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To: Illinois EMS Systems
Illinois EMS Medical Directors

From: Ashley Thoele, MBA, BSN, RN
Division Chief, EMS and Highway Safety

Date: March 26, 2020

Re: **Non-transport decision trees**

Dear EMS Systems,

As a strategy to decompress hospitals during the COVID-19 pandemic and limit exposures to patients with confirmed or suspected COVID-19 infection who have mild to moderate symptoms, the Illinois Department of Public Health (IDPH) requests that EMS Systems consider developing protocols for non-transport of non-urgent patients who can be safely managed at home. To assist EMS Systems with accomplishing non-transport objectives, IDPH developed the following documents:

- COVID-19 EMS Telehealth or Telephone Guidelines for Non-Transport of Non-Urgent Patients
- COVID-19 EMS Telehealth or Telephone Consultation for Non-Transport: Decision Support for EMS Providers
- COVID-19 EMS Telehealth or Telephone Guidelines for Non-Transport: Decision Support for Call Centers

Since the non-transport decision is different than a standard transport refusal, IDPH also developed a draft document that can be used by EMS Systems to develop a patient agreement for non-transport during COVID-19 pandemic.

Your continued efforts to adapt to this rapidly evolving situation are commendable.

Please contact your IDPH Regional EMS Coordinator (REMSC) or me if there are questions.

COVID-19 EMS Telehealth or Telephone Guidelines for Non-Transport of Non-Urgent Patients

Introduction

On March 11, 2020, the World Health Organization (WHO) declared that the current coronavirus disease 2019 (COVID19) outbreak is now a pandemic. Community transmission of SARS-CoV-2, the virus that causes COVID-19, is occurring throughout the United States and in multiple Illinois communities.

In the coming weeks, the widespread transmission of SARS-CoV-2 will likely result in large numbers of people needing medical care. Syndromic surveillance data show an increase in the number of persons visiting emergency departments who report influenza-like illness. At this time, providers and healthcare facilities are urged to implement mitigation strategies to lessen the impact that COVID-19 may have on staff and patients and to ensure continuity of operations.

Telehealth is the use of digital information and communication technologies to access health care services and manage a person's healthcare remotely. The use of telehealth programs is a strategy that can be used by the healthcare community to lessen the burden on hospitals during the pandemic by keeping mild to moderately ill patients at home while still ensuring that the basic healthcare and medical needs of the population served are being met. Using technology to triage and treat medical complaints of people while they are still in their homes can help to conserve hospital and first responder resources as well as limit the opportunity for COVID-19 exposures.

Emergency Medical Service (EMS) providers currently deliver emergency medical services to people in their homes. This service delivery infrastructure can be expanded or modified to establish a process for determining whether patients with influenza-like-illness or other non-emergency medical conditions can be treated effectively at home and do not require transport to a hospital.

The purpose of this document is to provide healthcare facilities and EMS Systems with guidelines for establishing or expanding a telehealth program that has the goal of decreasing the number of patient transports to the hospital for patients whose condition can be effectively managed at home without an in-person visit to a healthcare provider.

Given the current and predicted COVID-19 pandemic situation in the United States, there is an immediate need to conserve healthcare resources and limit potential exposure of healthcare workers and the public to this virus. Establishing a new telehealth program within your EMS System may take time. While working toward telehealth capabilities, EMS Systems are encouraged to strongly consider establishing this program as soon as possible using telephone conferencing capabilities.

Program Structure

EMS providers are highly trained professionals who are skilled at examining, evaluating, and treating patients at locations external to a hospital. EMS providers work at the direction of a licensed physician; using established protocols to guide their care delivery. A communication network between the EMS providers working remotely and the hospital community is already established. Expanding the technological capabilities of EMS providers and increasing the Online Medical Control resources with whom EMS providers can consult is the basis upon which an effective Telehealth or Telephone Non-Transport of Non-Urgent Patients Program can be established.

