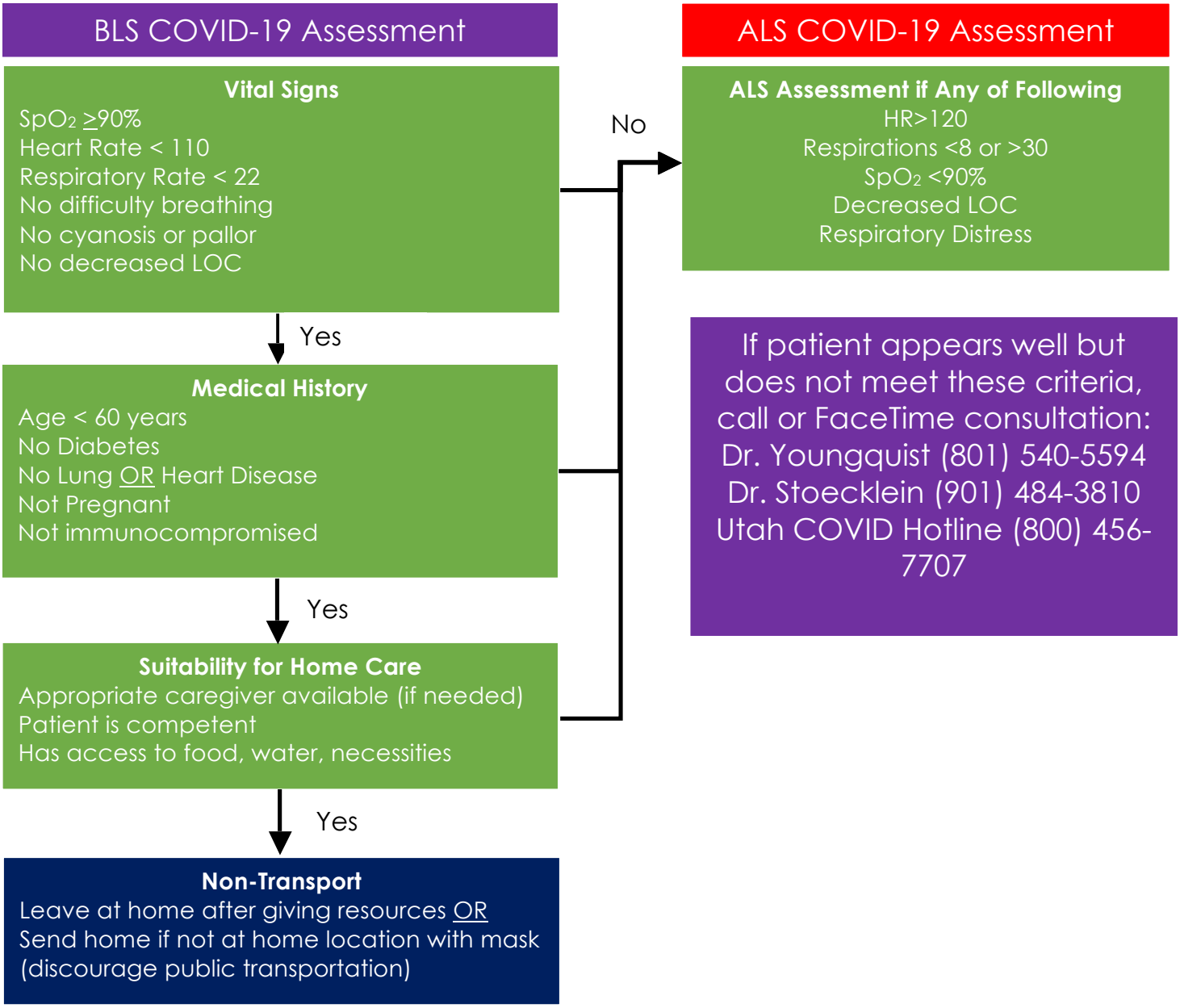
No →

Prepare for Transport: (S)
- No Riders, Isolate Patient Compartment from Cab, Activate Exhaust Fans

Notify Regional MEDCOM
Transport Destination determined by MEDCOM
Contact Medical Control for Treatment Plan
Follow Destination Facility-specific Instructions

Pearls:
- Regional MEDCOM: STRAC: 210-233-5815 CATRAC: 512-854-2619
- Follow agency-specific guidance regarding PPE conservation strategies.

Craig Manifold, DO
Medical Director


BLS COVID-19 Assessment
Vital Signs
SpO2 ≥90%
Heart Rate < 110
Respiratory Rate < 22
No difficulty breathing
No cyanosis or pallor
No decreased LOC
No
ALS COVID-19 Assessment
ALS Assessment if Any of Following
HR>120
Respirations <8 or >30
SpO2 <90%
Decreased LOC
Respiratory Distress
Yes
Medical History
Age < 60 years
No Diabetes
No Lung OR Heart Disease
Not Pregnant
Not immunocompromised
If patient appears well but does not meet these criteria, call or FaceTime consultation:
Dr. Youngquist (801) 540-5594
Dr. Stoecklein (901) 484-3810
Utah COVID Hotline (800) 456-7707
Yes
Suitability for Home Care
Appropriate caregiver available (if needed)
Patient is competent
Has access to food, water, necessities
Yes
Non-Transport
Leave at home after giving resources OR
Send home if not at home location with mask (discourage public transportation)

