



Reference 816: CoVID-19 Pandemic Response Plan, Protocols and Procedures

Revision: New
Effective 3/15/20

- I. The following modifications to existing policy and procedure are in effect upon Administrative Order from the EMS Agency (see Policy 633)
- II. Definitions
 - A. Alternate Destination: a clinic, physician’s office or urgent care that has been designated as an appropriate destination for EMS patients that would otherwise have been taken to an Emergency Department
 - B. Alternate Care Site: A mobile field hospital or other facility temporarily designated as an inpatient facility that is best equipped to care for lower acuity hospitalized patients for which there is no longer capacity in the acute care hospitals
 - C. Assess and Refer: Process of ALS field evaluation of respiratory illness that refers lowest acuity patients to home management or other non-emergency sources of care.
 - D. Unreliable Patients: Patients who do not appear to express understanding of your instructions, who have no reliable way to recontact 911, or have other complicated medical or social conditions that may place them at higher risk may require transportation to an alternate destination, alternate care site, or hospital for further evaluation.
- III. Response Matrix and Interventions
 - A. The Response Matrix table will determine the level of response and modification as the event progresses
 - B. The EMS Agency will, through Administrative Order, communicate the current level

Santa Cruz County Medical Response Matrix for COVID 19				
	No Outbreak	Mild impact	Moderate Impact	Severe Impact
Description	No cases have been identified in Santa Cruz County and there is little appreciable impact on call volume or patient visits or sick calls of medical and public safety personnel	Some cases have been identified in Santa Cruz County and there is some measurable impact on call volume or patient visits and sick calls of medical and public safety personnel but ability to respond or provide care is not significantly affected	Widespread cases have been identified in Santa Cruz County and there is a significant impact on call volume or patient visits as well as increased sick calls of medical and public safety personnel. The ability to respond is strained with moderate delays in providing care	Widespread cases have been identified in Santa Cruz County and there is a severe increase in call volume and or patient visits and numerous sick calls of medical and public safety personnel that make it likely that some patients will not receive any evaluation or care.
Indicators	<ul style="list-style-type: none"> • Normal occasional negative system levels • Normal offload times • Normal hospital diversion • Baseline sick calls 	<ul style="list-style-type: none"> • Occasional negative system levels • Normal offload times • Normal hospital diversion • Increased sick calls covered by callbacks and overtime 	<ul style="list-style-type: none"> • Frequent negative system levels • Increased offload times • Increased hospital diversion • Increased sick calls difficult to cover by callbacks and overtime 	<ul style="list-style-type: none"> • Continual negative system levels • Prolonged offload times • Continual hospital diversion • Increased sick calls unable to cover by callbacks and overtime



IV. No Outbreak

- A. Planning and preparation recommended
- B. No modification to established EMS Policies and Procedures

V. Mild Impact

- A. SCR911 Dispatch
 - 1. Modified Dispatch for Dispatch Codes Codes 6 (Alpha/Bravo) and 26 (Alpha and Bravo)
 - a) Fire or QRV response only
 - 2. All other Alphas and Bravos
 - a) When available in the system, BLS ambulances will be the first recommended unit for dispatch.
- B. Fire (EMSIA)
 - 1. QRV (Quick Response Vehicle)
 - a) A QRV is authorized to respond in place of the usual engine and ambulance response for Cards 6AB, 26AB and other low acuity patients as needed.
 - b) Staffed with a minimum of one Paramedic
 - c) Number of units, type of vehicles, number and level of personnel and hours of operation will be determined by the Fire IC in accordance with their Incident Action plan (IAP)
 - d) QRV will be equipped at a minimum with BLS equipment consistent with a BLS engine company.
 - e) A QRV may respond to other incidents as determined by the Fire IC provided it can still accomplish the primary mission
 - 2. Patient Assessment and Disposition
 - a) ALS providers shall institute the Respiratory Illness Assessment and Transportation Algorithm (Figure 1) for patients showing respiratory symptoms
 - b) ALS fire resources are encouraged to clear the scene if the ambulance response is delayed and the patient is stable.
 - (1) See *Reference 801: Core Principles: Appropriate Patient Disposition*
 - (2) For patients with Respiratory Illness, utilize the *Respiratory Illness Assessment and Transportation Algorithm* (figure 1)
- C. Ambulance (AMR/EMSIA)
 - 1. All ambulances will be staffed at the ALS level when possible.
 - a) Ambulance deployment and configuration will be determined by AMR management in accordance with their continuity plans.
 - (1) BLS fire ambulances are exempted
 - b) Any significant deployment changes shall be communicated to the Fire IC, SCR911 and the EMS Agency
 - 2. BLS ambulances
 - a) BLS ambulances, when deployed, will be preferentially dispatched to Alpha and Bravo level calls not otherwise handled by the QRV