The general public is conditioned to call 9-1-1 to request emergency services. The infrastructure to accept a large number of calls from the public and dispatch the EMS resources required is already in place. Through modifications to 9-1-1 Call Center triage and dispatch protocols (if necessary) and expanded staffing (if warranted), this infrastructure can be leveraged to support the establishment of a Telehealth or Telephone Non-Transport of Non-Urgent Patients Program.

EMS Systems that already have an approved Mobile Integrated Healthcare Program (MIHP) can also consider adding the Telehealth or Telephone Non-Transport of Non-Urgent Patients Program services to further decompress healthcare facilities. A MIHP will help to lessen the burden on 9-1-1 Call Centers and emergency response, but will require establishment of an infrastructure that may not already be in place.

Program Establishment

A decision must be made as to whether all EMS resources within an EMS System will be available for Telehealth or Telephone Non-Transport of Non-Urgent Patients Program work or if only designated resources will be utilized for this purpose. The benefit of having all resources available is that a greater percentage of the population can be served since this service will be available on all calls; theoretically resulting in a greater number of patients being provided with treatment without leaving their homes. However, this option requires a larger investment in technology resources for EMS providers to use remotely and an increase in Online Medical Control staffing that must be available to work with EMS providers to assess patients and not transport them to a healthcare facility. Designating a limited number of EMS resources for the Telehealth or Telephone Non-Transport of Non-Urgent Patients Program is less costly but also decreases the percentage of the population that can be served. The limited resource model also requires that 9-1-1 Call Center triage and dispatch protocols be revised to better identify callers who may be appropriate for Telehealth or Telephone Non-Transport of Non-Urgent Patients Program services. EMS Systems may also consider a hybrid model Telehealth or Telephone Non-Transport of Non-Urgent Patients Program. Using this model, the 9-1-1- Call Center dispatches EMS resources according to existing protocol. If the EMS providers dispatched

determine that the patient is appropriate for the Telehealth or Telephone Non-Transport of Non-Urgent Patients Program, they can request designated Telehealth Program resources to be dispatched to the patient's location. This model is likely less costly in terms of financial investment, but will result in delayed time to treatment since a secondary response team will need to be dispatched.

The decision to treat at home vs. transport to a healthcare facility for treatment will be based on each patient's individual condition. However, pre-identification of the broad range of conditions that may be able to be effectively treated at home will be beneficial in determining any additional training, medical supplies, and/or medications that must be available to the Telehealth or Telephone Non-Transport of Non-Urgent Patients Program EMS providers. A System Plan Amendment that includes the expanded scope of EMS provider practice must be submitted to the Illinois Department of Public Health. If your EMS System already has a Mobile Integrated HealthCare Program in place, the scope of this Program can be expanded to incorporate Telehealth needs during the pandemic.

EMS Systems should evaluate the need to modify Standing Medical Orders (SMOs) and/or to develop new SMOs to support Telehealth or Telephone Non-Transport of Non-Urgent Patients Program operations. As appropriate for the Telehealth or Telephone Non-Transport of Non-Urgent Patients Program model selected (e.g. all EMS resources, dedicated EMS resources, hybrid model), identify any 9-1-1- Call Center triage and dispatch protocols that must be modified or written to reflect Telehealth Program operations.

Personnel protective equipment (PPE) use protocols for EMS providers must be maintained. Plans for monitoring/self-isolating personnel who may become exposed to a known case of COVID-19 should also be maintained.

The EMS Run Sheet should be maintained according to existing protocol. Online Medical Control should maintain the Telemetry Log Sheet to document the patient consult.

Resource Requirements

EMS providers will minimally require telephone capabilities and ideally require advanced communication capabilities, to include the ability to transmit photographs and video conference with Online Medical Control. Online Medical Control will need to ensure that their communication equipment is interoperable with the equipment being used by EMS providers. Prior to equipment purchase, the EMS System must determine the technology system(s) that will be utilized for video conferencing to ensure that the equipment purchased can support the software system(s) selected. Wireless internet access capabilities must also be considered.

EMS Systems should evaluate whether there is a need to expand the inventory of equipment and supplies available to EMS providers in order to reflect the possible expanded Scopes of Practice related to participation in the Telehealth or Telephone Non-Transport of Non-Urgent Patients Program. A plan for inventory re-supply must be maintained.

