County of Santa Clara
Emergency Medical Services System
ADMINISTRATIVE ORDER

Number:	**AO 2020-004**
Title:	**New Protocol:** **700-S14 [Respiratory Viral Syndrome Transport Decision]**
Effective:	**April 13, 2020**

I. Declaration

The Santa Clara County Emergency Medical Services Agency has determined that an unscheduled policy addition is required. The following *Santa Clara County Prehospital Care Policy* has been developed in response to the ongoing COVID-19 pandemic:

- *Protocol 700-S14 [Respiratory Viral Syndrome Transport Decision]*

Consistent with *Santa Clara County Prehospital Care Policy 109: Policy Development and Implementation*, the EMS Director, or designee, may issue Administrative Orders when immediate changes are necessary.

II. Statement of Change and Rationale

The framework of the Respiratory Viral Syndrome Transport Decision Protocol was developed for pandemic influenza and adapted for COVID-19. The biology and clinical disease of influenza is well characterized, those of COVID-19 less so. The intent of the Protocol is to give guidance to EMS providers on when a 911 EMS patient with mild respiratory symptoms could be advised to stay in a place of residence and not be transported to an acute care hospital, particularly during times of high-volume outpatient visits to Emergency Departments.

The Protocol has three components:

- Viral respiratory disease risk factor assessment
- Vital sign parameters
- Access to healthcare assessment

The viral respiratory disease **risk factor assessment** is designed to help the EMS provider determine which patients have underlying health conditions and comorbidities that place them at increased risk of acute respiratory distress syndrome (ARDS), viral pneumonia, or complications of bacterial pneumonia, and sepsis. This CDC provided list is extensive and may result in excluding patients from the option of not being transported to an emergency department. As more clinical information is learned about the clinical disease COVID-19, this list can be modified and potentially shortened.

Based upon available peer-reviewed published COVID-19 data, age is a critical factor of this disease. The acuity and mortality of COVID-19 increases after the age of 60. Worldwide, children seem to have more mild disease or indeed may even be

asymptomatic carriers of the disease. Given the available evidence to date, this Protocol applies to patients **18-60 years old**.

The primary symptoms of COVID-19 are fever, persistent cough and shortness of breath. After completing a full patient head to toe assessment, vital sign parameters reflecting hypoxia by pulse oximetry and tachypnea will be the next factor to consider in transport decisions. The Protocol advises transport to an emergency department with **SpO2 less than 94% on room air or respiratory rate greater than 20 per minute**.

The third component of the Protocol is assessing whether the patient has **access to healthcare**. Leaving a mildly symptomatic patient at a place of residence requires that the patient demonstrates access to outpatient healthcare for continued evaluation and if symptoms worsen, has the ability to recontact 911 if symptoms worsen rapidly or substantially change. If the patient does not have appropriate access to housing for sheltering-in-place and/or to isolate through symptoms, decisions for transport should be considered.

The current ePCR Run Form has been updated to include a new "Worksheet" called "Respiratory Viral Syndrome Transport Decision Protocol". This worksheet allows the EMS provider to document in the live while at the patient's side the answers of their patient assessment directly in line with the protocol. A complete ePCR, with a Refusal of Care, and the Respiratory Viral Syndrome Transport Decision Protocol Worksheet is required for each patient encounter that ends with a Respiratory Viral Syndrome Transport Decision Protocol use.

In addition, the EMS provider should document the following in the current ePCR run form:

1	Disposition:	Patient Evaluated, no Treatment/Transport Required
2	Refusal Type:	Refusal of Specific Care Capacity to refuse? Yes
3	Reason for refusal:	Assess & Refer
4	Patient Explanation:	Refused transport - Assess and Refer Protocol Utilized
5	Areas refused:	Patient Refused Transport; Patient Refused Treatment
6	Specific Items:	Refused Transport, no transport required, Assess and Refer Protocol used
7	Instructions:	Other Not Listed (Described in Narrative)
8	Patient Plan:	Stay home and monitor
9	Patient Left With:	Family
10	Risks Discussed:	Yes (explanation entered here)

EMS Program Managers shall complete a 100% audit of each chart that Assess and Refer Protocol use. All inaccurate documentation shall be corrected as soon as possible. The EMS Agency may assist with developing a process to easily identify these charts through the creation of a new Incident List View in Elite.

