



COVID19 EMS Initiated Refusal To Transport Protocol

Alternate Protocol for Determination of Need for Transport in Response to COVID19

This protocol is only to be implemented at such as time that the demand for ambulance transport has exceeded the capacity to transport every patient. Additionally, dispatch and communications specialists should also consider implementing enhanced screening questions and alternate dispatching algorithms when their ability to dispatch ambulances have been exceeded. Requires medical director approval.

| YES | NO | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Patient age is between 2 and 55 years |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has a suspected viral syndrome with at least two (2) of the following symptoms: fever, cough, body aches, or sore throat |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has a history of immunosuppression, or is taking medicines that depress the immune system (cancer undergoing chemotherapy, transplant patient, HIV, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has a history of diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has a history of heart disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has a history of COPD or lung disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has a heart rate between : 50 - 110 bpm (age 13-55 years); (age 2-5 years: 80-140 bpm; age 6-12 years: 70-120 bpm) |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has a systolic blood pressure between: 110-180 mmHg (age 13-55 years); (age 2-5 years: > 80mmHg; age 6-12 years: > 90mmHg) |
| <input type="checkbox"/> | <input type="checkbox"/> | Oxygen saturation (SpO2) greater than or equal to 94% |
| <input type="checkbox"/> | <input type="checkbox"/> | Clear lung sounds |
| <input type="checkbox"/> | <input type="checkbox"/> | Respiratory rate between 12 - 22 breaths per minute, and the patient does not complain of shortness of breath |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient is able to ambulate without difficulty |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient is agreeable to home self-care |

ANY CHECKS in a **shaded box** indicate that patient transport should be encouraged.

If **ALL** CHECKS are in non-shaded boxes, patient may provide self-care at home.

Any patient may be transported at the EMS Clinician's discretion.