Consideration must be given to how best to use the skills of trained Emergency Department physicians. While Emergency Department physicians who traditionally staff the Online Medical Control function for EMS Systems must continue to be available to EMS providers, other types of physicians may be well suited to provide the medical triage and consultation services that fall within the scope of the Telehealth Program. Consider leveraging resources of internal medicine and other medical specialties to staff the physician function of the Telehealth or Telephone Non-Transport of Non-Urgent Patients Program. The greater the range of provider specialties available for consult increases the number of patients that may be successfully treated at home. Registered nurses should not staff the medical function of Online Medical Control for the Telehealth or Telephone Non-Transport of Non-Urgent Patients Program. An evaluation must be completed of the need to expand training specific to the Telehealth or Telephone Non-Transport of Non-Urgent Patients Program for current Online Medical Control staff and physicians new to this function.

Timely access to technical support personnel is required for EMS providers and Online Medical Control staff. Technical support should be minimally available during all hours that the Telehealth or Telephone Non-Transport of Non-Urgent Patients Program is operational. Consideration should be given to whether technical support personnel will be assigned to stay in the healthcare facility or if they will be available for mobile assignment to troubleshoot issues in the field. .

Training

Training for EMS providers on new equipment, procedures, and/or SMOs related to the System Plan Amendment is required.

Training for 9-1-1 Call Center personnel on any new or changed triage and dispatch procedures is required and needs approval of the EMSMD and IDPH.

Training for any new medical staff assigned to the Telehealth or Telephone Non-Transport of Non-Urgent Patients Program Online Medical Control function is required.

