

## SUMMA HEALTH SYSTEM EMS NON-EMS TRANSPORT (CODE 1) POLICY

**Non-EMS-Transport:** The patient is requesting EMS transport, but the EMT has determined that the patient does not require medically supervised transport via ambulance at this time.

1. The EMT **MUST** speak with the online medical control physician **DIRECTLY**  
2. The EMT should inform the physician that the patient does not require medically supervised transport via ambulance for one of the following defined conditions:

- Ear pain with no apparent object in the ear
- Superficial extremity lacerations with no contamination, neurovascular or motor compromise
- Pain or burning on urination; except in patients with an indwelling foley or suprapubic catheter
- Penile discharge; except in patients with an indwelling foley or suprapubic catheter
- Minor vaginal discharge; unless the patient is pregnant or suspects she is pregnant
- Request for routine exchange of a functioning/easily flowing foley catheter in a patient with no abdominal or back pain and no signs of obstruction or sepsis
- Toothache without swelling, facial asymmetry, stridor, trismus, drooling, change in tone of voice, or airway compromise
- Sore throats or URI symptoms with no airway compromise or respiratory distress/hypoxia respectively
- Suspected or confirmed COVID19 patients who meet COVID19 non-transport criteria (pg. 2)
- Prescription refills
- Scheduled clinic/PCP office appointments

3. The online medical control physician must approve the non-EMS-transport decision. If the physician does *not* approve the decision, the patient must be transported to the ED via EMS.

4. If approved, have the patient sign the EMS Non-Transport form, Alternative Patient Transport section. Patient will then need to arrange other means of transport to the ED or their PCP

5. Give the patient a copy of this form

6. Complete the patient care report as normal

7. The Non-EMS-Transport policy may **NOT** be employed (and therefore the patient must be transported to the ED via EMS) in the following situations:

- Patients < 18 years old or > 65 years old, patients with legal guardians, demented patients, or patients who lack medical capacity or have a medical power of attorney who requests transport
- Fever > 100.4F, HR < 50 or > 100, RR < 8 or > 20, SaO<sub>2</sub> < 94%, BP<sub>sys</sub> < 100 or > 200, GCS < 15/altered mental status, Glucose < 70 not responsive to treatment or > 250
- Acute onset headache or “the worst headache of my life”
- Active respiratory distress, hypoxia, chest pain, thoracic back pain, or syncope
- Active abdominal pain, vomiting, diarrhea or pregnant women with abdominal pain, contractions, or vaginal bleeding
- Suicidal, homicidal, or psychotic patients
- Patients intoxicated on drugs or alcohol
- Abuse or neglect of a child or adult patient
- The EMS Crew's best judgment indicates that they should transport the patient – i.e., EMT discretion dictates that transport to the ED via EMS is best for the health and safety of the patient

# COVID-19 EMERGENCY MEDICAL SERVICES NON-TRANSPORT 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 Protocol

•If local, EMS agency Medical Direction has decided to enact non-transport guidelines based on local Indications and consultation with hospital community leaders, EMA, Public Health, etc.

•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

## 1. Initial Assessment

- If call takers advise that the patient is suspected of having COVID-19, EMS personnel should don appropriate PPE before entering the scene.
- Initial assessment should begin from a distance of at least six feet from the patient and be limited to one EMS provider if possible.

## 2. Patient Assessment

- Does the patient have a fever that is greater than 100.4?
- Does the patient have symptoms of viral syndrome illness (cough, nasal and chest congestion, sore throat, body aches)?
- Is the patient <50 years old?
- Vital Signs:
  - Respiratory Rate >8 or <20
  - O2 Sat>94%
  - Heart Rate <100 bpm
  - Systolic BP at least 100
  - GCS 15

No to Any

Proceed with standard medical treatment protocols if "NO" to any questions

Yes to All

## 3. Exclusions?

- 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

Yes to Any

Proceed with standard medical treatment protocols if yes to any

## 4. Non-Transport Decision

- Patient has a support system
- Patient is competent
- Patient consents to "no transport"
- The EMS provider notifies local public health authorities
- Patient should receive follow-up by local public health authorities, EMS agency community paramedicine program or other mechanism