***This guidance has been developed in conjunction with Central Iowa EMS Directors and the Polk County Health Department Medical Coordination Center. Services should utilize this guidance to develop service based policy and procedure under the direction and approval of the services Medical Director.***

**PURPOSE**

It is anticipated that the number of community COVID-19 cases will increase beginning in April 2020. This guideline is a model for handling the increase, and the possibility that potentially infected patients will access the 911 system for assistance. Many of these patients will have mild and non-life-threatening symptoms that do not require hospitalization. This guideline is intended to increase the timely availability of emergency medical care/transport for those patients with life threatening symptoms or conditions, to prevent unnecessary exposure to emergency medical personnel, to prevent tying up necessary emergency response resources, and the unnecessary use of hospital resources.

This guideline shall be used to screen patients who do not require emergency medical care/transport.

**DURATION**

This guideline shall remain in place until the State or Federal Public Health Emergency Declaration has been lifted (whichever is last in time) or otherwise suspended by the providing service’s medical director.

**PRINCIPALS**

Based on current science, most persons with COVID-19 experience mild symptoms and fully recover. The Centers for Disease Control and Prevention recommend that low risk patients, potentially infected with COVID-19 and experiencing mild symptoms, self-isolate at home unless symptoms worsen.

**DEFINITIONS**

**Low-Risk Patients** – Patients ≥ 18 years of age and ≤ 60 years of age requesting emergency medical services transport solely for COVID-19 evaluation, with fever <103 and/or respiratory complaints and **NONE** of the following:

* A complaint of shortness of breath, chest pain, or altered level of consciousness.
* Abnormal vital signs for age.
* History of significant comorbid disease including COPD, CHF, cardiac disease, renal failure, immunodeficiency, or pregnancy.
* EMS provider’s primary impression other than cold/flu symptoms.
* Emergency medical condition per EMS personnel judgement.

**Patient-Centered Care** – Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, with a goal that patient values guide all clinical decisions.

**PROCESS**

Local dispatch centers are screening callers for risk factors of the COVID-19 virus. Dispatchers will communicate with EMS crews if any of them are present. This guideline should be utilized when the following circumstances are met following the interactive Guideline below:

1. The dispatch screening indicates a risk of possible COVID-19 infection
   1. Have you been in contact with a confirmed COVID-19 patient awaiting testing?
   2. Is anyone there having respiratory symptoms such as fever, cough, or shortness of breath?
   3. Is anyone there a healthcare worker or residing with one?
2. The chief complaint does not include an apparent life threat.

**PROCEDURE**

Upon arrival EMS providers will determine if the patient meets criteria for “assess and refer.”

**Assessing Patient for Criteria**

* One provider should enter the scene at least 6 feet from the patient if possible to perform a basic assessment and confirm the presence of no life threats. At a minimum the following shall be done:
  + A primary assessment
  + A focused history and physical exam
  + A chief complaint and nature of the call
  + Patient information (name, address, phone number, age)
  + An initial set of vitals (including a temperature)
* Low risk patients with symptoms of mild respiratory infection (e.g., low-grade fever, non-productive cough, upper respiratory illness) should be advised that they may self-isolate at home. Assessment by EMS personnel will determine if the patient can be categorized as a low-risk patient. If during the assessment EMS personnel determine any of the following exist, the “assess and refer” procedures shall not apply.
  + Abnormal vital signs
    - WNL vital sign ranges:
      * Age: ≥ 18 and ≤ 60 with no underlying illness (e.g., COPD, CHF, cardiac disease, renal failure, immunodeficiency, or pregnancy)
      * GCS: 15
      * Systolic BP ≥ 110
      * Heart Rate ≤ 100
      * SpO2 ≥ 94% on room air
      * Respiration Rate ≥ 8 and ≤ 20
      * Temperature less than 103.0
  + Complaints of respiratory distress or chest pain.
  + Altered level of consciousness.
  + Patient/legal representative appears to be impaired by alcohol and/or another substance
  + The patient/legal representative is unable to comprehend or demonstrate an understanding of his/her illness.
* Patients with pronounced symptoms, or who do not meet criteria as a low-risk patient, shall be treated and transported according to applicable local policies and protocols.
* Medical Direction should be contacted if the result of the assessment is not clear.

If patient is clinically stable and does not warrant transport:

* EMS Personnel shall advise the patient/legal representative as follows:
  + Stay at home and seek follow-up treatment as needed with their primary care physician.
  + Isolate themselves at home, apply appropriate social distancing, avoid contact with high-risk persons, and self-monitor their condition for worsening symptoms.
    - The isolation period should continue until seven (7) days after their symptoms began, or 72 hours after their symptoms resolve, whichever is longer.
  + The following statement shall be given to each patient who meets the “assess and refer” criteria.

**“It appears that you do not require immediate care in the emergency department. The Centers for Disease Control and Prevention recommend that low risk patients, potentially infected with COVID-19 and experiencing mild symptoms, self-isolate at home unless symptoms worsen**. **You should seek care with your primary physician or call 2-1-1 if your symptoms worsen. If you develop shortness of breath, confusion, dizziness, or other severe symptoms, re-contact 9-1-1.”**

* + EMS personnel shall provide a copy of the COVID-19 fact sheet to each patient who meets the “assess and refer” criteria according to this guideline.
  + EMS personnel should not require “assess and refer” patients to sign a refusal of EMS care form, as it implies that the patient is at significant risk by not using the EMS system for treatment and/or transportation. “Assess and refer” represents a shared decision-making process between the EMT and the patient to provide the best, most appropriate care for individual patients, including minimizing risk of exposing the patient and healthcare personnel to disease.
* If the patient/legal representative requests EMS transport after assurance that the transport is not recommended, EMS personnel shall honor the request and transport the patient according to local policy and protocol.

**DOCUMENTATION**

* In addition to standard requirements, the following information shall be documented in the patient care report for any patients who meets “assess and refer” criteria according to this guideline:
  + Any advice given to the patient by EMS personnel shall be adequately documented in the patient care report narrative.
  + The “provider’s primary impression” shall be documented if applicable as “cold/flu symptom,” or suspected Covid-19. The “incident/patient disposition” shall be documented as “patient evaluated, no treatment/transport required.”