DEMCA
EMERGENCY COVID-19 PANDEMIC
STATIONARY TREATMENT OF LOW ACUITY AND ASYMPTOMATIC PATIENTS DURING COVID-19 OUTBREAK

Initial Date: 03/16/2020
Revised Date: 11/17/2020 Section 14-09

Stationary Treatment of Low Acuity and Asymptomatic Patients During Covid-19 Outbreak

Purpose: To reduce unnecessary EMS transport to hospital emergency departments during the COVID-19 outbreak while assuring delivery of appropriate healthcare services.

I. Description:
This Emergency System Protocol describes the process to be followed by providers (EMT-B and higher) when, following an appropriate clinical assessment including a medical control consultation with an authorized physician, it is determined that the patient is not experiencing a medical emergency and will not likely benefit from transport by EMS to the hospital emergency department.

II. Definitions:

A. Emergency Patient: means an individual with a physical or mental condition that manifests itself by acute symptoms of sufficient severity, including, but not limited to, pain such that a prudent layperson, possessing average knowledge of health and medicine, could reasonably expect to result in 1 or all of the following:
   1. Placing the health of the individual or, in the case of a pregnant woman, the health of the patient or the unborn child, or both, in serious jeopardy.
   2. Serious impairment of bodily function.
   3. Serious dysfunction of a body organ or part.

B. Non-Emergency Patient: For the purposes of this protocol, a non-emergency patient means an individual who has been **jointly** assessed by both EMS and an authorized medical control physician and has been determined to not meet the definition of an emergency patient as defined above.

C. Asymptomatic individual: means a person that may be COVID positive, but does not have any observable signs or symptoms.

D. EMS Telemedicine Application: means a telecommunication application that is HIPPA compliant and provides for remote medical control between the treating paramedic and the supervising authorized medical control physician and has been approved by the local medical control authority.

E. Medical Control Physician: means a physician authorized by the local medical control authority Medical Director and serving as a representative of the local medical control authority.

F. Alternate Destination: means a healthcare facility other than a hospital emergency department approved by the local medical control authority Medical Director to which a non-emergency patient may be transported. This may include physician offices, clinics, urgent care centers, and other approved alternate care centers.

G. Alternate Transport: means a vehicle, other than a licensed ambulance, used to safely transport a non-emergency patient to a hospital emergency department or approved alternate destination. This may include wheelchair van, private vehicle, ride share vehicle, licensed non-transporting EMS vehicle, non-licensed public safety vehicle, or other type of vehicle type approved by the local medical control authority Medical Director.

H. Alternate Treatment Plan: This means a treatment plan for the non-emergency patient that involves care in the home or facility, transport to an alternate destination, or transport using and alternate vehicle.

III. Qualifying Patients:

This protocol is intended for patients who, following patient assessment and medical control consultation, are determined to not be an emergency patient as defined above and are in not in need of EMS transport to a hospital emergency department. Examples include, but are not limited to:

A. Mild respiratory infection findings including sore throat, cough, muscle pain
B. Mild respiratory illness with bronchospasm without signs of infection
C. Vomiting and diarrhea without signs of significant dehydration or circulatory shock
D. Mild exacerbations of chronic medical conditions
E. Mild soft tissue injuries such as superficial abrasions, lacerations, and minor burns
F. Minor orthopedic injuries such as sprains, strains, and contusions
G. Minor medical complaints such as urinary tract infection or minor skin infection without fevers or other comorbid factors
H. Other clinical conditions appearing to be of low acuity associated with stable vital signs
I. COVID positive patients with no observable signs or symptoms

IV. Excluded Patients:

This protocol does not apply to patients who, following the provider's assessment are felt to reasonably have a clinical condition consistent with an emergency patient as defined above. Examples include, but are not limited to:

A. Significantly abnormal vital signs (excluding fever and mild tachycardia) that fail to resolve with initial treatment
B. Hypoxia, defined as a room air SPO2 less than 92% that does not promptly improve with EMS treatment (For patients who are continuous prescribed oxygen, SPO2 less than 90% while on continuous prescribed normal oxygen flow)
C. Chest pain suggestive of an acute cardiopulmonary condition, regardless of EKG finding
D. Labored breathing following EMS treatment
E. Acutely altered level of consciousness
F. Significant acute pain of known or unknown etiology
G. Other conditions that may otherwise be consistent with an emergency patient

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V. Process:

A. The provider dons appropriate PPE and limits EMS personnel contact, as appropriate

B. The provider completes assessment in accordance with appropriate protocols, including complete vital signs (BP, HR, RR), temperature, and SPO2

C. The provider initiates treatment per appropriate protocols

D. If patient clinically appears to be an emergency patient continue with treatment and transport per appropriate protocols

E. If the patient clinically appears to be a non-emergency patient or is asymptomatic, contact a Medical Control Physician for consultation. Use MCA-approved EMS telemedicine application, if available

F. The provider provides appropriate clinical presentation to Medical Control Physician and provides for consultation between the physician and patient (or asymptomatic individual)

G. If physician determines the patient continues to represent an emergency patient, the paramedic continues treatment and transports to hospital emergency department per appropriate protocol

H. If physician determines the patient's condition is consistent with a non-emergency patient (or asymptomatic individual), the patient (and family and/or staff) is advised of the clinical justification for the determination

I. An alternate treatment plan (if necessary) will be collaboratively developed with the patient, patient's family (or facility staff), paramedic, and physician as described below. J. When alternate transportation is indicated, the paramedic may clear the scene prior to arrival of the alternate transport vehicle.

K. Initiate alternate treatment plan and document the encounter electronically utilizing an MCA approved documentation vendor.

VI. Alternate Treatment Plan Options:

A. At home treatment and follow-up with an outpatient medical provider. Treatment may include:
   a. Common over-the-counter supportive self/family care and/or
   b. Medical Control Physician provided prescription (optional), as appropriate

B. Transport to an alternate destination using alternate transport (or licensed ambulance)

C. Transport to the emergency department using alternate transport

VII. Non-911 Requests for Evaluation:

A. Local public health, skilled nursing facilities, homes for the aged, adult foster care homes, congregate living facilities, and/or healthcare communities, outside of 911 EMS activation process

B. EMS will attempt to honor non-emergent requests for evaluation originating from public health, other healthcare sources, and congregate living facilities contingent upon the availability of EMS resources. Paramedics should remind patients, public health, and healthcare personnel to contact 911 if the patient's condition worsens.

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VIII. If physician determines an emergency does not exist and the patient or staff insists on Transport by Licensed Ambulance to Hospital Emergency Department:

A. Advise Medical Control Physician.
B. Medical Control Physician consults with patient, staff and/or family.
C. If ambulance transport denied by Medical Control physician
   a. Collaborate with Medical Control Physician, staff and/or family for alternate treatment plan
   b. If the patient continues to insist on EMS transport, transport the patient to the closest appropriate destination.

IX. Mandatory Review:

When this protocol is used, the agency must notify DEMCA's PSRO within 24 hours at psro@demca.org. The notification must include the agency's name and the associated run number.