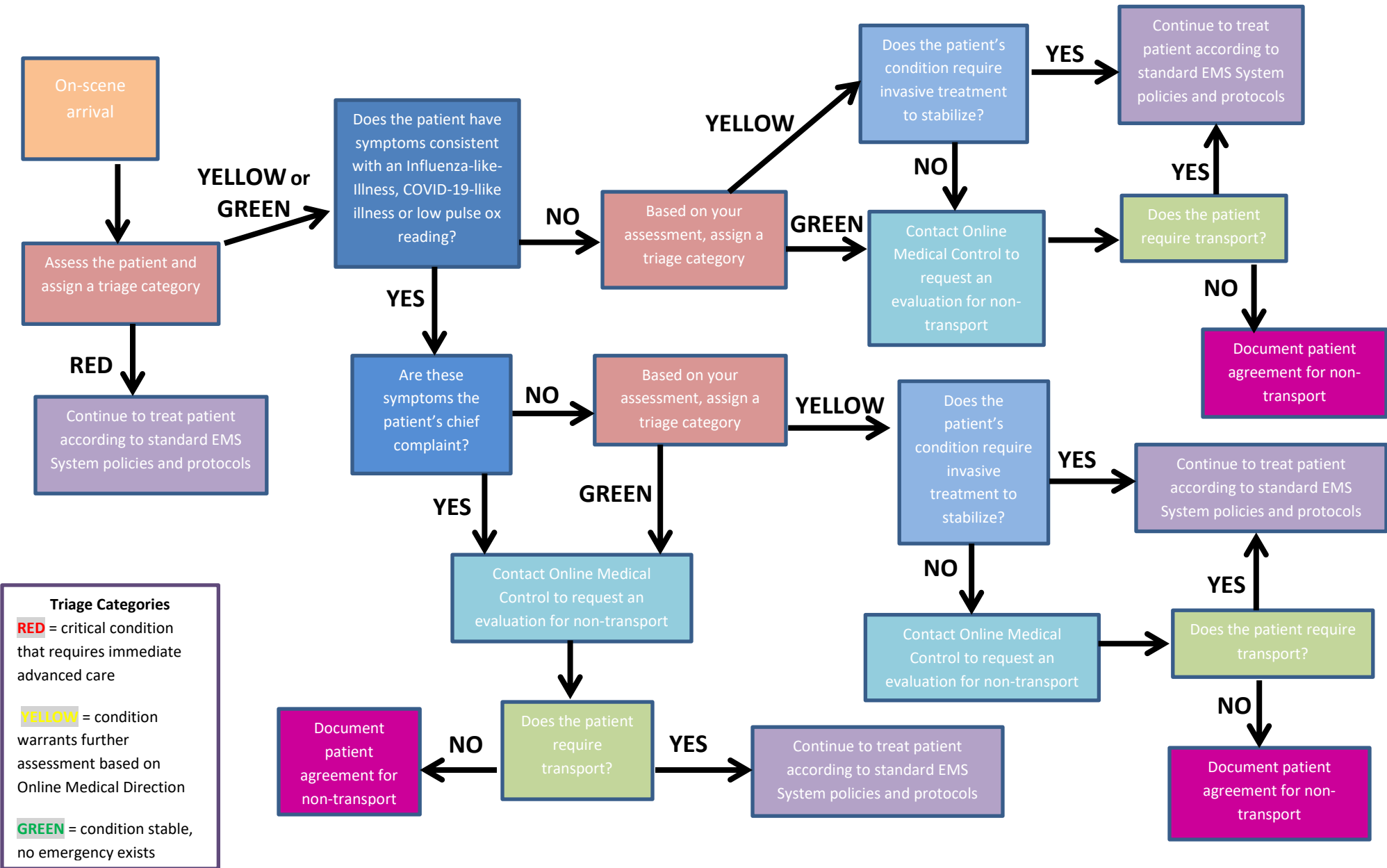
Public Messaging

The healthcare facility must determine how best to advertise the Telehealth or Telephone Non-Transport of Non-Urgent Patients Program services. Partnership with elected officials and emergency response leadership should be considered. The provision of a consistent message regarding the purpose of the program, how to access services, and what a member of the public can expect from Telehealth or Telephone Non-Transport of Non-Urgent Patients Program services is critical to program success.

COVID-19 EMS Telehealth or Telephone Consultation for Non-Transport: Decision Support for EMS Providers

The purpose of this decision tree is to assist EMS providers as they assess patients during the COVID-19 pandemic to determine which patients may be candidates for evaluation by Online Medical Control for non-transport.

Adoption of this protocol or a similar one is a System Plan Amendment that must be signed off on by the EMS MD and approved by the Illinois Department of Public Health.

