## ***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 EMS Personnel 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 one (1) 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, based on reasonable professional judgement and the information available at the time of the assessment, to not meet the definition of an emergency patient as defined above.

C. Asymptomatic COVID-19 individual means a person that has tested positive for the virus causing COVID-19 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 to provide medical control and who serves 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 or by the Medical Control Physician to which a non-emergency patient may be transported. This

may include physician offices, clinics, urgent care centers, and other approved alternate healthcare facilities. Including designated 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 or Medical Control Physician.
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 AND not be in need of EMS transport to a hospital emergency department. Examples include, but are not limited to:

A. Mild respiratory infection symptoms 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. Asymptomatic COVID-19 individuals

IV. Excluded Patients:

This protocol does not apply to patients who, following patient 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 usually on intermittent or continuous prescribed oxygen, SPO2 less than 90% while on baseline prescribed usual 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

V. Process:

A. EMS personnel dons appropriate PPE
B. EMS Personnel completes assessment in accordance with appropriate protocols, including complete vital signs (BP, HR, RR), temperature, and SPO2
C. EMS Personnel initiates treatment per appropriate protocol(s)
D. If patient clinically appears to be an emergency patient continue with treatment and transport per appropriate protocol(s)
E. If patient clinically appears to be a non-emergency patient or is asymptomatic, contact Medical Control Physician for consultation. Use MCA-approved EMS telemedicine application, if available
F. EMS Personnel provides appropriate clinical presentation to Medical Control Physician
G. If Medical Control Physician determines the patient continues to represent an emergency patient, EMS personnel continues treatment and transports to hospital emergency department per appropriate protocol(s)
H. If Medical Control Physician determines the patient's condition is consistent with a non-emergency patient (or asymptomatic COVID-19 individual), the patient (and family and/or staff) is advised of the clinical justification and rationale for the determination
I. An alternate treatment plan (if necessary) will be collaboratively developed with the patient, patient's family (or facility staff), EMS personnel, and Medical Control Physician, as described below.
J. When alternate transportation is indicated, EMS personnel 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 system.

VI. Alternate Treatment Plan Options:

A. At home treatment and follow-up with 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
    c. Community Paramedicine follow up, as available
B. Transport to an alternate destination using alternate transport (or licensed ambulance, as resources permit)

VIII. If Medical Control 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, patient's legally authorized

decision-maker, staff, patient's physician, or advanced practice provider, and/or family, as appropriate.

C. If patient or staff continues to insist on EMS transport, transport patient to closest appropriate destination, as directed by Medical Control Physician.

IX. Notification and Review:

The use of this protocol when patient and/or staff is initially reluctant to non-EMS transport requires notification of the MCA by the EMS agency within 24 hours for review by the Medical Director (or designee).

MCA Name: DEMCA
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