PURPOSE: To guide the evaluation and transport decisions for patients experiencing mild respiratory illness possibly related to COVID-19.

AUTHORITY: California Health and Safety code 1797.94, 1797.153, and 101310

PRINCIPLES:

1. Los Angeles County is experiencing an outbreak of the severe acute respiratory syndrome (SARS) – 2 coronavirus known as COVID-19.

2. Based on the current outbreak, most infected persons experience mild illness and fully recover. Those at high risk for severe illness and/or complications are patients who are elderly or have underlying medical conditions.

3. The Centers for Disease Control and Prevention recommends that low risk patients potentially infected with COVID-19 experiencing mild disease self-isolate at home unless symptoms worsen.

4. EMS personnel shall wear appropriate personal protective equipment (PPE) at all times when in contact with a patient with a potential infectious disease.

5. Patients with COVID-19 may look comfortable and have relatively little dyspnea despite significant hypoxia.

DEFINITION:

**Low risk potential COVID-19 patients:** Patients greater than 12 months of age and less than 65 years of age with fever and/or respiratory complaints with NONE of the following: complaint of shortness of breath or chest pain or syncope, abnormal vital signs for age, history of significant comorbid disease including COPD, CHF, cardiac disease, renal failure, diabetes, pregnancy, immunodeficiency, or emergency medical condition per paramedic judgment.

**Emergency Medical Condition:** A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure – except isolated asymptomatic hypertension, oxygen saturation) are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact or Receiving Hospital Notification are also considered to have an emergency medical condition.

POLICY:

I. A low-risk patient must meet all the conditions as outlined above, including normal vital signs per MCG 1380, and NOT have an emergency medical condition.

   A. An assessment shall be performed to ensure the patient meets low-risk criteria prior to advising non-transport.
B. In particular, all patients must have a pulse oximetry assessed and those with an oxygen saturation <94% are NOT low-risk and should be transported.

II. Low-risk patients with mild symptoms of respiratory infection (e.g., fever, cough, upper respiratory illness) should be advised that their current condition does not require transport to the emergency department.

III. EMS personnel shall advise the patient directly or via their legal representative to:

A. Stay at home and seek follow-up treatment as needed with their physician if their symptoms worsen.

B. Isolate themselves at home, apply appropriate social distancing, avoid contact with high-risk persons, and self-monitor their condition for worsening symptoms.

C. Isolation period should continue until patient is symptom free and cleared by the patient’s physician based on current guidelines from the CDC and Los Angeles County Department of Public Health.

D. Provide a hardcopy or refer the patient to access the Home Care Instructions for People with Respiratory Symptoms at:

   English
   http://publichealth.lacounty.gov/acd/docs/COVHomeCare.pdf

   Spanish
   http://publichealth.lacounty.gov/acd/docs/COVHomeCareSpanish.pdf

IV. The advice given should be documented on the Patient Care Record. The following statement is recommended:

   “It appears that you do not require immediate care in the emergency department. You should seek care with your regular healthcare provider or a doctor’s office or clinic if symptoms worsen. If you develop shortness of breath or other severe symptoms, recontact 9-1-1.”

V. EMS personnel should not require patients released at scene, including those treated and referred, to sign the release (AMA) section of the Patient Care Record, as this implies that the patient is at significant risk by not utilizing the EMS system for treatment and/or transportation.

VI. If the patient or the patient’s legal representative requests that the patient be transported after assurance that the transport is not needed, EMS personnel should honor the request and transport to the Most Accessible Receiving Facility (MAR) for adults and to the closest Emergency Department Approved for Pediatrics (EDAP) for children.

   A. EMS personnel transporting patients with suspected COVID-19 shall notify the receiving facility in advance prior to arrival and may be directed to a screening area other than the emergency department.

   B. EMS personnel who are assessing, treating or transporting a patient with suspected COVID-19 shall use appropriate PPE at all times to include a N95 mask, gown, gloves and eye protection. Additionally, place a surgical mask on the patient.
C. On arrival at the hospital and after the transfer of care, doff your PPE and most importantly wash your hands using soap and water.