KCFD TEMPORARY NO TRANSPORT PROTOCOL

Initial Assessment:

- Dispatch advised possible EID patient OR
- Crew suspects possible EID patient
- Do not enter patient area until appropriate PPE has been donned
- Begin Assessment of the patient from a distance of at least 6 feet before entering patient area
- Limit number of crew member entering patient area
- Place surgical mask on patient as soon as possible

Patient Assessment:

- Does the patient have a fever greater than 100.4F
- Does the patient have the following symptoms:
  - * Cough
  - * Nasal and Chest Congestion
  - * Sore Throat
  - * Body Aches

Are the patient's vital signs:

- RR > 8 or < 20
- SpO2 > 94%
- HR < 100 BPM
- Systolic BP minimum 90mmHg
- GCS 15

NO TO ANY

ASSURE SURGICAL MASK IS ON PATIENT AND PROCEED WITH STANDARD TREATMENT PROTOCOLS

YES TO ALL

MAY BE CONSIDERED STABLE EID PATIENT

Does the patient complain of:

- Chest pain, other than mild with coughing
- Shortness of breath with activity
- Syncope
- Diphoretic
- Cyanotic
- Respiratory Distress
- Is the patient over 60 years old?
- Does the patient pre-existing conditions (heart problems, respiratory diseases, diabetes)

YES TO ANY

NO TO ALL

Are ALL of the following present

- The patient has a support system
- The patient has Capacity
- The patient consents to not being transported

This patient is a candidate for voluntary No Transport.

- Paramedic completes Patient Refusal
- Paramedic notifies Field ADC
- Follow up by KCFD is established

Pittsburgh EMS: COVID-19 Field Assessment Screening

Finding	YES	NO
Fever (subjective or measured)		
Contact with a known or suspected COVID-19 patient in the last 14 days		
Cough		
Dyspnea		
Weakness/General Malaise		
Other ILI symptoms		

Screening Positive **YES** **NO**

1 Screening:

Must have one yellow and one green to have positive screening. If not the patent is White Category

If one yellow and one green the patient has a positive screening, proceed to next step

Vital signs	YES	NO
SpO2 94% or greater		
RR 20 or less		
NO complaint of dyspnea		
HR 100 or less		
Normotensive SBP > 100		
Normal Mental Status		
Absence of Diarrhea		
Absence of Dyspnea		

All exam findings normal **YES** **NO**

2 Vitals:

If all green eligible for home care pending risk factor evaluation

Risk factor	YES	NO
Age > 50		
LTC/SNF Resident		
Diabetes		
Cardiac disease		
Hypertension		
Respiratory Disease		
Cancer		
HIV		
Organ Transplant		
Immunosuppression		
Pregnant		
Any other condition compromising respiratory function, ability or clear secretions or increases the risk of aspiration		

High Risk Condition Present **YES** **NO**

3 High Risk Factors:

Presence of any risk factors make the patient least a Yellow and requires command consult for no transport

Pittsburgh EMS: COVID-19 Field Assessment Screening

Screening Criteria	No	Yes	Yes	Yes	Yes
Normal Exam Findings		Yes	No	Yes	No
High risk Condition Present		No	No	Yes	Yes
Outcome	**White**	**Green**	**Yellow or Red**	**Yellow or Red**	**Red**

On scene evaluation process:

Assess:

1. COVID-19 Screening questions
2. Exam/Vital signs
3. High Risk Criteria

White Category:

- Screening negative for COVID-19 (don't have yellow + green)
- Transport not required unless other medical issue present
- No command consult required unless patient disagrees with the decision

Green Category:

- Positive screening for COVID-19 (1 yellow + 1 green)
- (and) Normal vital signs (all green)
- (and) No Risk Factors
- Eligible for home care per command/telemedicine consult