- b) BLS fire ambulances may be deployed into the system as determined by their respective agency leadership.
- 3. Alternative Transportation
 - a) Other types of vehicles (cars, vans, pickups) may be used for low acuity transportation
 - b) Deployment shall be authorized directly by the EMS Agency

VI. Moderate Impact

- A. All Agencies
 - 1. All Mild Impact interventions as above
- B. SCR911 Dispatch
 - 1. Nurse triage for all alpha/bravo cases, if available
 - 2. No initial ambulance response for alpha/bravo cases
 - a) Exception: Code 33A/B will continue to have only an ambulance response in accordance with current protocol
- C. Fire (EMSIA)
 - 1. Deploy additional QRVs as determined by the Fire IC
 - a) QRV may be staffed with a minimum one EMT
 - 2. Modify fire unit configuration as determined by the Fire IC
 - 3. ALS engines may be converted to BLS engines as deemed necessary by the Fire IC
 - a) BLS engines will require a backup ALS response for all Charlie level codes and above.
- D. Ambulance (AMR/EMSIA)
 - 1. Transportation to alternate care sites or alternate care destinations in accordance with Figure 1
 - 2. Patient requests for ambulance transportation will be denied for reliable Category 1 patients (Figure 1 and Policy 608: *Patient Refusal of Care, Against Medical Advice or Release at Scene*)

VII. Severe Impact

- A. All Agencies
 - 1. All Mild and Moderate Impact interventions as above
- B. SCR911 Dispatch
 - 1. No fire or ambulance dispatch to alpha and bravo level cases
 - 2. Instruct callers to seek their own transportation
- C. Fire (EMSIA)
 - 1. Utilize mutual aid if available
 - 2. Close fire stations or brown out units as deemed necessary by the Fire IC
- D. Ambulance (AMR/EMSIA)
 - 1. Utilize mutual aid if available

VIII. Modified Clinical Procedures

- A. All clinical policies and protocols remain in place with the following modifications



1. When possible, have patient step outside before evaluation. Avoid entering the residence or building.
2. The patient should be immediately masked with a simple procedure mask.
3. Full PPE is required for close contact with all patients with fever or cough or shortness of breath.
4. Limit the number of providers, as situation dictates, who come in close contact with the patient
 - a) Whenever possible, evaluate the patient while maintaining social distancing. Typically, a visual assessment, history and vital signs is sufficient to determine a course of treatment or disposition. Pulse rate and pulse oximetry can be obtained by handing the sensor to the patient. Respiratory rate can be determined from a distance.
 - b) Medical condition permitting, if you determine that the patient qualifies for transportation, then consider limiting contact to the transportation crew.
5. Modified clinical procedure
 - a) Medical condition permitting, avoid nebulization or CPAP. If unavoidable, utilize full PPE.

IX. Procedure for Respiratory Illness Field Assessment and Transportation

- A. Policy 608: *Patient Refusal of Care, Against Medical Advice or Release at Scene* will continue to apply for non-respiratory illness patients.
- B. The Respiratory Illness Assessment and Transportation Algorithm (figure 1) is intended for Respiratory illness only
 1. Patient Acuity Categories
 - a) Category 1: Patients who are clearly in distress, have abnormal vital signs and are in need of field interventions or management. These patients are most likely to require hospitalization in an acute care hospital
 - (1) These patients will require an ambulance response
 - (2) Destination will be either an Emergency Department or an Alternate Care Site (if established)
 - b) Category 2: Patients who are relatively well but would benefit from a more detailed evaluation at a clinic or alternate care destination. These patients may be mildly ill but normal vital signs. Preexisting conditions may place them at higher risk for developing worsening illness but are unlikely to require hospitalization at this time.
 - c) Category 3: Lowest acuity patients that can be safely referred to alternate sources of non-emergency care or remain at home.
 2. Assess and Refer
 - a) Category 3 patients are candidates for Assess and Referral.
 - (1) No EMS transport is recommended
 - (a) Exceptions



