APPENDIX 35

APPENDIX: 35

TITLE: Viral Infectious Disease Screening and Triage

REVISED: February 01, 2021

VIRAL INFECTIOUS DISEASE

I. **Intent:** The intent of this protocol is to provide ethical and evidence-based guidance to triage and reduce transport of stable patients suffering from a suspected *Viral Infectious Disease of Concern,* ensure appropriate transport of other patients, while ensuring patient safety for all patients during contingency and crisis standards of care.

II. Definitions

a. Viral Infectious Disease of Concern
   i. Suspected Infectious disease designated by ACCESS medical directors (i.e. Influenza, Coronavirus, Ebola, etc) *

b. Standards of Care: As a public health emergency moves along the continuum of care (i.e., from conventional, to contingency, to crisis) policies and protocols adjust accordingly.
   i. *Conventional* Standard of Care: Specific policies and protocols put in place when health care systems healthcare resources are sufficient to allow healthcare professionals and their patients to make choices that best benefit the individual patients.
   ii. *Contingency* Standard of Care: Specific policies and protocols put in place when health care systems are continually reaching maximal capacity and adjustments are made to the normal, or standard, level of care to patients.
   iii. *Crisis* standard of care: Specific policies and protocols put in place when health care systems are so overwhelmed by a pervasive or catastrophic public health event it is impossible for them to provide the normal, or standard, level of care to patients and alternative practices are in place.

III. Inclusion / Exclusion Criteria

Inclusion Criteria

a. The ACCESS system is operating under contingency or crisis standard of care operations as directed by the ACCESS Medical Directors.
b. Dispatch Flag
   i. Dispatch card 26 or card 36.
   ii. Other Dispatch notification of possible infectious disease of concern.
c. Staff/Family/Caregiver, s report:
   i. Patient is suspected or confirmed to have a viral infectious disease of concern by a medical provider.
   ii. Patient or close contact is a Person of Interest (PUI) or patient with suspected or confirmed viral infection
   iii. Having *direct* unprotected contact/Exposure with infectious secretions (including but not limited to blood, urine, saliva,

vomit, sweat, semen, and diarrhea) with a patient known or suspected to have a viral infectious disease of concern.

iv. Location Based Flags
    1. Residence in, or travel to, a country or area with widespread community spread of infectious disease of concern
    2. Designated locations with increased rates of spread.
v. Specific criteria determined by the medical directors

d. Patient Complains of:
    i. Dyspnea/Shortness of Breath
    ii. Loss of smell and/or taste
    iii. Fever
    iv. Difficulty Swallowing
    v. Cough
    vi. Fatigue
    vii. Upper/Lower Respiratory Symptoms
    viii. Nausea, Vomiting
    ix. Lower GI symptoms (diarrhea)
e. Provider Discretion

Exclusion Criteria

a. Signs of a severe illness, injury, or Time Sensitive Emergency (TSE) such as Stroke, Major Trauma, or suspected STEMI.
b. Clinical Instability (See Section IV)
c. Emergency Interfacility transport

IV. Clinical Assessments and Screening

Is the patient "Stable"?: This screening tool is intended for stable patient only, but “Stable” is a fluid definition that can change during the course of the patient contact. No patient can be judged stable without a minimum assessment. This ***minimum*** assessment includes:

a. **Visual assessment:** May be performed visually at > 6 feet until PPE is donned.
    i. Fully alert, oriented, and calm. GCS 15.
    ii. No respiratory distress. Breathing at a normal rate, volume, and effort. No cyanosis
    iii. Speaking without significant effort
    iv. Able to mobilize at baseline.
    v. Absence of Rash, bruising, or non-traumatic hemorrhage
b. Lung Sounds
    i. Clear
    ii. Non-Labored
c. Neurological /Mental assessment
    i. Fully alert, oriented at baseline.

ii. Stroke Assessment is benign. No signs new focal motor deficits.
iii. No Syncope
iv. Able to mobilize easily at baseline.

d. Vital Signs
   i. SPO2: Unsupported (without O2) SPO2 > 92%
   ii. HR: < 110/minute or age-appropriate rate for children < 14
   iii. RR: 10-24 / Minute or age-appropriate rate for children < 14
   iv. SBP > 90 mm Hg or age appropriate SBP for children < 14
   v. Temperature 95 – 102 F.
      1. Fever is defined as a temperature > 100.4
      2. A fever without other symptoms (like altered LOC or seizures) and less than 102 is considered acceptable for this protocol.