Pittsburgh EMS: COVID-19 Field Assessment Screening

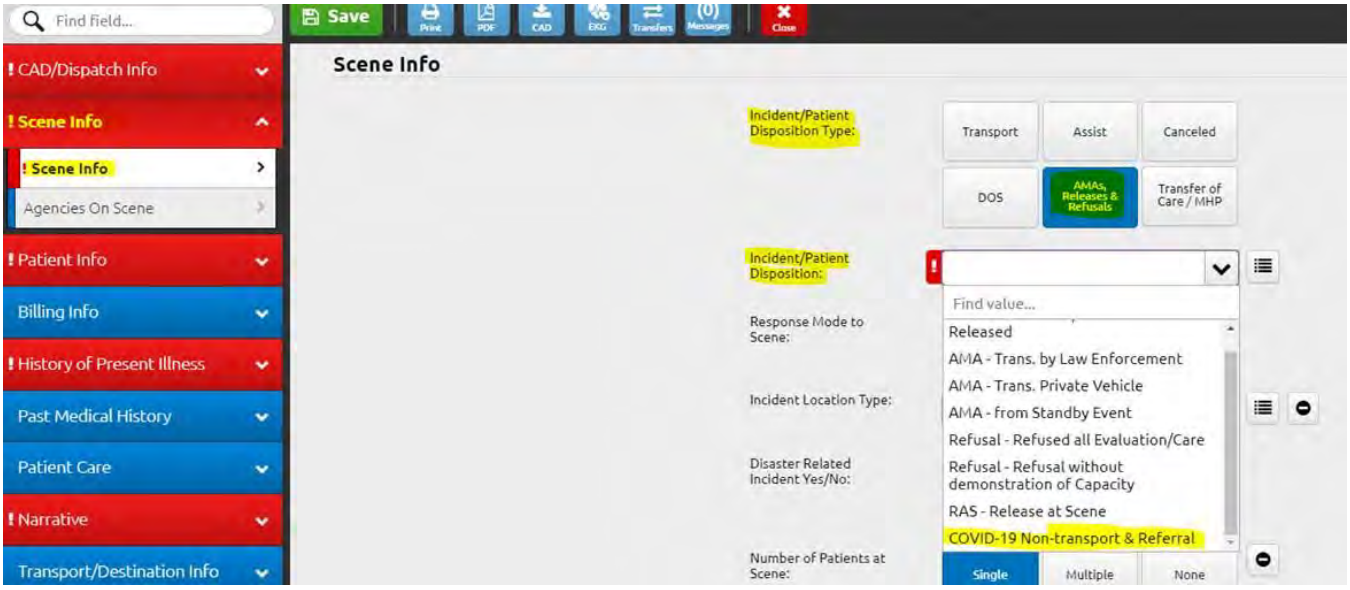
Yellow Category:

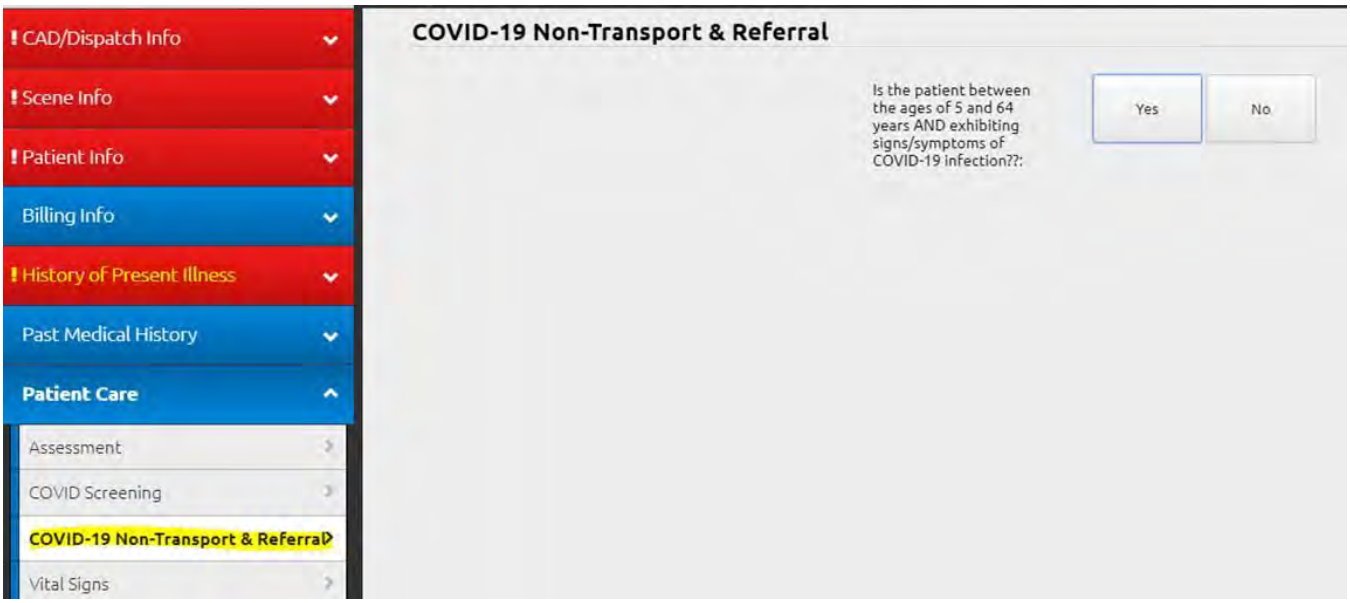
- Positive screening for COVID-19
- Abnormal vital signs but
    - SpO2 92 % or >
    - RR < 24
    - HR < 120
- (or) High Risk Factor present
- (or) Productive cough
- Eligible for home care if High Risk Factor but normal vital signs: requires consult
- Transport if abnormal vital signs > eligible for alternate site per command consult

