Telehealth and Stationary Treatment of Low Acuity Patients During Covid-19 Outbreak

Purpose: To reduce unnecessary EMS transport to hospital emergency departments during the COVID-19 outbreak while assuring delivery of appropriate healthcare services.

I. Description:
This Emergency System Protocol describes the process to be followed by Paramedics when, following an appropriate clinical assessment including a telemedicine medical control consultation with an authorized physician, it is determined that the patient is not experiencing a medical emergency and will not likely benefit from transport by EMS to the hospital emergency department.

II. Definitions:
A. Emergency Patient: means an individual with a physical or mental condition that manifests itself by acute symptoms of sufficient severity, including, but not limited to, pain such that a prudent layperson, possessing average knowledge of health and medicine, could reasonably expect to result in 1 or all of the following:
1. Placing the health of the individual or, in the case of a pregnant woman, the health of the patient or the unborn child, or both, in serious jeopardy.
2. Serious impairment of bodily function.
3. Serious dysfunction of a body organ or part.

B. Non-Emergency Patient: For the purposes of this protocol, a non-emergency patient means an individual who has been **jointly** assessed by both EMS and an authorized medical control telemedicine physician and has been determined to not meet the definition of an emergency patient as defined above.

C. EMS Telemedicine Application: means a telecommunication application that is HIPPA-compliant and provides for remote medical control between the treating paramedic and the supervising authorized medical control physician and has been approved by the local medical control authority.

D. Medical Control Telemedicine Physician: means a physician authorized by the local medical control authority Medical Director and serving as a representative of the local medical control authority.

E. Alternate Destination: means a healthcare facility other than a hospital emergency department approved by the local medical control authority Medical Director to which a non-emergency patient may be transported. This may include physician offices, clinics, urgent care centers, and other approved alternate care centers.

F. Alternate Transport: means a vehicle, other than a licensed ambulance, used to safely transport a non-emergency patient to a hospital emergency department or approved alternate destination. This may include wheelchair van, private vehicle, ride share vehicle, licensed non-transporting EMS vehicle, non-licensed public safety vehicle, or other type of vehicle type approved by the local medical control authority Medical Director.

G. Alternate Treatment Plan: This means a treatment plan for the non-emergency patient that involves home care, transport to an alternate destination, or transport using and alternate vehicle.

III. Qualifying Patients:
This protocol is intended for patients who, following patient assessment and medical control telemedicine consultation, are determined to not be an emergency patient as defined above and are in not in need of EMS transport to a hospital emergency department. Examples include, but are not limited to:
A. Mild respiratory infection findings including sore throat, cough, muscle pain
B. Mild respiratory illness with bronchospasm without signs of infection
C. Vomiting and diarrhea without signs of significant dehydration or circulatory shock
D. Mild exacerbations of chronic medical conditions
E. Mild soft tissue injuries such as superficial abrasions, lacerations, and minor burns
F. Minor orthopedic injuries such as sprains, strains, and contusions
G. Minor medical complaints such as urinary tract infection or minor skin infection without fevers or other comorbid factors
H. Other clinical conditions appearing to be of low acuity associated with stable vital signs.

IV. Excluded Patients:
This protocol does not apply to patients who, following paramedic assessment are felt to reasonably have a clinical condition consistent with an emergency patient as defined above. Examples include, but are not limited to:
A. Significantly abnormal vital signs (excluding fever and mild tachycardia) that fail to resolve with initial treatment
B. Hypoxia, defined as a room air SPO2 less than 92% that does not promptly improve with EMS treatment
C. Chest pain suggestive of an acute cardiopulmonary condition, regardless of EKG finding
D. Labored breathing following EMS treatment
E. Acutely altered level of consciousness
F. Significant acute pain of known or unknown etiology
G. Other conditions that may otherwise be consistent with an emergency patient

V. Process:
A. Paramedic dons appropriate PPE and limits EMS personnel contact, as appropriate
B. Paramedic completes assessment in accordance with appropriate protocols, including complete vital signs (BP, HR, RR), temperature, and SPO2.
C. Paramedic initiates treatment per appropriate protocols
D. If patient clinically appears to be an emergency patient continue with treatment and transport per appropriate protocols
E. If patient clinically appears to be a non-emergency patient, contact Medical Control Telemedicine Physician for consultation using MCA-approved EMS telemedicine application.
F. Paramedic provides appropriate clinical presentation to Medical Control Telemedicine Physician and provides for telemedicine video consultation between the physician and patient.
G. If physician determines the patient continues to represent an emergency patient, the paramedic continues treatment and transports to hospital emergency department per appropriate protocol.

H. If physician determines the patient's condition is consistent with a non-emergency patient, the patient is advised of the clinical justification for the determination.
I. An alternate treatment plan will be collaboratively developed with the patient, paramedic, and physician as described below.
J. When alternate transportation is indicated, the paramedic may clear the scene prior to arrival of the alternate transport vehicle.
K. Initiate alternate treatment plan and document the encounter electronically utilizing an MCA approved documentation vendor.

VI. Alternate Treatment Plan Options:
A. At home treatment and follow-up with outpatient medical provider. Treatment may include:
    a. Common over-the-counter supportive self/family care and/or
    b. Medical Control Telemedicine Physician provided prescription (optional), as appropriate
B. Transport to an alternate destination using alternate transport (or licensed ambulance)
C. Transport to the emergency department using alternate transport

VII. Non-911 Requests for Evaluation:
A. Local public health and/or healthcare communities, outside of 911 EMS activation process
B. EMS will attempt to honor non-emergent requests for evaluation originating from public health and healthcare sources, contingent upon the availability of EMS resources. Paramedics should remind patients, public health, and healthcare personnel to contact 911 if the patient's condition worsens.

VIII. If physician determines an emergency does not exist and the patient insists on Transport by Licensed Ambulance to Hospital Emergency Department:
A. Advise Physician.
B. Physician consults with patient and family.
C. Ambulance transport denied by physician
    a. Collaborate with Physician and Family for alternate treatment plan
    b. If patient continues to insist on EMS transport, contact MCA Medical Director or on call designee.

IX. Mandatory Review:
The use of this protocol requires notification within 24 hours and review by the local medical control authority Medical Director (or designee).