V. **At Risk/High Risk patients:** Certain patients have been identified as having elevated risk and increased mortality from viral infectious diseases or having other areas of concern.
   a. Age:
      i. < 14 years of age
      ii. > 55 years of age
   b. Medical History
      i. Chronic Lung Disease (asthma, COPD, Cystic Fibrosis)
      ii. Requires > 2 LPM O2 for any reason
      iii. Cardiovascular Disease (MI, Arrythmias, HTN)
      iv. Diabetic
      v. Renal disease
      vi. Immunocompromised, (HIV, etc)
      vii. Bedridden, Clinically Frail, On Hospice
      viii. Pregnant or post-partum up to 2 weeks
   c. Social
      i. Homeless (without shelter or or other accommodations)
      ii. No other responsible party/support system for patient

VI. Determination of Deposition of patient
   a. **Option 1: "Further Evaluation Advised**":
      i. INTENT: The patient has some element of elevated risk that would benefit from further observation and evaluation in a healthcare setting.
      ii. The exact healthcare setting will depend on system resources and direction from the ACCESS medical directors or designated authority.
         1. In the absence of approved alternative destination, the default healthcare setting are the Emergency Departments outlined in protocol *G-03: Hospital Destination Protocol*
      iii. The method of transport may also depend on system resources. Ambulance, wheelchair or stretcher van, POV, or other method may be appropriate options depending on

patient's needs (i.e. Oxygen to maintain saturation, ability to ambulate, distance from hospital, etc). Patients who received ALS EMS interventions should be transported by ambulance.

b. **Option 2: "Transport not recommended":**
    i. INTENT: While the patient may be ill, the patient is believed to be "stable" (as defined in these protocols), and it is best of the patient recovers at home rather than present to the healthcare setting.
    ii. Patient will be reassured regarding appropriateness of staying at home.
        1. **Transport will still be offered.**
    iii. If the patient agrees to remain in place:
        1. The patient should be encouraged to follow up with their primary care provider as needed.
        2. Obtain second set of V/S to include SPO2
        3. Give "Patient Information and Resource Documents"
        4. Review the written instructions with the patient and other caregivers
        5. Encourage patient to call 911 if needed or s/s worsens
c. **Option 3: "Medical Control"**
    i. Providers always have the option to consult medical control and/or chain of command for unusual situations, patients demanding transport, or other situations.

VII. Additional Guidance

a. Patients and their families will be understandably worried and often believe that transport to the hospital is the best, or only option, and many not understand that EMS may not transport the patient. The provider should be empathetic, facilitating and should engage in "collaborative discussion" with the following key points of discussion:
    i. Medical Oversight
        1. Guidelines were developed without doctors to keep patients safer.
        Ex: *"Our physicians developed these protocols based on the latest evidence and recommendations"*
    ii. Safety
        1. Guidelines were developed to limit the risk to the patient
        Ex*: "We understand you feel sick, however based on what we are seeing at this point in time, there are no clear indications that you are in imminent danger."*
        Ex: "Bringing you to the hospital may expose you or others to not only the COVID 19 virus but possibly to other infections"

iii. Helping Others
    1. If lower acuity patients can stay at home, then resources are reserved for the sickest of the sick
    Ex: "*Due to how this pandemic is affecting our entire health care system and causing shortages in staff and resources, we are trying to recognize those patients who are at the highest risk of complications or deterioration.*"

iv. Options
    1. This is recommendation only.
    2. The patient always has a choice.
    3. The patient can still go to the hospital.
    4. The patient can call EMS back.
    5. The patient can still see their own PCP

    Ex*: "Please review these instructions our physicians developed for you. Following them until you can get in touch with your PCP may help you feel better".*