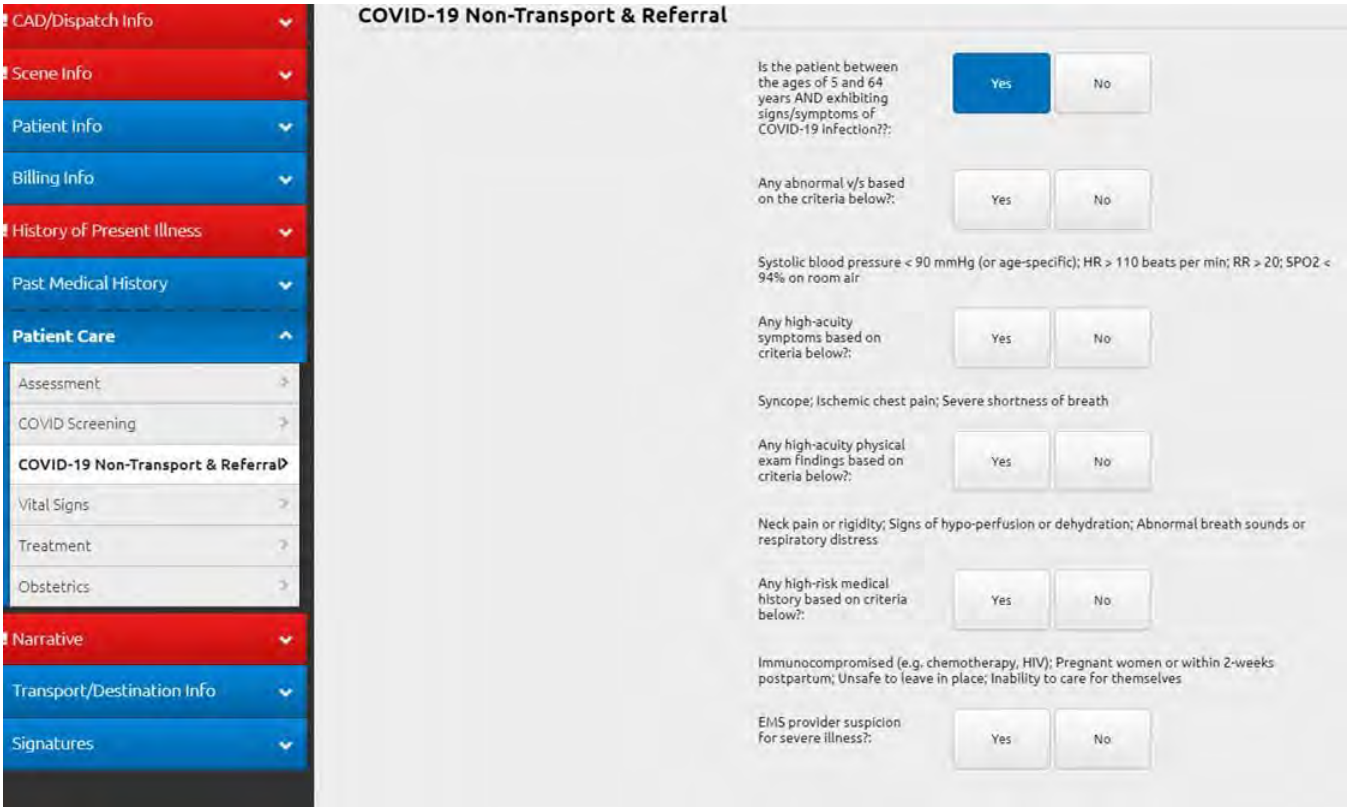
Red:

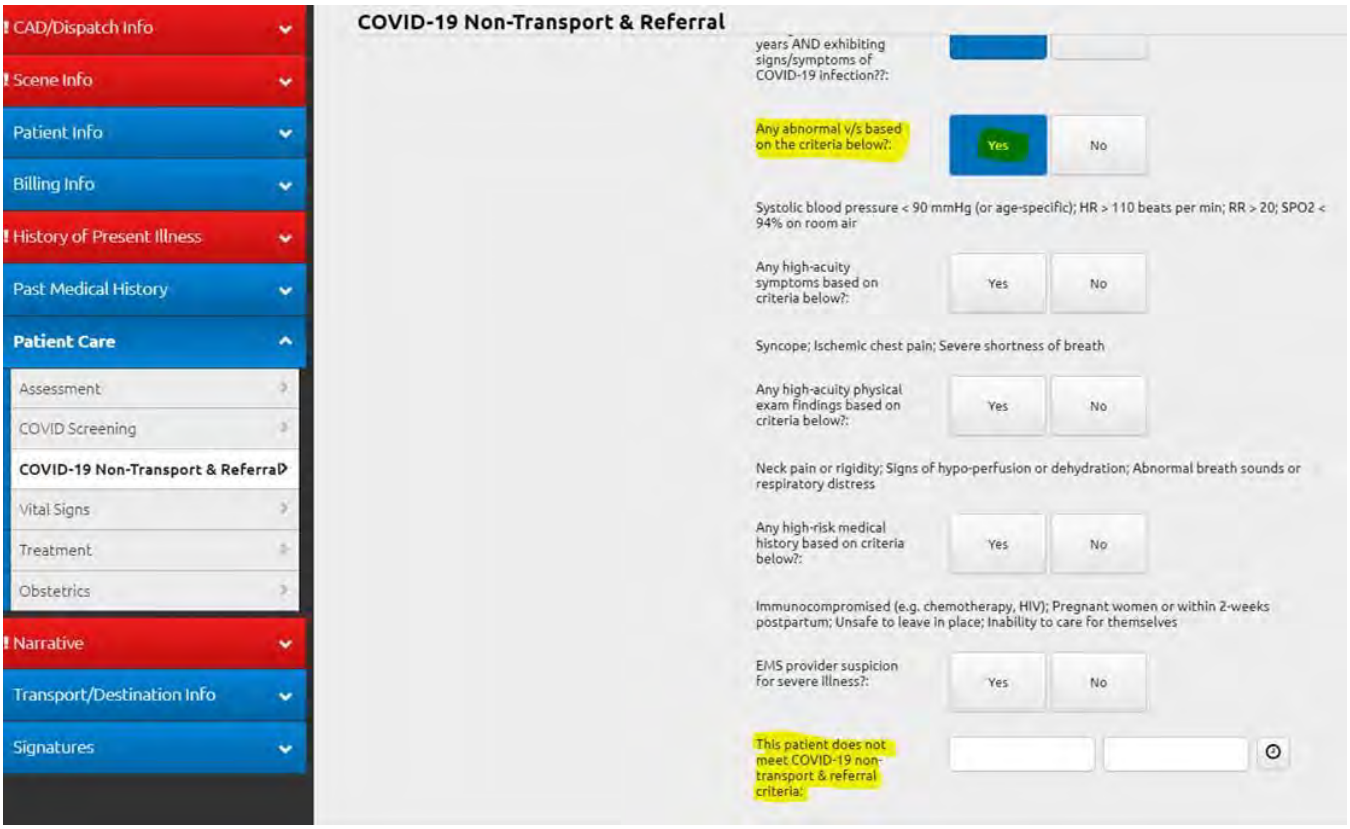
- Dyspnea
- (or) High Risk + any abnormal exam finding
- (or) Altered LOC
- (or) Danger Zone Vital Signs
    - SpO2 < 92%
    - RR 24 or >
    - HR 120 or >
- Transport to Acute Care Facility