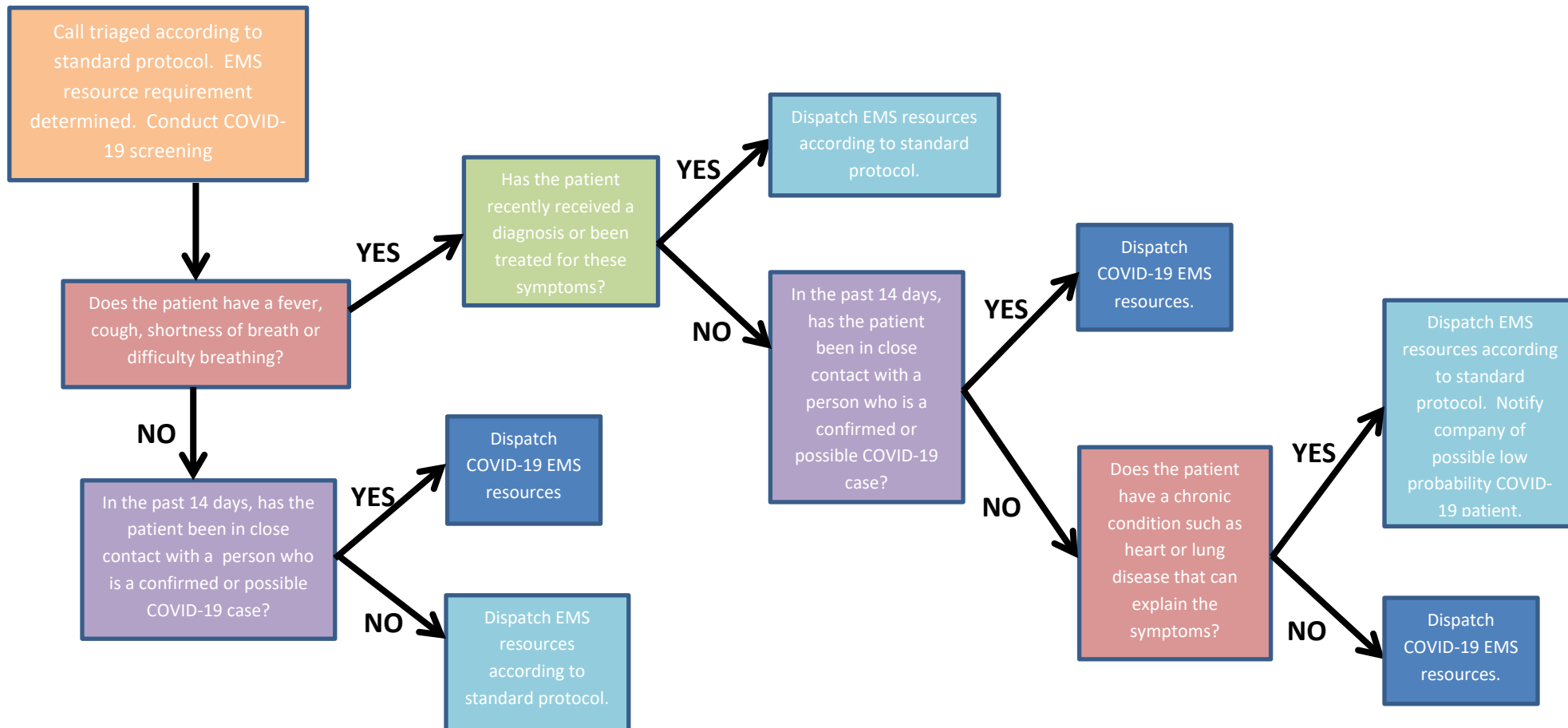


Symptoms of Influenza-like-Illness include abrupt onset of: fever, chills, myalgia, headache, malaise, nonproductive cough, sore throat, and rhinitis. Some people who are sick with influenza do not develop a fever, especially the elderly and people who are immunosuppressed. Young children may also have nausea, vomiting, or diarrhea.

Symptoms of COVID-19-like illness include: fever, cough, and shortness of breath. Emergency warning signs include trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, low O2 saturation, and bluish lips or face.

COVID-19 EMS Telehealth or Telephone Guidelines for Non-Transport: Decision Support for Call Centers

The purpose of this decision tree is to provide support for Call Centers that dispatch resources for EMS Systems that elect to use designated “COVID-19 ambulances” for emergency calls that involve a confirmed or possible COVID-19 case.



Symptoms of Influenza-like-Illness include abrupt onset of: fever, chills, myalgia, headache, malaise, nonproductive cough, sore throat, and rhinitis. Some people who are sick with influenza do not develop a fever, especially the elderly and people who are immunosuppressed. Young children may also have nausea, vomiting, or diarrhea.

Symptoms of COVID-19-like illness include: fever, cough, and shortness of breath. Emergency warning signs include trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, and bluish lips or face.

Patient Agreement for Non-Transport during COVID-19 Pandemic

I, _____, understand the clinical recommendation I received on this date from
(patient's name)
_____ Hospital Online Medical Control being that my current health
(name of the hospital)
condition does not warrant transport to the Emergency Department at this time. I acknowledge that I was assessed, had an adequate opportunity to ask questions, and am comfortable with following the instructions provided to me by EMS and the online physician to manage my health condition at home without immediate transport to a hospital. I understand that if my condition worsens, I should seek medical care and that I can do this by contacting my physician or by calling 9-1-1 or by proceeding to a healthcare facility for care.

Patient's Name: _____

Address: _____

Patient's Signature: _____

Date: _____

EMS Provider Name: _____

EMS Provider Signature: _____ License #: _____

_____ License # _____

Time: _____

EMS Run Sheet Number: _____