

COVID-19 SPECIAL PROTOCOL
Iowa County
Emergency Medical Services

PURPOSE

It is expected that the number of community COVID-19 cases will continue to increase, and with the increase, the possibility that possibly infected patients will access the 911 system for assistance, many of whom will have mild, non-life-threatening symptoms that do not require hospitalization. This protocol is meant to serve as a guideline to screen patients who do not require emergency medical care and prevent unnecessary exposure to emergency medical personnel, tying up of necessary emergency response resources, and unnecessary use of hospital resources.

DURATION

This protocol shall remain in place until the Federal Public Health Emergency Declaration has been lifted, or otherwise suspended by the service medical director.

PROCESS

ICSO Dispatchers have implemented a process of screening patients who call 911 for medical assistance for risk factors of COVID-19 infection, and have been alerting EMS crews if any of them are present. This protocol should be utilized when these circumstances are met:

- The dispatch screening indicates a risk of possible COVID-19 infection
- The chief complaint does not include an apparent life threat

Under these circumstances, the responding EMS crew should complete the following:

- Consider cancelling any medical first responder agency enroute, if applicable.
- Obtain the call back number from dispatch.
- Contact the caller/patient by phone and determine the following:
 - Signs and symptoms (presence of fever, cough, aches, respiratory distress, etc.)
 - Presence of any immediately or potentially life-threatening conditions (severe dyspnea or altered level of consciousness)
 - The likelihood of possible previous exposure to COVID-19
 - Presence of risk factors for severe disease:
 - Age >60
 - Underlying chronic health problems (lung/heart disease)
- Determine which of the following conditions the patient meets and follow the appropriate course of action in the following matrixes:

SIGNS/SYMPTOMS OF SUSPECTED INFECTION – IMMEDIATE/POTENTIAL LIFE THREATS PRESENT

SIGNS/SYMPTOMS OF SUSPECTED INFECTION – RISK FACTORS PRESENT, NO IMMEDIATE LIFE THREATS PRESENT

SIGNS/SYMPTOMS OF SUSPECTED INFECTION – NO RISK FACTORS, NO IMMEDIATE LIFE THREATS

CONTINUED

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SIGNS/SYMPTOMS OF SUSPECTED INFECTION – IMMEDIATE/POTENTIAL LIFE THREATS PRESENT

- Don required PPE and respond immediately.
- Treat patient according to protocol.
- If possible, place a mask on the patient immediately on patient contact.
- Ensure patient compartment ventilation fan is operational, and limit activities that would increase exposure as much as possible without compromising patient care.
- Notify receiving hospital of suspected COVID-19 infection. Follow receiving hospital's directions for arriving and turning over patient care.
- Do not exit the ambulance until told to do so by hospital staff.
- Immediately disinfect all equipment used in patient care, surfaces in the ambulance, and surfaces in the driver's compartment. Leave the back doors of the ambulance open for at least 10 minutes to facilitate air exchange.
- Staff should immediately wash their hands with anti-bacterial soap and avoid touching their faces.

SIGNS/SYMPTOMS OF SUSPECTED INFECTION – RISK FACTORS PRESENT, NO IMMEDIATE LIFE THREATS PRESENT

- Don required PPE and respond immediately.
- One EMS provider should enter the scene to perform a basic assessment to confirm the presence of no life threats, which may include assessment of vital signs. Contact should be limited as condition warrants.
- If patient is clinically stable and does not appear to warrant transport, contact medical control and advise of clinical findings. If physician agrees, inform the patient they will not be transported.
- Provide patient with COVID-19 Fact Sheet and advise them to contact their primary care provider or the state COVID-19 hotline at 211 for further advice. They should be encouraged to call back if they develop worsening symptoms, such as severe respiratory distress or an altered level of consciousness.
- Advise the patient to remain in their home to prevent the spread of infection.
- Obtain the patient's name, date of birth and a call back number for follow-up.
- Disinfect all equipment used in patient assessment
- Wash hands with anti-bacterial soap or hand sanitizer and avoid touching their faces.
- Enter patient information into the follow-up log in the EMS Director's office upon returning to the station. EMS Command Staff will follow-up accordingly.
- A patient care report should be completed as a "patient release" without obtaining a signature.

CONTINUED

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SIGNS/SYMPTOMS OF SUSPECTED INFECTION – NO RISK FACTORS, NO IMMEDIATE LIFE THREATS

- Explain to the patient that their situation does not warrant emergency medical care or transport to the hospital and that they will not be transported.
- Place COVID-19 information sheet in a location easily accessible by the patient, but that does not require physical contact with the patient. (i.e. a mailbox, under the door, etc.)
- Advise the patient to stay in their home and contact their primary care provider or the state COVID-19 hotline at 211 for further advice.
- Obtain the patient’s name, date of birth, and a call back number for follow-up.
- Enter patient information into follow-up log in the EMS Director’s office upon returning to the station. EMS Command Staff will follow-up accordingly.
- A patient care report should be completed as a “patient release” without obtaining a signature.

FOLLOW-UP PROCEDURE

- EMS Command staff will follow-up with suspected cases within 12 hours and again within 24 hours to ensure the patient has sought additional advice and that their symptoms are not worsening. Suspected cases will also be reported to Iowa County Public Health for ongoing monitoring.

SPECIAL CONSIDERATIONS FOR AEROSOLIZING PROCEDURES

- If screening is positive or presumed COVID-19 then contact medical control or receiving hospital before initiating: CPAP or nebulizer treatments.

Approved by: _____ Date: ____/____/____

Timothy Momany, M.D.