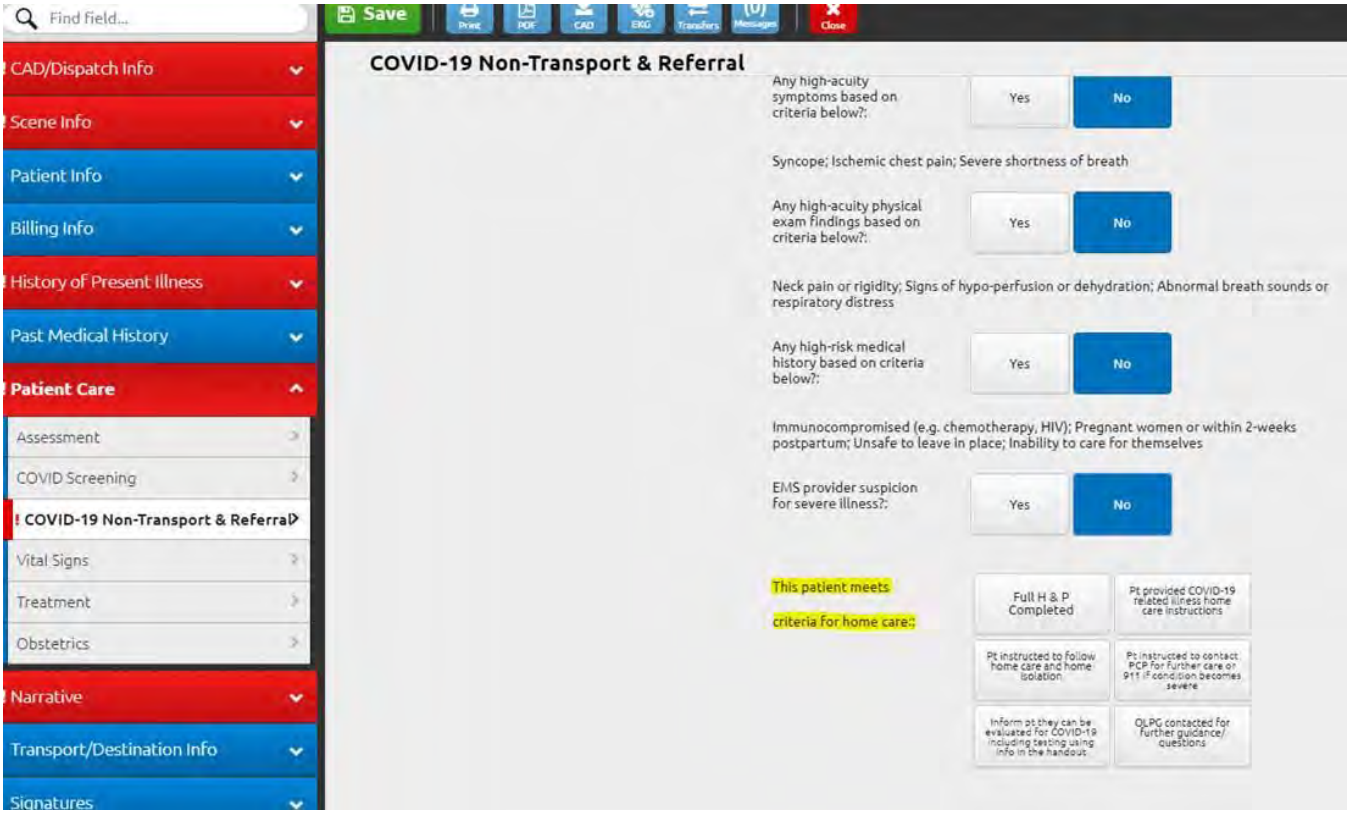
COVID 19 Non-Transport & Referral ImageTrend Documentation






