In pursuit of the authorizations to establish Patient Care Protocols under Iowa Code 641—132.15(1), the following transport protocol has been established to support direction to the public from both the Centers for Disease Control and Prevention (CDC) as well as the Iowa Department of Public Health, Bureau of Emergency Trauma Services (BETS). This protocol is intended to reduce the number of patients presenting to hospitals during a surge. The premise is these patients can be managed under their own care, primary care physician (PCP) or through other approved alternative means during a pandemic crisis. This is an effort to reduce both the spread of COVID-19 and patient surge at medical facilities as well as reduce the unnecessary use of personal protective equipment (PPE) and limit exposure to first responders and healthcare workers.

**Patient Transport – Destination Decision Tree:**

***Presence of Risk Factors and/or Asymptomatic***

* History of travel to/from an affected area within 14 days of symptom onset
* Any persons who have had close contact with a laboratory confirmed or suspected COVID-19 patient
* No signs, symptoms or complaints

**Consider Non Transport / Low Risk Patients**

**Minor/Moderate Signs/Symptoms/Injury only**

Assessment reveals a non-urgent, non-life threatening situation

* Stable clinical assessment, vital signs and no signs of cardio-respiratory compromise
  + Alert and oriented, GCS 15
  + No complaint of breathing difficulty, respirations in normal range (RR<20)
  + Pulse regular, within normal range (<100)
  + Blood pressure within acceptable range (SBP >110)
  + SPO2 >94%
* Minor injury (soft tissue or extremity injury) (no head injury present)
* The following COVID-19 signs and symptoms may be present

Fever less than 103F Cough

Muscle Aches Fatigue

* Provide COVID-19 Information form and sign appropriate form
* **Patients that refuse alternative destination or non-transport options shall be transported to the hospital.**

**Consider Transport to Alternative Destination or no transport**

**Insert Agency Specific Alternate Destination Here:**

* Contact must be made with the receiving facility for permission to transport the patient to their facility.
* Efforts should be made to keep patients within their own medical network
* Choices for alternate destinations include:
  + List destinations with phone numbers here
  + Other option is to keep this document free of destination language and publish a separate document with a list of approved alternative destinations for your geographic area.

**Progressive Symptoms and Compromise**

* Any signs of cardio-respiratory compromise
* Minor/Moderate symptoms AND any of the following:
  + Difficulty/trouble breathing or signs of hypoxia
  + Chest pain or pressure
  + Altered mental status
  + Suspicion of non COVID-19 medical issue
* Patient refuses alternative destination or non-transport option

**Transport to Hospital**