

Communications Center indicated high risk for OR Clinical suspicion for COVID-19

Yes

Don appropriate PPE to protect from droplet/fluid contamination Refer to CDC's Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States for up to date PPE recommendations.

Perform Assessment

Inclusion Criteria Age >15 and <50 years old One or more viral symptoms present (subjective/measured fever, cough, nasal/chest congestion, sore throat, body aches) Vital Signs: Respiratory rate between 8-20 breaths/min Pulse oximetry >94% on room air Heart rate <100 bpm Systolic BP > 100 mmHg

Do ALL of the above criteria apply?

Yes

Exclusion Criteria Chest pain, other than mild with coughing Shortness of breath at rest Syncope (loss of consciousness) Altered Mental Status History of diabetes, heart disease, lung disease, immunocompromise, cancer, or currently pregnant ANY concern by on-scene personnel that it would be unsafe to not transport patient

No

Yes

Do ANY of the exclusion criteria apply?

No

Use normal protocol for patient presentation/complaints

Note: As COVID-19 is an evolving situation, this protocol may require updates. Please always refer to the Southwest Ohio Prehospital Protocol Committee website for the most updated version. Revised: 3/19/2020

Non-Transport Disposition Non-transport decision MUST be made and documented in the PCR by highest certified personnel on scene, preferably a paramedic. Patient or guardian must have capacity and consent to non-transport. Home care must be suitable for the patient meaning they have caregivers if needed, there is a separate room where they can self-quarantine, and they have access to food/water. Give COVID-19 home care packet to patient and review it with them. Leave facemask with patient. Encourage patient to call 911 again for worsening or serious symptoms. If ANY question exists, call medical control to discuss how to proceed.

Note: Return calls to the same address WILL occur and should be encouraged for worsening symptoms. A careful repeat assessment should occur and if the patient still meets criteria for non-transport based on inclusion and exclusion criteria then a discussion should be had with the patient about disposition. If they are reassured and still consent to nontransport then that is appropriate. If not, transport may be more appropriate. As always, contact medical control if there is any question.