CAD/Dispatch Info
Scene Info
Patient Info
Billing Info
History of Present Illness
Past Medical History
Patient Care
Assessment
COVID Screening
COVID-19 Non-Transport & Referral
Vital Signs
Treatment
Obstetrics
Narrative
Transport/Destination Info
Signatures
COVID-19 Non-Transport & Referral
Is the patient between the ages of 5 and 64 years AND exhibiting signs/symptoms of COVID-19 infection??:
Yes
No
Any abnormal v/s based on the criteria below?:
Yes
No
Systolic blood pressure < 90 mmHg (or age-specific); HR > 110 beats per min; RR > 20; SPO2 < 94% on room air
Any high-acuity symptoms based on criteria below?:
Yes
No
Syncope; Ischemic chest pain; Severe shortness of breath
Any high-acuity physical exam findings based on criteria below?:
Yes
No
Neck pain or rigidity; Signs of hypo-perfusion or dehydration; Abnormal breath sounds or respiratory distress
Any high-risk medical history based on criteria below?:
Yes
No
Immunocompromised (e.g. chemotherapy, HIV); Pregnant women or within 2-weeks postpartum; Unsafe to leave in place; Inability to care for themselves
EMS provider suspicion for severe illness?:
Yes
No


CAD/Dispatch Info
Scene Info
Patient Info
Billing Info
History of Present Illness
Past Medical History
Patient Care
Assessment
COVID Screening
COVID-19 Non-Transport & Referral
Vital Signs
Treatment
Obstetrics
Narrative
Transport/Destination Info
Signatures
COVID-19 Non-Transport & Referral
years AND exhibiting signs/symptoms of COVID-19 infection??:
Any abnormal v/s based on the criteria below?:
Yes
No
Systolic blood pressure < 90 mmHg (or age-specific); HR > 110 beats per min; RR > 20; SPO2 < 94% on room air
Any high-acuity symptoms based on criteria below?:
Yes
No
Syncope; Ischemic chest pain; Severe shortness of breath
Any high-acuity physical exam findings based on criteria below?:
Yes
No
Neck pain or rigidity; Signs of hypo-perfusion or dehydration; Abnormal breath sounds or respiratory distress
Any high-risk medical history based on criteria below?:
Yes
No
Immunocompromised (e.g. chemotherapy, HIV); Pregnant women or within 2-weeks postpartum; Unsafe to leave in place; Inability to care for themselves
EMS provider suspicion for severe illness?:
Yes
No
This patient does not meet COVID-19 non-transport & referral criteria:


Find field...
Save
Print
PDF
CAD
EKG
Transfers
Messages
Close
CAD/Dispatch Info
Scene Info
Patient Info
Billing Info
History of Present Illness
Past Medical History
Patient Care
Assessment
COVID Screening
COVID-19 Non-Transport & Referral
Vital Signs
Treatment
Obstetrics
Narrative
Transport/Destination Info
Signatures
COVID-19 Non-Transport & Referral
Any high-acuity symptoms based on criteria below?:
Yes
No
Syncope; Ischemic chest pain; Severe shortness of breath
Any high-acuity physical exam findings based on criteria below?:
Yes
No
Neck pain or rigidity; Signs of hypo-perfusion or dehydration; Abnormal breath sounds or respiratory distress
Any high-risk medical history based on criteria below?:
Yes
No
Immunocompromised (e.g. chemotherapy, HIV); Pregnant women or within 2-weeks postpartum; Unsafe to leave in place; Inability to care for themselves
EMS provider suspicion for severe illness?:
Yes
No
This patient meets criteria for home care:
Full H & P Completed
Pt provided COVID-19 related illness home care instructions
Pt instructed to follow home care and home isolation
Pt instructed to contact PCP for further care or 911 if condition becomes severe
Inform pt they can be evaluated for COVID-19 including testing using info in the handout
OLPG contacted for further guidance/ questions

MN Metro Region EMS System
Pandemic Response Matrix
Approved March 12, 2020 EMS TOC Executive Committee

Metro Region EMS System

PANDEMIC CRISIS CONDITIONS TRANSPORT GUIDANCE

Policy context

These standing orders will be used to provide the best pre-hospital care to the greatest number of people during an extreme situation. They will only be put into place on approval from the EMS medical directors under conditions in which EMS services are pending or not answering calls for which there is a significant risk of death for the patient. They do not supersede other protocols. You will be notified when this status is in effect.

Our ethical commitments are:

A. **Proportionality:** All individuals should receive the highest level of care given the resources available at the time.

B. **Transparency:** Governments and institutions have an ethical obligation to plan allocation through a process that is transparent, open, and publicly debated.

C. **Fairness:** The proposed triage process relies on the principle of maximization of benefit to the population served. The triage process treats patients equally based on objective, physiologic criteria, and when these criteria do not clearly favor a particular patient, "first come, first serve" rules will apply…

D. **Assurance:** In order to ensure "procedural justice," EMS triage processes will be regularly evaluated to assure that the process has been followed fairly and consistently.