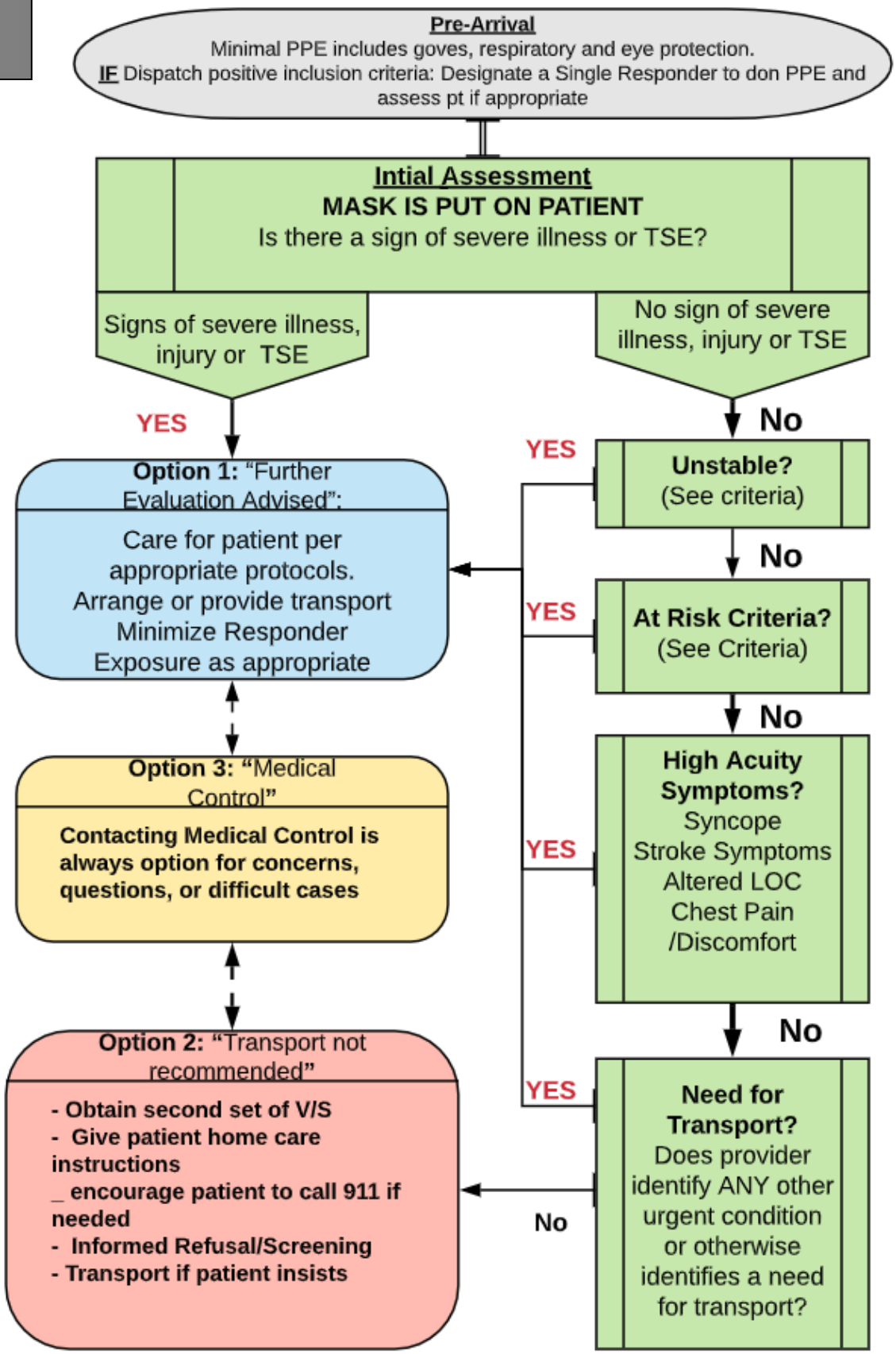
    Ex: *"I have a list of resources for you while you stay at home. Let me give them to you.*

    Ex: "While we do not find any immediate cause for major concern at this point, please call back if you are feeling worse"

APPENDIX

35

VIRAL INFECTIOUS DISEASE



A.C.C.E.S.S. Infectious Disease Screening tool
Version 2.02

APPENDIX 35

VIRAL INFECTIOUS DISEASE SCREENING AND TRIAGE

Name: _____ ***DOB:*** _____

Date: _____

YES	NO		
☐	☐	1.	Is the patient **<** 14??
☐	☐	2.	Are there any signs of severe illness, injury, or other Time Sensitive Emergency (TSE)?
☐	☐	3.	Does the patient meet the criteria for "*unstable*" under this protocol?
☐	☐	4.	Does the patient have any "At Risk/High Risk" Criteria"?
☐	☐	5.	Does provider identify ANY other urgent condition or otherwise identifies a need for transport?
☐	☐	6.	Is there increased work of breathing, speech dyspnea, orthopnea, or other signs of respiratory distress?
☐	☐	7.	**O2 Use:** Is the patient on O2 > 2 LPM for <u>any</u> reason?
☐	☐	8.	**SPO2:** Is the SPO2 < 92% (with or without O2)?
☐	☐	9.	**Heart Rate:** Is the heart rate > 110 / minute or < 50/minute?
☐	☐	10.	**RESPIRATORY RATE:** Is the Respiratory Rate < 10 > 24?
☐	☐	11.	**BLOOD PRESSURE:** Is the systolic BP less than 90 mm Hg?
☐	☐	12.	Is the patient alone/unattended by a responsible adult?
☐	☐	13.	Are there other concerns for the patient's safety?

Any "YES" answer above <u>excludes</u> the patient from transport to an alternative destination or discharge home under this protocol.
Normal refusal procedures and considerations still apply

Time: _____

Facility (If Applicable): _____

Physician (If Applicable): _____

Outcome: _____

Additional Comments: _____

VIRAL INFECTIOUS DISEASE

APPENDIX

35

VIRAL INFECTIOUS DISEASE

Blank Page