

Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: Assess and Refer Option for Patients
During the COVID-19 Pandemic

POLICY NO: S-415A
PAGE: 1 of 5
DATE: March 26, 2020

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.94, 1797.153 and Division 1010, Section 101310 and [State of California Proclamation of State of Emergency, March 4, 2020](#)

I. PURPOSE

- A. To guide paramedic evaluation and transport decisions for patients experiencing mild respiratory illness possibly related to COVID-19.
1. Based on the current science, most persons with COVID-19 experience mild illness and fully recover.
 2. Those at [high risk for severe illness](#) and/or complications include patients who are over 60 years of age, those of any age with compromised immune systems, and those with underlying medical conditions.
 3. The Centers for Disease Control and Prevention recommend that low-risk patients potentially infected with COVID-19 experiencing mild disease self-isolate at home unless symptoms worsen.

II. BACKGROUND

A. Definitions

Designated Decision
Maker (DDM):

An individual to whom a person has legally given the authority to make medical decisions concerning the person's health care (i.e., a parent, legal guardian, an "attorney-in-fact" through a Durable Power of Attorney for Health Care (DPAHC), or an "agent" through an Advance Health Care Directive).

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Emergency Patient:

Any person for whom the 9-1-1/EMS system has been activated and who meets the following criteria:

1. Has a chief complaint or suspected illness/injury
2. Is not oriented to person, place, time, or event
3. Requires or requests field treatment or transport
4. Is a minor who is not accompanied by a parent or legal guardian and is ill or injured, or appears to be ill or injured

Low-Risk Patients with
Potential COVID-19 Infections:

Patients greater than 2 years of age and less than 60 years of age requesting transport solely for COVID-19 evaluation, with low grade fever and/or respiratory complaints with NONE of the following:

1. A complaint of shortness of breath, chest pain, or altered level of consciousness,
2. Abnormal vital signs for age,
3. History of significant comorbid disease including COPD, CHF, diabetes, cardiac disease, renal failure, immunodeficiency, chemotherapy, or pregnancy,
4. Residents of skilled nursing facilities,
5. Emergency medical condition per paramedic judgment.

Patient-Centered Care:

Defined as:

1. A patient's health needs are the deciding factor behind all health decisions and quality measurements.
2. Providing care that is respectful of and responsive to individual patient preferences, needs, and

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values, and ensuring that patient values guide all clinical decisions.

3. Focusing care on the needs of the person rather than the needs of the service.

III. POLICY

A. Patients eligible for Assess and Refer Option:

1. Low-risk patients with symptoms of mild respiratory infection (e.g., fever $<100.4^{\circ}$ F, non-productive cough, upper respiratory illness) should be advised that they may self-isolate at home.
2. Paramedic assessment will determine if the patient can be categorized as a low-risk patient. The assess and refer procedure shall not apply for patients with any of the following:
 - a. Abnormal vital signs including SpO₂ $<95\%$, RR >20 , or observed labored breathing.
 - b. Complaints of respiratory distress or chest pain.
 - c. Altered level of consciousness.
 - d. Suspicion the patient (or DDM) is impaired by alcohol or drugs.
 - e. The patient/DDM is unable to comprehend or demonstrate an understanding of his/her illness.
3. Base hospital contact should be considered as a resource.
4. Patient-centered care shall be of the utmost importance.
 - a. Paramedic judgment of the patient's ability to safely self-isolate and follow medical advice shall inform the Assess and Refer decision process.

- #### **B. High-risk patients, those with pronounced symptoms, or those not meeting criteria as a low-risk patient shall be treated and transported per San Diego County EMS Policies S-407 and S-415, and County EMS Medical Director memo [EMS Patient Destination Considerations During The COVID-19 Outbreak](#).**

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C. Assess and Refer Procedure:

1. EMS personnel shall advise patients directly or via their DDM to:
 - a. Contact 2-1-1 and/or their medical home's COVID-19 telephone screening center.
 - b. Stay at home and seek follow-up treatment as needed with their physician, preferably by telephone or tele visit, if their symptoms worsen.
 - c. Isolate themselves at home, apply appropriate social/physical distancing, avoid contact with high-risk persons, and self-monitor their condition for worsening symptoms. For patients unable to isolate at home, EMS personnel can call the Care and Shelter hotline at 858-715-2350 or instruct the patient to call 2-1-1.
 - d. Isolation period should continue until the patient is fever-free for 3 days without the use of antipyretics, with diminishing URI symptoms (and it is at least 7 days after symptom onset) and cleared by the patient's healthcare provider/physician based on current guidelines from the CDC and County of San Diego, Health and Human Services Agency, Department of Public Health Services. As guidelines are updated, the newest version should be used.
 - e. The patient's desire for testing does not warrant transport via EMS. Patients may discuss eligibility for testing outside of the 9-1-1 system with their healthcare provider.
 - f. The advice given shall be documented. The following statement is recommended:
 - i. **"It appears that you do not require emergency ambulance transportation to the hospital emergency department. You should seek care via your regular healthcare provider or a doctor's office or clinic, particularly if symptoms worsen. Call 2-1-1 for advice if you do not have access to other healthcare. If you develop shortness of breath, confusion, dizziness, or other severe symptoms, recontact 9-1-1 immediately."**
 - g. EMS personnel shall deliver home care instructions and referral contact information (2-1-1 or other contact appropriate for patient-centered care). These instructions may include [County of San Diego Home Isolation Instructions for COVID-19](#), [the California EMSA home care guidance](#), or similar documents.

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2. “Assess and Refer” represents a shared decision-making process to provide the best, most appropriate care for individual patients, including minimizing their risk of disease exposure. EMS personnel shall not require patients assessed 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 using the EMS system for treatment and/or transportation.
3. If the patient/DDM requests that the patient be transported after assurance that the transport is not recommended, EMS personnel should honor the request and transport per County of San Diego EMS Policy S-407 “Triage to Appropriate Facility.”
4. 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.
5. Paramedic Service Provider agencies shall review every Assess and Refer patient contact within 72 hours for criteria compliance. Inappropriate Assess and Refer patient contacts shall be forwarded to agency’s Base Hospital for immediate review.