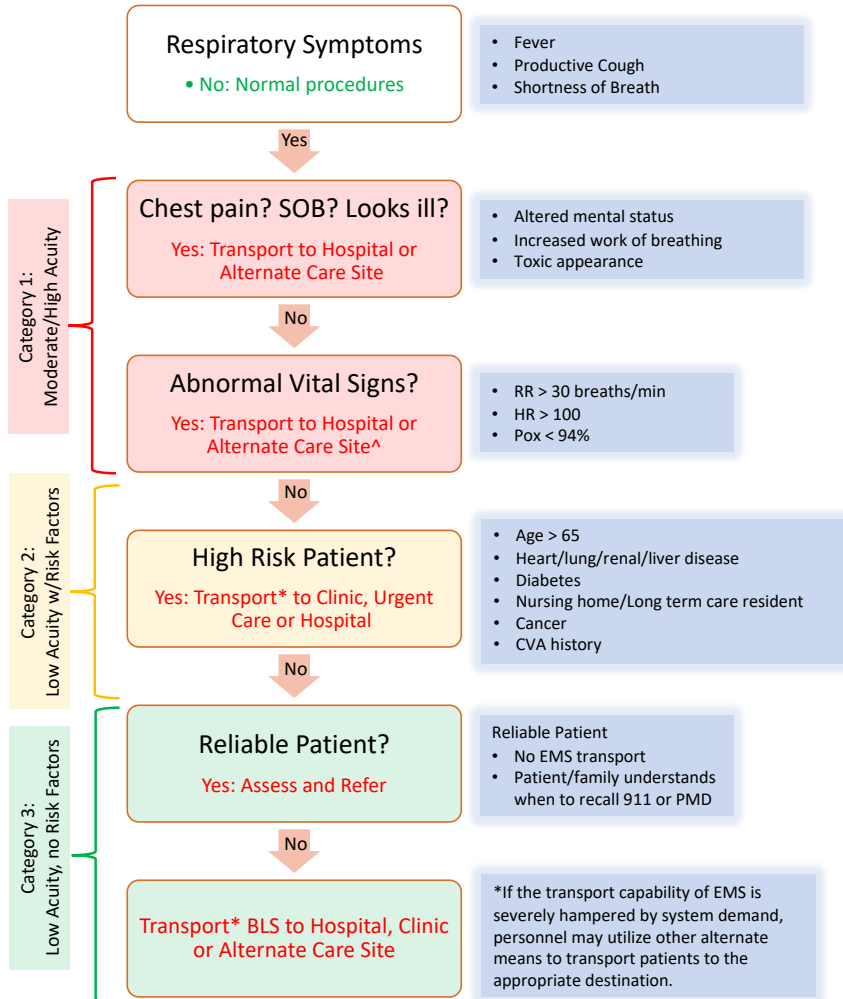
- (i) Unreliable patients
 - (ii) Patients who insist on transportation
- (b) For these exceptions, lower level transportation should be accessed first. This may include extended delay BLS transport.
- (2) Provide patient instructions (Figure 2)
- (3) Do not require patients assessed and referred, to sign the release (AMA) section of the Patient Care Record, as this implies that the patient is at significant risk by not utilizing the EMS system for treatment and/or transportation.



Figure 1



**Santa Cruz County EMS Agency
Respiratory Illness Assessment & Transportation
Algorithm**



Acuity/Risk Categories:
 Combination of presentation and risk factors that determine appropriate disposition
 Category 1: Mod to high acuity
 Category 2: Low acuity with risk factors
 Category 3: Low acuity w/o risk factors

^Alternate Care Site:
 A non-hospital facility for patients that would otherwise be admitted to a hospital. This may be a SNF, Gym, Mobile Field Hospital and others.



Figure 2



Public Health Division
Emergency Medical Services

County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95061
TELEPHONE: (831) 454-4751 FAX: (831) 454-4488 TDD: Call 711

You have been evaluated by an EMS provider using guidelines developed in response to the COVID Pandemic

It appears that you do not require immediate care in the emergency department. Usually home care is the best plan. If symptoms worsen, you should seek care with your regular healthcare provider, healthcare organization, doctor's office, or clinic.

If you develop shortness of breath or other severe symptoms, recontact 9-1-1 or seek care in the emergency department.

Otherwise we recommend that you:

- Stay at home and seek follow-up treatment as needed with your physician if their symptoms worsen.
- Isolate yourself at home, maintain social distancing, avoid contact with high-risk persons, and self-monitor your condition for worsening symptoms.
- You can find more information by calling 2-1-1 or at <http://www.santacruzhealth.org>