



EMS Non-Transport COVID-19 Guidance

Purpose:

To identify patients that are safe to assess and not transport to a hospital during widespread cases of confirmed **COVID-19** patients.

Indication for **COVID-19** Non-Transport:

- This guidance is only applicable if local EMS agency Medical Control Direction has decided to enact non-transport guidelines based on local indications and in consultation with their hospital community leaders, EMD and DHEC
- Healthcare infrastructure is overwhelmed
 - Hospitals are exceeding maximum census
 - Hospitals and stand-alone emergency departments are experiencing significant overcrowding
 - Hospitals have enacted surge plans, i.e. alternative care sites
- State or Federal Government Emergency Declaration

Initial Assessment:



- If call takers advise that the patient is suspected of having **COVID-19**, EMS clinicians should put on appropriate PPE before entering the scene.
- Initial assessment should begin from a distance of at least 6 feet from the patient and be limited to one EMS provider whenever possible.



Patient Assessment

- Has the patient had a fever that has been greater than **100.4** degrees?
- Does the person currently have fever or symptoms of lower respiratory illness (such as cough and shortness of breath)?
- Is the patient older than **60** years old?
- Are vital signs outside the following normal limits?
 - Respiratory Rate **>8** or **<20**
 - O₂ Saturation **> 94%**
 - Heart Rate **< 100 bpm**
 - Systolic BP **at least 100**
 - GCS **15**



NO to ALL BUT
Patient is experiencing

- Chest pain, other than mild with coughing
- Shortness of breath with activity
- Syncope
- Diaphoretic
- Cyanotic
- Respiratory Distress
- Other exclusions defined by the medical director

NO
to
ALL

NO TRANSPORT DISPOSITION

- The patient has a support system.
- The patient is competent.
- The patient consents to not being transported.
- The EMS provider should assist with use of Telehealth Services (see page 2)
- Patient should be provided with resources such as local public health authorities, EMS agency community paramedicine programs, or other mechanisms.
- If patient meets all dispositions noted above and is stable, have patient shelter in place.

YES to ANY

Proceed to Appropriate
Standard Medical
Treatment Protocol
if **YES** to ANY question



Sources: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

ENVIRONMENTAL / OTHER



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If additional guidance is needed or questions you are free to contact the DHEC Care Line: **855-472-3432**

The following hospital systems have available Telehealth capabilities as additional resource:

PRISMA Health:

[https://
www.prismahealth.org/
virtual-visit/](https://www.prismahealth.org/virtual-visit/)

Roper St. Francis:

[https://www.rsfh.com/
virtualcare/](https://www.rsfh.com/virtualcare/)

MUSC Health:

[https://
campaigns.muschealth
.org/virtual-care/
index.html](https://campaigns.muschealth.org/virtual-care/index.html)

McLeod Health:

[https://
www.mcleodhealth.org/
services/care/telehealth/](https://www.mcleodhealth.org/services/care/telehealth/)

For use of these Telehealth services use the promo code: **COVID19**

ENVIRONMENTAL / OTHER

Pearls:

- ❖ **First Responder Agencies should limit response to these COVID-19 calls to reduce risk of exposure and usage of critical PPE.**
- ❖ It is recommended that agencies that continue to First Respond stage prior to entering the scene and await the arrival of EMS personnel unless patient status is unknown or critical in nature. It is imperative to limit exposure and minimize the use of PPE.