III. Execution

Administrative Order # 2020-004 is in effect as of April 13, 2020. This Administrative Order will remain in effect until *April 13, 2021*.

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RESPIRATORY VIRAL SYNDROME TRANSPORT DECISION

Effective: April 13, 2020
Replaces: New
Review: April 13, 2021

1. Purpose

1.1. The purpose of this protocol is to assess the medical necessity for transport of adult patients calling 911 for mild fever and respiratory symptoms to acute care hospital emergency departments during periods of increased healthcare system utilization. This includes patients seeking transport to receive testing for the COVID-19 or other respiratory viruses. Assessment is based upon risk factors for respiratory illness progression, vital signs and the ability of the patient to seek outpatient healthcare.

2. High Risk Patients

2.1. High risk patients are defined as a patient with a symptom or complaint with the presence of one (1) or more comorbid factors. This will be assessed by the patient's past medical history. If the patient has any of the following conditions with symptoms, they are to be transported to an acute care receiving facility.

2.1.1. **Age > 60 years** (protocol applies to adults 18-60 years).

2.1.2. **Blood Disorders** such as sickle cell disorder or on blood thinners.

2.1.3. **Chronic Kidney Disease or Renal Failure** including patients that have been advised to reduce or omit medications due to kidney disease or is receiving dialysis.

2.1.4. **Chronic Liver Disease** such as cirrhosis and chronic hepatitis, including patients that have been advised to reduce or omit medications due to chronic liver disease or is receiving treatment for liver disease.

2.1.5. **Immunosuppression (Compromised Immune System)** any patient receiving chemotherapy or radiation for the treatment of cancer, received an organ or bone marrow transplant, taking high dosages of corticosteroids or other immunosuppressant medications or has a past medical history of HIV or AIDS.

2.1.6. **Current or recent pregnancy with in the last two weeks.**

2.1.7. **Endocrine Disorders** such as diabetes mellitus.

2.1.8. **Metabolic Disorders** such as inherited metabolic disorders or mitochondrial disorders.

2.1.9. **Heart disease** such as congenital heart disease, congestive heart failure or coronary artery disease.

2.1.10. **Lung Disease** such as asthma, chronic obstructive pulmonary disease (COPD) or other chronic conditions associated with impaired pulmonary function or that require home oxygen.

2.1.11. **Neurological and neurodevelopmental disorders** including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury.

3. Patients with an Advanced Life Support (ALS) Complaint or Symptom

3.1. Any patient with an ALS complaint and/or condition requiring ALS intervention or an abnormal vital sign (obtained at any point during patient interaction) regardless of the presence of respiratory virus symptoms will be transported to the appropriate receiving facility in accordance to **Policy 602.**

3.2. Vital sign parameters for referral to outpatient follow up: SpO2 ≥ 94% and respiratory rate < 20/minute.

4. Low Risk Patients with no complaint or Symptom

4.1. Patients that do not meet any of the above criteria and are reliable with the legal authorization to refuse care and/or transport, per **Policy 502** (Patient Consent and Refusal for EMS Services) should be referred to their own primary healthcare provider or to an alternative care location avoiding transport to an acute care receiving facility by 911 Emergency Medical Services (EMS). Before care is terminated the patient must demonstrate the capacity and ability to reactivate the 911 system if they start to exhibit associated respiratory infection symptoms or the onset of an unrelated condition or symptom.

4.2. Home isolation advice:

4.2.1. Stay at home and seek healthcare provider treatment if symptoms worsen.

4.2.2. Call 911 for progressive dyspnea, dizziness, vomiting, chest pain or confusion.

4.2.3. Isolate at home with social distancing, avoiding contact with high-risk persons. Use over the counter medications for fever, cold and flu symptoms.

4.2.4. Maintain isolation for 72 hours after symptoms resolve or as advised by a healthcare provider.

4.2.5. Virus testing may not be necessary. Follow the advice of a healthcare provider but do not seek testing by calling 911 or going to a hospital emergency department.

5. Screening Flow Chart