**Purpose** – To identify patients who are safe to remain home and implement self-care without transport to hospital emergency department during widespread infectious disease (e.g. Influenza, COVID-19).

**Indication** for NON TRANSPORT – only applicable for agencies and providers for whom the agency EMS Physician has approved implementation based on, and for the duration of, peak periods when EMS resources and/or hospital emergency departments have exceeded capacity, and/or during a local, regional, state, or federal declaration of emergency (e.g. pandemic or other public health emergency).

**Healthcare provider protection:**

* Always utilize appropriate PPE based on the current CDC guidelines for EMS.
* Attempt to ascertain symptoms, history, and information from safe distance (when possible) in well-ventilated/open-space environment.
* Apply a surgical mask to the patient when possible/tolerated to limit exposure.
* Avoid unnecessary contact (limit crew size, limit non-emergency patient interactions, isolate vehicle operators, avoid by-standers or family gathering, etc.). (See [VDH guidelines](https://www.vdh.virginia.gov/coronavirus/))

Assess patient for two or more symptoms consistent with potential viral syndrome. Symptoms could include fever, cough, shortness of breath, fatigue, new loss of taste/smell, runny nose, nausea/vomiting, or diarrhea. **Evaluate to determine exclusion criteria:**

* Age <2 or > 65 years of age; GCS < 14
* Is there chest pain NOT associated with coughing?
* Have there been episodes of syncope witnessed or reported?
* Is the patient cyanotic or is there visible respiratory distress?
* Are there symptoms or issues beyond typical flu, such as trauma, stroke-like symptoms, ischemic cardiac chest pain, neck stiffness, etc.?
* Are there “high risk” conditions such as pregnancy (> 24 weeks), chronic lung disease (asthma, COPD, etc.), CHF, cancer/[immunocompromised](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#immunocompromised), severe obesity (BMI > 40)?

**If yes to any of the above criteria/questions – utilize appropriate PPE, follow appropriate medical treatment protocol, and transport to appropriate facility.** If not, evaluate VS

* Is RR < 8 or > 20, HR < 50 or > 120, or Systolic BP < 90?
* If yes, utilize appropriate PPE, follow appropriate medical treatment protocol, and transport to appropriate facility. If not and patient is ambulatory, perform a brief 10-20’ walking test.
* Is the SpO2 < 92% either at rest or after exertion?
* Are there significant changes in BP, HR, RR after exertion?

**If yes, follow appropriate medical treatment protocol, transport to appropriate facility.**

* Is the patient able to tolerate oral fluids without vomiting?
* Is there an adequate support system to monitor and remain at home?
* Is patient competent to make decisions?
  + If YES TO ALL – no need to transport. Offer/complete non-transport paperwork.
    - During standard call volume/Normal Operations – patients may elect to remain at home and recover with family support.
    - During critical call volume/Crisis Operations – patients may be required to remain at home and recover with family support.

**Patient Non-Transport Record / Evaluation**

This form is an acknowledgement that you have been evaluated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the medical direction of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. At this time, we feel that your condition is stable and meets the following criteria:

* You are < 65 years of age, awake and alert, in no acute distress,
* Your vital signs are within a normal range and stable with exertion,
* Your pulse oximeter reading is greater than 92% even with exertion,
* There is no evidence of hypoxia (cyanosis, confusion, etc.), and
* You have no co-morbid or “high-risk” conditions in your past medical history.

At this time, it is my professional opinion that you are medically stable enough to remain at home, self-monitor your condition, and be supported by your existing resources.

* You may or may not have the COVID-19 and/or Influenza virus.
* Transport to an Emergency Department does not guarantee that you will be tested; if you want to be tested you should contact your primary care physician.
* We have confirmed you have a support system that is available to you as you recover.
  + If not allergic, you may elect to self-administer Tylenol/acetaminophen according to the packaging instructions for control of fever and aches.
  + You should rest, drink plenty of water, and stay hydrated.
* We have also confirmed that you understand our evaluation and agree to remain at home.
  + You should stay home and avoid contacting others until symptoms have subsided and you are without a fever (un-medicated) for 48 hours.

If at any time, your symptoms progress and you exhibit any of the symptoms above, or if you improve and then suddenly become worse with a worsening cough, do not hesitate to call 9-1-1. You may receive a follow-up phone call from our agency or the health department in 24 hours to check on your condition. If you would like to contact the health department directly – please call \_\_\_\_\_\_\_\_\_\_\_\_\_.

Please refer to [www.cdc.gov/flu](http://www.cdc.gov/flu) or [www.cdc.gov/coronavirus/2019-ncov](http://www.cdc.gov/coronavirus/2019-ncov) for information on self-isolation and preventing the spread of a virus. If you would like additional information from the local health department, you can visit their website \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (patient name) understand the information above and agree to remain home and self-monitor my condition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (patient signature)

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* IF transport is necessary due to merely lacking a support system (lives alone, has no reliable caretaker, etc) consider transport to an alternative destination other than emergency department (see CMS guidelines for alternative transport options for EMS).

If NO, treat per current medical protocols

Does the patient have two or more viral syndrome symptoms?

Does the patient meet current CDC Influenza/COVID-19 screening criteria?

**Patient Refusal / Non-Transport**

**Provide written guidance and advise the patient:**

* You may or may not have an URI virus such as COVID-19 or Flu. Transport does not guarantee testing.
* If you want to be tested, you should contact your primary care physician.
* If not allergic, self-administer Tylenol according to packaging instructions for fever/aches.
* You should rest, drink plenty of water, and stay hydrated.
* You should stay home and avoid contacting others until symptoms have subsided and you are without a fever (un-medicated) for 48 hours.

If NO, transport. Treat per current protocol

**If YES, consider refusal options**

Perform brief walking evaluation. Have the patient walk a short distance and re-evaluate for symptoms and VS. Is patient **non-transport candidate**?

Can the patient tolerate oral fluids without vomiting?

Is the patient competent to make decisions?

Is there adequate support system to monitor the patient at home?

If YES, transport. Treat per current protocol

**If NO, consider non-transport**

**If YES, continue**

Is the patient **UNSTABLE**? Is the patient **HIGH** **RISK**?

Chest pain NOT associated with coughing? Cyanotic? Severe Distress?

Syncope witnessed or reported? Symptoms beyond typical flu?

Is the patient elderly? Confused or disoriented?

Pregnant? Chronic lung disease, CHF, Cancer/immunocompromised?