EMS Non-Transport Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19)

Version 2 | March 9, 2020

This guidance is only applicable if local EMS agency medical direction has decided to enact non-transport guidelines based on local indications and in consultation with local hospital community leaders, EM, DOH, etc.
and
Local Healthcare infrastructure is overwhelmed by:

- Hospitals are exceeding maximum census
- Hospitals and stand-alone emergency departments are experiencing significant overcrowding
- Hospitals have enacted surge plans, i.e. alternative care sites

Only consider persons with travel to an affected geographic area[1] or close contact[2] with a laboratory-confirmed[3,4] COVID-19 patient within 14 days of symptom onset or persons with severe respiratory illness[5] without an alternative diagnosis.

- If call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate PPE before entering the scene.
- Initial assessment should begin from a distance of at least 6 feet[2] from the patient and be limited to one EMS provider if possible.
- Ask the patient to wear a surgical mask.
- Initiate contact and airborne precautions, including use of eye protection (e.g., goggles or a face shield) for all health care professionals and other staff entering the room.
- Visit www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html for additional recommendations on infection control recommendations for patients under investigation for COVID-19 in health care settings.

A. Person traveled to or from an **affected geographic area**[1] with widespread or sustained community transmission

Does the person have fever[6] **and** symptoms of lower respiratory illness (e.g., cough, shortness of breath)?

YES / No

B. Person had **close contact**[2] with a laboratory-confirmed[3,4] COVID-19 patient

Does the person have fever[6] **and** symptoms of lower respiratory illness (e.g., cough, shortness of breath)?

YES / No

C. Person with **severe acute lower respiratory illness**[5] and fever requiring hospitalization.

Does the person have an alternative explanatory diagnosis (e.g., influenza)?

YES / No

- **This patient meets the criteria for a patient under investigation for COVID-19.** The Florida Department of Health asks that you immediately notify both infection control personnel at your EMS agency and your county health department (**FloridaHealth.gov/CHDEpiContact**). **For all patients suspected to have COVID-19, immediately implement infection control procedures**
- **For patients who do not meet the above criteria, COVID-19 testing can be obtained by contacting commercial laboratories (e.g. Quest and LabCorp).**

STOP: No COVID-19 testing needed
Continue to treat patient normally.

Patient is less than 50 years old and
Vital signs are:

- Respiratory Rate >8 or <20
- O2 Saturation > 94%
- Heart Rate <100 bpm
- Systolic BP at least 100
- GCS 15

No → STOP: No COVID-19 testing needed

Yes →

Does the patient have any of the following?

- Chest pain, other than mild with coughing
- Shortness of breath with activity
- Syncope
- Diaphoretic
- Cyanotic
- Respiratory Distress
- Other exclusions defined by the medical director

Yes → STOP: No COVID-19 testing needed

No →

The patient meets criteria for EMS Non-Transport if:

- The patient has a support system.
- The patient is competent.
- The patient consents to not being transported.
- The EMS provider notifies local public health authorities.
- Patient should be followed up by local public health authorities, EMS agency community paramedicine programs, or other mechanisms.

[1] Affected areas are defined as geographic regions where sustained community transmission has been identified. Countries with CDC Level 2 or 3 Travel Health Notices include: China, South Korea, Iran, Italy, and Japan (as of February 28, 2020). A current list of affected areas can be found at www.cdc.gov/coronavirus/2019-ncov/travelers/.
[2] Close contact is defined as: (1) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or (2) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns , gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Data to inform the definition of close contact are limited. Considerations when assessing close contact included the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare setting.
[3] Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.
[4] For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation.
[5] Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.
[6] Fevers may be subjective or confirmed.

Content source: Centers for Disease Control and Prevention