E. **Documentation:** Patient records will include notation that crisis care transport rules were in effect.

When an ambulance arrives on scene during crisis conditions, instead of automatically offering transport to an emergency department, as under normal practice, you will assess the patient's objective condition and triage him/her into the following categories:

	o provide homecare information
	o refer to a clinic or other medical destination
	o refer to use of alternate transportation to a hospital, clinic or other medical destination
	o transport by (and at the discretion of) law enforcement
	o transport by ambulance to a hospital or other medical destination

MN Metro Region EMS System
Pandemic Response Matrix
Approved March 12, 2020 EMS TOC Executive Committee

Standing Orders

A. If the patient's complaint or symptoms are not listed in this Appendix, Paramedic's discretion is advised if the decision is not in conflict with SOP.

B. During crisis care conditions **automatically offer to transport** patients with the following presentations:

	1. Paramedic discretion – suspicion of critical illness/injury
	2. Altered vital signs (or age-specific abnormal vital signs), including any one of these: o SBP < 90 o SpO2 < 92% o RR > 30 (or respiratory distress) o HR > 120, or delayed capillary refill
	3. Breathing: o Respiratory distress o Cyanosis, or pallor/ashen skin
	4. Circulation/Shock: o Signs or symptoms of shock o Severe/uncontrollable bleeding o Large amounts of blood (or suspected blood) in emesis or stool
	5. Neurologic: o Unconscious or altered level of consciousness o New focal neurologic signs (CVA, etc.) o Status, multiple or first-time seizure o Severe headaches – especially sudden onset or accompanied with neck pain/stiffness o Head injuries with more than brief loss of consciousness or continued neck pain, dizziness, vision disturbances, ongoing amnesia or headache, and/or nausea and vomiting
	6. Trauma: o Significant trauma with chest/spinal/abdominal/neurologic injury deemed unstable or potentially unstable o Suspected fractures or dislocations that cannot be safely transported by private vehicle

C. When resources are at crisis care levels **consider patients with the following presentations for:**

- **Transportation by ambulance** - Note that many 'transport by ambulance' patients will not require emergency transport to the hospital – in which case, the crew may answer additional calls until the ambulance is full, or a critical patient is picked up, depending on system call volumes.
- **Transportation by alternate means:**

  private vehicle or first responder transport to clinic, hospital, or alternate care site. Except in very limited cases, the patient should NOT self-transport to the hospital/clinic but could be driven by someone else.

- **Homecare** Give patient the Homecare form for their complaint and advise to contact PMD if symptoms persist or worsen. The form will have information pertaining to their complaint and list ways of caring for themselves, as well as what to look for that would prompt self-transport to a clinic or hospital, or transport via ambulance to the hospital. Advise the patient that this does not restrict them from seeking care at a clinic or hospital on their own, should they desire.

1. ABDOMINAL PAIN:

	○ AAA history or suspected ○ Marked tenderness/guarding ○ Pain radiating into back and/or groin/inner thighs ○ Recurrent severe vomiting not associated with diarrhea
	○ Recurrent severe vomiting associated with diarrhea – to emergency if associated with signs/symptoms of dehydration, to urgent care or clinic if no dizziness nor vital sign changes and normal exam
	○ Intermittent vomiting and/or diarrhea without blood or evidence of dehydration

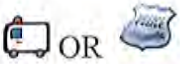
2. ANAPHYLAXIS/STINGS:

	o Patients who have had epinephrine administered for symptoms o Patients experiencing airway, hypotension, or respiratory symptoms, after an allergy exposure o Vomiting with a history of anaphylaxis in the past
	Patients with itching after exposure – if rapid onset of symptoms, may require EMS transport; if delayed > 1hour, safe for private transport. All patients with history of anaphylaxis should be seen in emergency room if possible. Others may be seen in clinic or urgent care. EMS may administer diphenhydramine prior to clearing scene, up to 1mg/kg.

3. BACK PAIN:

	o Acute trauma with midline bony spinal tenderness o New onset of extremity weakness, sensory deficits, other neurological changes, incontinence of urine or bowel, urinary retention, or bloody urine o Concern for abdominal aortic aneurysm o Pain radiating into abdomen, or groin/inner thighs o Fever and back pain
	o Inability to ambulate/care for self o Concern for kidney stone, bloody urine
	o Muscular back pain without neuro changes, fever, or trauma

4. BEHAVIORAL:

	o Uncontrolled agitation requiring sedation by EMS
	o Suicidal ideation – must be left with a responsible party
	o Other emotionally disturbed patients may be transported at law enforcement's discretion or by other means

5. BLEEDING (LACERATIONS, ABRASIONS OR AVULSIONS):

	○ Patient is on anticoagulant with significant ongoing bleeding or large hematoma
	○ Significant lacerations after bandaging – heavily contaminated, bite-related, likely to involve foreign body, deep structure injury, sensory/motor deficit – to emergency room ○ Lacerations requiring simple repair – consider self-transport to physician's office or urgent care center (however, some offices do not do procedures; patient will need to call ahead)
	○ Abrasions or avulsions not requiring suturing or repair, no significant contamination. ○ Minor lacerations that do not require sutures

