
Destination and Transport for Patients at Risk for Coronavirus Disease (COVID-19)

Purpose: To direct patient transport and destination for patients that are triaged medium or high-risk for Coronavirus Disease (COVID-19).

- I. Applicable patients –
 - A. Patients who meet screening criteria for COVID-19 (either through EMD or assessment)
 - B. Triaged by Center for Disease Control (CDC) quarantine station or through the local health department (LHD) as being at risk (any level) for COVID-19
- II. Patients Transported by Emergency Medical Services
 - A. Transported by EMS, utilizing standard, contact, and airborne precautions, to the closest facility with inpatient monitoring capability.
 - B. If patient is being transferred from a CDC quarantine station, the destination facility may be identified by the CDC.
 - C. Patient may request a specific facility if:
 - i. The facility has appropriate facilities and capabilities
 - ii. There is not an increased risk to providers by transporting to requested facility
 - D. Treat symptoms according to **Clinical Treatment of a Patient with Suspected COVID-19** protocol.
 - E. Any receiving facility should be notified of the incoming patient immediately when known to be an at-risk patient.
 - F. Destination facilities may be facilities other than emergency departments or surgical centers per direction of medical control, CDC, or LHD depending on current system capacity. Final transport decision, if in question, will be from medical control.
- III. Types of precautions
 - A. Standard precautions - The principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.
 - B. Contact precautions - intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment. Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment.
 - C. Airborne precautions – intended to prevent transmission of infectious agents that remain infectious over long distances when suspended in the air. Healthcare personnel caring for patients on Airborne Precautions wear an N95 or higher-level respirator or mask that is donned prior to room entry. Personnel who are not providing aerosolized treatments

and not in close proximity (in the closed compartment of the ambulance) with a patient with active respiratory symptoms may use a surgical mask in lieu of an N95 respirator.

D. Contact with these patients should include the use of eye protection.

IV.

Proximity to Patient	Facemask or Respirator Determination	
	Patient wearing mask for entire encounter	Patient not wearing mask or removed during treatment
Greater than 6 feet from symptomatic patient	Unnecessary personnel should not enter patient care area, no respirator or facemask required	Unnecessary personnel should not enter patient care area, no respirator or facemask required
Between 3 and 6 feet of symptomatic patient	If personnel must be in this area, facemask required	If personnel must be in this area, facemask required
Within 3 feet, including direct patient care	Facemask	Respirator required
Present within 6 feet (or in the same room) when patient receives aerosol generating procedure (CPR, BVM, Nebulizer, etc)	Respirator required	Respirator required