



Jackson Hole Fire/EMS Operations Manual

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Title: **COVID-19
Non-Transport Protocol**

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PURPOSE

Identify patients that do not require EMS transport to a hospital or other facility during the COVID-19 pandemic, in order to accomplish the following:

- Minimize disease transmission to the community and healthcare system
- Protect 1st responders & healthcare providers and preserve the healthcare system functionality
- Provide resources for alternative care options (Public Health, St. John's Health, Urgent Care)

Initial Assessment:

- Refer to COVID-19 Protective Measures protocol for initial encounter guidelines.
- Initial assessment should begin from a distance of >6 feet from the patient and be limited to one provider.
- History of fever with symptoms of viral syndrome (cough, nasal/chest congestion, sore throat, body aches)

Considerations for Non-Transport:

- Patient has intact decision-making capacity – GCS 15
- Well appearing - From a 6 foot distance, the patient appears to be in no acute distress, is communicating effectively (normal mental status) without significant respiratory distress and appears to have adequate perfusion, and is ambulatory.
- No concerning symptoms of shortness of breath with activity, syncope, cyanosis, diaphoresis, and chest pain other than mild pain with coughing.
- Generally healthy without significant underlying disease (HTN, cardiovascular disease, diabetes, etc.)
- Has appropriate support system.

Non-Transport Procedure & Disposition for stable patients:

- Contact Medical Control via phone, radio or video telemedicine for authorization for non-transport
- Discuss self-isolation, and self-monitoring practices with the patient / Provide home instructions
- Advise patient on when to seek care with private physician, Health Department, or home-care providers.
- Advise to call 911 for worsening symptoms, including worsening dyspnea

Document the following in the ePCR:

- Pt assessment and care
- Disposition= *Treat & Release*
- Release instructions provided to the patient
- No patient signature is required / document patient's verbal consent
- Attach ED physician EMTALA statement in ePCR & document the provider name