6. BURNS:

	○ All chemical or electrical burns ○ Suspected inhalant burn ○ Significant third degree burns ○ Second degree burns to ≥5% of body area ○ Second degree burns to face, mouth ○ Severe pain
	○ Second degree burns to hands or feet, or to other location 1%-5% body surface area (size of patient's palmar surface)
	○ Second degree burns < 1% body surface area, non-critical location ○ First degree burns

7. CARDIAC ARREST:

	○ Witnessed down time ≤ 10 minutes – follow usual resuscitation protocols
	○ All others – report death to dispatch and return to service; do not wait for law enforcement or medical examiner arrival

8. CHEST PAIN:

	o Chest pain or other signs or symptoms suspicious for cardiac ischemia, pulmonary embolus, or other life threat
	o Chest pain ongoing for >12 hours and a normal ECG o Pleuritic chest pain without hypoxia o Chest pain reproducible on physical exam to palpation is generally NOT concerning; unless ECG changes or known cardiac disease, unlikely to require treatment for acute coronary syndrome

9. DIABETIC:

 OR	o Any patient on oral diabetes medications with low blood glucose – if transported by private vehicle must NOT drive self o Critical high glucose or signs of Diabetic Ketoacidosis/dehydration o By EMS for any Kussmaul respirations, tachypnea, or hypotension
	o Patients with typical hypoglycemia due to insulin and explanation for low sugar (did not eat, etc.) can be left without medical control contact as long as family/friend is present and patient is eating

10. ENVIRONMENTAL:

	o Heat-related illness with any alteration in mental status (confusion, decreased LOC) o Frozen extremity o Hypothermia with AMS
 OR	o Frostbite to face, hands, feet, other location suspected deeper injury, blisters
	o Heat-related illness without alteration in mental status – initiate external cooling at home under supervision of friends/family o Minor frostbite with tissues now soft, pink, no blisters, and NOT involving digits

11. ETOH/SUBSTANCE ABUSE:

	o Very decreased LOC or other confounding issues (head injury, suspicion of aspiration)
	o Otherwise may be transported at law enforcement's discretion
	o Patient may be left with a responsible individual who can assist the patient o Able to ambulate safely without assistance

12. EYE PAIN:

	o Impaled objects or possible penetrating injury to eye, or globe rupture o Chemical exposures (alkaline) – after decontamination and initial rinsing
 OR	o Eye pain and/or acute changes to vision should receive transport for urgent evaluation to emergency department or other qualified clinic (e.g. eye clinic) o Chemical exposures (non-alkaline) – consult poison control for instructions; transport if symptoms / dangerous exposure
	o Chemical exposures (non-alkaline) – consult poison control for instructions; if no symptoms and limited toxicity likely, give instruction sheet

13. FEVER:

	o Fever plus altered mental status including confusion o Fever plus severe symptoms by paramedic assessment o Fever plus seizures, lethargy, stiff neck, rash, or blistering
 OR	o ≤ 3 months with fever estimated at 100.5 degrees – to emergency room or clinic urgently o > 3 months with fever that does not reduce with anti-pyretics, or fever lasting more than 5 days – emergency room, urgent care, or clinic

14. HEADACHE:

	o With vision deficit, lethargy, or page 1 qualifiers (fever, etc.) o On anticoagulants o Trauma related HA worse than mild and/or with LOC
	o New headaches for patient require assessment o Usual headaches for patient may require treatment

15. MUSCULOSKELETAL INJURIES (ISOLATED):

	o Loss of distal pulses o Unable to effectively splint the affected part o Neurological changes or deficits o Open fractures o Displaced fractures or pain requiring injectable narcotics
	o Suspected fractures that are stable and do not require injected analgesia may be splinted appropriately and transported by private vehicle
 OR 	o Neck pain and back pain after MVC, that is delayed in onset and not associated with midline tenderness or neurologic symptoms

16. NOSEBLEED:

	o Signs of hypovolemia or dizziness upon standing o Patient is on blood thinners (Coumadin, lovenox, clopidogrel, etc.) o Continued high blood pressure (SBP >200) in setting of nosebleed o Continued severe bleeding despite EMS efforts to control
	o All other

17. OB/PREGNANCY:

	o Imminent delivery o Pain in abdomen or back o Profuse vaginal bleeding o Third trimester (>24 weeks) bleeding o Pre/eclampsia – syncope, seizure, altered mental status, SBP≥140
	o All other

18. SYNCOPE:

	o History of coronary disease or heart failure o Age =>55 o Pregnant o Chest pain, headache, or shortness of breath (or other symptoms concerning to paramedics)
	o Likely dehydration, with dizziness preceding the syncope o Other underlying medical conditions

19. TRAUMA

	o Elderly o Unable to ambulate o Serious mechanism o On blood thinners or other severe underlying disease with trauma
	o Discretion based on degree of injury, ability to ambulate

20. TOXICOLOGIC:

	o Overdose or other toxic exposure – contact Poison Control and/or on-line medical control o If intentional, see **Behavioral Health** in this Appendix

21. VULNERABLE PERSON IN POTENTIAL DANGER:

	o EMS should assure that person will not be left in dangerous environment o If safe disposition and transport can be arranged and the injuries do not otherwise require medical evaluation, other transport may be appropriate

22. INTER-FACILTY TRANSFERS:

	o Requests for emergent EMS inter-facility transfers should be considered in the presence of a time-sensitive injury or diagnosis.