

This document represents a resource of considerations for regional agencies in transport situations following evaluation of ILI symptoms. It is not prescriptive and individual Medical Directors may elect to adopt these factors (or others) in medical protocols based upon the Local EMS Medical Director's judgment and an agency's capabilities.

INDICATIONS FOR IMPLEMENTATION

The Local EMS Medical Director, in concert with local and regional healthcare systems, may decide to enact protocols to limit or reduce transports to local hospitals in order to:

1. Limit possible exposure to viral illness of first responders or hospital personnel from patients with low acuity symptoms that can be left at home
2. Protect hospitals from significant overcrowding with non-emergent patients
3. Conserve PPE resources by preventing unnecessary use
4. **ALL QUESTIONS OR DOUBTS SHOULD BE RESOLVED IN FAVOR OF PATIENT TREATMENT AND TRANSPORTATION!!!**

Current as of: 07 Jan 2021
Supersedes: none

Consider the following criteria for patients with **ANY** acute respiratory illness symptoms (with or without fever) such as cough, nasal and/or chest congestion, SOB, sore throat, body aches **OR** weakness, diarrhea, loss of taste/smell:

- 1) Age: 14-64
- 2) Normal vitals:

a. Systolic BP 100-180	b. Heart rate < 115
c. Resp rate 10-24	d. GCS 15 or normal baseline mental status
e. O2 saturation >94%	f. Temperature < 102.9
- 3) No difficulty breathing, no chest pain (other than mild with cough), no syncope or altered mental status.
- 4) Pt must have a reliable caregiver at home or a reliable system of care with access to telephone and/or basic needs.
- 5) No comorbid conditions, such as:
 - a. Weakened immune system – immunosuppressants, cancer/chemo, immune modulator meds, etc.
 - b. Heart disease
 - c. Lung disease
 - d. Uncontrolled Diabetes
 - e. ESRD / Dialysis
 - f. Asthma / COPD
- 6) Are not:
 - a. Pregnant women or within 2 weeks postpartum
 - b. Homeless individuals or residents of nursing homes, LTAC, acute rehab facilities
 - c. Unable to tolerate oral nutrition/hydration
 - d. In custody of law enforcement
- 7) EMS Provider has no suspicion for severe illness.

Non-Transport Disposition:

- 1) Refer patient to primary care physician, urgent care, clinic for assessment for local testing
- 2) Provide patient with regional COVID patient information for home care and self-isolation document
- 3) Patient should understand they should contact 911 if their symptoms worsen
- 4) Document encounter in ePCR – symptoms and full set of vital signs

Does the patient meet **ALL** criteria above?

YES

NO

If patient does **NOT** meet these criteria, proceed with appropriate protocol.